

URN: 101 / November19/Group Health Shield DOGH/ V03

MEMBER INFORMATION FORM

**[IMPORTANT NOTE: Any cancellation and alteration must be countersigned by Member.
Please do not Sign Blank Information Form]**

Plan Name:	HDFC Life Group Health Shield			
Options:	Benefit Option [^] (Please select your Benefit Option)	Benefit Description	Sum Insured (INR)	Premium (INR)
	Option A	Daily Hospital Cash Benefit	<input type="checkbox"/>	
	Option B	Surgical Benefit	<input type="checkbox"/>	
	Option C	Critical Illness Benefit	<input type="checkbox"/>	
	Option D	Critical Illness excluding Cancer Benefit	<input type="checkbox"/>	
	Option E	Critical Illness excluding Cardiac Benefit	<input type="checkbox"/>	
	Option F	Critical Illness excluding Cancer and Cardiac Benefit	<input type="checkbox"/>	
	Option G	Cancer Cover	<input type="checkbox"/>	
	Option H	Cardiac Cover	<input type="checkbox"/>	
Option I	Personal Accident Cover	<input type="checkbox"/>		
<small>[^]Only one out of options (C), (D), (E) and (F) can be chosen. ; Cancer Cover Benefit option cannot be chosen with Option C and E ; Cardiac Cover Benefit cannot be chosen with Option C and D ;</small>				

Total/Single Premium (INR) _____ Member Cover Term: 1 Year (Yearly Renewable) Credit Linked _____ months
 Premium Mode: << Single / Annual / Half Yearly / Quarterly / Monthly >>

Particulars of Member: Mr/Mrs.

Date of Birth: dd/mm/yyyy/ Gender: M /F/T/g Height : _____ Cms Weight: _____ Kgs

Address for Communication: _____

Mobile/ Telephone No. _____ Email Id: _____

Name/Address/ Tel number of Family Physician: _____

Nationality: _____ Country of Residence: _____

Occupation: _____ Annual Income: _____ Nature of Duties: _____

Particulars of Legal Guardian (if Member is a minor): Mr/Mrs.

Date of Birth/Age(yrs): dd/mm/yyyy / _____ Gender: M /F/T/g Relationship with Member _____

Nominee / Appointee Details:

	Name	Date of Birth	Gender	Contact No.	Relationship to
Nominee:		<u>dd/mm/yyyy</u>			<i>Member</i>
Appointee:		<u>dd/mm/yyyy</u>			<i>Nominee if nominee is below 18 yrs of age</i>

Declaration of Good Health:

I confirm that I have never had any disorder of the heart or circulatory system, chest pain, high blood pressure, stroke, asthma, tuberculosis or other lung disorder, cancer, tumor / lumps of any kind, increased blood sugar, cholesterol any blood disorder, hepatitis or other liver disorder, genitourinary or kidney disorder, mental or nervous disorder, musculoskeletal disorders, HIV infection or a positive HIV antibody ("AIDS") test, coughing / vomiting of blood, stones in the kidney or gall bladder, joint pains, arthritis, weight loss of more than 5 kg in six months (other than through a targeted weight loss program), disabilities / deformities.

I confirm that I have not had any abnormal or adverse finding in any tests for cancer or heart conditions.

I confirm that I am not currently suffering from any disease or a change in health conditions for which I am planning to see a doctor or get myself investigated.

In the past 5 years I have not had any medical condition, illnesses, diseases, disorders, disability, surgery or treatment which has required me to be absent from work for at least 7 consecutive days or admitted in hospital for at least 5 consecutive days or sought Out Patient treatment (OPD) for more than 15 days..

I confirm that on medical / health grounds none of my insurance proposal for Life, Health, Critical Illness or Accident insurance has ever been declined, deferred, withdrawn or accepted on special terms.

I confirm that I am not suffering from any congenital condition, disease or deformity

I do not participate or intend to participate in any dangerous sports such as mountaineering, motor racing, scuba diving, parachuting, or flying except as a paying passenger on a commercial flight.

I confirm that I am not pregnant (for female applicant's only)

Currently I am in good physical and mental health.

Signature/Thumb Impression of Scheme Member _____

Name & Address _____

Date & Place _____

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Declaration & Authorization:-

- I hereby declare that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of HDFC Life Insurance Company Limited (“Company”) and that the policy will come into force only after full receipt payment of the premium chargeable.
- I understand that all information provided in this proposal form and any attachments are material to the insurer’s decision to provide this insurance, and that insurance will be provided, at the insurer’s sole discretion, in reliance upon the truth of such information
- I further declare that I will notify in writing any change occurring in the occupation or general health of my life after the proposal has been submitted but before communication of the risk acceptance by the Company.
- I declare and I consent to the Company seeking medical information from any doctor or from a hospital who at anytime has attended me or from any past or present employer concerning anything which affects my physical or mental health and seeking information from any insurance company to which an application for insurance has been made for the purpose of underwriting the proposal and/or claim settlement.
- I further consent and authorize the Company or any of its authorized representatives to seek medical information from any doctor/hospital/consultant/insurer that I have attended or may attend in future concerning any disease or illness or injury in respect to a particular claim.
- I authorize the Company to share information pertaining to my proposal including my medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.
- I agree to the Company taking appropriate measures to capture the voice log for all such telephonic transactions carried out by me, in accordance with procedures/regulations.
- I have voluntarily given my consent to collect, process, receive, possess, store, deal or handle my sensitive personal data or information [as defined in the Information Technology (Reasonable security practices and procedures and sensitive personal data or information) Rules 2011 as amended from time to time], with/ from third parties/ vendors associated with the Company for various purposes and outsourced activities exclusively related to issuance/servicing/settlement of claim as required under the Policy.
- I hereby also declare that I have read and understood the products as described in the sales literature and the sales illustration. I have read the entire text, features, disclosures, exclusions, terms and conditions while applying for insurance.
- I understand that any false declaration or misrepresentation may be liable for rejection of the proposal form or the contract of insurance shall be treated null & void from inception of the contract. Fraud, misrepresentation/ misstatement, or suppression of material fact would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time.

Signature / Thumb Impression of the Member

Name & Address _____
Occupation _____ Date & Place: _____

Declaration to be made by a 3rd person where: a) The Member has affixed his/her thumb impression; OR b) The Member has signed in vernacular; OR c) The Member has not filled the application.

I hereby declare that I have explained the contents of this application form to the Member in _____ language and have truthfully recorded the answers provided to me. I further declare that the Member has signed/affixed his/ her thumb impression in my presence.

Signature of the Declarant _____ Address of the Declarant _____
Name of the Declarant _____ Occupation of the Declarant _____ Date & Place _____

Signature of the Witness* _____ Address of the Witness _____
Name of the Witness _____ Occupation of the Witness _____ Date & Place _____

* Witness Signature, Address and Occupation is required along with signature of Member

Declaration made by Member: I hereby declare that the content of the form and document has been fully explained to me and I have fully understood the significance of the proposed contract.

Signature/ Thumb expression of the Member

Declaration made by Legal Guardian if Member is a minor: I hereby declare that the content of the form and document filled up by the Member is accurate and true to my knowledge.

Signature / Thumb Impression of the
Legal Guardian (if Member is a Minor)

Note: PLEASE DO NOT SIGN BLANK ENROLLMENT FORM