

Deformity / Disability (Other than polio) Questionnaire

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly send this Deformity/Disability Questionnaire (Other than polio) answered by the Life to be Assured and duly signed by the Life to be Assured and Proposed Policy Holder, if any.

Please note: Wherever examples are provided, they are not intended to be complete list.

Application No / Proposal No.	
Name of Life to be Assured	
1. Do you suffer from any deformity /disability? (Please answer 'Yes' or 'No')	Yes / No
Please answer all of the following questions, only if the answer to above question is 'Yes'. If the answer is 'No' then please return the form duly signed.	
2. Please state the type of deformity/disability.	
3. Please state exact date of diagnosis of deformity/disability.	
4. What is the underlying cause of the deformity?	<input type="checkbox"/> Since birth/Congenital <input type="checkbox"/> Due to infection or disease <input type="checkbox"/> Due to any injury / accident <input type="checkbox"/> Related to any blood vessel disease <input type="checkbox"/> Any other, specify.....
5. Which particular part of the body is exactly affected?	
6. What is the degree of disability? (Kindly attach deformity/ disability certificate, if available)	
7. Is there any paralysis? If yes, please name paralysed part of the body.	Yes / No
8. Is there any thinning / wasting of muscles? If yes, please name parts of the body affected by thinning of muscles.	Yes / No
9. Kindly tick if the deformity progressive or stationary?	<input type="checkbox"/> Progressive <input type="checkbox"/> Stationary
10. Kindly provide answer to following regarding investigation and treatment taken.	
10. a) Have you ever undergone an ECG, X-ray, Blood test or any other investigation? If yes, please provide date of investigation(s) and results thereof. (Kindly attach copies of investigation)	Yes / No
10. b) Kindly provide name, contact number and address of doctor in charge.	
10. c) Have you ever had any operation/surgical procedure? If yes, please attach discharge card.	Yes / No
10. d) Are you still under medical supervision? If yes, please state date of last consultation.	Yes / No

10. e) How often are you required to attend follow up?	
11. Kindly provide answer to following regarding day-to-day activities being carried out by you?	
11.a) Are you able to squat?	
11.b) Are you able to walk without difficulty?	
11.c) Do you use any walking aid i.e. crutches / calipers etc.?	
11.d) Do you use wheelchair ?	
11.e) Are you able to run?	
11.f) Do you have firm grip of hands?	
12. Is the thumb or any other finger or toe of the leg affected? If yes, please mention affected body part.	Yes / No
13. Kindly provide treatment detail including name, dosage and frequency of medication(s).	Current
	Past
14. Have you lost significant time (e.g. weeks) off work on account of disability /deformity? If yes, kindly mention dates and duration of time off work.	Yes / No
15. Please provide any additional information apart from the above, which will enable us in better assessment of the application form.	

❖ **An incomplete Questionnaire will not be considered valid**

Declaration of Life to be Assured:

I agree and understand that the information given herein is true and complete in all respects and will form an integral part of the proposal made by me for an insurance policy from HDFC Life Insurance Company Limited and that failure to disclose any material fact known to me may invalidate the contract.

Signature/thumb impression
(Life to be Assured)

Date:.....
Place:.....

Signature/thumb impression
(Proposed Policy Holder if different from Life to be Assured)

Date:.....
Place:.....

In the case of thumb impression\ signature in vernacular language:

In case of thumb impression of the Life to be Assured the same should be attested by a person of standing whose identity can be easily established, but unconnected with the Company and this declaration should be made by him.

I hereby declare that I have explained the contents of this form to the Life to be Assured in _____ language and have truthfully recorded the answers provided to me and that the Life to be Assured has signed /affixed thumb impression(s) above after fully understanding the contents thereof.

Signature

Date:.....
Place:.....

Name and address of the declarant

Glossary	
Progressive	Refers to worsening condition.
Stationary	Refers to condition not advancing.
Squat	Sit on heel.

HDFC Life Insurance Company Limited [Formerly HDFC Standard Life Insurance Company Limited] (HDFC Life).

CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

For queries or more information, call us on 1860-267-9999 (Local charges apply). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm |

Email - service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only) | Visit - www.hdfclife.com