

Digestive Disorder Questionnaire-2.1

(Includes stomach ulcers, hernia, intestinal disorders, liver disorders, etc)

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application kindly send this Digestive disorder Questionnaire 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. Have you ever been diagnosed as having digestive disorder like stomach ulcer, hernia, intestinal disorder, liver disorder, etc.? (Please answer 'Yes' or 'No')	Yes / No
Please answer any of the following questions, only if the answer to above question is 'Yes'. If the answer is 'No' then please return this form duly signed.	
2. Please state the precise diagnosis.	
3. When was this condition first diagnosed?	
4. Have you had any investigation including blood test, ECG, X-ray, ultrasound, barium meal, etc done? If yes, please provide dates of investigations and results thereof.	Yes / No
5. Kindly answer following regarding your symptoms.	
a. Please describe your symptoms.	
b. When did symptoms first occur?	
c. How frequently do symptoms occur? E.g. how often in the last twelve months?	
d. When was the last occurrence of symptoms?	
6. Have you had an operation or is an operation being considered for diagnosed condition? If yes, kindly answer to questions from 6.a to 6.c. If no, kindly answer from question (7) onwards.	Yes / No
a. Provide date on which operation was performed/considered to be performed and names of hospital address and contact number of consultant/surgeon?	
b. Have you experienced any problems or complications following surgery? If yes, please mention exact complication suffered and treatment received.	Yes / No
c. Are you still under medical supervision? If yes, please state last date of consultation.	Yes / No

7. Please provide details of your treatment including names of medication(s) (E.g. Tagament, Zantac, Gaviscon, etc), dosage and frequency.	Current
	Past
8. Kindly answer following regarding the monitoring of your condition.	
a. Name, address and contact number of doctor who is in charge of your follow-up.	
b. How often do you follow-up?	
c. When did you last consult the doctor and what was your health status at that time?	
8. Have you lost significant time off work on account of health condition? If yes, please provide dates and duration of time off work.	Yes / No
9. Please provide any additional information on your condition, which you feel will be helpful in processing your application.	

❖ **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 _____

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 |

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