

Hysterectomy Questionnaire - 3.3

We thank you for applying for HDFC Life Insurance Policy. To enable us to assess your application, kindly send this Hysterectomy 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 undergone hysterectomy? (Please answer 'Yes' or 'No').	Yes / No
Please answer all 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 tick in type of hysterectomy undergone.	<input type="checkbox"/> Subtotal Hysterectomy <input type="checkbox"/> Total Abdominal Hysterectomy (TAH) <input type="checkbox"/> Vaginal Hysterectomy <input type="checkbox"/> Wertheim's Hysterectomy <input type="checkbox"/> Any other, specify.....
3) State the reason / cause for hysterectomy. For e.g. excessive bleeding, fibroids, tumors, etc.	
4) Kindly provide the date on which hysterectomy surgery was performed. <input type="checkbox"/> Please attach hospital discharge card after hysterectomy surgery. <input type="checkbox"/> Please attach histopathology report of the hysterectomy surgery.	
5) Have you received any other treatment apart from hysterectomy? If yes, please provide answer to following.	Yes / No
5.a) Medication including name(s), dosage and frequency.	Current
	Past
5.b) Chemotherapy	Current
	Past
5.c) Radiation therapy	Current
	Past
5.d) Combination of above	Current
	Past

6) Are you still under medical supervision? If yes, please state how often.	Yes / No
7) Has there been any health complications following hysterectomy? If yes, please provide complication suffered and treatment thereof.	Yes / No
8) Have you lost significant time off work with this condition? If yes, please provide dates and duration of time off work.	Yes / No
9) Have you ever been diagnosed of cancer or tumour? If yes, please provide exact diagnosed condition and treatment received.	Yes / No
10) 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
of (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 | Email - service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only) | Visit - www.hdfclife.com