

**Kidney / Urinary / Renal Disorder/ Kidney Stone Questionnaire - 4.4**

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly send this Kidney 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.

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|------------------------------|--|
| Application No / Proposal No |  |
| Name of Life to be Assured   |  |

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| 1. Have you ever been diagnosed with any Urinary or Renal disorder?<br>(Please answer 'Yes' or 'No')   | Yes / No |
| 2. Have you ever been diagnosed with any kidney stone?<br><br>If yes, please mention exact location of stone.  | Yes / No |
| <b>Please answer all the following questions, only if the answer to any of the above questions is 'Yes'.<br/>If the answer is 'No' then please return the form duly signed.</b>  |          |
| 3. Please state the precise diagnosis.   |          |
| 4. When was this condition first diagnosed?  |          |
| 5. Kindly provide cause of your medical condition.   |          |
| 6. Have you undergone an IVP, cystoscopy, X-ray, CT scan, KUB, Blood tests or any other investigations?<br><br>If yes, please provide date(s) of investigation(s) and results thereof.<br>(Kindly enclose copies of all investigation reports) | Yes / No |
| 7. What was the status of your health condition at the time of the last test?<br><br>Please mention investigation(s) undergone and results thereof.<br>(Kindly enclose copies of investigation(s) undergone)                                   |          |
| 8. Kindly answer following regarding your symptoms.  |          |
| a) Please describe your symptoms.  |          |
| b) When did symptoms first occur?  |          |
| c) How frequently do symptoms occur?<br>E.g. How often in the last 12 months?  |          |
| d) When was the last occurrence of symptoms?   |          |

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| <p>9. Have you had an operation/lithotripsy for this condition or is an operation/lithotripsy being considered?</p> <p>If yes, please provide answer to following questions.</p> | <p>Yes / No</p> |
| <p>9.a) Date(s) and full details including names of hospital (s) and consultant/surgeon. Enclose copy of hospital discharge summary and copies of all diagnostic tests done.</p> |                 |
| <p>9.b) Have you experienced any symptoms following surgery?</p> <p>If yes, please provide symptoms experienced.</p>   |                 |
| <p>10. Please provide details of your treatment, including names, dosage and frequency of medication(s).</p>   | <p>Current</p>  |
|  | <p>Past</p>     |
| <p>11. Are you still under medical supervision?</p> <p>If yes, please provide answer to following questions regarding the monitoring of your condition.</p>                      | <p>Yes / No</p> |
| <p>a) Name, contact number and complete address of physician in charge of your follow-up.</p>  |                 |
| <p>b) How often do you attend follow-up?</p>   |                 |
| <p>c) When was your last consultation?</p>   |                 |
| <p>12. Have you ever suffered from any of the following health conditions?</p> <p>If yes, please mention date of diagnosis and treatment prescribed.</p>                         |                 |
| <p>12. a). Heart or circulatory trouble</p>  | <p>Yes / No</p> |
| <p>12. b) Urinary Tract infection</p>  | <p>Yes / No</p> |
| <p>12. c) High Blood pressure/Hypertension.</p>  | <p>Yes / No</p> |
| <p>12. d) Diabetes/ elevated Blood sugar</p>   | <p>Yes / No</p> |
| <p>12. e) Proteinuria.</p>   | <p>Yes / No</p> |
| <p>12. f) Haematuria.</p>  | <p>Yes / No</p> |
| <p>12. g) Edema</p>  | <p>Yes / No</p> |

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| <p>13. Have you ever received dialysis?<br/><br/>If yes, please mention date(s) of dialysis and how frequently dialysis is required.<br/><br/><i>(Please enclose copies of discharge card &amp; summary)</i></p> | <p>Yes / No</p> |
| <p>14. Have you lost time off work due to your health condition or associated conditions?<br/><br/>If yes, please mention dates and duration of time off work.</p>   | <p>Yes / No</p> |
| <p>15. Please provide any additional information on your condition, which you feel, will be helpful in processing your application.</p>  |                 |

❖ **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 |

Email - [service@hdfclife.com](mailto:service@hdfclife.com) | [nriservice@hdfclife.com](mailto:nriservice@hdfclife.com) (For NRI customers only) | Visit - [www.hdfclife.com](http://www.hdfclife.com)