PSRO082403081751
CANA

Request for Information - Change in Sum Assured

Policyholder Name:	
Policy Number:	

Note: *If this form has been signed and submitted to HDFC Life within 30 days of the employee becoming eligible for the revised cover in the scheme, the start date of revised cover will be the date of becoming eligible, else the start date will be deemed to be 30 days prior to the date of signing this form. This condition shall apply only if there is sufficient balance in the Advance Deposit Account to cover the revised cover for the members.*

LIST OF EMPLOYEES TO BE COVERED UNDER THE POLICY

Name of the Employee		Emp ID	Gender	Date of Birth (DD-MM-YYYY)	Effective Date of change in Cover (DD-MM-YYYY)	Present Sum Assured (INR)	New Sum Assured (INR)	Reason for change in Cover
Last Name	**First Name**							

We declare that the information provided with regard to these members is both true and accurate to the best of our knowledge. We confirm that the cover for these members is subject to the rules of this policy.

Signed for and on behalf of the Company/Group.

Signed by: _____ **Signature & Company Stamp**

Date: