

Medical Questionnaire

Instructions: All the sections below are to be mandatorily filled and cannot be left blank.

Section 1 - Personal Details of Scheme Member i.e. Life to Be Assured

Company Name: _____

Policy No.: _____

Employee Code: _____

Title Mr/ Mrs/ Miss/Other

Full Name (IN BLOCK LETTERS) _____

Date of Birth DD MM YYYY

Nationality _____

Gender Male Female

Address of Residence
(Correspondence)

City _____
State _____ Pin Code

Address of Work

City _____
State _____ Pin Code

Telephone No.
with STD Code

Mobile
Work

Residence

Email address _____

Section 2 - State your height and weight as accurate as possible

Height Cms or Feet Inches

Weight Kgs

Section 3 - Details of Occupation of Scheme Member i.e. Life to Be Assured

a) Present Occupation _____

Section 4 - Existing Insurance Details of Scheme Member i.e. Life to Be Assured

Please give details below of total existing insurance cover of In-force/paid up policies (if the answer to any point is NIL, please indicate "NIL" wherever applicable).

- | | |
|---|-----|
| i. Sum payable on death, excluding accidental death | INR |
| ii. Sum payable on accidental death excluding (i) | INR |
| iii. Sum payable on disability/critical illness | |
| iv. How much of this cover i.e. (i) + (ii) + (iii) was applied in the last 12 months? | INR |

We may request you to undergo medical examinations/tests. Please indicate your location preference for the medical tests to be conducted -

Near your Place of Residence

Near your Place of Work

Section 5 - Health declaration of the Scheme Member i.e. Life to be Assured

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Has any application for life, accident, health or critical illness insurance on your life ever been declined, postponed or accepted at other than normal terms? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you take or need to take any medicines on a daily basis or have you in the last 5 years taken or been required to take any medicine for more than 10 days consecutively for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you in the last 5 years been absent from work or been admitted to a hospital for more than 5 days consecutively or been admitted on two or more occasions within a one year period for any number of days for the same or a connected cause? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had or received medical advice for any of the following illness, or been referred for tests or investigations for any of these conditions: disease of the heart or blood circulatory system, chest pain, stroke, cancer or abnormal growth, diabetes, hypertension, hepatitis, mental or nervous illness, epilepsy, respiratory disease, kidney disease, urinary or bowel disease, HIV infection, AIDS-related or any other sexually transmitted disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you in the last 2 years had any medical consultation (other than for normal flu and cough), taken any medical tests, taken any prescribed medical treatment or been advised to have such consultation, tests or treatment for any reason or are considering to have any medical consultation or tests for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you take part in any hazardous activities and hobbies that could be considered dangerous in any way? E.g. Aviation, mountaineering, deep sea diving or any form of racing. If Yes, provide the relevant questionnaire. | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to any of the above is "Yes", please provide more details:

Section 6 - Declaration of the Scheme Member i.e. Life to be Assured

I declare that all the information given by me in this application is true and I have not withheld any material fact within my knowledge. I hereby consent to HDFC Standard Life Insurance Company Ltd. seeking medical information from any doctor who at any time has attended to me concerning anything which affects my physical or mental health or seeking information from any insurance office to which an application has been made for insurance on my life and I authorise the giving of such information.

I understand that in the event of my being medically examined, the answers given by me to the medical examiner acting on behalf of HDFC Standard Life Insurance Company Ltd. shall be deemed to be incorporated in this application.

I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between my Employer (the Proposer) and HDFC Standard Life Insurance Company Ltd. with respect to insurance cover on my life. If any untrue statement be contained therein, HDFC Standard Life Insurance Company Ltd. will have the right to cancel/vary the benefits which may be payable in excess of the free cover limits as specified in the Policy Schedule and, further, if there has been non-disclosure of a material fact, the policy with respect to the insurance cover on my life may be treated as void. In such circumstances I shall hold neither my Employer nor HDFC Standard Life Insurance Company Ltd. for any loss or inconvenience which may be caused to me.

I understand that HDFC Standard Life Insurance Company Ltd. must be notified of any changes in my health and circumstances prior to the acceptance of the risk.

I understand that the contract will be governed by the provisions of the Insurance Act 1938 and that the same will not commence until written acceptance of this application by HDFC Standard Life Insurance Company Ltd., issued on its normal terms and conditions is received.

Signature of Member _____

Date: _____

Life to be Assured with Scheme Member/Life to be Assured _____

Place: _____

Insurance Act 1938, Sec 41 (Summary): Any offer and acceptance of rebate of premiums shall be an offence under Section 41 of the Insurance Act, 1938.

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☎ 022 - 67516258 /7218

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HDFC STANDARD LIFE INSURANCE COMPANY LIMITED. IRDAI Registration No. 101.

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