

Policy Servicing Request Form-Health Plans - 1



<p><i>For Official Use Only</i></p> <p>Branch Name: _____</p> <p>Receipt Date & Time: _____</p> <p>Received by: _____</p> <p>Interaction ID: _____</p>	<p>Alteration Done <input type="checkbox"/></p> <p>Alteration Denied <input type="checkbox"/></p> <p>Employee Code: _____</p> <p>Signature: _____</p>
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Policy Number _____ Email ID * _____

Policyholder's name _____ (First Name) _____ (Middle Name) _____ (Last Name)

Contact* No.: (Off) _____ / (Res) _____ / (Mob) _____ (Mobile number is preferred)

*Contact details provided herein will be updated for all future communications. For the customers registered under National Do Not Call Registry, this response will be treated as valid discharge. The request for change/ correction in name and change in address would be effected for all the policies linked to the client id. Policy servicing charges may be levied as applicable. Please refer to your policy document for details.

 CHANGE/ CORRECTION IN NAME (Tick One)
 Life Insured Nominee/ Beneficiary Appointee Policyholder
General Rules

1. The change will be effected in all the Policies where the client exists. 2. For married women with a change in surname, only a declaration for a change in maiden name is required. For complete name change "Marriage certificate" is required. 3. For all other requests involving significant name change a "Gazette copy" is required. 4. All the supporting documents should be countersigned by the Life Insured / Policyholder.

Name to be changed to: _____

 CHANGE IN ADDRESS (Tick One) (Multiple selections allowed in case of common address)
 Life Insured Nominee/ Beneficiary Appointee Proposer
General Rules

1. The change will be brought into effect across all the Policies where the client code exists. 2. Self-attested documentary proof of the new address is mandatory. Contact us for the list of acceptable address proofs.

 Correspondence address Permanent Address (Please tick one option)

House / Flat No. _____ Street/Area _____

Landmark _____ City / District _____ Pin Code _____

Contact No. _____ / _____

 CHANGE OF NOMINEE/ BENEFICIARY **CHANGE OF NOMINEE/ BENEFICIARY DATE OF BIRTH****General rules**

Incase the nominee/ beneficiary is a minor, please fill up the Appointee details below. For change of DOB of nominee/ beneficiary, a valid age proof should be submitted.

Nominee/Beneficiary Name Mr/Mrs/Ms _____

House/Flat No _____ Street/Area _____

City/District _____ Pin Code _____ Date of Birth DD / MM / YYYY

Contact No. _____ / _____ Email Id _____

Nominee/ Beneficiary Relation to the Life Insured: _____

In case of change in DOB of Nominee or Beneficiary Old Date of Birth: DD / MM / YYYY (dd/mm/yyyy) Revised Date of Birth: DD / MM / YYYY

DECLARATION OF NEW APPOINTEE (TO BE FILLED INCASE OF CHANGE OF APPOINTEE)

I hereby accept my appointment as an Appointee to receive the proceeds under the Policy on behalf of the Beneficiary/ Nominee who is a minor.

Date _____ Place _____ Appointee's Signature: SIGN HERE

(No thumb impression)

HDFC Standard Life Insurance Company Limited. In partnership with Standard Life Plc. CIN:U99999MH2000PLC128245. IRDAI Registration No. 101.

Regd. Off: Lodha Excelus, 13th Floor, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

CUSTOMER ACKNOWLEDGEMENT COPY (POLICY SERVICING FORM FOR HEALTH PLANS)

Policy No. _____ Policyholder Name _____

PS Request _____ Documents accepted Original Policy Document Others (specify) _____

Customer Relations Officer: _____

Date: _____

Time: _____

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 all days from 9 am to 9 pm |
Email - service@hdfclife.com | NRService@hdfclife.com (For NRI customers only) | Visit - www.hdfclife.com

Branch Stamp

FREE LOOK CANCELLATION



General Rules:

1. Free look cancellation request should be submitted within 15 or 30 days (as mentioned in your Policy document) from the date of receipt of the Policy document. 2. Free look cancellation charges as specified in the Option to Return clause in your Policy document will be deducted. 3. Please submit the NEFT mandate along with an original cancelled cheque with this request.

I would like to exercise the Free Look Cancellation option for the above Policy, as I do not agree to the terms and conditions.

Reason:

I am returning the original Policy document along with this request. Please refund the premium paid by me after deducting the applicable free look cancellation charges.

FREE LOOK CANCELLATION (CHANGE OF PLAN)



General Rules:

1. Free look cancellation request should be submitted within 15 days or 30 days (as mentioned in your Policy document) from the date of receipt of the Policy document. 2. Free look cancellation charges as specified in the Option to return clause on your Policy document will be deducted. 3. The differential amount, if any has to be paid along with the application for the new plan. 4. Please submit the new proposal form, illustration and other required documents. 5. Acceptance of the new proposal is subject to underwriting. (where applicable)

I would like to change my plan from _____ to _____ under the Free Look Cancellation option.

I am submitting the documents mentioned below along with this request.

Original Policy Document New Proposal Form New Illustration Others (Please specify): _____

SIGN HERE

Date:

Place:

Signature of the Policyholder

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 all days from 9 am to 9 pm | Email - service@hdfclife.com | NRIservice@hdfclife.com (For NRI customers only) | Visit - www.hdfclife.com

Communication Address: 14th Floor, Lodha Excelus, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai – 400011.

