

**Policy Servicing Request Form -  
Health Plans - 1**

*For Official Use Only*

Branch: \_\_\_\_\_  
Receipt Date & Time: \_\_\_\_\_  
Received by: \_\_\_\_\_

Alteration Done   
Alteration Denied   
Employee Code: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Email ID\*: \_\_\_\_\_  
Name of the Policyholder: (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_  
Contact\* No.: (Off) \_\_\_\_\_ / (Res) \_\_\_\_\_ / (Mob) \_\_\_\_\_ (Mobile number is preferred)  
Permanent Account Number(PAN): \_\_\_\_\_ Aadhaar Number: \_\_\_\_\_  
\*Contact details provided herein will be updated for all future communications. The above mentioned contact number will be considered as consent to communicate with him/her on the contact details provided herein.

**CHANGE/CORRECTION IN NAME (Tick One)**

Life Insured  Nominee/Beneficiary  Appointee  Policyholder

**General Rules**

1. The change will be brought into effect across all the Policies where the client code exists. 2. For married women with a change in surname, only a declaration for a change in maiden name is required. For complete change of name, the 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.

Incorrect Name: \_\_\_\_\_  
Name to be changed to: \_\_\_\_\_

**CHANGE IN ADDRESS (Tick One) (Multiple selections allowed in case of common address)**

Life Insured  Nominee/Beneficiary  Appointee  Policyholder

**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: \_\_\_\_\_

**ADDITION/CHANGE OF NOMINEE/BENEFICIARY**  **CHANGE OF NOMINEE/BENEFICIARY DATE OF BIRTH**

**General rules**

In case the Nominee/Beneficiary is a minor, please fill up the Appointee details below. For a change in date of birth of Nominee/Beneficiary, a valid age proof should be submitted.

Mr/Mrs/Ms Name of the Nominee/Beneficiary: (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_  
House/Flat No.: \_\_\_\_\_ Street/Area: \_\_\_\_\_  
City/District: \_\_\_\_\_ Pin Code: \_\_\_\_\_ Date of Birth: DD / MM / YYYY  
Contact No.:(Off) \_\_\_\_\_ / (Res) \_\_\_\_\_ / (Mob) \_\_\_\_\_  
Email ID: \_\_\_\_\_ Nominee/Beneficiary Relation to the Life Insured: \_\_\_\_\_  
**In case of change in Date of Birth of Nominee or Beneficiary** Old Date of Birth: DD / MM / YYYY Revised Date of Birth: DD / MM / YYYY

**ADDITION/CHANGE OF APPOINTEE**  **CHANGE OF APPOINTEE DATE OF BIRTH**

Mr/Mrs/Ms Name of the Appointee: (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_  
House/Flat No.: \_\_\_\_\_ Street/Area: \_\_\_\_\_  
City/District: \_\_\_\_\_ Pin Code: \_\_\_\_\_ Date of Birth: DD / MM / YYYY  
Contact No.:(Off) \_\_\_\_\_ / (Res) \_\_\_\_\_ / (Mob) \_\_\_\_\_  
Email ID: \_\_\_\_\_ Appointee Relation to Nominee/Beneficiary: \_\_\_\_\_  
**In case of change in Date of Birth of Appointee** Old Date of Birth: DD / MM / YYYY Revised Date of Birth: DD / MM / YYYY

**DECLARATION OF NEW APPOINTEE**

Name of the Appointee: \_\_\_\_\_  
Date: DD/MM/YYYY Place: \_\_\_\_\_

**SIGN HERE**  


(Signature of the Appointee)

**CUSTOMER ACKNOWLEDGEMENT COPY (POLICY SERVICING FORM FOR HEALTH PLANS)**

Policy No.: \_\_\_\_\_ Name of the Policyholder: \_\_\_\_\_  
PS Request: \_\_\_\_\_ Documents accepted:  Original Policy Document  Others (specify) \_\_\_\_\_  
Customer Relations Officer: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## 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. In case of return, please submit the NEFT mandate along with an original cancelled cheque with this request. 4. In case of change of plan- a) The differential amount, if any, has to be paid along with the application for the new plan. b) Please submit the new proposal form, illustration and other required documents. c) Acceptance of the new proposal is subject to underwriting (where applicable).

### FREE LOOK CANCELLATION (RETURN)

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)

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.

Policy No: \_\_\_\_\_

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

## DECLARATIONS

### Declaration of Policyholder

I declare that the information I have given is factually correct and true. I have not withheld any material information that may influence the assessment or acceptance of this application else the contract based on the above information is void.

Name of the Policyholder: \_\_\_\_\_

Date: DD/MM/YYYY Place: \_\_\_\_\_

SIGN HERE

(Signature of the Policyholder)

### Declaration to be made by a third person:

The Policyholder has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been explained to the Policyholder in \_\_\_\_\_ language and have truthfully recorded the answers provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Name of the Declarant: \_\_\_\_\_

Date: DD/MM/YYYY Place: \_\_\_\_\_

SIGN HERE

(Signature of the Declarant)

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

**Regd. Off:** Lodha Excelus, 13<sup>th</sup> Floor, 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)

  
Sar utha ke jiyo!