

HDFC Life Cancer Care Revival Form

For official use only
Branch:
Receipt date and time:
Received by:
Interaction ID:

Policy Number:

Email ID :

Name of the Policyholder: _____

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

* 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.

General Rules

1. Premium needs to be paid, as specified, at the branch.
2. If the policy is not revived within 60 days, then refund will be initiated.

Please fill in the SMQ below.

SHORT MEDICAL QUESTIONNAIRE (SMQ): Details of the Life to be Insured

Name of the Life to be Insured: _____

Please answer the questions given below by tick marking against Yes or No.

	Yes	No
A. Have you smoked cigarette/ beedi or consumed tobacco in any form in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you taken any standalone cancer product through any other Indian insurer such that the total cover including the cover in this policy is exceeding Rs. 50 lakhs or is exceeding Rs. 40 lakhs for policies taken from HDFC Life?	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you suffered from or received investigation or treatment for any form of cancer, sarcoma, tumor or pre cancerous conditions?	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you suffered or have consulted, investigated, diagnosed with or treated for HIV/AIDS, Hepatitis B, Hepatitis C or Liver disease due to alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
E. Have you suffered from or been investigated for any of the following in the last 12 months? a. Recurrent cough, hoarseness of voice or difficulty in swallowing for a continuous period; or of 15 days? b. Any persistent loss of blood or unusual discharge from any body opening? c. Weight loss more than 5 kg in the last 6 months other than a targeted weight loss program?;or d. Any ulceration, growth, cyst or lump in any part of the body?; or e. Any persistent headache, epileptic fits, sudden vision loss or hearing loss?.	<input type="checkbox"/>	<input type="checkbox"/>
F. Have you undergone any of the listed investigations in the last 6 months (if applicable) a. Ultrasound; or b. Endoscopy/Colonoscopy; or c. CT Scan/ MRI; or d. Biopsy; or e. PAP Smear*; or f. Mammography*; or g. Blood test for cancer diagnosis (Tumor Marker). *other than those done as a part of executive health check or routine investigation.	<input type="checkbox"/>	<input type="checkbox"/>
G. Have any of your parents (below 60 years), sisters or brothers been diagnosed to be suffering from any form of cancer?	<input type="checkbox"/>	<input type="checkbox"/>
H. Has your proposal for life insurance, accident, medical or health related insurance ever been declined, postponed, withdrawn, accepted at extra premium or subjected to any special term on medical terms?	<input type="checkbox"/>	<input type="checkbox"/>

Customer Acknowledgement Copy (Revival Request form)

Policy No.: _____ Interaction ID No.: _____

Policyholder Name: _____

Documents accepted: (specify): _____

Customer Relations Officer: _____

Date: _____

Time: _____

Branch Stamp

DECLARATIONS & AUTHORISATIONS

- I hereby declare, on my behalf and on behalf of the person proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of revival of the insurance policy and is subject to the Board approved underwriting Policy of HDFC Standard Life Insurance Company Limited ("Company") and that the policy will come into force only after full receipt of the premium.
- I understand that all information provided in this revival form and any attachments are material to the insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information
- I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured after the request for revival has been submitted but before communication of the risk acceptance by the Company.
- I declare and consent to the Company or any of its authorized representatives seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured or from any past or present employer concerning anything which affects the physical or mental health of the life to be insured and seeking information from any insurance company to which an application for insurance on the life to be insured has been made for the purpose of underwriting the proposal and/or claim settlement.
- I further consent and authorise any of the authorised representatives of the Company to seek medical information from any doctor/hospital/consultant insurer that I or any person proposed to be insured has attended or may attend in the future concerning any disease or illness or injury with respect to a particular claim.
- I authorise the company to share information pertaining to my revival request including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.
- I agree to the Company taking appropriate measures to capture the voice log for all such telephonic transactions carried out by me, in accordance with procedures/regulations.
- I give my consent to collect, process, receive, possess, store, deal or handle my/our sensitive personal data or information [as defined in the Information Technology (Reasonable security practices and procedures and sensitive personal data or information) Rules 2011 as amended from time to time], with/ from third parties/ vendors associated with the Company for various purposes and outsourced activities exclusively related to issuance/servicing/settlement of claim as required under the policy.
- I hereby also declare that I have read and understood the products as described in the sales literature and the sales illustration. I have read the entire text, features, disclosures, exclusions, terms and conditions while requesting revival of said policy.
- I understand that any false declaration or misrepresentation may be liable for rejection of the revival form or the contract of insurance shall be treated as null and void from inception of the contract. Fraud, misrepresentation/misstatement, forfeiture or suppression of any material fact would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time.

Name of Policyholder: _____

Date : _____ DD/MM/YYYY

Place : _____

SIGN HERE

Signature of Policyholder

Name of Life Assured: _____

Date : _____ DD/MM/YYYY

Place : _____

SIGN HERE

Signature of Life Assured

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: _____ Date: _____ DD/MM/YYYY Place: _____

Address: _____

SIGN HERE