Request for Information - Change in Sum Assured

Company Name:	
Policy Number:	

PSRF688502121621

LIST OF EMPLOYEES WHOSE COVER UNDER THE POLICY IS TO BE CHANGED

Name of the Employee		Employee ID	Member No.	Date of Birth (DD-MM-YYYY)	Gender	Present Sum Assured (INR)	Effective Date of change in cover (DD-MM-YYYY)	New Sum Assured (INR)	Reason for change in cover
Last Name	**First Name**								

NOTE: For change in cover where this change in cover 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 for the revised cover in the scheme. Where the form is not submitted within 30 days from the date of becoming eligible for the revised cover, 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.

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.

Yours sincerely,

Signed for and on behalf of the Company/Group

Signed by:

Date:

Signature and Company Stamp