



Member Information Form

Name of the member

Address

Date of Birth

(DD) (MM)

19
(YY)

or

Age on Last birthday

Yrs

Sex

Male

Female

Occupation

Marital Status

Single

Married

Divorced

Separated

Widowed

Name of Development Agency of which you or your spouse is member:

Who is the member of the development agency

My self

My Spouse

Development Agency Member ID _____

(Employer Reference Number)

Self Help Group _____

Self Help Group ID _____

Nominee Details

(If more than One Nominee is there please use the Back of the page to record the same)

Name

Address

Relationship with the Life Assured: _____

Percentage of Sum Assured: _____

Is the Nominee a Minor

Yes

No

If Nominee is a Minor please give details about the Guardian:

Name

Declaration of Health

I declare that I am in a sound state of health.

Declaration of the Member

I declare that all the information given by me in this application is true and I have not withheld any material fact which is within my knowledge. I consent to HDFC Standard Life Insurance Company Limited (the "Insurer") seeking medical information from any doctor who has attended me at any time concerning my mental or physical health or seeking information from the Development Agency above named for verification of the details given above and I authorize the giving of such information.

I agree and confirm that these statements and this declaration are the basis of the contract of Insurance between the Insurer and the Development Agency. If any untrue statements are contained herein or there has been any non-disclosure of any material fact, the Policy to be issued by the Insurer in the name of the Development Agency may be treated as void as far as I am concerned.

I understand that the contract of Insurance will not commence till the Insurer issues the Policy in the name of the Development Agency and receives the lump sum premium payable by all the members whose lives are being insured under the Policy to be issued by the Insurer, irrespective of the fact that I have paid the premium payable by me, to the Development Agency.

I agree and undertake that I shall keep the Development Agency informed of any changes in the particulars given above and authorize and direct the Development Agency to inform the Insurer immediately of the same.

I confirm that I have read and understood/have had read over and explained, the Rules of the Development Insurance Plan and the Standard Policy Provisions that govern the Policy to be issued by the Insurer in the name of the Development Agency and on my life, and I agree and confirm that the same shall be binding on me.

I authorize the Development Agency to disclose to the Insurer such particulars as they may require including the details given above and any changes to the same, pay the premium collected from me to the Insurer, to file claims on behalf of my nominee/s, to receive and give valid discharge for the amounts paid by the Insurer to the Development Agency on my behalf towards Claim/Mortality Rebate and to distribute the amounts received to me or my nominee/s, as the case may be.

Signature/thumb print of member:

Date :

Place:

In case the life to be insured is an illiterate :

His/her thumb impression should be attested by a person of standing whose identity can be easily established, but unconnected with the Insurer and this declaration should be made by him.

'I hereby declare that I have explained the contents of this from to the life to be insured in _____ language and that the life to be insured has fixed the thumb impression above after fully understanding the contents thereof.'

Name of declarant

Signature

Address

