

4) Have you resided overseas for more than 6 months continuously during the last five years, or do you intend to do so in the next six months?

Yes No

If you have answered "Yes" to the above question, please give the names of the countries and duration of stay:

	Name of Countries	Duration
Past Travel		
Future Travel		

5) Do you have any existing insurance cover or have you submitted any simultaneous applications for life insurance to any other insurance company?

Yes No

If "yes" please provide the following details:

(All amounts in Rupees)

A. Sum Assured payable on death (total)	
B. Sum payable on accidental death (excluding A)	
C. Benefits payable on disability/critical illness	
D. How much of this cover i.e. (A) + (B) + (C) was taken out in the last 12 months?	
E. How much of the cover in (A) was taken out during the last five years?	

6) Has any application for insurance on your life been:

	Yes	No
Postponed?	<input type="checkbox"/>	<input type="checkbox"/>
Accepted with extra premium?	<input type="checkbox"/>	<input type="checkbox"/>
Accepted on other special terms?	<input type="checkbox"/>	<input type="checkbox"/>
Declined?	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawn by yourself?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes" to any of the above questions, please state the proposal number, name of the insurance company and reason.

7) State your height and weight as accurately as possible.

Height: _____ Cms (or) _____ Feet _____ Inches Weight: _____ Kgs

8) Please indicate if you consume any of the substances mentioned below:

Substance	Do you consume?		Form of consumption (Tick where applicable)				Quantity consumed
a. Alcohol*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Beer <input type="checkbox"/>	Wine <input type="checkbox"/>	Spirits <input type="checkbox"/>	Others <input type="checkbox"/>	Per Week _____ Units
b. Tobacco**	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cigars <input type="checkbox"/>	Cigarettes <input type="checkbox"/>	Bidis <input type="checkbox"/>	Chewing Tobacco <input type="checkbox"/>	Per Day _____ Units
c. Are you currently consuming or have you ever consumed narcotics or any such other substance whether prescribed or not? (For example ganja, hashish, heroin, cocaine, charas, marijuana etc.)							<input type="checkbox"/> Yes <input type="checkbox"/> No

* 1 unit equivalent to 330 ml of beer/ 125 ml of wine/ 30 ml of spirits ** 1 unit equivalent to 1 cigar/1cigarette/1 bidi. If chewing tobacco please specify how many grams per day.

9) State the name and address of your doctor whom you usually consult in the event of any illness, or if you have been consulting with this doctor for less than three months, then the name and address of your previous doctor.

Name			
Address			
STD		Telephone	
Mobile		Email	

10) Personal medical details.

1	Are you currently in good health?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Do you have / had any recurrent medical condition or physical disability or deformity or illness or injury Or have you been hospitalized or operated or asked to undergo investigations that has kept you from working for more than one week in the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you ever tested positive for HIV/AIDS or Hepatitis B or C, or have you been tested/treated for other sexually transmitted diseases or are you awaiting the results of such a test?	Yes <input type="checkbox"/> No <input type="checkbox"/>

11) Please tick the appropriate answer to **all** of the questions below:

Have your ever had, been told to have, or been treated for: (a)Diabetes, High Blood Pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Chest pain, heart attack or any other heart disease or disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Cancer, tumor, growth or cyst of any kind	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Stroke, paralysis, Epilepsy, any psychiatric/mental disorder, disorders of brain/ nervous system or any kind of physical disabilities.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(e) Asthma, Tuberculosis or any other lung or respiratory disorder.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(f) Disease or disorder of muscles, bones or joints; arthritis, blood disorder (e.g. anaemia), thyroid disorder or any endocrine disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
(g) Disease or disorder of the kidney, urinary system, digestive system (stomach, pancreas, gall bladder, intestines), liver, Hepatitis B or C or HIV / AIDS infection, or any sexually transmitted disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
(h) Disease or disorder of the Eye, Ear, Nose or throat	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered "Yes" to any of the sub questions asked under question 11 of this section, please answer the following

Nature of Illness/ Accident	Date of Diagnosis/ Event	Name & Address of the doctor	Details of Investigations done	Under Medication (Yes/ No)	Fully Recovered (Yes/ No)

12) To be answered by the female life to be assured. Please tick the appropriate answer to all of the questions below.	
(a) Are you presently pregnant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) If "Yes", how many weeks? Kindly attach the Pregnant Lady Questionnaire	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Have you ever had any disease of the breast, uterus, cervix, or ovaries?	
If you have answered "Yes" to (c) please give details below:	

13) Family history of the life to be assured. Please tick the appropriate answer to all of the questions below:	
Have any of your parents and/or siblings died before the age of 60 years as a result of Blood pressure, heart attack, stroke, cancer, diabetes, Kidney disease or any hereditary disorder?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered "Yes" to any of the above questions, please give details below:	

Relation to Life to be Assured	Disease	Age at diagnosis	Alive / Dead	Current age / Age at Death

DETAILS OF NOMINEE	The claim payment shall be made in the name of insured scheme member or his/her nominee (s)		
Nominee 1		Nominee 2	
Name:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Name:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
DOB: dd/mm/yyyy	Relationship with Member:	DOB: dd/mm/yyyy	Relationship with Member:
Address:	Email: Tele:	Address:	Email: Tele:
In case Nominee is minor, please give Appointee details			
Name:	DOB:		
Address:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Relationship to Nominee:			
Signature of appointee accepting the appointment			

SECTION D DECLARATION OF MEMBER (LIFE TO BE ASSURED)

I understand, agree and confirm that these statements and this declaration are basis of the contract between the insurer and the policyholder. If any untrue statement 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 policyholder may be treated as void as far as I am concerned.

I confirm that I have read and understood, the rules and any additional rules of the HDFC Life Group Credit Protect, the standard Policy provisions and any additional provisions that govern the policy to be issued by insurer in the name of the policyholder and on my life, and I agree and confirm that the same shall be binding on me. I authorise the policyholder 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 payable on my behalf /collected from me to the Insurer. I understand that any statutory levy or charges including any indirect tax may be charged to me either now or in future by the insurer and I agree to pay the same. I understand that HDFC SLIC has the right to reject a proposal without giving reasons thereto and client to give an undertaking thereof that he shall not raise any claims thereof. I understand the significance of the contract and the contract will be governed by the provisions of the Insurance Act 1938 and that the same will not commence until written acceptance of this application by Insurer issue on its normal terms and conditions is received.

I hereby declare that the content of the form and document has been fully explained to me and I have fully understood the significance of the proposed contract.

Signature/Thumb impression of Witness*
Assured

Signature / Thumb Impression of the Life to be

Name & Address _____

Occupation _____

Date & Place: _____

* Witness Signature, Address and Occupation is mandatory along with signature of Insured Member

DECLARATION TO BE MADE BY A 3rd PERSON WHERE:

- The insured member has affixed his/her thumb impression; OR
- The insured member has signed in vernacular; OR
- The insured member has not filled the application.

I hereby declare that I have explained the contents of this application form to the insured member in _____ language and have truthfully recorded the answers provided to me. I further declare that the insured member has signed/affixed his/ her thumb impression in my presence.

Name and address of Declarant _____

Signature

Date:

To
HDFC Standard Life Insurance Company Limited
Lodha Excelus, 13th Floor
Apollo Mills Compound, N.M. Joshi Marg
Mahalaxmi, Mumbai - 400 011.

Name of Policy Holder:

Contact Number: Mobile: _____ / Office: _____ / Res: _____

Loan Application / Account Number:

Group Life Insurance Scheme/ Policy Number:

DECLARATION/ AUTHORIZATION:

I/We, _____, do hereby declare that I/ we have received a loan of Rs _____ from M/s _____ ("Master Policyholder"). In order to secure the said loan I/ we have taken the above referenced policy from HDFC Standard Life Insurance Company Limited ("HDFC Life"). In consideration of receiving the said loan I hereby authorize HDFC Life to make payment of Outstanding Loan Balance amount to Master Policyholder by deducting from the claim proceeds payable on happening of the contingent event covered by the Group Life Insurance Scheme/ Policy referenced above.

Request you to kindly take note of the above mentioned request and update your records accordingly.

Thanking You,

With Regards,