



HDFC LIFE GROUP CREDIT PROTECT PLUS INSURANCE PLAN (101N096V01)

FOR OFFICE USE ONLY

Bank Name	Bancassurance Code	LG Code	Lead Ref Number
Group Joining Date	Member's Group Reference Number	Member ID	Proposal No
Consultant Name	Consultant Code	Lead Ref No	
Cheque Amount	Cheque No.	Promo	Single Premium (Rs)
Team/BR Code	LG/DSE	LC1 Code	LC2 Code

MEMBERS INFORMATION FORM

DETAILS OF INSURED MEMBER

Name:		Identification Mark	
Address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
		DOB: DD/MM/YYYY	
Email :		Tele:	
Nature of Age Proof : <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> PAN card <input type="checkbox"/> Leaving Certificate <input type="checkbox"/> Others			
Occupation:	Annual Income:	Employer's name:	

LOAN DETAILS

Loan account type		Loan account number	
Loan amount		Moratorium period (up to 7 years)	
Loan term (including moratorium period, if any)		Loan interest rate (%)	Share of the loan (%)
Date of first disbursement	DD/MM/YYYY		

SECTION A PLAN DETAILS

Cover Option (Main Benefit) <input type="checkbox"/> Level <input type="checkbox"/> Decreasing	Cover term _____ years	Initial Sum Assured _____	
Cover type <input type="checkbox"/> Single life cover <input type="checkbox"/> Joint life cover			

PLAN OPTIONS

<input type="checkbox"/> Life Option	Death benefit
<input type="checkbox"/> Extra Life Option	Death benefit + Additional Accidental death benefit
<input type="checkbox"/> Terminal Life Option	Death benefit + Accelerated Terminal Illness benefit
<input type="checkbox"/> Critical Life Option 1	Death benefit + Accelerated Critical Illness benefit – Lower of 5 years or death benefit term
<input type="checkbox"/> Critical Life Option 2	Death benefit + Accelerated Critical Illness benefit – Lower of 10 years or death benefit term
<input type="checkbox"/> Life Disability Option	Death benefit + Accelerated Total Permanent Disability

SECTION B SHORT MEDICAL QUESTIONNAIRE - HEALTH DETAILS OF INSURED MEMBER (Please tick the box for your answer)

1. Have you ever suffered or are currently suffering from: (a) Chest Pain or heart attack or any other heart disease (b) Cancer, tumor, growth or cyst of any kind (c) Stroke, paralysis, Epilepsy, any psychiatric / mental disorder , disorder of brain/nervous system or any kind of physical disabilities (d)Asthma, Tuberculosis or other lung disorder (e) Diseases or disorder of muscles, bones or joints, arthritis or blood disorder(anaemia) or any endocrine disorder (f) Diseases of the kidney, digestive system(stomach, pancreas, gall bladder, intestines) liver, Hepatitis B or C or HIV/AIDS infection (g) Diabetes, high blood pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. During the last 5 years have you undergone any major surgery or been hospitalized for more than one week?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you take part in any adventurous sports or hobbies? (like paragliding, mountaineering, deep sea diving , motor racing, bungee jumping etc)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you smoke more than 10 cigarettes a day?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Has more than one of your close relatives died before the age of 60 years as a result of heart attack, stroke, cancer, diabetes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are you taking any medication or has a doctor ever attended you for any conditions, diseases or impairment not mentioned above (except for cough or cold)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Female life only: Are you pregnant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Have you ever been declined, deferred, and accepted at special terms, had cover reduced or had exclusion imposed for any	Yes <input type="checkbox"/> No <input type="checkbox"/>

life, health or accident insurance cover.

Please take note that it is important to answer the above questions correctly. Any false information will lead to rejection of the application or the claim in future.

Date & Place: _____ Signature/Thumb impression of the Insured Member _____

SECTION C DETAILS OF NOMINEE

Name (nominee 1):	DOB: dd/mm/yyyy
Address:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Relationship with Insured Member
Email:	Tele:
Name (nominee 2):	DOB: dd/mm/yyyy
Address:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Relationship with Insured Member
Email:	Tele:
In case Nominee is minor , please give Appointee details	
Name:	DOB: dd/mm/yyyy
Address:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Relationship with Insured Member

SECTION D DECLARATION MADE BY THE INSURED MEMBER

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 Plus Insurance Plan, 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.

I also confirm that I have taken note that it is important to answer the above questions correctly. Any false information on my part will lead to rejection of the application or the claim in future.

Signature/Thumb impression of Witness* _____
 Name & Address _____
 Occupation _____

Signature / Thumb Impression of the Life to be Assured _____
 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 life to be insured member has signed/affixed his/ her thumb impression in my presence.

Name and address of Declarant _____

Signature of the declarant