

HDFC Standard Life Insurance Company Limited

Request for Information – Mid-year Joiners

POLICY NUMBER :

POLICY HOLDER NAME :

List of employees to be covered under the above policy

We confirm that the basis of calculating the sum assured is :

Sr No	Name of the Employee			Identification number of employee	Date of Joining the company (DD/MM/YYYY)	Date of becoming eligible (DD/MM/YYYY)	Date of birth (DD/MM/YYYY)	Sex	Sum Assured Amount (Rs)
	Salutation	Last Name	First Name						
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

We certify that each employee satisfies the actively at work clause which means that he/she meets both the conditions listed below:

- he/she is not absent on the grounds of ill health or maternity leave at the time of joining the Scheme and
- he/she has not have availed any leave on the grounds of ill-health for a continuous period of fifteen (15) days or more in the previous Policy Year and/or year preceding his/her admission into the Scheme as applicable.

Please Note: For mid-joiners where this mid-joiner form has been signed and submitted to HDFC Life within 30 days of the employee becoming eligible to join the scheme, the start date of cover will be the date of becoming eligible to join the scheme. Where the form is not submitted within 30 days from the date of becoming eligible to join the scheme, the start date will be deemed to 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 full premium for new joiners.

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 are subject to the Rules of this policy.

Signed for and on behalf of the Company / Group

Signed By :

Date :

Signature
(Authorised Signatory)
{Rubber stamp and Address}