

HEALTH PROPOSAL FORM

Guidelines for filling up the form

- Please fill this form in **BLACK INK** and in **CAPITAL** letters with a space between words. Use separate proposal forms for each plan. Any cancellation/alteration is to be signed by the proposer. All relevant supporting documents are to be provided. Nomination should be done. All information provided here shall be relied on and has to be accurate, complete and true in all respects for processing the proposal quickly. In case of any doubt, whether the particular information is material or not, please disclose the information. In case any material information is not provided, the contract is liable to be void.
- Where the proposer has not filled up the application form or where he/she has affixed the thumb impression, the corresponding declarations are to be completed. Pin code and Contact numbers are mandatory. Contact details mentioned herein will be used for future communication.
- The plan mentioned in this proposal form has been approved by IRDA (Insurance Regulatory and Development Authority) and have been allotted a Unique Identification Number (UIN). This number is available in our sales literature and also on IRDA's website for verification.

Notes: a) For any additional forms, annexes, questionnaires or drafts of declarations and affidavits, please contact your financial consultant.

b) Important sections to note under Insurance Act, 1938 are provided below:

Section 45 – Disclosure of material information : No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected be called in question by an insurer on the ground that statement made in the proposal or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose:

Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

Section 41 – Prohibition of rebates : No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.

FOR OFFICE USE ONLY *	Consultant Name & Code:	
License No:	License Expiry Date	
Company Lead:	Lead Reference No:	
Bancassurance Code:	Channel Partner Customer ID:	
IA / CAO Emp No. **	IA / CAO Name:	
Channel Code	FOS Code	
Branch Code	Tele Code	
Simultaneous Proposals: <input type="checkbox"/> Yes <input type="checkbox"/> No	Verified by BDM/CAM:	Name / Signature of BDM/CAM:
No of Proposals sent together: _____	Form: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Payment Details: <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Net Banking <input type="checkbox"/> Debit Card	Signature of FC: <input type="checkbox"/> Yes <input type="checkbox"/> No	

To be filled by the Branch Operations Officer:

Received at _____ Branch Code & Branch _____	Branch Ops Checklist	Page Count	Particulars
	<i>(For ALL Lives to be insured)</i>		
Receipt No:	Age Proof		
Client ID:	ID Proof		
No of Simultaneous Proposals:	CCR		
Employee:	Questionnaire/Addendum		
Scrutiny done by:	ECS mandate with cross cheque	<input type="checkbox"/> Y <input type="checkbox"/> N	
	SI Mandate	<input type="checkbox"/> Y <input type="checkbox"/> N	
Comments:	Debit / Credit Card Authorization	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Existing Customer- details checked with prev policy	<input type="checkbox"/> Y <input type="checkbox"/> N	
	Communication Address Verified	<input type="checkbox"/> Y <input type="checkbox"/> N	

*To BE filled in by Financial Consultant **IA/CAO – Insurance Associate / Corporate Agency Officer

SECTION A – PLAN DETAILS

Please (✓) any one option listed below. Kindly refer to the guidelines in page 1 while filling the Proposal form.

Plan Type	Individual		Family Floater			
Plan Option	Silver	Gold	Silver	Silver	Gold	Gold
Sum Insured (Rs)	<input type="checkbox"/> 3 Lakh	<input type="checkbox"/> 5 Lakh	<input type="checkbox"/> 3 Lakh	<input type="checkbox"/> 5Lakh	<input type="checkbox"/> 7 Lakh	<input type="checkbox"/> 10 Lakh

Room Rent Enhancement: (Can be opted for Sum Insured of Rs 5 Lacs & above)

Restore Benefit:

Premium Payment Option: Yearly **Policy Term:** Whole Life

Premium Amount* (Rs.): _____ (*including service taxes)

Payment Details: [please pay by crossed cheque (account payee only) in the name of HDFC Standard Life Insurance Company Ltd.]

Cash Demand Draft Cheque Credit Card Net Banking Debit Card SI/ECS

Demand Draft Drawn on (Bank name): _____ **Cheque/DD no:** _____

Payment Date*: _____ **Bank Name:** _____ **Branch:** _____

(*instrument date in case of cheque / DD)

Bank Account Number

Client Code (Office use only) _____

SECTION B – PROPOSER DETAILS

1. PROPOSER DETAILS

Title: Mr. M/s. Mrs.

Name:

Communication Address:

District: **Pin Code:** **State:**

Mobile: **Resi Tel:**

Telephone No (O) 1: **Telephone No (O) 2:**

E-mail Address:

Date of Birth **Gender** Male Female **Annual Income (Rs):** _____

ID Proof Type: Passport PAN Voters Card Driving License Other _____

ID Proof No:

2. DETAILS OF LIVES TO BE INSURED:

Is the Proposer also a Life Insured: Yes No

Life 1: Name: Mr./Ms./Mrs. _____

Gender: Male Female **Date of Birth:** **Height :** _____ Cms **Weight:** _____ Kgs

Relationship with Proposer: _____ **Nationality:** _____ **Country of Residence:** _____

Educational Qualification: Non Matric Matric Graduate Post Graduate Others _____

Occupation: Salaried Self Employed Student Housewife Others (Please specify) _____

If Salaried specify Company Name _____
Designation _____ Contact No. _____

If Self Employed specify business / Occupation _____

Life 2: Name: Mr./Ms./Mrs. _____

Gender: Male Female **Date of Birth:** **Height :** _____ Cms **Weight:** _____ Kgs

Relationship with Proposer: _____ **Nationality:** _____ **Country of Residence:** _____

Educational Qualification: Non Matric Matric Graduate Post Graduate Others _____

Occupation: Salaried Self Employed Student Housewife Others (Please specify) _____

If Salaried specify Company Name _____
Designation _____ Contact No. _____

If Self Employed specify business / Occupation _____

Most Recent Passport Size Color Photograph of Insured 9	Life 9: Name: Mr./Ms./Mrs. _____									
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
	D	D	M	M	Y	Y	Y	Y		
	Relationship with Proposer: _____	Nationality: _____								
	Educational Qualification: <input type="checkbox"/> Non Matric <input type="checkbox"/> Matric <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others _____	Country of Residence: _____								
	Occupation: <input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Please specify) _____									
If Salaried specify Company Name _____ Designation _____ Contact No. _____ If Self Employed specify business / Occupation _____										

SECTION C – PERSONAL & FAMILY HISTORY OF ALL LIFE TO BE INSURED

It is important to answer all questions truthfully. Failure to disclose material information could result in non-payment of claim.

C 1. Personal Medical Details:

Please answer the below mentioned questions by checking Yes (Y) or No (N) Only.

	YES	NO
A. Do You or any other life to be insured currently suffer or have ever suffered from high blood pressure, diabetes, cancer, chest pain, heart disorder, joint disorder or any liver or kidney disorder?	<input type="checkbox"/>	<input type="checkbox"/>
B. Do You or any other life to be insured currently suffer or have ever suffered from any other chronic medical ailment or have any physical deformity or handicap of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
C. In the last 5 years, have You or any other life to be insured been hospitalized, undergone a surgery or taken treatment for a continuous period exceeding 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
D. In the last 6 months, have You or any other life to be insured experienced any recurring health problem or undergone any medical investigation other than routine health checks?	<input type="checkbox"/>	<input type="checkbox"/>
E. Has Your or any other life to be insured's proposal for issuance or application for reinstatement for life, health or accident insurance ever been declined, postponed, withdrawn, accepted at extra premium or subjected to any special terms?	<input type="checkbox"/>	<input type="checkbox"/>
F. Have You or any other life to be insured ever made any claim on any health policy including any employer paid group policy?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered Yes to Q.No A, B, C and D above, please provide ADDITIONAL DETAILS in Section C 2. And also provide relevant copies of hospital reports, consultation and investigation reports for medical condition, if available.

If you have answered Yes to Q. No E above, please provide ADDITIONAL DETAILS in Section C 3.

If you have answered Yes to Q. No F above, please provide ADDITIONAL DETAILS in Section C 4.

C 2. Additional Details: If you have answered Yes to Q. Number A, B, C, &D from Section C 1 please provide details here:

Insured Name →								
Relevant question no. from Section C1								
Name of ailment/condition, nature of symptom(s)								
Date first diagnosed/treated or symptom(s) identified								
Details of investigation(s) done, please include dates								
Details of past and current treatment, please include dates								
Whether fully cured, recovered or still undergoing treatment?								

(Please attach a separate sheet incase the space is inadequate)

C 3. Additional Details: If you have answered Yes to Q. Number E from Section C 1 please provide details here: Please tick ✓ wherever applicable

Insured Name	P	EP	SP	W	D	Name of Insurer	Reason / Description

P: Postponed **EP:** Accepted with Extra Premium **SP:** Accepted on other Special Terms **W:** Withdrawn **D:** Declined
 (Please attach a separate sheet incase the space is inadequate)

C 4. Additional Details: If you have answered Yes to Q. Number F from Section C 1, please provide details here:

Insured Name	Name of the Insurance Company where you have filed or intend to file a claim	Claim Amount (Rs.)	Date of Claim	Status of Claim	Reason for claim

(Please attach a separate sheet incase the space is inadequate)

C 5. Family Physician's Details:

Name

Qualification

Address

District **Pin Code:** **State:**

Mobile: **Telephone No (R):**

E-mail Address:

C 6. Nominee Details: In the event of the death of the proposer any claim payment under this policy shall be paid to the nominee mentioned in this form, in accordance with the policy terms and conditions. In the event of the death of any other life to be insured, any claim payment under this policy shall be paid to the proposer. The receipt of the proceeds by nominee/proposer would be sufficient discharge to the Company.

Nominee Name	Date of Birth	Relationship with the proposer	Address of the Nominee <input type="checkbox"/> Residence <input type="checkbox"/> Permanent
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

If nominee is minor, Name and Address of Appointee and Relationship with nominee:

Appointee Name	Date of Birth	Relationship with the Nominee	Address of the Apponitee <input type="checkbox"/> Residence <input type="checkbox"/> Permanent
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

7. **Exclusions:** This policy has an initial waiting period of 30 days which applies from the date of commencement of cover or from date of reinstatement if there is a break in the policy. However, hospitalisation caused due to Accident is covered during this waiting period. This waiting period does not reapply if the policy is renewed without a break.

Following conditions and treatment thereof are covered only after 24 consecutive months of continuous coverage:

Condition/Treatment	
ENT	Gastrointestinal
Adenoid and Tonsillar Disorder	Surgery of gallbladder and bile duct stones
Deviated Nasal septum / Nasal & Paranasal Sinus Disorders	Gastric/Duodenal Ulcer
Thyroid surgery for benign conditions	All types of Hernia, Hydrocele
Functional endoscopic sinus surgery	Hemorrhoids, Anal Fissure, Fistula, Rectal prolapse, pilonidal sinus
Gynaecological	Urogenital
Benign breast disorder	Surgery of urinary stones
Myomectomy, Hysterectomy with or without Bilateral salphingo-Ophorectomy excluding malignancy	Benign enlargement of prostate gland
Orthopaedic	Varicocele, spermatocele
Carpal tunnel syndrome	Treatment for Chronic renal failure or end stage renal failure
PIVD (unless due to accident)	Others
Osteoporosis, Gout and Rheumatism	Skin conditions
Osteoarthritis and Degenerative joint disorders	Varicose Veins/Ulcers
Knee/Joint Replacement Surgery (other than caused by an accident). For Knee replacement, Actual expenses incurred subject to a maximum of Rs. 1.5 Lakhs whichever is lower, per life insured per knee per annum will be payable after the waiting period is over.	Vitreotomy/Detachment surgery for Retinopathy
	Cataract and age related eye conditions. Actual expenses incurred subject to a maximum of Rs. 20,000 per eye per life insured per annum will be paid towards Cataract after the Waiting period
	Diabetes and related treatments

Benefits will not be available for any Pre-Existing condition(s) as defined in the policy, until 36 consecutive months of continuous coverage have elapsed.

The following is an outline of permanent exclusions under this Policy. For further details please refer to Policy Wording : Treatment received outside India, Non Allopathic and Experimental Treatment, Breach of Law, Conflicts and Disasters, Military Services, Aviation, Hazardous Activities, Self Inflicted injuries or attempted suicide, Substance Misuse and De-addiction, Rehabilitation and Convalescence, Cosmetic treatments, Sleep and Obesity, Hormone Replacement Therapy, Dental treatments, Routine Eye(s) and Ear ailments, HIV/AIDS, Sexually transmitted Disease and other Sexual problems, Circumcision, Birth Control and Assisted Reproduction, Pregnancy (except for lives insured who are eligible for payment under Maternity Benefit offered under this Policy), Pre and post hospitalisation expense exclusion for Maternity Benefit, Psychological disorders, Congenital conditions, Items of personal comfort and non medical expenses, Preliminary diagnostics and Examination, Domiciliary Treatment, Expenses of Life Insured as Donor, Stem Cell Banking, Failure to take Reasonable Medical Care, Expenses Other than Reasonable & Medically Necessary, Immunisation & Nutritional treatment.

There could be certain declined risks as per underwriting norms of the Company. Based on our assessment of your health or any of the proposed lives insured, some conditions may have additional waiting periods or exclusions.

SECTION E – DECLARATIONS & AUTHORISATIONS

Declaration & Authorisations on behalf of all persons proposed to be insured:

- I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- I understand that all information provided in this proposal form and any attachments are material to the insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information
- I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.
- I agree to HDFC Standard Life Insurance Company Ltd. taking appropriate measures to capture the voice log for all such telephonic transactions carried out by me, in accordance with procedures/regulations.
- I hereby also declare that I have read and understood the products as described in the sales literature and the sales illustration. I have read the entire text, features, disclosures, exclusions, terms and conditions while applying for insurance.

Place _____

Signature of Proposer _____

Date _____

Name of Proposer _____

Declaration made by Declarant where Proposer has:

a) affixed his/her thumb impression; OR b) signed in vernacular; OR c) not filled the application

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the health insurance from HDFC Standard Life Insurance Company Limited to the proposer in the _____ language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Name and address of

Declarant _____

Signature of Declarant

Signature / Thumb impression of Proposer

Please contact us on any of the following touch points in case of non receipt of your HDFC Life policy document after 1 month from date of application. Call us on helpline number 1860-267-9999 (local charges apply; All Seven Days; 9:00AM to 9:00PM). Do not pre fix any country code e.g. +91 or 00, SMS SERVICE to 5676727 for call back request or email us at service@hdfclife.com.

Please contact us on any of the following touch points if you have purchases the policy Online & in case of non receipt of your HDFC Life policy document after 1 month from date of application: Call us toll free: 1800-266-9777 or Email us at onlinequery@hdfclife.com Address: HDFC Standard Life Insurance Company Ltd, Online Service Desk, 11th Floor, Lodha Excelus, Apollo Mills Compound, N M Joshi Marg, Mahalaxmi, Mumbai - 400011, India.

(In case of Current A/c, please affix a Proprietary/Company's stamp on the mandate)

DECLARATIONS FOR AUTO DEBIT MANDATE

1. I/ We hereby declare that the particulars given above are correct and complete. 2. I/We hereby declare that in case of a third party account holder, a KYC form of the account holder shall be submitted. 3. I/ We undertake to keep sufficient funds in the account mentioned in the mandate as on the date of execution of debit. 4. I/ We hereby authorise the Bank / Tech Process Solutions Ltd / Bill desk / any other intermediaries to communicate my / our funding account number and any other account details (as may be necessary) to HDFC Standard Life Insurance Company Limited (HDFC Life) for the specific purpose of recovering my/ our HDFC Life premium payments through a debit instruction of my/ our account. 5. I/ We hereby authorise HDFC Life, in the instance of the Standing Instruction/ ECS/ Direct Debit failing for any reason, to authorise the Bank/ Tech Process Solutions Ltd / Bill desk to recover the premium payable through a direct debit to my/our account with the mentioned bank. 6. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I will not hold the HDFC Life, the Bank or the other Intermediaries responsible. 7. I/ We agree that for changing the premium amount as per my requirement, I/We will furnish a fresh mandate for such change in the premium amount, which will supersede all other mandates previously given. 8. I/ We agree that in the event of any violation by me/us of any undertaking confirmed in the agreement herein, shall amount to an event of default in the terms of the Insurance Policy and HDFC Life shall be entitled to invoke the remedies available to it in terms of the policy agreement. 9. I/ We agree that in the event of the Bank being unable to debit my account for want of sufficient funds or for any other reason, HDFC Life shall be entitled to deal with my policy in the manner as described in the policy provisions, unless the payment is received by any alternate mode on or before the specified date. 10. I/ We hereby authorise my/ our Bank to debit my/our account with the amount of service tax and other levies as maybe stipulated by the Government, from time to time, on the premium stated above and for this purpose, no further or revised authority is required by my/ our Bank. 11. I/We hereby authorize that in the instance of a transaction failure towards an ECS request, HDFC Life can debit my/our account twice for realizing this premium.

Important Note:

1. Any cancellation, correction, alteration etc. should be countersigned by the Account Holder. 2. For SI with HDFC Bank/Ratnakar Bank, premium will be debited from your account on the debit date. However, if the 1st attempt is unsuccessful, 2 more attempts will be made within the following 2 consecutive days. 3. For SI cases (HDFC Bank/Ratnakar Bank), the NAV allotted will be the date on which the bank gives a confirmation of the debit. 4. For ECS, NAV would be allocated on the basis of the debit date. 5. Direct debit facility (non ECS location) is offered by ICICI Bank, Citibank, Union Bank of India, Bank of Baroda, State Bank of India and Axis Bank only. 6. For Direct Debit, NAV will be provided for the day when the payment is received in the HDFC Life account. 7. Request for de-activation of Auto debit facility has to be submitted at least 15 days prior to the next premium due date. 8. The premium will be debited starting from the premium due date which occurs after the date of this mandate. Till the last premium due date unless the mandate is revoked. 9. In case of any increase or decrease in premium amount due to changes in payment frequency or any policy related changes including reduction in premium*, the existing debit instruction will be de-activated. Hence, a fresh Auto Debit Mandate is required to be submitted at any HDFC Life branch at least 30 days prior to the next premium due date

* Reduction in premium is a product-specific alteration

Easy Premium Payment

Online Payment	Credit Card Auto Debit	Bill Pay	MP Online
Standing Instructions (SI)	Automated Voice Guided Payment	Axis Bank	HDFC Life branches
Electronic Clearing Service (ECS)	Mobile Payment	YES Bank	Post or Courier
Direct Debit Facility Non-ECS locations	E-Collect	Easy Bill	Drop Box

It's quick, safe & online... It's **My Account!**



View: View important policy details

Track: Track your application or transaction status

Pay: Pay premiums & get instant acknowledgements

Access: Premium Notices, Premium Receipts, Annual Premium Statements or Unit Statements

Transact: Do an online Fund Switch, Premium Redirection, Top Up, Revival, Payment Frequency Change, Update contact details

Alerts: Subscribe for SMS & email alerts on preferred services or transactions.

To register, log onto www.hdfclife.com>Login: **Customer Registration** or Contact us

Information on the go with **SMS On The Move.**



Use keywords to

Locate HDFC Life branches

Get policy details – Sum Assured, Policy Status, Next Premium Due Date, Premium Amount, Units held, Net Asset Value (NAV), Fund Value, etc.

For more information, log onto www.hdfclife.com>Customer Service>SMS On The Move

To register, SMS **REG <space> <policy number> to 5676727** or call us on our helpline **186 0267 9999** (local charges apply - DO NOT prefix any country code e.g. +91 or 00)

Easy Premium Payment:-

For more information, contact us or visit www.hdfclife.com>CustomerService> Premium Payment options

Easy Connect:-

For any queries or clarification, call us on our help line number **186 0267 9999** (local charges apply - DO NOT prefix any country code e.g. +91 or 00)

Email us at service@hdfclife.com | Place a call back request - SMS **SERVICE to 5676727** (charges apply) | Call **022-60007777** (call charges apply)