Health Revival Form

(Easy Health, Health Assured, Cancer Care and Cardiac Care)

For official use only
Branch:
Receipt date and time:
Received by:
Interaction ID:

HDFC Life
Sar utha ke jiyo!

Policy Number: ☐☐☐☐☐☐☐☐☐☐

Name of the Policyholder:_____

Tick on a policy type

☐ Easy Health (EAH) ☐ Cardiac Care (CRC) ☐ Health Assured (HRI/HRN) ☐ Cancer Care (CAN)

General Rules

1. Premium needs to be paid as communicated by the branch.
2. If the policy is not revived within 60 days from the date of payment of revival premium, then refund will be initiated and the Policy will not be revived.

Please fill the Short Medical Questionnaire (SMQ) below.

SHORT MEDICAL QUESTIONNAIRE (SMQ): Details of the Life to be Insured

Name of the Life to be Insured: _____

Personal Details	Life Assured 1	Life Assured 2	Life Assured 3	Life Assured 4	Life Assured 5
1. Life Assured Name: Mr./Ms./Mrs.					
2. a) Height (cms): _____ b) Weight (kgs): _____					
3. Nationality					
4. Occupation: ☐ Salaried ☐ Self-Employed ☐ Student ☐ Housewife					
If Salaried, mention Company Name & Designation					
If Self-employed, mention business/occupation					
if others, please specify					
5. Annual Income (INR)					

Please attach/enclose a separate sheet in case space is inadequate.

Health Assure

Health Questions (Please use ✓ to indicate choice)	Yes	No
1) 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?	☐	☐
2) 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?	☐	☐
3) From the date of lapsation of this policy, have you or any other life to be insured been hospitalised, undergone a surgery or taken treatment for a continuous period exceeding 7 days?	☐	☐
4) From the date of lapsation of this policy, have you or any other life to be insured experienced any recurring health problem or undergone any medical investigation other than routine health checks?	☐	☐
5) Have you or any other life to be insured's proposal for insurance or application for reinstatement for life, health or accident insurance ever been declined, postponed, withdrawn, accepted at extra premium or subjected to any special terms?	☐	☐
6) Have you or any other life to be insured ever made any claim on any health policy including any employer paid group policy?	☐	☐

Additional Details (If you have answered Yes to any of the above)					
	Life Assured 1	Life Assured 2	Life Assured 3	Life Assured 4	Life Assured 5
Insured Name					
Relevant question from form					
Name of ailment/condition, nature of symptom					
Date of first diagnosed/ treated or symptom(s) identified					
Details of investigation(s) done, Please include caters					
Details of past and current treatment, please include dates					
Whether fully cured/ recovered or still undergoing treatment					

Please attach/enclose a separate sheet in case space is inadequate.

CARDIAC CARE

Health Questions (Please use ✓ to indicate choice)	Yes	No
1. a) Do you consume tobacco in the form of cigarette/beedi or chewable tobacco or any other form? If yes, please mention quantity per day _____	☐	☐
b) In the past five years, have you consumed narcotics e.g. heroin, Cocaine, Cannabis, LSD, Ganja or other habit forming drugs?	☐	☐
c) Do you consume more than 15 units of alcohol per week? [1 Unit of Alcohol: 1 unit of alcohol equals to 30ml of hard liquor/one pint of beer/half glass of wine]	☐	☐
2. Have any two or more of your first degree relatives (father, mother, sister or brother) suffered from heart conditions like Coronary Artery disease, Heart valve disease, Stroke, Cardiomyopathy, Arrhythmia or Sudden Cardiac Death before the age of 55 years?	☐	☐
3. Has your proposal for life insurance, accident, medical or health related insurance ever been declined, postponed, withdrawn or accepted at extra premium due to health/medical grounds?	☐	☐
4. Have you suffered from or have undergone investigation or treatment or are you currently suffering from:		
a) heaviness or pain or discomfort in chest or palpitations (rapid or irregular heartbeats)	☐	☐
b) black outs (loss of consciousness), dizziness, persistent headache,	☐	☐
c) epileptic fits, swelling of lower limbs,	☐	☐
d) Shortness of breath of exertion, recurrent cough	☐	☐
e) cholesterol, triglycerides or blood sugar higher than normal lab range	☐	☐
5. Have you suffered from or been through investigations or treatment or are you currently suffering from or are awaiting medical or surgical treatment for:		
a) Heart Attack, Coronary Artery Disease, Hypertension, Diabetes or any form of arrhythmia	☐	☐
b) Heart Valve disease, Rheumatic Heart Disease, Heart Failure	☐	☐
c) Transient Ischemic Attack (TIA), Paralysis or Stroke	☐	☐
d) Any other disease of the heart or blood vessels in the brain	☐	☐
6. Are you or your spouse/partner suffering from or have been advised to undergo tests related to HIV/AIDS, Hepatitis B and Hepatitis C or any other sexually transmitted diseases?	☐	☐
7. Have you suffered from any illness, disorder, disability or injury in the last 4 years which has required the following Investigations: ECG, CTMT, Angiography, 2D Echo, MRI/CT Scan of brain/heart/chest or any other test for brain, heart and blood vessels?	☐	☐
8. Are you suffering from any congenital condition, disease or deformity?	☐	☐

Question number	Details if marked 'Yes'
	For Q.Nos. 4 to 8: Please provide details such as nature of Illness/Accident/exact diagnosis, Date of Diagnosis/Event, Name of Doctor, Details of Investigations Done, date of last consultation, treatment in patient/out patient, whether under medical and fully recovered or not. For Q.1a & c: Please provide Form of consumption and Quantity consumed per day. For Q.No.2: provide details on Relation to the life to be assured, disease, age of diagnosis, alive/deceased and current age or age at death.

CANCER CARE

Health Questions (Please use ✓ to indicate choice)	Yes	No
1. In the past 12 months have you smoked cigarette/beedi or consumed tobacco in any form? *If answer is "Yes" a. How many cigarettes/beedi do you smoke daily? No. of Cigs _____ b. How many grams of tobacco do you consume daily? Gms of tobacco _____	☐	☐
2. Have you availed insurance cover under Stand-alone Cancer product through HDFC Life Insurance Company Limited or through any other issuer/insurer in the Indian insurance market such that the total cover including the cover in this policy exceeds INR 50 lakhs?	☐	☐
3. Have you suffered from or received investigation or treatment for any form of cancer, sarcoma, tumour or pre-cancerous conditions?	☐	☐
4. Are you suffering from HIV/AIDS, Hepatitis B, Hepatitis C or Liver disease due to alcohol?	☐	☐
5. Have you suffered from or been investigated for any of the following from the period of lapsation:		
a. Recurrent cough, hoarseness of voice or difficulty in swallowing for a continuous period of 15 days?	☐	☐
b. Any persistent loss of blood or unusual discharge from anybody opening?	☐	☐
c. Weight loss more than 5 kg in the last 6 months? (other than a targeted weight loss programme)	☐	☐
d. Any ulceration, growth, cyst or lump in any part of the body?	☐	☐
e. Any persistent headache, epileptic fits, sudden vision loss or hearing loss?	☐	☐
6. Have you undergone any of the listed investigations from the period of Lapsation(if applicable) ☐ Ultrasound* ☐ CT Scan/ MRI ☐ Mammography ☐ Endoscopy/Colonoscopy ☐ Blood test for cancer diagnosis (Tumour Marker) ☐ PAP Smear * ☐ Biopsy *Other than those done as a part of executive health check or routine investigation	☐	☐
7. Have any of your parents (below 60 years), sisters or brothers suffered from any form of cancer?	☐	☐
8. Has your proposal for life insurance, accident, medical or health related insurance ever been declined, postponed, withdrawn or accepted at extra premium on the grounds of medical conditions other than elevated cholesterol/ blood sugar/ blood pressure/ build?	☐	☐

Easy Health

Declaration of Good Health

I confirm that I have never had any disorder of the heart or circulatory system, chest pain, high blood pressure, stroke, epilepsy, asthma, tuberculosis or other lung disorder, cancer, tumour/lumps of any kind, increased blood sugar, cholesterol and blood disorder, hepatitis or other liver disorder, genitourinary or kidney disorder, mental or nervous disorder, musculoskeletal disorders, HIV infection or a positive HIV antibody ("AIDS") test, any other sexually transmitted disease, any other chronic medical ailment, coughing/vomiting of blood, stones in the kidney or gall bladder, joint pains, arthritis, weight loss of more than 5 kg in six months (other than through a targeted weight loss program), congenital/ genetic defect, disabilities/deformities with the use of mechanical/physical assistance for mobility.

I confirm that I have not had any abnormal or adverse finding in any medical test.

I confirm that I am not currently suffering from any disease or a change in health conditions for which I am planning to see a doctor or get myself investigated.

In the past 5 years I have not had any medical condition, illnesses, diseases, disorders, disability, surgery or treatment which has required me to be absent from work for at least 7 consecutive days or admitted in hospital for at least 4 consecutive days or sought Out Patient treatment (OPD) for more than 6 days.
I confirm that on medical/health grounds, none of my or any of the insured's 'insurance proposal or renewal/reinstatement application for Life, Health, Critical Illness or Accident insurance has ever been declined, deferred, withdrawn or accepted on special terms.
None of the insured(s) under this policy have made any claim on any health/critical illness/Accident or Disability policy including any employer paid group policy.

I confirm that I am not pregnant (for female applicant's only) . Currently all insured(s) are in good physical and mental health.

Declarations & Authorisations

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

- I 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 am authorised 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 HDFC Life Insurance Company Ltd. ("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/electronic proposal form ("Proposal Form") and any attachments are material to the Insurer's decision to provide this insurance, and that insurance will be provided, at the Company's sole discretion, in reliance upon the truth of such information.
- I further declare that I 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 consent to the Company or any of its authorised representatives 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 further consent and authorise the Company or any of its authorised representatives to seek medical information from any doctor/ hospital/ consultant/ insurer that I or any person proposed to be insured has attended or may attend in future concerning any disease or illness in respect to a particular claim.
- I further consent and authorise 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 the Company taking appropriate measures to capture the voice log for all such telephonic transactions carried out by me, in accordance with procedures/regulations.
- I voluntarily give my consent to collect, process, receive, possess, store, deal or handle my/our sensitive personal data or information [as defined in the Information Technology (Reasonable security practices and procedures and sensitive personal data or information) Rules 2011 as amended from time to time], with/from third parties/ vendors associated with the Company for various purposes and outsourced activities exclusively related to issuance/servicing/settlement of claim as required under the policy.
- I hereby also declare that I have read and understood the product 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/revival.
- I understand that any false declaration or misrepresentation may be liable for rejection of the Proposal Form or the contract of insurance shall be treated null and void from inception of the contract. Fraud/ misrepresentation/ misstatement/ forfeiture/ suppression of material facts would be dealt with in accordance with the provisions of Section 45 of Insurance Act, 1938 as amended from time to time.

Name of the Policyholder: _____

Date: DD/MM/YYYY Place: _____

SIGN HERE

Signature of Policyholder

Declaration to be made by a third person

The Policyholder has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been explained to the Policyholder in _____ language and have truthfully recorded the answers provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Name of the Declarant: _____

Address: _____

Date: DD/MM/YYYY Place: _____

SIGN HERE

Signature of Third Person

NOTE

With reference to recent regulatory changes, please submit PAN or Form 60 (if you do not have a PAN) with HDFC Life with immediate effect. Pls update via My Account/service@hdfclife.com/18602679999/HDFC Life branch. Ignore if submitted.

HDFC Life Insurance Company Limited (HDFC Life). CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.
Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

Customer Acknowledgement Copy - (Health Revival Form -Easy Health, Health Assured, Cancer Care and Cardiac Care)

Policy No.: Interaction ID No.: _____

Policyholder's Name: _____

Documents accepted (specify):

Customer Relations Officer: _____ Date: DD/MM/YYYY Time: _____

HDFC Life Stamp