MEMBER ENROLLMENT FORM – Declaration of Good Health

NON REGULATED ENTITY

[IMPORTANT NOTE: Any cancellation and alteration must be countersigned by Life to be Insured. Please do not sign blank Proposal form]

Plan:	☐ HDFC Group Term Insurance Plan	☐ HDFC Life Group Credit Protect	☐ HDFC Life Group Credit Protect Plus
Option /Rider:	☐ Accidental Death Benefit ☐Total Permanent Disability ☐Total Permanent and Partial Disability Benefit ☐HDFC Life Group Critical Illness Plus Rider	N.A.	☐ Life Option ☐Extra Life Option ☐Terminal Life Option ☐ Critical Life Option 1 ☐Critical Life Option 2 ☐ Critical Life Option 3 ☐Critical Life Option 4 ☐ Life Disability Option

Sum Assured (INR)________________ Premium (INR)_____________ Policy Term (months) ☐☐☐ Moratorium Period (months) ☐☐☐ Main benefit:__________________ Interest Rate: ☐☐%

level / decreasing for decreasing option

Particulars of Life Assured: Mr/Mrs. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address: ____

Date of Birth/Age(yrs): dd/mm/yyyy /____ Gender: M /F/Tg Loan Account No. __________________ Loan Type____________

Nominee / Appointee Details:

	Name	Date of Birth	Gender	Contact No.	Relationship to
Nominee:		dd/mm/yyyy			*Life Assured*
Appointee:		dd/mm/yyyy			*Nominee if nominee is below 18 yrs of age*

DECLARATION OF GOOD HEALTH:

I declare that I am in a sound state of health.

I hereby declare that, as of the date of this declaration, I do not have any history of, have never suffered from or currently suffering from medical conditions such as, but not limited to, high blood pressure, chest pain, heart attack or any other heart condition; stroke, transient ischemic attack or any other cerebrovascular disease; diabetes or any other endocrinal disease; kidney disease; HIV / AIDS or AIDS related complex; any cancer or tumor; asthma or any other respiratory disease; any mental or nervous disease; hepatitis or any other liver disease; blood disorders; digestive and bowel disorders; paraplegia, physical disability or any other disorder of the bones, spine or muscle; any other disease, disorder or disability, not mentioned above and excluding minor impairment such as common cough or cold. I have never undergone or expect to undergo any surgical procedure for any illness, ailment, disease or disability. In the last 5 years, I have not received any form of medication for more than 7 consecutive days or been absent from work for more than 7 days.

For Female Lives: I further declare that presently I am not pregnant or I do not have a history in the past of an abortion, miscarriage or caesarian section due to complications during pregnancy or due to any other cause, I have not given birth to a child with any congenital disorder such as Down Syndrome, congenital heart disease, etc and I have not ever had any disease of breast, uterus, cervix, ovaries or any other part of the reproductive system.

I further declare that, as of the date of this declaration, I do not engage or intend to engage in any business, sport or occupation of a hazardous nature. I declare that, I do not have any history of conviction under any criminal proceedings in India or abroad.

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 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 Life Insurance Company Ltd 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 as amended from time to time and that the same will not commence until written acceptance of this application by Insurer issue on its normal terms and conditions is received.

Signature/Thumb impression of Witness* Signature / Thumb Impression of the Insured Member

Name & Address____________________________________

Occupation____________________________ Date & Place: _______________

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

Declaration to be made by a 3rd person where: a) The insured member has affixed his/her thumb impression; OR b) The insured member has signed in vernacular; OR c) 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 of the Declarant

Declaration made by life to be assured: 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 life to be assured

Note: PLEASE DO NOT SIGN BLANK FORM