

**HDFC LIFE GROUP HEALTH SHIELD  
MASTER PROPOSAL FORM**

**To be completed by an authorized official of the Company/Group**

1.	a) Name of the Company/Group:	
	b) PAN card	<attach a copy of PAN card>
2.	a) Address of the Registered Office of the Company/Group:	
	b) Address of the Head Office:	
3.	Name and title of the authorized official:	
4.	Type of Industry	
5.	Nature of Business	
6.	Type of Coverage	<<Voluntary / Compulsory>>
7.	Name of the Scheme:	<b>HDFC LIFE GROUP HEALTH SHIELD (UIN no. 101N116V03)</b>
8.	Provisional date of commencement of the Scheme	<DD/MM/YY>:
9.	a) Minimum age at entry for membership in this Scheme as on date of commencement of membership	<< 1 year last birthday >>
	b) Maximum age at entry for membership in this Scheme as on date of commencement of membership	<<69 for One Year Renewable/69 (68 for Daily Hospital Cash Benefit and Surgical Benefit) for Single Premium Credit Linked years last birthday >>
	c) Maximum Renewal Age (last birthday)	<<One Year Renewable-69 years/ Single Premium Credit Linked– Not Applicable>>
	d) Maximum Cover Ceasing Age for membership in this scheme	<<70 years last birthday >>
10.	Premium Deposit	Rs. < -----> in advance
11.	Master Policy Term	The policy shall continue indefinitely until terminated
12.	Premium Payment Frequency	For Single Premium Credit Linked – Single Pay / For One Year Renewable - Annual, Half – Yearly, Quarterly, Monthly
13.	Benefit Options chosen	<input type="checkbox"/> One Year Renewable Group Health Plan <input type="checkbox"/> Single Premium Credit Linked Group Health Plan

		<p>A. Daily Hospital Cash Benefit <input type="checkbox"/></p> <p>B. Surgical Benefit <input type="checkbox"/></p> <p>C. Critical Illness Benefit <input type="checkbox"/></p> <p>D. Critical Illness excluding Cancer Benefit <input type="checkbox"/></p> <p>E. Critical Illness excluding Cardiac Benefit <input type="checkbox"/></p> <p>F. Critical Illness excluding Cancer &amp; Cardiac Benefit <input type="checkbox"/></p> <p>G. Cancer Cover <input type="checkbox"/></p> <p>H. Cardiac Cover <input type="checkbox"/></p> <p>I. Personal Accident Cover <input type="checkbox"/></p>
14.	Other Conditions of eligibility for Membership of Scheme (subject to approval)	<<XXXXXXX>>
15.	No. of Members who wish to avail of the benefits under the Scheme:	<p>&lt;&lt;7&gt;&gt;</p> <p>List annexed with all details as required by HDFC Life Insurance Company Limited</p>

## DECLARATION

We agree and confirm that the Master Policy to be issued under the HDFC Life Group Health Shield Product by HDFC Life Insurance Company Limited (the “Insurer”) in our name will be held by us for the benefit of the Insured Members.

We declare that the information provided in this Master Proposal is both true and accurate to the best of our knowledge and is based on the information, provided to us by members eligible under the group, under Membership Enrollment Forms duly completed and signed by each of them and forwarded to us. We understand and agree that the Insurer has the right to accept or reject the Master Proposal in its sole discretion without giving reasons thereof and we undertake not to bring any action or claim against the Insurer’s decision.

All the relevant information as required and specified by the Insurer has been compiled by us and furnished to the Insurer and that the same is true to the best of our knowledge and belief.

We also declare that we have read and understood the standard policy provisions, including the information available in the Policy Schedule, and any additional provisions which govern the Policy to be issued by the Insurer in our name, and the features of the product and we agree and confirm that we shall be bound by the same.

We agree that the statements and declarations in this Master Proposal Form and those contained in the individual Membership Enrollment Forms shall be the basis of the contract of insurance between ourselves and the Insurer.

We also agree that the insurances proposed through this Master Proposal shall not be binding on the Insurer until they are accepted by the Insurer in writing and the amounts of Premium due there under shall have been duly paid by us in a lump sum on behalf of the Insured Members covered under the Scheme along with the member information in the format specified by the Insurer.

We agree that the Master Policy to be issued consequent upon this Master Proposal shall be issued only on the basis that any statement made or to be made to the Insurer in respect of Insured Members and the group as a whole intended to be insured thereunder shall be true and correct in every particular and we further agree that any misstatement or untrue averment on the basis of which the insurances have been effected for the benefit of any Insured Member and/or the group as a whole shall render voidable the particular insurance or insurances in respect of which the misstatement or untrue averment has been made by whomsoever. We agree to co-operate fully with the Insurer in adherence with various regulatory requirements pertaining to group insurance.

Signed for and on behalf of the Company/Group

Date:

Signature  
(Authorised Officer)

[rubber stamp and address]

Witness:

Signature \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

HDFC Life Insurance Company Limited. IRDAI Reg. No 101. CIN: L65110MH2000PLC128245  
Registered Office: Lodha Excelus, 13th Floor, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi,  
Mumbai 400 011

**Declaration to be made by a third person where: a) The Member has affixed his/her thumb impression; OR b) The Member has signed in vernacular; OR c) The Member has not filled the application.**

I hereby declare that I have explained the contents of this application form to the Member in \_\_\_\_\_ language and have truthfully recorded the answers provided to me. I further declare that the Member has signed/affixed his/ her thumb impression in my presence.

Signature/Thumb Impression for and on behalf of the Company/Group

Name \_\_\_\_\_ &

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Date & Place: \_\_\_\_\_

Signature / Thumb Impression of the third person

Name \_\_\_\_\_ &

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Date & Place: \_\_\_\_\_

**Prohibition of Rebates: In accordance with Section 41 of the Insurance Act, 1938 states as amended from time to time:**

1. 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 prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten Lakh rupees.

**Non-Disclosure: In accordance with Section 45 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:**

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

(2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

(3) Notwithstanding anything contained in sub- section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

(4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the Master proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or

nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

(5) 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 Master proposal.