

**HDFC LIFE GROUP CREDIT PROTECT  
MEMBER INFORMATION FORM**

Bank Name	Bancassurance Code	LG Code	Lead Ref Number
Group Joining Date	Member's Group Reference No.	Member ID	Proposal No
Main Benefit <input type="checkbox"/> Life <Level/Decreasing>	Policy Term		Loan Amount: <b>Loan No.</b>
Optional Benefits <input type="checkbox"/> Accidental Death Benefit (ADB) <input type="checkbox"/> Accelerated Critical Illness (ACI)	Life	ADB	ACI ADB amount:

**SECTION A – PERSONAL DETAILS OF MEMBER (LIFE TO BE ASSURED)**

Affix recent photograph of life to be assured  Photograph to be signed across by the life to be assured	Name Title / Mr./Mrs. Surname First Name Middle Name
	Maiden name (only for married females) DOB dd/mm/yyyy
	Place of Birth Nationality
Full name of father/spouse Title / Mr. Surname First Name Middle Name	
Are you an existing life assured, assignee, proposer of any of our plan: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Please provide the Policy/Proposal number(s):	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Educational qualifications: HSC <input type="checkbox"/> Graduation <input type="checkbox"/> Post graduation <input type="checkbox"/> Others:	
Nature of documents of age proof attached:	Visible marks of identification:
Mailing address (The address where you wish to receive documents and other communications) : Your preferred mode & Language of communication	
Home <input type="checkbox"/> Workplace <input type="checkbox"/> <input type="checkbox"/> SMS <input type="checkbox"/> Email <input type="checkbox"/> Tele Calls <input type="checkbox"/> Letter/ Mail	
House/Flat Street Area City Pin code : State E-mail address: I do not wish to receive communication via E – mail <input type="checkbox"/>	
Telephone numbers STD code Telephone number 1 STD code Telephone number 2 Home Workplace Workplace	
Permanent address (If different from mailing address) : House/Flat Street Area City Pin code : State	

**Are you a Non Resident Indian (NRI)?**  Yes  No  
 If 'Yes', name the country \_\_\_\_\_ and attach NRI Questionnaire

**Proof of Identity** (Document submitted): \_\_\_\_\_  
**Name of Issuing Authority:** \_\_\_\_\_  
**Serial No:** \_\_\_\_\_  
**Date of Issue of Document:** \_\_\_\_\_

**Proof of residence must for Mailing & Permanent Address**  
**Proof of Residence** (Document submitted): \_\_\_\_\_  
 If residential proof provided other than of self / spouse / father, then please specify  
 Name of owner of residence: \_\_\_\_\_  
 Relationship of the life to be assured with owner of residence: \_\_\_\_\_

**SECTION B PERSONAL AND FAMILY HISTORY OF LIFE TO BE ASSURED**

**1) Details of occupation**  
**Present Occupation Details:**  Agriculture  Salaried  Self employed / Business  Unemployed  
 Housewife  Student  Others \_\_\_\_\_ **Designation:** \_\_\_\_\_  
**Gross Yearly Income from all Sources (Rs):** \_\_\_\_\_

Name of present employer \_\_\_\_\_  
 \_\_\_\_\_

Address of present employer or business premises if self employed \_\_\_\_\_  
 \_\_\_\_\_  
 (address of your place of work) \_\_\_\_\_  
 \_\_\_\_\_

**Nature of Occupation:** (e.g. architect, garment dealer, etc) \_\_\_\_\_

Please state industry to which your company or business belongs, and provide in detail the exact nature of work performed by you in connection with your present employment or business.  
 (For e.g. clerical, mechanical, supervisory job, etc.)

**2) What percentage of your time at work is spent doing the following: (Total must be 100%)**  
 We are not asking for precise percentages. A rough estimate is adequate. For the purpose of this question, you may ignore all travel in national or international airlines authorised for carrying fare-paying passengers only.

Travelling or site visits	Physical work (involving manual labour type jobs)	Supervision of physical work	Administrative work (meaning office table jobs)
%	%	%	%

If the percentage of time spent travelling is not zero, then please specify the mode of transport used most of the time, e.g. car, motorbike, railway etc.

**3) Do you take part in any hobbies/activities that could be considered dangerous in any way? e.g. aviation (other than as a fare-paying passenger), mountaineering, deep sea diving or any form of racing.**

Yes  No

If you have answered „Yes“ to the above question, please give details below:

4) Have you resided overseas for more than 6 months continuously during the last five years, or do you intend to do so in the next six months?

Yes  No

If you have answered „Yes“ to the above question, please give the names of the countries and duration of stay:

	Name of Countries	Duration
Past Travel		
Future Travel		

5) Do you have any existing insurance cover or have you submitted any simultaneous applications for life insurance to any other insurance company?

Yes  No

If „yes“ please provide the following details:

(All amounts in Rupees)

A. Sum Assured payable on death (total)	
B. Sum payable on accidental death (excluding A)	
C. Benefits payable on disability/critical illness	
D. How much of this cover i.e. (A) + (B) + (C) was taken out in the last 12 months?	
E. How much of the cover in (A) was taken out during the last five years?	

6) Has any application for insurance on your life been:

	Yes	No
Postponed?	<input type="checkbox"/>	<input type="checkbox"/>
Accepted with extra premium?	<input type="checkbox"/>	<input type="checkbox"/>
Accepted on other special terms?	<input type="checkbox"/>	<input type="checkbox"/>
Declined?	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawn by yourself?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered „Yes“ to any of the above questions, please state the proposal number, name of the insurance company and reason.

7) State your height and weight as accurately as possible.

Height: \_\_\_\_\_ Cms (or) \_\_\_\_\_ Feet \_\_\_\_\_ Inches      Weight: \_\_\_\_\_ Kgs

8) Please indicate if you consume any of the substances mentioned below:

Substance	Do you consume?		Form of consumption (Tick where applicable)				Quantity consumed
a. Alcohol*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Beer <input type="checkbox"/>	Wine <input type="checkbox"/>	Spirits <input type="checkbox"/>	Others <input type="checkbox"/>	Per Week _____ Units
b. Tobacco**	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cigars <input type="checkbox"/>	Cigarettes <input type="checkbox"/>	Bidis <input type="checkbox"/>	Chewing Tobacco <input type="checkbox"/>	Per Day _____ Units
c. Are you currently consuming or have you ever consumed narcotics or any such other substance whether prescribed or not? (For example ganja, hashish, heroin, cocaine, charas, marijuana etc.)							<input type="checkbox"/> Yes <input type="checkbox"/> No

\* 1 unit equivalent to 330 ml of beer/ 125 ml of wine/ 30 ml of spirits \*\* 1 unit equivalent to 1 cigar/1cigarette/1 bidi. If chewing tobacco please specify how many grams per day.

9) State the name and address of your doctor whom you usually consult in the event of any illness, or if you have been consulting with this doctor for less than three months, then the name and address of your previous doctor.

<b>Name</b>			
<b>Address</b>			
<b>STD</b>		<b>Telephone</b>	
<b>Mobile</b>		<b>Email</b>	

**10) Personal medical details.**

1	Are you currently in good health?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Do you have / had any recurrent medical condition or physical disability or deformity or illness or injury Or have you been hospitalized or operated or asked to undergo investigations that has kept you from working for more than one week in the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you ever tested positive for HIV/AIDS or Hepatitis B or C, or have you been tested/treated for other sexually transmitted diseases or are you awaiting the results of such a test?	Yes <input type="checkbox"/> No <input type="checkbox"/>

11 ) Please tick the appropriate answer to **all** of the questions below:

Have your ever had, been told to have, or been treated for: (a)Diabetes, High Blood Pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Chest pain, heart attack or any other heart disease or disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Cancer, tumor, growth or cyst of any kind	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Stroke, paralysis, Epilepsy, any psychiatric/mental disorder, disorders of brain/ nervous system or any kind of physical disabilities.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(e) Asthma, Tuberculosis or any other lung or respiratory disorder.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(f) Disease or disorder of muscles, bones or joints; arthritis, blood disorder (e.g. anaemia ), thyroid disorder or any endocrine disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
(g) Disease or disorder of the kidney, urinary system, digestive system (stomach, pancreas, gall bladder, intestines), liver, Hepatitis B or C or HIV / AIDS infection, or any sexually transmitted disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
(h) Disease or disorder of the Eye, Ear, Nose or throat	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered „„Yes““ to any of the sub questions asked under question 11 of this section, please answer the following

Nature of Illness/ Accident	Date of Diagnosis/ Event	Name & Address of the doctor	Details of Investigations done	Under Medication (Yes/ No)	Fully Recovered (Yes/ No)

<b>12) To be answered by the female life to be assured.</b> Please tick the appropriate answer to <b>all</b> of the questions below.						
(a) Are you presently pregnant?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(b) If „Yes“, how many weeks ? Kindly attach the Pregnant Lady Questionnaire				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(c) Have you ever had any disease of the breast, uterus, cervix, or ovaries?						
If you have answered „Yes“ to (c) please give details below:						
<b>13) Family history of the life to be assured.</b> Please tick the appropriate answer to <b>all</b> of the questions below:						
Have any of your parents and/or siblings died before the age of 60 years as a result of Blood pressure, heart attack, stroke, cancer, diabetes, Kidney disease or any hereditary disorder?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered „Yes“ to any of the above questions, please give details below:						
Relation to Life to be Assured	Disease	Age at diagnosis	Alive / Dead	Current age / Age at Death		

<b>DETAILS OF NOMINEE</b>	The claim payment shall be made in the name of insured scheme member or his/her nominee (s)		
Nominee 1		Nominee 2	
Name:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Name:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
DOB: dd/mm/yyyy	Relationship with Member:	DOB: dd/mm/yyyy	Relationship with Member:
Address:	Email: Tele:	Address:	Email: Tele:
In case Nominee is minor , please give <b>Appointee</b> details			
Name:	DOB:		
Address:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
	Relationship to Nominee:		
Signature of appointee accepting the appointment			

**SECTION D DECLARATION OF MEMBER (LIFE TO BE ASSURED)**

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 HDFC Life Group Credit Protect, 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 Limited (Formerly HDFC Standard Life Insurance Company Limited) 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 and that the same will not commence until written acceptance of this application by Insurer issue on its normal terms and conditions is received.

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 Witness\*

Signature / Thumb Impression of the Life to be Assured

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

Occupation \_\_\_\_\_

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

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

**DECLARATION TO BE MADE BY A 3<sup>rd</sup> PERSON WHERE:**

- The insured member has affixed his/her thumb impression; OR
- The insured member has signed in vernacular; OR
- 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

Date:

To  
HDFC Life Insurance Company Limited (Formerly HDFC Standard Life Insurance Company Limited)  
Lodha Excelus, 13<sup>th</sup> Floor  
Apollo Mills Compound, N.M. Joshi Marg  
Mahalaxmi, Mumbai - 400 011.

**Name of Policy Holder:**

**Contact Number:** Mobile: \_\_\_\_\_ / Office: \_\_\_\_\_ / Res: \_\_\_\_\_

**Loan Application / Account Number:**

**Group Life Insurance Scheme/ Policy Number:**

**DECLARATION/ AUTHORIZATION:**

I/We, \_\_\_\_\_, do hereby declare that I/ we have received a loan of Rs \_\_\_\_\_ from M/s \_\_\_\_\_ ("Master Policyholder"). In order to secure the said loan I/ we have taken the above referenced policy from HDFC Life Insurance Company Limited (Formerly HDFC Standard Life Insurance Company Limited) ("HDFC Life"). In consideration of receiving the said loan I hereby authorize HDFC Life to make payment of Outstanding Loan Balance amount to Master Policyholder by deducting from the claim proceeds payable on happening of the contingent event covered by the Group Life Insurance Scheme/ Policy referenced above.

Request you to kindly take note of the above mentioned request and update your records accordingly.

Thanking You,

With Regards,