PSRF154327111811
CANA

Request for Information - Mid-year Joiners

Policyholder Name:	
Policy Number:	

Note: *If this mid-joiner form has been signed and submitted to HDFC Life within 30 days of the employee becoming eligible to join the scheme, the start date of cover will be the date of becoming eligible to join the scheme. Else, the start date will be deemed to be 30 days prior to the date of signing this form. This condition shall apply only if there is sufficient balance in the Advance Deposit Account to cover the full premium for new joiners.*

LIST OF EMPLOYEES TO BE COVERED UNDER THE POLICY

Name of the Employee		Emp ID	Gender	Date of Birth (DD-MM-YYYY)	Date of Joining the company (DD-MM-YYYY)	Date of Becoming Eligible (DD-MM-YYYY)	Main Benefit Sum Assured (INR)	Critical Illness Benefit Sum Assured (INR)	Accidental Death Benefit Sum Assured (INR)	Total and Partial Permanent Disability Benefit Sum Assured (INR)	Total Permanent Disability Benefit (INR)	Entity Name (if any)
Last Name	**First Name**											

We declare that the information provided with regard to these members is both true and accurate to the best of our knowledge. We confirm that the cover for these members is subject to the rules of this policy. Signed for and on behalf of the Company/Group.

Signed by: _____ **Signature & Company Stamp** **Date:**