

# MEMBER ENROLLMENT FORM – SMQ NON REGULATED ENTITY



Sarutha ke jiyo!

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

Plan:	<input type="checkbox"/> HDFC Group Term Insurance Plan	<input type="checkbox"/> HDFC Life Group Credit Protect	<input type="checkbox"/> HDFC Life Group Credit Protect Plus			
Option:	N.A.	N.A.	<input type="checkbox"/> Life Option <input type="checkbox"/> Extra Life Option <input type="checkbox"/> Terminal Life Option <input type="checkbox"/> Critical Life Option 1 <input type="checkbox"/> Critical Life Option 2 <input type="checkbox"/> Life Disability Option			
Sum Assured (INR) _____ Premium (INR) _____ Policy Term (yrs) <input type="checkbox"/> <input type="checkbox"/> Moratorium Period (yrs) <input type="checkbox"/> <input type="checkbox"/>						
Main benefit: _____ Interest Rate: <input type="checkbox"/> <input type="checkbox"/> % <small>level / decreasing for decreasing option</small>						
<b>Particulars of Life Assured: Mr/Mrs.</b>						
F I R S T M I D D L E L A S T						
Address: _____						
_____						
_____						
Date of Birth (dd/mm/yyyy)	Gender	Loan Account No.	Loan Type			
<input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Tg	_____	_____			
<b>Nominee / Appointee Details:</b>						
	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	
<b>HEALTH DETAILS OF LIFE TO BE ASSURED:</b>						
					Yes	No
1	Have you ever suffered or are currently suffering from: (a) Chest Pain or heart attack or any other heart disease (b) Cancer, tumor, growth or cyst of any kind (c) Stroke, paralysis, Epilepsy, any psychiatric / mental disorder, disorder of brain/nervous system or any kind of physical disabilities (d) Asthma, Tuberculosis or other lung disorder (e) Diseases or disorder of muscles, bones or joints, arthritis or blood disorder (anemia) or any endocrine disorder (f) Diseases of the kidney, digestive system (stomach, pancreas, gall bladder, intestine), liver, Hepatitis B or C or HIV/AIDS infection (g) Diabetes, high blood pressure.				<input type="checkbox"/>	<input type="checkbox"/>
2	During the last 5 years have you undergone any major surgery or been hospitalized for more than one week?				<input type="checkbox"/>	<input type="checkbox"/>
3	Do you take part in any adventurous sports or hobbies? (like paragliding, mountaineering, deep sea diving, motor racing, bungee jumping, etc.)				<input type="checkbox"/>	<input type="checkbox"/>
4	Do you smoke more than 10 cigarettes a day?				<input type="checkbox"/>	<input type="checkbox"/>
5	Has more than one of your parents and siblings died before the age of 60 years as a result of heart attack, stroke, cancer, diabetes, HIV?				<input type="checkbox"/>	<input type="checkbox"/>
6	Are you taking any medication or has a doctor ever attended to you for any conditions, diseases or impairment not mentioned above (except for cough or cold)?				<input type="checkbox"/>	<input type="checkbox"/>
7	For Female Lives: (a) Are you presently pregnant? (b) Do you have a history in the past of an abortion, miscarriage or caesarian section due to complications during pregnancy or due to any other cause? (c) Have you given birth to a child with any congenital disorder such as Down Syndrome, congenital heart disease, etc? (d) Have you ever had any disease of breast, uterus, cervix, ovaries or any other part of the reproductive system?				<input type="checkbox"/>	<input type="checkbox"/>
8	Have you ever been declined, deferred, and accepted at special terms, had cover reduced or had exclusion imposed for any life, health or accident insurance cover?				<input type="checkbox"/>	<input type="checkbox"/>
9	Do you have any history of conviction under any criminal proceedings in India or abroad?				<input type="checkbox"/>	<input type="checkbox"/>
<b>Date &amp; Place:</b> _____ <b>Signature/Thumb impression of the Insured Member</b>						
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 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 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* Name & Address _____			Signature / Thumb Impression of the Insured Member _____			
_____ 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.						
<b>Signature/Thumb impression of life to be assured</b>						