

**MEMBER ENROLLMENT FORM - HDFC Life Group Credit Protect Plus****Short Medical Questionnaire**

Sar utha ke jiyo!

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

<b>Options:</b>	<input checked="" 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"/> Critical Life Option 3	<input type="checkbox"/> Critical Life Option 4	<input type="checkbox"/> Life Disability Option
	<b>Base Sum Assured (₹)</b>	<b>Rider Sum Assured (₹)</b>	<b>Single Premium (₹)</b>	<b>Premium Payment Term (months)</b>	<b>Policy Term (months)</b>			
<b>Life to be Assured</b>				SINGLE				

Master Policy Holder Name : HDFC Credila Financial Services Limited Master Policy Holder Policy No: PP000254 Applicant Status: ☒ Primary borrower ☐ Co Borrower

Moratorium Period (month) ☐☐☐ Main benefit (level / decreasing): decreasing Interest Rate: ☐☐ % (for decreasing option)

Loan type: Education Loan disbursal date DD MM YYYY Loan amount ₹                      Loan Account Number                      Loan Term (months) ☐☐☐

**Personal Details of Life to be Assured**

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Name F I R S T M I D D L E L A S T

Date of Birth: D M Y Y Y Y Gender: M ☐ F ☐ Transgender ☐ PAN:                     

Address for communication                     

City                      State                      Pincode                     

Nationality: ☐ Indian ☐ Non Indian Resident status: ☒ Resident ☐ NRI / PIO / OCI (If you are NRI/PIO/OCI / Student Studying Abroad please attach appropriate Questionnaire)

Country of Residence                      (For Students & Education Loan, Country of study to be entered) Mobile No                      Email Id:                     

Education: ☐ Post Graduate ☒ Graduate| Diploma ☐ 12th pass ☐ 10th pass ☐ Below 10th ☐ Illiterate

Present Occupation: ☐ Salaried ☐ Self Employed ☐ Professional ☐ Armed/Police Forces ☐ Agriculture ☐ Fire Service ☐ Retired ☒ Student ☐ Housewife ☐ Unemployed

(if you are working in the Navy / Police / Army/Air force / Fire Service, please attach appropriate questionnaire)

Gross Annual Income (₹): N I L

**Nominee / Appointee:**

Full Name	Date of Birth	Relationship to	Share (%)
Nominee 1:	DD MM YYYY	Life to be Assured	100 %
Nominee 2:	DD MM YYYY	Life to be Assured	
Appointee 1:	DD MM YYYY	Nominee (If nominee is below 18 yrs of age)	N / A

Particulars of Legal Guardian (if Life to be Assured is a minor): Mr/Mrs.                     Date of Birth: D D M M Y Y Y Y Gender: ☐ M ☐ F ☐ Transgender Relationship with Life to be Assured                     

	Life to be Assured
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, pulmonary obstructive disease or other lung disorder (e) Diseases or disorder of muscles, bones or joints, arthritis or blood disorder (anemia) or any endocrine disorder, congenital disorder, genetic 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 (h) Any Other disorders.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. During the last 5 years have you undergone any major surgery or been hospitalized for more than one week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
4. Do you currently smoke more than 10 cigarettes/bidis per day or chew more than 5 pouches of tobacco per day and/or consume alcohol more than 5 units a day? (5 Units = 400 ml Wine or 150 ml Spirits or 370 ml Beer)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
8. Have you ever been declined, deferred, and accepted at special terms, had cover reduced or had exclusion imposed for any insurance cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever been or currently being investigated, charge sheeted, prosecuted or convicted or acquittal or having pending charges in respect of any criminal/civil offences in any court of law in India or abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is your occupation or business, associated with any hazard (e.g. exposure to chemical substances/hazardous materials/harmful dust or gases/ explosives/ working at heights/ handling heavy machinery etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you have any group risk cover as a scheme member through the same Master Policy holder (lender) or any other Master Policy holder where HDFC Life is an insurer? If yes, please specify sum assured. Rs. <u>                    </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Declaration of 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. Subject to Section 45 of the Insurance Act 1938 as amended from time to time, if any untrue statements 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 (HDFC Life) has the right to reject a proposal without giving reasons thereto and confirm to give an undertaking that I shall not raise any claims thereof.
- I understand the significance of the contract and that 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 issued by the insurer on its normal terms and conditions is received.

**Declaration of Life to be Assured (continued)**

- I further agree that if after the date of submission of the proposal but before the issuance of Policy (i) there is an adverse change in my occupation, financial condition, health condition, which will affect the decision of the Company in underwriting risk or (ii) if the proposal for assurance or an application for revival of the policy made to any insurer on my life or the Life to be assured is withdrawn or dropped, deferred, declined or accepted on terms other than as proposed, I shall forthwith intimate the same to the company in writing and failure to do so shall lead to a decision as per the applicable terms and conditions of the policy.
- 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.
- I understand and agree that in case any error, omission, incorrect information, blank forms, etc. are detected at the claim stage because of lapses on the part of the scheme member, such claims shall be treated as invalid by the insurer and the claim payout shall not be processed.
- I understand that any if any of the requirement/s raised by the insurer including further requirements pertaining to medical tests/reports/investigations are not completed within three months from the date when the member enrolment details were shared by the Master Policy Holder (MPH) with the insurer, the received premium amount for the said enrolment, would be refunded and the respective member's enrolment shall be deemed as withdrawn.
- I declare and hereby consent and authorize the Company or any of its authorized representatives to seek medical information from any doctor or from a hospital who at anytime has attended me or from any past or present employer concerning anything which affects my physical or mental health and seeking information from any insurance company to which an application for insurance has been made for the purpose of underwriting the proposal and /or claim settlement.

Signature/Thumb impression: \_\_\_\_\_  
Date: DD/MM/YYYY (Life to be Assured)

Signature/Thumb impression: \_\_\_\_\_  
Date: DD/MM/YYYY (Witness)

Place: \_\_\_\_\_

Place: \_\_\_\_\_

**Declaration made by Declarant where Life to be Assured has;**

a) affixed his/her thumb impression; OR b) signed in vernacular; OR c) not filled the application

"I hereby declare that I have fully explained the above questions and contents of the Member Enrollment Form to the Member and the Joint Life Assured (if any) and I have truthfully recorded the answers given by the Member and the Secondary / Joint Life Assured (if any) and that the Member and the Secondary / Joint Life Assured (if any) has affixed the thumb impression above after fully understanding the contents thereof."

Name of the Declarant \_\_\_\_\_

Name of the Witness \_\_\_\_\_

Address of the Declarant \_\_\_\_\_

Address of the Witness \_\_\_\_\_

Date: DD/MM/YYYY Place: \_\_\_\_\_

Signature/Thumb impression  
(Declarant)

Date: DD/MM/YYYY Place: \_\_\_\_\_

Signature/Thumb impression  
(Witness)

"I certify that the contents of the form and documents have been fully explained to me by Mr. / Mrs.: \_\_\_\_\_ and I have understood the significance of the proposed contract."

Date: DD/MM/YYYY Place: \_\_\_\_\_

Signature/Thumb impression  
(Life to be Assured)

Declaration made by Legal Guardian where Life to be Assured is a minor: I hereby declare that the content of the form and document filled up by the Life to be Assured is accurate and true to my/our knowledge.

Legal Guardian  
(if Life to be Assured is a Minor)  
Signature/Thumb impression

Name of the Witness \_\_\_\_\_

Address of the Witness \_\_\_\_\_

Date: DD/MM/YYYY Place: \_\_\_\_\_

Signature/Thumb impression  
(Witness)

**PAYMENT AUTHORISATION(For Non Regulated entity this authorization is not required)**

I do hereby declare that I have received a loan from M/s HDFC Credila Financial Services Limited ("Master Policyholder"). In order to secure the said loan I have taken the above referenced policy from HDFC 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.

Signature/Thumb impression: \_\_\_\_\_  
Date: DD/MM/YYYY (Life to be Assured)

Signature/Thumb impression: \_\_\_\_\_  
Date: DD/MM/YYYY (Witness)

Place: \_\_\_\_\_

Place: \_\_\_\_\_

**Questionnaire for COVID-19\***

\*Novel Coronavirus, SARS-CoV-2/COVID-19

	Life to be Assured
1. Have you travelled outside India in the last 15 days or do you plan to travel overseas during next 3 months?	<input type="checkbox"/> NO <input type="checkbox"/> YES If YES, please provide details Country: _____ City: _____ Date of travel: <u>dd/mm/yyyy</u>
2. Within the last 3 months have you been tested positive for COVID-19* and were hospitalised or waiting results of such a test or been advised to be under hospitalisation or quarantine due to COVID-19*?	<input type="checkbox"/> NO <input type="checkbox"/> YES If YES, please provide details 1. Date of diagnosis test <u>dd/mm/yyyy</u> 2. Were you hospitalised? <input type="checkbox"/> NO <input type="checkbox"/> YES 3. Provide date of negative test report or hospital discharge date or last day of quarantine whichever is later <u>dd/mm/yyyy</u> 4. Details of subsequent tests done post hospitalisation/ quarantine during recovery like RTPCR, CXR, HRCT, Ddimer etc _____ Please provide copies of hospitalization reports, Discharge Summary, investigation reports like RTPCR, CXR, HRCT, Ddimer etc 5. Have you made a full recovery to good health without complications and returned to normal physical function and activities? <input type="checkbox"/> NO <input type="checkbox"/> YES
3. In the last 1 month have you been self-isolated or advised to self-isolate due to COVID-19* (excluding mandatory government orders to at home) or have you had a persistent cough, fever, raised temperature, sore throat, breathing difficulties, gastro-intestinal symptoms (vomiting/ diarrhea), been tested positive, advised to be tested or are awaiting test result for COVID-19* or been in contact with an individual suspected or confirmed to have COVID-19*?	<input type="checkbox"/> NO <input type="checkbox"/> YES

Signature/Thumb impression: \_\_\_\_\_

Date: DD MM YYYY

Place: \_\_\_\_\_