

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for assurance or an application for revival of the policy made to any insurer on my life or the Life to be assured is withdrawn or dropped, deferred, declined or accepted on terms other than as proposed, I shall forthwith intimate the same to the company in writing and failure to do so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premium amount for the said enrolment, would be refunded and the respective member's enrolment shall be deemed as withdrawn.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: 22/04/2024 (Life to be Assured)

Signature/Thumb impression: _____
Date: 22/04/2024 (Witness)

Place: BANGALORE

Place: BANGALORE

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: 22/04/2024 (Life to be Assured)

Signature/Thumb impression: _____
Date: 22/04/2024 (Witness)

Place: BANGALORE

Place: BANGALORE

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: 22/04/2024

Place: BANGALORE