

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



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

Options: Life Option Extra Life Option Terminal Life Option Critical Life Option 1 Critical Life Option 2 Critical Life Option 3
 Critical Life Option 4 Life Disability Option

	Base Sum Assured (₹)	Rider Sum Assured (₹)	Single Premium (₹)	Premium Payment Term (months)	Policy Term (months)
Borrower	1,00,00,000	0	21,896	1	12

Master Policy Holder Name: Epimoney Private Limited **Master Policy Holder Policy No:** PP000527 **Applicant Status:** Primary borrower Co Borrower

Moratorium Period (month): 0 **Main benefit (level/ decreasing):** Level **Interest Rate:** _____ % (for decreasing option)

Loan type: Business Loan **Loan disbursal date:** 11th Sep 2024 **Loan amount ₹:** 1,00,00,000

Loan Account Number DLOD000037457 **Loan Term (months)**

I/we understand that I/we have taken the Loan in name of Aftab Singh (borrower), NA (co-borrower/s) and declare that I/we are taking insurance cover for Aftab Singh (borrower), NA (co-borrower) as Single life Joint Life (Strike out whichever not applicable).

Personal Details of Borrower

Mr. Mrs. Ms. Dr. Other entities.

Name

Date of Birth: / / **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, please attach appropriate Questionnaire

Country of Residence: Indian **Mobile No.** **Email Id:** testmitcdoc26@gmail.com

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

Present Occupation: Salaried Self Employed Professional Armed Forces Agriculture Fire Service Retired Student

Housewife Unemployed

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

Gross Annual Income (INR):

Nominee / Appointee:

Full Name	Date of Birth	Relationship to	Share (%)
Nominee 1: Akshay Test	2nd Sep, 2000	Partner	100
Nominee 2:			
Appointee 1: NA	NA	NA	N / A

Particulars of Legal Guardian (if Member is a minor): Mr./Mrs. _____

Date of Birth: _____ **Gender:** M/ F/ Transgender **Relationship with Member:** _____

		Borrower
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="radio"/> Yes <input checked="" type="radio"/> No
2.	During the last 5 years have you undergone any major surgery or been hospitalized for more than one week?	<input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No
5.	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="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> 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.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Declaration of Insured Member

- 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

Declaration of Insured Member (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: _____
(Borrower)

Signature/Thumb impression: _____
(Witness)

Place: Mumbai

Place: Mumbai

Declaration made by Declarant where Member 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 I have truthfully recorded the answers given by the Member and has affixed the thumb impression above after fully understanding the contents thereof."

Name of the Declarant NA

Name of the Witness NA

Address of the Declarant NA

Address of the Witness NA

Date: NA Place: NA

Signature/Thumb impression
(Declarant)

Date: NA Place: NA

Signature/Thumb impression
(Witness)

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

Signature/Thumb impression
(Borrower)

Date: NA Place: NA

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

Name of the Witness NA

Address of the Witness NA

Legal Guardian
(if Member is a Minor)

Signature/Thumb impression

Date: NA Place: NA

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 Epimoney Private 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: _____
(Borrower)

Signature/Thumb impression: _____
(Witness)

Place: Mumbai

Place: Mumbai

Questionnaire for COVID-19*		*Novel Coronavirus, SARSCoV-2/COVID-19
		Borrower
1.	Have you travelled outside India in the last 15 days or do you plan to travel overseas during next 3 months?	NO/ YES If YES, please provide details Country: _____ City: _____ Date of travel: _____
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*?	NO/ YES If YES, please provide details 1. Date of diagnosis test _____ 2. Were you hospitalised? NO/ YES 3. Provide date of negative test report or hospital discharge date or last day of quarantine whichever is later _____ 4. Details of subsequent tests done post hospitalisation/ quarantine during recovery 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? NO/ 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*?	No/ Yes
		Signature : _____ Date: _____

HDFC Life Insurance Company Limited (HDFC Life). CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

For queries or more information, call us on 1860-267-9999 (Local charges apply) | **022-68446530** (STD charges apply). Available Mon-Sat from 10 am to 7 pm. DO NOT prefix any country code e.g. +91 or 00. |

Email – service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only) Visit – www.hdfclife.com