COVID-19 Questionnaire for Term Plan

HDFC Life
Sar utha ke jiyo!

Thank you for applying for a policy from HDFC Life Insurance Company Limited. To enable us to assess your application, please send this questionnaire duly answered, endorsed and verified by the Applicant (Life to be assured for NB policies and Life Assured for Revival policies)/ Proposer, if any.

Application No./Policy No.	
Name of Applicant	
Name of Proposer (if different from Applicant)	

1. Have you travelled outside India in the last 15 days or do you plan to travel outside India during the next 3 months?	☐ NO / ☐ YES If YES, please provide details Country: _____ City: _____ Date of travel : dd/mm/yyyy
2. Have you been tested positive for COVID-19* or are awaiting results of such a test or been advised to be under quarantine due to COVID-19*?	☐ NO / ☐ YES If YES, please provide details 1. Date of diagnosis test dd/mm/yyyy 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 dd/mm/yyyy 4. Details# of subsequent tests done post hospitalisation/ quarantine during recovery like RTPCR, CXR, HRCT, Ddimer etc _____ #Please submit copies of hospitalisation reports, Discharge Summary, investigation reports like RTPCR, CXR, HRCT, Ddimer, etc along with this form 5. Have you made a full recovery to good health without complications and returned to normal physical function and activities? ☐ NO / ☐ YES
3. Are you currently suffering from or in the last 1 month, have suffered from fever, persistent dry cough, sore throat, breathing difficulties, body pain, fatigue, conjunctivitis,gastro-intestinal symptoms (vomiting/diarrhoea) or been in contact with an individual suspected or confirmed to have COVID-19 *?	☐ NO / ☐ YES
4. Are you a Healthcare professional, volunteer or enrolled as a Corona virus Warrior in hospital/ clinic with COVID-19* facility and/ or treating/ in contact with COVID-19* infected individuals or contaminated material?	☐ NO / ☐ YES
5. Have you been vaccinated for COVID-19*? * Novel Coronavirus, SARSCoV-2/COVID-19	☐ NO / ☐ YES If YES, • Date of administration of the 1st dose dd/mm/yyyy • Date of administration of the 2nd dose dd/mm/yyyy • 3. Select name of the vaccine^ Covaxin ☐ Covishield ☐ Sputnik ☐ Sinopharm ☐ Sinovac ☐ Moderna ☐ Janssen ☐ Others : Mention name of the Vaccine ^Please attach copies of vaccination certificate (or copy of any official documentation confirming complete vaccination issued by the relevant health authority Did you experience any adverse reaction post vaccination ? ☐ NO / ☐ YES • If YES, share details including treatment taken for the same _____ • Date of complete recovery from vaccine reaction dd/mm/yyyy

An incomplete questionnaire will not be considered valid.

Declaration of Applicant

I agree and understand that the information given herein is true and complete in all respects and will form an integral part of the proposal made by me for an insurance policy from HDFC Life Insurance Co. Ltd. and that failure to disclose any material fact known to me may invalidate the contract.

Date: DD/MM/YYYY
Place: _____
SIGN HERE
Signature of Applicant

Date: DD/MM/YYYY
Place: _____
SIGN HERE
Signature of Proposer (if different from Applicant)

Third Party Declaration

The person who has affixed his/her thumb impression or has signed in vernacular/ has not filled this application form. I hereby declare that the content of this application form has been explained to him/ her and I have truthfully recorded the answers provided to me. I further declare that the said person has signed or affixed his/her thumb impression in my presence. In case of thumb impression of the Applicant the same should be attested by a person of standing whose identity can be easily established, but unconnected with the Company and this declaration should be made by him.

Declarant Name: _____
Address: _____

Date: DD/MM/YYYY
Place: _____
SIGN HERE
Signature of the Third Person