

HEALTH PROPOSAL FORM

Guidelines for filling up the form

- Please fill this form in BLACK INK and in CAPITAL letters with a space between words. Use separate proposal forms for each plan. Any cancellation/alteration is to be signed by the proposer. All relevant supporting documents are to be provided. Nomination should be done. All information provided here shall be relied on and has to be accurate, complete and true in all respects for processing the proposal quickly. In case of any doubt ,whether the particular information is material or not, please disclose the information. In case any material information is not provided, the contract is liable to be void.
- Where the proposer has not filled up the application form or where he/she has affixed the thumb impression, the corresponding declarations are to be completed. Pin code and Contact numbers are mandatory. Contact details mentioned herein will be used for future communication.
- The plan mentioned in this proposal form has been approved by IRDA (Insurance Regulatory and Development Authority) and have been allotted a Unique Identification Number (UIN). This number is available in our sales literature and also on IRDA's website for verification.

Notes: a) For any additional forms, annexes, questionnaires or drafts of declarations and affidavits, please contact your financial consultant.

b) Important sections to note under Insurance Act, 1938 are provided below:

Section 45 - Disclosure of material information: : No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected be called in question by an insurer on the ground that statement made in the proposal or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose:

Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

Section 41 - Prohibition of rebates: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.

FOR OFFICE USE ONLY * Consultant Name & Code:	
License No:	License Expiry Date
Company Lead:	Lead Reference No:
Bancassurance Code:	Channel Partner Customer ID:
IA / CAO Emp No. **	IA / CAO Name:
Channel Code	FOS Code
Branch Code	Tele Code
Simultaneous Proposals: No of Proposals sent together: Payment Details: Credit Card Cash Cheque Net Banking Debit Card	Verified by BDM/CAM: Form: Signature of FC: Name / Signature of BDM/CAM: Name / Signature of BDM/CAM:

To be filled by the Branch Operations Officer:			
Received at	Branch Ops Checklist	Page Count	Particulars
Branch Code & Branch	(For ALL Lives to be insured)		
Receipt No:	Age Proof		
Client ID:	ID Proof		
No of Simultaneous Proposals:	CCR		
Employee:	Questionnaire/Addendum		
Scrutiny done by:	ECS mandate with cross cheque	Y	N
	SI Mandate	Y	N
Comments:	Debit / Credit Card Authorization	Y	N
	Existing Customer- details checked with prev policy	Y	N
	Communication Address Verified	Y	N

^{*}To BE filled in by Financial Consultant **IA/CAO - Insurance Associate / Corporate Agency Officer

SECTION A - PLAN	N DETAILS	;																											
Please (✓) any one op	tion listed be	low. K	Cindly re	efer to	o the	guid	deline	es in	page	1 whi	le fi	lling	he F	rop	osal fo	rm.													
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SECTION B - PROPO	SER DETAI	LS																											
1. PROPOSER DE	TAILS																								_				
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2. DETAILS OF LIV	ES TO BE	NSUF	RED:				'																						
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	Life 3: Name: Mr./Ms./Mrs.
	Gender: Male Female Date of Birth: Height: Cms Weight: Kg
Most Recent	Relationship with Proposer: Nationality: Country of Residence:
Passport Size Color	Educational Qualification: Non Matric Matric Graduate Post Graduate Others
Photograph of Insured 3	Occupation: Salaried Self Employed Student Housewife Others (Please specify)
	If Salaried specify Company Name
	Designation Contact No
	If Self Employed specify business / Occupation
	Life 4: Name: Mr./Ms./Mrs.
	Gender: Male Date of Birth: DDMMYYYYY Height: Cms Weight: Kg
Most Recent	Relationship with Proposer: Nationality: Country of Residence:
Passport Size Color Photograph of	Educational Qualification: Non Matric Matric Graduate Post Graduate Others
Insured 4	Occupation: Salaried Self Employed Student Housewife Others (Please specify)
	If Salaried specify Company Name
	Designation Contact No
	If Self Employed specify business / Occupation
	Life 5: Name: Mr./Ms./Mrs.
	Gender: Male Female Date of Birth: DDMMYYYYY Height: Cms Weight: Kg
Most Recent	Relationship with Proposer: Nationality: Country of Residence:
Passport Size Color	Educational Qualification: Non Matric Matric Graduate Post Graduate Others
Photograph of Insured 5	Occupation: Salaried Self Employed Student Others (Please specify)
	If Salaried specify Company Name
	Designation Contact No
	If Self Employed specify business / Occupation
	Life 6: Name: Mr./Ms./Mrs.
	Gender: Male Pemale Date of Birth: DDMMYYYYY Height: Cms Weight: Kg
Most Recent	Relationship with Proposer: Nationality: Country of Residence:
Passport Size Color	Educational Qualification: Non Matric Graduate Post Graduate Others
Photograph of Insured 6	Occupation: Salaried Self Employed Student Others (Please specify)
	If Salaried specify Company Name
	Designation Contact No
	If Self Employed specify business / Occupation
	Life 7: Name: Mr./Ms./Mrs.
	Gender: Male Female Date of Birth: DDMMYYYYY Height: Cms Weight: Kg
Most Recent	Relationship with Proposer: Nationality: Country of Residence:
Passport Size Color	Educational Qualification: Non Matric Graduate Post Graduate Others
Photograph of Insured 7	Occupation: Salaried Self Employed Student Others (Please specify)
	If Salaried specify Company Name
	Designation Contact No
	If Self Employed specify business / Occupation
	Life 8: Name: Mr./Ms./Mrs.
	Gender: Male Female Date of Birth: Male Height: Cms Weight: Kg
Most Recent	Relationship with Proposer: Nationality: Country of Residence:
Passport Size Color Photograph of	Educational Qualification: Non Matric Graduate Post Graduate Others
Insured 8	Occupation: Salaried Self Employed Student Housewife Others (Please specify)
	If Salaried specify Company Name
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Photograph of Insured 9	Occupation: Salarie	ed Self Em	ployed S	tudent H	lousewife	Others (Please	specify)							
	If Salaried specify Compa	any Name												
	Design	nation			Contact I	No								
	If Self Employed specify business / Occupation													
SECTION C - PERSO	NAL & FAMILY HISTORY	OF ALL LIFE TO	O BE INSURED											
It is important to ans	wer all questions truthful	lly. Failure to di	sclose materia	information co	uld result in no	on-payment of cl	aim.							
C 1. Personal Medica	al Details:													
Please answer th	e below mentioned question	ons by checking	Yes (Y) or No (N) Only.				YES	NO					
	any other life to be insur heart disorder, joint disord				h blood pressure	e, diabetes, cance	er,							
	any other life to be insur hysical deformity or handio		er or have ever s	uffered from any	other chronic n	nedical ailment or								
	5 years, have You or any ouous period exceeding 7 o		nsured been ho	spitalized, under	gone a surgery	or taken treatmen	t							
	6 months, have You or any al investigation other than r			enced any recurr	ing health probl	em or undergone								
E. Has Your o	or any other life to be inserver been declined, postpo	ured's proposal i	for issuance or a				dent							
	or any other life to be ins		·	•		•	nolicy?							
	Yes to Q.No A, B, C and I		•					es of hosi	nital reports					
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If you have answered	Yes to Q. No E above, p	lease provide A	DDITIONAL DE	TAILS in Section	n C 3.									
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C 2. Additional Detai	ls: If you have answered	Yes to Q. Numb	oer A, B, C, &D	rom Section C	1 please provid	le details here:	,							
Insured	Name →													
Relevant question no	from													
Section C1														
Name of ailment/cond	lition,													
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Date first diagnosed/t														
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Details of investigatio done, please include	` '													
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Details of past and treatment, please incl														
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C 3. Additional I	Details: If y	you ha	ve ar	swere	d Yes	to Q.	Numb	er E	from	Section	on C	1 pl	ease	pro	ovide	deta	ils h	ere	:		F	Plea	se ti	ck ✓	whe	ereve	er ap	plica	able
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C 4. Additional	Details: If	you n	ave a	nswei	ea Yes	s to Q.	Num	ber F	trom	Secti	_			-		e ae	talis	nei	e:						_				_
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Exclusions: This policy has an initial waiting period of 30 days which applies from the date of commencement of cover or from date of reinstatement if there is a break in the policy. However, hospitalisation caused due to Accident is covered during this waiting period. This waiting period does not reapply if the policy is renewed without a break.

Following conditions and treatment thereof are covered only after 24 consecutive months of continuous coverage:

Condition/Treatment	
ENT	Gastrointestinal
Adenoid and Tonsillar Disorder	Surgery of gallbladder and bile duct stones
Deviated Nasal septum / Nasal & Paranasal Sinus Disorders	Gastric/Duodenal Ulcer
Thyroid surgery for benign conditions	All types of Hernia, Hydrocele
Functional endoscopic sinus surgery	Hemorrhoids, Anal Fissure, Fistula, Rectal prolapse, pilonidal sinus
Gynaecological	Urogenital
Benign breast disorder	Surgery of urinary stones
Myomectomy, Hysterectomy with or without Bilateral salphingo-Opherectomy excluding	Benign enlargement of prostate gland
malignancy	
Orthopaedic	Varicocele, spermatocele
Carpal tunnel syndrome	Treatment for Chronic renal failure or end stage renal failure
PIVD (unless due to accident)	Others
Osteoporosis, Gout and Rheumatism	Skin conditions
Osteoarthritis and Degenerative joint disorders	Varicose Veins/Ulcers
Knee/Joint Replacement Surgery (other than caused by an accident). For Knee	Vitrectomy/Detachment surgery for Retinopathy
replacement, Actual expenses incurred subject to a maximum of Rs. 1.5 Lakhs whichever	
is lower, per life insured per knee per annum will be payable after the waiting period is over.	
	Cataract and age related eye conditions. Actual expenses incurred
	subject to a maximum of Rs. 20,000 per eye per life insured per annum
	will be paid towards Cataract after the Waiting period
	Diabetes and related treatments

Benefits will not be available for any Pre-Existing condition(s) as defined in the policy, until 36 consecutive months of continuous coverage have elapsed.

The following is an outline of permanent exclusions under this Policy. For further details please refer to Policy Wording: Treatment received outside India, Non Allopathic and Experimental Treatment, Breach of Law, Conflicts and Disasters, Military Services, Aviation, Hazardous Activities, Self Inflicted injuries or attempted suicide, Substance Misuse and De-addiction, Rehabilitation and Convalescence, Cosmetic treatments, Sleep and Obesity, Hormone Replacement Therapy, Dental treatments, Routine Eye(s) and Ear ailments, HIV/AIDS, Sexually transmitted Disease and other Sexual problems, Circumcision, Birth Control and Assisted Reproduction, Pregnancy (except for lives insured who are eligible for payment under Maternity Benefit offered under this Policy), Pre and post hospitalisation expense exclusion for Maternity Benefit, Psychological disorders, Congenital conditions, Items of personal comfort and non medical expenses, Preliminary diagnostics and Examination, Domiciliary Treatment, Expenses of Life Insured as Donor, Stem Cell Banking, Failure to take Reasonable Medical Care, Expenses Other than Reasonable & Medically Necessary, Immunisation & Nutritional treatment.

There could be certain declined risks as per underwriting norms of the Company. Based on our assessment of your health or any of the proposed lives insured, some conditions may have additional waiting periods or exclusions.

SECTION E - DECLARATIONS & AUTHORISATIONS

Declaration & Authorisations on behalf of all persons proposed to be insured:

- I I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- I understand that all information provided in this proposal form and any attachments are material to the insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information
- I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or
- claims settlement and with any Governmental and/or Regulatory authority.

 I agree to HDFC Standard Life Insurance Company Ltd. taking appropriate measures to capture the voice log for all such telephonic transactions carried out by me, in accordance with procedures/regulations.
- I hereby also declare that I have read and understood the products as described in the sales literature and the sales illustration. I have read the entire text, features, disclosures, exclusions, terms and conditions while applying for insurance.

Place			Signature	of Proposer									
Date	Date Name of Proposer												
Declaration made by Declarant where F	roposer	has:											
a) affixed his/her thumb impression;	OR	b) signed in vernacular;	OR	c) not filled the	e application								
Life Insurance Company Limited to the p	roposer i	n the	language	understood by hi	ntal to availing the health insurance from HDFC Standard im/her. The same have been fully understood by him/her d out to, fully understood and confirmed by the proposer.								
Name and address of													
Declarant													
		Sign	ature of D	Declarant	Signature / Thumb impression of Proposer								

Please contact us on any of the following touch points in case of non receipt of your HDFC Life policy document after 1 month from date of application. Call us on helpline number 1860-267-9999 (local charges apply; All Seven Days; 9:00AM to 9:00PM). Do not pre fix any country code e.g. +91 or 00, SMS SERVICE to 5676727 for call back request or email us at service@hdfclife.com.

Please contact us on any of the following touch points if you have purchases the policy Online & in case of non receipt of your HDFC Life policy document after 1 month from date of application:

Call us toll free: 1800--266-9777 or Email us at onlinequery@hdfclife.com

Address: HDFC Standard Life Insurance Company Ltd, Online Service Desk, 11th Floor, Lodha Excelus, Apollo Mills Compound, N M Joshi Marg, Mahalaxmi, Mumbai - 400011, India.

	Consult	tant Confidential Report		
Do you have any information of life to be assured h	aving suffered from any illn	ess or injury or undergone any operation	on, surgery or medical examination	n in last 5 years ? 🗌 Y
If 'Yes' please give details: I hereby declare that I have personally met the life to I	be assured and all statements	s mentioned above are true and correct to	o the best of my knowledge and beli	ef. I have complied with
I hereby declare that I have personally met the life to of Conduct as stated in the regulations framed by the hereby confirm verifying the copies of all the document my knowledge and the current/permanent address has	Insurance Regulatory & Deve ts submitted herewith against	elopment Authority and the provisions of in the originals. I hereby confirm that the ap	ny contracts with the Company appl plicable AML and KYC guidelines ha	icable to the policy to be we been adhered to, to the
I declare that I have explained all the contents of this p	roposal form, including the na	ature of the guestions contained in this pro	posal form to the proposer. I have als	so explained that the stat
information and response(s) submitted by him/her in Company and the proposer, if this proposal is accepted	this proposal form to question by the Company for issuance	ons contained herein or any details sough	nt herein will form the basis of the c	contract of insurance bet
I have further explained that if any untrue statement(s) Company shall have the right to vary the benefits whic	/information/response(s) is/ar	re contained herein/including any addendumore if there has been a non-disclosure of	um(s), affidavits, statements, submis	sion furnished/to be furni
treated by the Company as null and void and all premi	ums paid under the policy ma	ay be forfeited to the Company.	,	
Date: Place: Place: *SDM to fill in the CCR, if FC is the life to be assured.		(Signature of the Consultant)		
ECSSI210012031309 Comp/Mar/Int/	· · · · · · · · · · · · · · · · · · ·		For Official Use Only	
Auto Debit Mandate			Next premium due date:	
Electronic Clearing Service (ECS)/ Standing Instruction (SI)/Direct Debit			Last premium due date:	Stamp)
(Please use a separate request form for each	policy)			
Policy Number :	· · · ·	Unit Linked (5020000003412)	Conventional (50200000003402),	
-	- ''	nk- Unit Linked (40900066625)	, , , , , , , , , , , , , , , , , , , ,	
Policyholder's name: (First I		(Middle Name)		
To: The Manager				
I/We, the undersigned, hereby opt for the below i				
Standing Instruction (with HDFC Bank/Ratnak	(ar Bank only)	c Clearing Service (for select cities onl	y) Direct Debit (non ECS loca	tion-select banks only)
Premium amount to be debited: ₹	(in words):			
Danie A /a na /fuanab ana nanai:ill b a dabita	d).			
Bank A/c no. (from where premium will be debite	u).			
(Cancelled cheque copy of the above mentioned bank			ired, if the mandate is verified by the	authorized signatory of t
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ACK	CUSTOMER A	CKNOWLEDGMENT		HDFO
Date:				Sarutha ke jiyo
Plan Name	Frequency of	Payment	Term	
Cheque / DD	Amount (₹)	Bank		
☐ Age Proof ☐ Income Proof / Financial	Questionnaire (if required) Residence P	roof Identity Proof		
Medical Questionnaires (if required) Other requirements (LIST)	☐ Know Your Customer Form (Only if life to b	pe assured and proposer are differer	nt)	
1	2	3	l	
I,	h for further processing.	ha	ve collected the above doc	cuments and will be submitting
(Signature of Financial Consultant)	(Financial Consulta	nt contact number)	———(Fina	ancial Consultant Code)
This is NOT A PAYMENT RECEIPT but	only a proof of the documents received from	om you. • All cheques/DD should	be crossed and drawn in	favour of HDFCSLIC

• If payment is not made by way of Cheque/DD, Kindly make cash payment at an HDFC Standard Life branch and collect your initial deposit receipt.

• This acknowledgement does not in any way constitute acceptance or commencement of risk.

Dear _____, we acknowledge the receipt of your SI/ECS mandate and it will be processed within 30 days from today. After attaching the same in our system, we will forward it to your bank for further processing. In case of rejection, the same would be communicated to you; or else it would mean that your mandate is lodged in successfully. Effective the next due date the premium would be debited from your bank account. Thank you for choosing direct debit as your premium payment option.

Acknowledgement received _____

(Signature of the Customer)

(In case of Current A/c, please affix a Proprietary/Company's stamp on the mandate)

DECLARATIONS FOR AUTO DEBIT MANDATE

1. I/ We hereby declare that the particulars given above are correct and complete. 2. I/We hereby declare that in case of a third party accountholder, a KYC form of the accountholder shall be submitted. 3. I/ We undertake to keep sufficient funds in the account mentioned in the mandate as on the date of execution of debit. 4. I/ We hereby authorise the Bank / Tech Process Solutions Ltd / Bill desk / any other intermediaries to communicate my / our funding account number and any other account details (as may be necessary) to HDFC Standard Life Insurance Company Limited (HDFC Life) for the specific purpose of recovering my/ our HDFC Life premium payments through a debit instruction of my/ our account. 5. I/ We hereby authorise HDFC Life, in the instance of the Standing Instruction/ ECS/ Direct Debit failing for any reason, to authorise the Bank/ Tech Process Solutions Ltd / Bill desk to recover the premium payable through a direct debit to my/our account with the mentioned bank. 6. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I will not hold the HDFC Life, the Bank or the other Intermediaries responsible. 7. I/ We agree that for changing the premium amount as per my requirement, I/We will furnish a fresh mandate for such change in the premium amount, which will supersede all other mandates previously given. 8. I/ We agree that in the event of any violation by me/us of any undertaking confirmed in the agreement herein, shall amount to an event of default in the terms of the Insurance Policy and HDFC Life shall be entitled to invoke the remedies available to it in terms of the policy agreement. 9. I/ We agree that in the event of the Bank being unable to debit my account for want of sufficient funds or for any other reason, HDFC Life shall be entitled to deal with my policy in the manner as described in the policy provisions, unless the payment is received by any alternate mode on or before the specified date. 10. I/ We hereby authorise my/ our Bank to debit my/our account with the amount of service tax and other levies as maybe stipulated by the Government, from time to time, on the premium stated above and for this purpose, no further or revised authority is required by my/ our Bank. 11. I/We hereby authorize that in the instance of a transaction failure towards an ECS request, HDFC Life can debit my/our account twice for realizing this premium.

Important Note:

1. Any cancellation, correction, alteration etc. should be countersigned by the Account Holder, 2. For SI with HDFC Bank/Ratnakar Bank, premium will be debited from your account on the debit date. However, if the 1st attempt is unsuccessful, 2 more attempts will be made within the following 2 consecutive days. 3. For SI cases (HDFC Bank/Ratnakar Bank), the NAV allotted will be the date on which the bank gives a confirmation of the debit. 4. For ECS, NAV would be allocated on the basis of the debit date. 5. Direct debit facility (non ECS location) is offered by ICICI Bank, Citibank, Union Bank of India, Bank of Baroda, State Bank of India and Axis Bank only. 6. For Direct Debit, NAV will be provided for the day when the payment is received in the HDFC Life account. 7. Request for de-activation of Auto debit facility has to be submitted at least 15 days prior to the next premium due date. 8. The premium will be debited starting from the premium due date which occurs after the date of this mandate. Till the last premium due date unless the mandate is revoked. 9. In case of any increase or decrease in premium amount due to changes in payment frequency or any policy related changes including reduction in premium*, the existing debit instruction will be de-activated. Hence, a fresh Auto Debit Mandate is required to be submitted at any HDFC Life branch at least 30 days prior to the next premium due date

* Reduction in premium is a product-specific alteration

Easy Premium Payment

Credit Card Auto Debit Bill Pay Online Payment MP Online Standing Instructions (SI) Automated Voice Guided Payment Axis Bank HDFC Life branches Electronic Clearing Service (ECS) Mobile Payment YES Bank Post or Courier Direct Debit Facility Non-ECS locations E-Collect Easy Bill Drop Box

It's quick, safe & online... It's My Account!

Information on the go with SMS On The Move.

For more information, log onto www.hdfclife.com>Customer

To register, SMS REG <space> <policy number> to 5676727 or

call us on our helpline 186 0267 9999 (local charges apply - DO NOT

Service>SMS On The Move

prefix any country code e.g. +91 or 00)

Use keywords to

Locate HDFC Life branches

Premium Due Date. Premium

Amount Units held Net Asset

Value (NAV), Fund Value, etc.

Get policy details - Sum Assured, Policy Status, Next

View: View important policy details

Track: Track your application or transaction status Pay: Pay premiums & get instant acknowledgements

Access: Premium Notices, Premium Receipts, Annual Premium Statements or Unit

Statements

Transact: Do an online Fund Switch, Premium Redirection, Top Up, Revival, Payment

Frequency Change, Update contact details

Alerts: Subscribe for SMS & email alerts on preferred services or transactions.

To register, log onto www.hdfclife.com>Login: Customer Registration or Contact us

Easy Premium Payment:-

For more information, contact us or visit www.hdfclife.com>CustomerService> Premium Payment options

Easy Connect:-

For any queries or clarification, call us on our help line number 186 0267 9999 (local charges apply - DO NOT prefix any country code e.g. +91 or 00) Email us at service@hdfclife.com | Place a call back request - SMS SERVICE to 5676727 (charges apply) | Call 022-60007777 (call charges apply) www.westernpress.

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