



HDFC ERGO General Insurance Company Limited

I would like to apply for eIA	<input type="checkbox"/> Karvy	<input type="checkbox"/> CAMS	<input type="checkbox"/> NSDL	<input type="checkbox"/> CDSL		
Annual Income	<input type="checkbox"/> Upto 2.5 Lakh	<input type="checkbox"/> 2.5 Lakh to 5 Lakh	<input type="checkbox"/> 5 Lakh to 15 Lakh	<input type="checkbox"/> 15 Lakh to 30 Lakh	<input type="checkbox"/> Above 30 Lakh	
Occupation	<input type="checkbox"/> Salaried		<input type="checkbox"/> Self Employed		<input type="checkbox"/> Business Owner	<input type="checkbox"/> Student
	<input type="checkbox"/> Housewife		<input type="checkbox"/> Retired		<input type="checkbox"/> Others	
	If others, please select source of income whichever is applicable:					
	<input type="checkbox"/> Rentals <input type="checkbox"/> Interest <input type="checkbox"/> Pension <input type="checkbox"/> Investment					
Industry Type	<input type="checkbox"/> Antique dealer		<input type="checkbox"/> Art dealer		<input type="checkbox"/> Jewellery	
	<input type="checkbox"/> Import-Export		<input type="checkbox"/> Mining		<input type="checkbox"/> Shipping	
	<input type="checkbox"/> Scrap Dealing		<input type="checkbox"/> Agriculture		<input type="checkbox"/> Stock Broking	
	<input type="checkbox"/> BFSI		<input type="checkbox"/> Real Estate		<input type="checkbox"/> Manufacturing	
	<input type="checkbox"/> if Others, please specify _____					
CKYC No.						
Is your total aggregate premium across all products with HDFC ERGO General Insurance Company Limited more than INR 2 lakhs?	<input type="checkbox"/> Yes			<input type="checkbox"/> No		
Do you have an annual income of INR 50 lakhs or above?	<input type="checkbox"/> Yes			<input type="checkbox"/> No		
Is your total aggregate premium across all retail products with HDFC ERGO General Insurance Company Limited INR 30 lakhs or more?	<input type="checkbox"/> Yes			<input type="checkbox"/> No		
Are you a Politically Exposed Person (PEP) or family member/ close relative / associate of PEP	<input type="checkbox"/> Yes			<input type="checkbox"/> No		
<p><i>Note: Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials</i></p>						

Note: Premium will be dependent on the current address as provided above in the Proposal Form.

Please submit a certified copy of any of the below Officially Verified Document (OVD):

ID Proof Type: PAN Aadhaar Passport Driving License Voter’s Card NREGA Job Card

If Others (Any document notified by Central Government), please specify _____

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. URN : HE/RL/Health/25-26/278, Easy Health UIN: HDFHLIP26054V102526 | Critical Advantage Rider - HDHHLIP21342V022021 | Hospital Daily Cash Rider - HDHHLIP21344V022021 | Individual Personal Accident Rider - APOPAIP19004V011920 | Protector Rider - HDHHLIP21335V022021 | Optima Wellbeing (Add-on) - HDFHLIA24099V012324| ABCD Chronic Care : HDFHLIA25044V012425 | Parenthood : HDFHLIA25046V012425

Easy Health – Proposal Form



HDFC ERGO General Insurance Company Limited

ID Proof No.

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Highest Qualification: Under Matriculate _____ Matriculate _____ Graduate _____ Post-Graduate _____ Higher _____

Profession: Salaried Self Employed Others Details _____

Nationality _____ Marital Status _____

Please tell us how would you like to have Policy Schedule-

I choose to have verified & digitally signed policy document accessible anytime, anywhere at my fingertips. Yes No

I choose e-insurance account to view or download policy details from an Insurance Repository & hereby give my consent to share my KYC details (including Aadhaar No./PAN, if provided) with the Insurance Repository. Yes No

2. PLAN DETAILS

Coverage: Individual Family Floater

Policy Period: 1 Year 2 Year

Plan: Standard Exclusive

Proposed Policy Period: From

D	D	M	M	Y	Y	Y	Y

 To

D	D	M	M	Y	Y	Y	Y

3. PROPOSED INSURED(S) DETAILS

S. No.	Name of Insured Person	Relationship with Proposer	Gender* (M/F/T)	Date of Birth (dd/mm/yyyy)	Height (cms)	Weight (kgs)	Sum Insured(Rs.)**	Critical Illness Sum Insured****	Mobile Number	ABHA ID (if available)
1										
2										
3										
4										
5										
6										

* Gender Code - M (Male), F(Female), T(Third Gender)

** Family Floater policy will have same Sum Insured for all members. (See brochure for floater policy details)

****Critical Illness Sum Insured would be 50% or 100% of the Sum Insured subject to a minimum of Rs 100,000 and maximum of Rs 10 Lacs and the same rule is applicable to all members.

Notes:

- In case any insured person(s) wish to generate his/her ABHA ID. Kindly visit the link: <https://healthid.ndhm.gov.in/register>

Total premium payable _____

RIDER DETAILS:

Plan Details	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6

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Critical Advantage Rider Sum Insured (USD)#						
Individual Personal Accident Rider##	Y/N	Not Applicable				
Protector Rider ^	Y/N					
Hospital Daily Cash Rider Sum Insured (in Rs.)^	<input type="checkbox"/> 1000 per day <input type="checkbox"/> 2000 per day <input type="checkbox"/> 3000 per day					
Parenthood^^	<input type="checkbox"/> ₹ 50K <input type="checkbox"/> ₹ 100K <input type="checkbox"/> ₹ 150K <input type="checkbox"/> ₹ 200K					
ABCD Chronic Care (If opted kindly tick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optima Wellbeing (Add on)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes pertaining to Add-on covers

- a) Critical advantage rider will be offered if base policy Sum Insured is Rs. 10 lacs & above. The rider will be offered on individual sum insured basis. Rider can be opted by adult dependent only if primary insured also opts for the same. In case of dependent children and dependent parents rider can be opted on all or none basis.
- b) ## Sum Insured under Individual Personal Accident rider will be 5 (five) times the Sum Insured of Easy Health (Base Plan) up to a maximum of Rs. 1 Crore and this rider will be offered only to the Proposer.
- c) ^Protector Rider, Hospital Daily Cash Rider Add-on will be offered on individual sum insured basis if the base plan is on individual sum insured basis or floater sum insured basis if the base plan is on floater sum insured basis.
- d) ^^ 'Parenthood' can be opted if at least 1 female of 18 year or above is insured under the Base plan.

Total premium payable for Easy Health & Riders: _____

***PHOTOGRAPHS**

Please paste the photographs in sequence [Insured 1, Insured 2, Insured 3, Insured 4, Insured 5 and Insured 6] as specified in section 3

Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6

*For regulatory reference
If policy is purchased offline, then this field will be applicable.

4. NOMINEE DETAILS

Name of Person Proposed to be insured	Name of Nominee	Relationship	Address of the Nominee	Permanent Address of Nominee (If same not required to be filled)	e-mail of Nominee	Mobile number of Nominee	Bank account number of Nominee	IFSC Code	Name of the Bank	% Share of Nomination

Where Nominee is a minor, please give the details of Appointee

Name of the Appointee	Relationship to Nominee	Address of the Appointee

Note:

1. The nominee must be an immediate relative of the Proposer. Nominee for any of the persons proposed to be insured shall be the Proposer.
2. Name of Nominee should be as per bank records to ensure smooth processing

Other Items

Go Green and make a difference to our planet! We shall provide you with soft copy of your Policy at your registered e-mail id.

Note: Soft copy of your policy can be easily accessed at your fingertips to refer to terms and conditions, for lodging claims and for any other service needs.

- Additionally, by ticking the check box we understand that you wish to have a physical copy of your policy.

For details on the process to receive your physical policy kindly visit "Help" section on www.hdfcergo.com or contact our customer care for the same

5. EXISTING/PREVIOUS INSURANCE DETAILS

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Is the proposer or the persons proposed, already insured under a plan with HDFC ERGO General Insurance Company Limited or any other insurance company?

If yes, please provide details as per the portability form.

Do you want Us to consider these details for continuity? Yes No

Please fill in the below details **on behalf of all person(s) proposed to be insured** for calculating favourable claims experience discount

Kindly note: In-case of misrepresentation or non-disclosure the company in addition to Policy cancellation, has also right to recover or adjust the discounted premium either from Policy renewal premium or Claims.

1. Was there a hospitalization claim made under the existing health insurance policy during the current policy year with existing insurer?
 - Yes
 - No

2. Was there a hospitalization claim made under any health insurance policy during the policy year prior to the one in question 1 above
 - Yes
 - No
 - Not Applicable [Only have a health Insurance since 1 year]

6. MEDICAL AND LIFESTYLE QUESTIONS

Important: You must answer the following questions truthfully. Not doing so affects your coverage in case of a Claim

Medical History: Please answer the below mentioned questions individually in Yes(Y)/No (N):

Section A : Does any of the following health statement hold true for any of the members proposed to be insured.	Insured person 1	Insured person 2	Insured person 3	Insured person 4	Insured person 5	Insured person 6
Have you ever been diagnosed with Diabetes/ Heart disease/ Stroke or paralysis/Cancer, Rheumatoid Arthritis, Ankylosing spondylosis/ Any organ failure or transplant/ HPV(Human Papilloma Virus), EBV (Epstein Barr Virus), Hep BV (Hepatitis B Virus) or Hep CV (Hepatitis C Virus)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Note: If any of the below Medical conditions is answered as Yes (Y), please answer the Questions in Annexure A.						
Have you undergone any surgery OR hospitalization for more than 10 days at a time in the past OR are you awaiting any treatment or surgery that you have been advised	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Have you been consulting a doctor regularly for any disease or complaint OR been under any medication regularly for more than 2 weeks or noticed any growth or tumor in the body?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Have you experienced pain for more than 7 days in any part of body OR restriction of any movement OR	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N



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difficulty in swallowing or breathing OR any difficulty in carrying out your daily activities?						
Did you ever have fits, HIV (Human Immune deficiency virus), persistent headache or persistent cough OR blood in stool (frequency) or any bleeding from any other orifice / body opening for more than 5 days?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

Section B: Do you or any of the Insured members	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Consume alcohol/tobacco in any form (if Yes, please answer the following)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
How many days in a week do you consume alcohol	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Since how many years have you been smoking	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
How many Cigarettes/Bidi/Cigars do you smoke in a day	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
How many packets of chewing tobacco/pan masala/gutkha do you consume in a day	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

7. PREMIUM PAYMENT DETAILS –

Premium payment option: Single Monthly Quarterly Half yearly Annual

Instrument Type: Cheque Debit Card Credit Card Net Banking Others _____

Instrument Number	Name of the Premium Payor	Relationship of Payor with Proposer	Bank Details	Date	Amount (Rs.)

In case Premium is more than Rs.50,000, please provide PAN details.

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Please make a A/c Payee Cheque/DD/Pay Order/Online transfers / Bima-ASBA*in favour of 'HDFC ERGO General Insurance Company Limited' only.

- Note:**
- ***BASBA/Bima-ASBA- Bima Applications Supported by Blocked Account.**
 - I hereby give my consent and authorise my bank to block the premium amount payment and debit the same from my account under Bina-ASBA facility on acceptance of my proposal for Insurance by HDFC ERGO General Insurance Company Limited. In case the proposal is not accepted, I accord my consent to debit only the expenses incurred towards medical examination, if any and unblock the balance amount**

For refund (Excess Premium/PPC reimbursement) and for payment of claims credited directly into your bank account

Please provide the following bank details and a copy of a Cancelled Cheque for direct credit into your bank account:

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. URN : HE/RL/Health/25-26/278, Easy Health UIN: HDFHLIP26054V102526 | Critical Advantage Rider - HDHHLIP21342V022021 | Hospital Daily Cash Rider - HDHHLIP21344V022021 | Individual Personal Accident Rider - APOPAIP19004V011920 | Protector Rider - HDHHLIP21335V022021 |Optima Wellbeing (Add-on) - HDFHLIA24099V012324| ABCD Chronic Care : HDFHLIA25044V012425 |Parenthood : HDFHLIA25046V012425

Cheque No		Name as in Bank Account	
Bank Name		Bank Account No	
Branch Name		IFSC Code	
Cheque Date		MICR Code	
Cheque Amount for ₹			

Note:

1. The Proposer agrees and undertakes to intimate in writing to HDFC ERGO about any change in bank account details.
2. Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly
3. Name on Cancelled Cheque should match with Proposer Name to ensure smooth refund / claim processing
4. If ECS is selected, please submit the standing instruction form available at our branches.

8. Declaration, Consent & Warranty on behalf of all Person(s) proposed to be insured

- I/We hereby declare on my behalf and on behalf of all persons proposed to be insured that the above statements 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 including the minor/s insured, if any.
- I/ We understand that the information provided by me/ us will form the basis of 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 to the premium chargeable.
- 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 Insurance Company.
- I/We declare and further consent to the Insurance Company to seek medical and other relevant information from any hospital who at any time has attended the person to be insured/proposer or from any past or present employer concerning anything which affects the physical and mental health of the person to be insured / proposer and seeking information from any insurance company to which an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and /or claim settlement.
- I/ We declare and provide my unconditional consent that, pursuant to a claim filed by me/ us, the Insurance Company can seek medical and other relevant information/ documents for me/ us from any Doctor and/ or Hospital where I, or other Insured, had taken treatment i.e. OPD and/ or hospitalization etc.
- I/We authorize the Insurance Company to share information pertaining to my proposal, including the medical records for the sole purpose of underwriting and/ or claims.
- I/ We authorize the Company to process my/ our Personal information for profiling purposes and contact me/ us for (i) communicating for renewal of the Policy, (ii) upsell and/ or cross sale of other insurance products.
- I/ We authorize the Insurance Company to share my/ our Personal Information and other relevant records details with (i) the Law Enforcement Agencies, as and when demanded and (ii) any other vendor as per the requirement etc. like printing the Insurance policy/ renewal reminders or any other such activity.
- I/ We authorize the Insurance Company to share my/ our Personal Information and/ or medical Information/ records with any Government and/ or Statutory authorities/ bodies, including but not limited to Insurance Regulatory and Development Authority of India (IRDAI), Insurance Information Bureau (IIB) and/ General Insurance Council etc.
- Customer Satisfaction Surveys: I/ We hereby consent to the Insurance Company to use and share my/ our Personal Information with the vendors for the purpose of conducting customer satisfaction surveys and related activities aimed at improving service quality and enhancing the overall customer experience.
- Ayushman Bharat Health Account (ABHA) Declaration : I/We provide my/ our consent to access my/ our (all insured) medical and personal records/ details, as are available in my/ our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider/s of HDFC ERGO and/or with any Governmental and/or Regulatory authority for the sole purposes of underwriting my/ our proposal and/ or for checking the authenticity of claims lodged by me/ us and/ or to comply with the applicable Law/ Regulations.



HDFC ERGO General Insurance Company Limited

- i I/We hereby consent that, in any of the above scenarios, my/ our Personal Information and the medical documents etc. can be shared, and/ or accessed, as the case may be, without any intimation to me/ us.
- i I hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.

Date

Signature of the
Proposer

Time

Place

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this policy(Your proposal form will be considered after HDFCERGO General Insurance Company Limited receives premium payment.)

Anti-Fraud Warning: This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

Anti-Rebating Warning: As per Section 41 of the Insurance Act 1938,as amended, the practice of rebating is prohibited, as follows: 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 policy in respect to 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 prospectus or tables of the insurer. Violation of Section41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Rs.10Lakhs.



HDFC ERGO General Insurance Company Limited

Date		
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Name of the Proposer		Signature of the Proposer
Place		
Date		

HDFC ERGO General Insurance Company Limited

12. *CHECKLIST

Please check the following documents are attached along with the proposal form.

- i. ID Proof: Passport/ Pan Card/Voter id card/Driving License/ Letter from a recognized public authority
- ii. Proof of residence: Telephone Bill/ Bank Account Statement/ letter from any recognized public authority/Electricity Bill/ Ration Card
- iii. Age Proof: Proof of Age
- iv. Renewal Notice with claim details
- v. Certification of previous insurer for previous claim details
- vi. Photocopies of all previous policies and endorsements

*For regulatory reference
If policy is purchased offline, then this field will be applicable.

13. FOR OFFICE USE ONLY

HDFC ERGO Office Code:

Advisor Code and Name:

Branch receipt Date:

Channel Type:

Business Type: Urban/ Rural/ Social

Annexure A

The below questionnaire is an addendum to the medical questions under Section A of Medical and Lifestyle questions. These are to be answered only if any of those questions is answered as Yes (Y).

Note: Please provide the supporting documents (Discharge summary if hospitalized/Doctor Consultation/Investigation reports/Follow up reports/biopsy reports) for the conditions answered as Yes(Y) for medical underwriting.

S.No	Section A : Does Any of the following health statements hold true for any of the members proposed to be insured :	Insured person 1	Insured person 2	Insured person 3	Insured person 4	Insured person 5	Insured person 6
Have you undergone any surgery OR hospitalization for more than 10 days at a time in the past OR are you awaiting any treatment or surgery that you have been advised	Ligament tear of Knee	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Fracture Femur(thigh bone)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Fracture Humerus (arm)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Fracture Radius/Ulna (forearm)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Fracture Tibia/Fibula (leg)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Fracture (unspecified)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Total Knee Replacement (TKR)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Total Hip Replacement(THR)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Renal and ureteric calculus (Kidney Stone)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Fibroid uterus (female only)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Cholelithiasis (Gall bladder stone)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Haemorrhoids (Piles)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	

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	Inguinal Hernia (Hernia in groin)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Appendicitis	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Cataract	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Deviated Nasal Septum	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Other Medical Condition						
Have you been consulting a doctor regularly for any disease or complaint OR been under any medication regularly for more than 2 weeks or noticed any growth or tumor in the body?	Hypertension	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Dyslipidemia (High cholesterol)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Anemia	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Hypothyroidism	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Hyperthyroidism	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Allergy	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Benign prostatic hypertrophy (BPH)/Benign Hyperplasia of Prostate	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Fibroadenoma breast (benign breast tumor)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Acid peptic disease (Acidity and ulcers)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Retinal Detachment	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Other Medical Condition							
Have you experienced pain for more than 7 days in any part of body OR restriction of any movement OR difficulty in swallowing or breathing OR any difficulty in carrying out your daily activities?	Gout/hyperuricemia	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Polio (Residual poliomyelitis)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Disc prolapse (PIVD / Slip Disc)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Osteoarthritis	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Spondylitis	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Back Pain	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Blindness	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Hearing Loss	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Other Medical Condition							
Did you ever have fits, HIV	Tuberculosis (TB)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Asthma	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

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(Human Immune deficiency virus), persistent headache or persistent cough OR blood in stool (frequency) or any bleeding from any other orifice / body opening for more than 5 days?	Allergic bronchitis	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Chronic Sinusitis	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Migraine	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	Other Medical Condition						

For all the answers marked as Yes in the table above (Annexure A), for each illness/condition please provide the below details.

	Insured Person 1	Insured Person 2	Insured Person 3	Insured Person 4	Insured Person 5	Insured Person 6
Condition/ Illness (Exact Diagnosis/ name of illness marked as Yes in Annexure A)						
*Disease Type (please select from list below)						
Date of diagnosis (YYYY) – Only year to be provided						
Treatment (Medical/Surgical/No Treatment)						
#Current Status (Please select from list below)						
Complications/ Recurrences (Yes/No/NA)						
Date of last episode/consultation (Date/Month/YYYY)						
##Biopsy/Histopathology report (Only in surgeries involving removal of organ/tissue) – Please select from list below						

*Disease Type:	<ul style="list-style-type: none"> ■ Cancer ■ Tuberculosis ■ Infection ■ Accident ■ If Others (please specify)
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#Current Status	<ul style="list-style-type: none"> ■ Cured ■ Under Treatment ■ Pending Surgery ■ Ongoing Symptoms ■ Not Cured ■ Hospitalized ■ Defaulter (left medicine on own)
##Biopsy/Histopathology report (Only in surgeries involving removal of organ/tissue)	<ul style="list-style-type: none"> ■ Not Applicable (Medically treated) ■ No Cancer/Borderline Cancer/TB ■ Detected Cancer/Borderline Cancer/TB ■ Others (specify)