



Change Request Form

Policy Number:

Name of the Proposer:

PROPOSER DETAILS (MANDATORY DETAILS)

Nationality:

Residential Status: Resident Indian NRI OCI

Current Country of Residence:

Residence:

Is the proposer or any of the insured members a Politically Exposed Person (PEP) or family member/ close relative / associate of PEP?

Yes No

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.

Occupation: Salaried Self-employed Business Owner Student Housewife Retired Others

If Others, select source of Income: Rentals Interest Pension Investment

If Self Employed / Business Owner is selected, please tick the industry type:

Antique Dealer Art Dealer Jewellery Import Export Mining Shipping Scrap Dealing Agriculture

Stock Broking BFSI Real Estate Manufacturing If Others , please specify _____

Is your total aggregate premium across all products with HDFC ERGO General Insurance Company Limited more than INR 2 lakhs?

Yes No

Do you have investable assets for more than INR 5 crores? (Investable assets like cash holdings, deposits, stocks and bonds etc.)?

Yes No

Is your total aggregate premium across all retail products with HDFC ERGO General Insurance Company Limited INR 30 lakhs or more?

Yes No

Please tick the appropriate box and fill the details in the corresponding section:

1. Change in Address 2. Change in Tenure 3. Change in Sum Insured 4. Member Deletion / Addition
 5. Change in Product / Plan 6. Rider / Add ons Addition / Deletion 7. Change of Proposer 8. NRI Discount
 9. Others (Please specify)

1. New Address (Address proof to be enclosed)

Name of the Proposer:

Address:

City/Town: Pincode: District:

State: Telephone:

Email:

2. Change in Tenure

- 2A. I want to opt for 1 - year plan 2B. I want to opt for 2 - year plan 2C. I want to opt for 3 - year plan

3. Change in Sum InsuredName of Insured:

Annual Income (For Koti Suraksha Personal Accident and Individual Personal Accident)

Existing Sum Insured: _____ Desired Sum Insured: _____

4. Member Deletion / AdditionName of Insured:

Date of Birth

 Gender: Male Female Transgender

Reason for deletion: _____

Note: For the addition of any individual, a fresh proposal form should also be filled in.

5. Change in Product / PlanName of Insured:

Existing Product: _____ Desired Product: _____

Desired Sum Insured: _____ Desired Plan Variant _____

Desired Deductible Sum Insured* _____ Plan Type (Individual / Floater) _____

Height / Weight*: _____ *Deductible can be opted if this is part of policy feature

6. Rider / Add Ons Addition / Deletion

- I want to opt for: a) Unlimited Restore b) Protector Rider^ c) Individual Personal Accident Rider*
- d) Hospital Daily Cash Rider^ with Sum Insured: Rs. 1000 per day Rs. 2000 per day e) Critical Illness
- f) Limitless g) ABCD h) Parenthood with Sum Insured 50 k 100 k 150 k 200 k
- i) Her Horizon with Sum Insured 1 Lac 3 Lacs 5 Lacs 10 Lacs

Other _____ **Sum Insured:** _____

*Sum Insured under Individual Personal Accident rider will be 5 (five) times the Sum Insured of Optima Restore (Base Plan) up to a maximum of Rs. 1 Crore and this rider will be offered only to the Proposer. ^Protector Rider and Hospital Daily Cash Riders will be offered on an individual sum insured basis if the base plan is on an individual sum insured basis or floater sum insured basis if the base plan is on floater sum insured basis. Protector Rider and Hospital Daily Cash Riders will be available on all or none basis.

7. Change of ProposerProposer Name

New Proposer

Name

Relationship with Existing Proposer _____

Note: For change of Proposer the CRF will not suffice, and mandatorily a fresh proposal form should be filled in.**8. NRI Discount (Applicable to relevant OS plans)**Do you want to avail NRI discount? (This option is available only if all proposed insured person(s) under the policy are NRIs). If yes, please confirm if all insured person(s) is / are still NRIs and residing overseas. Yes No**9. Others, please furnish details:** _____**Note: Health Status declaration is required as per below if change request is for Sum insured enhancement, Rider addition, Change in Product/Plan or any "Other" similar request under point 9" Others".****Health status declaration: Post commencement of your insurance policy with us, did you suffer from or are currently suffering from or have developed any disease / illness / injury or accident / medical condition other than common cold or fever?** Yes No

Note:

- If the answer is yes, please provide all the relevant documents/ information including but not limited to doctor's prescription, medical test reports etc.
- Any non-disclosure or incomplete / incorrect / partially correct information may lead to repudiation of claim or cancellation of policy as per policy terms and conditions.
- If sum insured change is desired for more than one member, please use an additional sheet to give information

We accept and agree that:

1. I / We may have to undergo fresh pre-policy health check-up because of opting for (i) Increase in sum insured and/or (ii) Addition of critical advantage rider / critical illness rider and / or (iii) Addition of insured member / change in product.
2. I / We shall comply with any other additional requirements including payment of additional premium towards risk loading, if any, within 7 days From the date of such written communication received from HDFC ERGO General Insurance Company Ltd.
3. I / We authorize HDFC ERGO General Insurance Company Ltd, to renew the existing policy under its existing terms and conditions if I/We fail to comply with either of the above stipulations as requested above
4. I hereby declare and warrant that on my behalf and on behalf of all insured that all the information provided above is true and complete to the best of my/our knowledge and no information which is material and relevant has been suppressed.

Signature of Proposer / Policy Holder: Date:

9. Declaration to be made by Third Person (Mandatory) If any one of the below criteria meets:

- a. The Proposer/Policyholder has affixed his/her thumb impression or
- b. The Proposer/Policyholder has signed in vernacular
- c. The Proposer/Policyholder has not filled in the Change Request Form

I hereby declare that I have explained the contents of this Change Request Form to the Proposer/Policyholder in _____ language and have truly recorded the answers provided to me. I further declare that the Proposer/Policyholder has signed/affixed his/her thumb impression in my presence.

Signature/Thumb Impression of Witness

Name & Address of Witness:

Date: _____ Place: _____

Occupation: _____

Signature of Declarant

Name & Address of Declarant:

Date: _____ Place: _____

Occupation: _____

HDFC ERGO General Insurance Company Ltd. reserves the right to accept / reject any changes requested. Certain changes may require additional premium, letters to this effect would be sent.

Enclosures: (if any) 1..... 2..... 3.....

10. Fraud and Anti-Rebating Warning

The policy shall be voidable at the option of the Company, in the event of misrepresentation, or non-disclosure of any material particulars. As per Section 41 of the Insurance Act 1938 as amended the practice of rebating is prohibited. Violation of Section 41 of the Insurance Act 1938 as amended shall be punishable with a fine which may extend to Rs 10 lakhs.

Note: Annexure 1 to be filled by the customer if any of the below is applicable (Annexure 1 is available at the end of the form)

1. If residential status is selected as NRI or OCI
2. If the proposer or any of the insured members is a Politically Exposed Person (PEP) or family member/ close relative / associate of PEP.
3. If occupation is retired / housewife / student / others and total aggregate premium across all products with HDFC ERGO General Insurance Company Limited more than INR 2 lakhs.
4. If Industry type is Antique Dealer, Art Dealer, Jewellery, Mining, Scrap Dealing, or Real Estate
5. If investable assets more than INR 5 crores
6. If the total aggregate premium across all retail products with HDFC ERGO General Insurance Company Limited is INR 30 lakhs or more.
7. If SI is more than INR 1 Cr in indemnity product, critical illness / IPA or more than 100,000 USD in travel plan / student suraksha product.

ANNEXURE 1

Question	Response
Name of the Proposer	
Occupation – Salaried / Professional (Doctor / Advocate / Chartered Accountant etc.) / Self Employed / Student / Housewife	
Details of criminal proceedings during the last 3 Years. Yes/No, If Yes, please provide complete details.	
Source of Funds (Please mention source of funds and share income proof) Note: If student or housewife is a proposer then income proof of spouse for housewife and income proof of parent for student to be shared whoever is funding policy premium.	

AML Mandatory Documents

Proposer Indian Resident	Proposer NRI/OCI
<ul style="list-style-type: none"> • Copy of PAN Card of proposer • Form 60 if pan card is not available [Form 60 is a document to be filed by a person (not a company or firm) to carry out transaction specified in Rule 114B when they do not have a PAN] • Indian Address Proof in the name of proposer as per list given below • Income proof 	<ul style="list-style-type: none"> • First and last page copy of passport of proposer (proposer is NRI / OCI) • Copy of PAN Card of proposer • Form 60 if pan card is not available [Form 60 is a document to be filed by a person (not a company or firm) to carry out transaction specified in Rule 114B when they do not have a PAN] • Indian Address Proof in the name of proposer as per list given below • Income proof • OCI CARD

Acceptable Income Proof – Any one of the below if Proposer not NRI

1. Latest salary slips for last three months (salary slips should be in proper format reflecting E. Code, computation of tax, PF account number and UAN, bank account details etc.)
2. Immediate past financial year ITR
3. Bank statement of immediate past 3 months reflecting salary credit
4. Form 16 for last financial year
5. Bank Statement of immediate past 6 months if proposer is not salaried audited P&L statement for last one year in the name of proposer

Acceptable Income Proof – Any one of the below if the Proposer is an NRI / OCI

1. Latest salary slips for last three months (salary slips should reflect E. Code / tax deduction etc. as per residing country's norms)
2. Bank statement of immediate past 3 months reflecting salary credit
3. Bank statement of immediate past 6 months if proposer is not salaried
4. Audited P&L statement for last one year in the name of proposer
5. Immediate past financial year ITR

List of acceptable Indian address proof - any one of the below in the name of proposer

1. Aadhaar card / proof of possession of Aadhaar number
2. Driving license
3. Voter's Identity card issued by election commission of India
4. Letter issued by the national population register containing details of name, address or any other document as notified by the central government in consultation with the regulator
5. Telephone bill (not older than 6 months)
6. Current passbook with details of permanent / present residence address (updated up to the previous month) or current statement of bank account with details of permanent / present residence address (as downloaded).
7. Electricity bill (not older than 6 months)

8. Ration card
9. Employer's certificate as a proof of residence
10. Valid lease agreement along with rent receipt, which is not more than three months old.