

HDFC Standard Life Insurance Company Limited

PSRF16603051312
Comp/May/Int/2211



Request for Information – Change in cover

POLICY NUMBER :
POLICY HOLDER NAME :

List of employees whose cover under the the above policy is to be changed:

Sr. No.	Name of the Employee			Employee Identification number	Member No.	Date of birth (DD/MM/YYYY)	Sex	Sum Assured Amount (Rs.) at present	Effective Date of Change in cover (DD/MM/YYYY)	New Sum Assured (Rs.)	Reason for the Change in cover
	Salutation	Last Name	First Name								

We declare that the information provided with regard to these members is both true and accurate to the best of our knowledge.
We confirm that the cover for these members is subject to the Rules of this policy.

Please Note: For change in cover where this change in cover form has been signed and submitted to HDFC Life within 30 days of the employee becoming eligible for the revised cover in the scheme, the start date of revised cover will be the date of becoming eligible for the revised cover in the scheme. Where the form is not submitted within 30 days from the date of becoming eligible for the revised cover, the start date will be deemed to be 30 days prior to the date of signing this form.
This condition shall apply only if there is sufficient balance in the Advance Deposit Account to cover the revised cover for the members.

Signed for and on behalf of the Company / Group

Signed By :

Date :

Signature