



CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Please Note: Benefits opted and mentioned in the policy schedule/certificate of insurance will only be applicable.

Sr.no.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	HDFC ERGO Group Protect	NA
2	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance	NA
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	NA
4	Sum Insured	<ul style="list-style-type: none">Individual Sum Insured -Where each member has a separate sum insured under the policy), orFloater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members <p>Note: For complete details of Sum Insured applicability, please refer to your Policy Schedule/Certificate of Insurance</p>	NA
5	Policy Coverage (What the policy covers?)	Base Indemnity Covers: Coverages in force for the Insured Persons shall be as per the benefits opted.	
		Expenses in respect of:	
		a. Admission in Hospital for minimum 24 hours	B.I.a
		b. Pre-hospitalization of number of days as mentioned in the Policy Schedule/Certificate of Insurance (treatment prior to admission in hospital)	B.I.b
		c. Post-hospitalization (treatment after discharge from hospital) within number of days as mentioned in the Policy Schedule/Certificate of	B.I.c



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	Insurance from date of discharge	
d.	Domiciliary Hospitalization (Treatment at home due to non-availability of room in a hospital or patient could not be removed/admitted to a hospital)	B.I.d
e.	Organ Donor Expenses (Cost of Organ donor's hospitalization for harvesting of the donated organ where an Insured Person is the recipient)	B.I.e
f.	All Day Care procedures requiring less than 24 hours of hospitalization	B.I.f
g.	Road Ambulance (India Only) – Ambulance expenses will be covered if the insured is required to be transferred to nearest hospital or from one hospital to another or from hospital to home	B.I.g
	Optional Covers for base indemnity cover : Optional coverages for the Insured Persons shall be in force only if the same is opted & mentioned in the policy schedule/certificate of insurance.	B.II
a.	Alternative Treatment: (Medical Expenses incurred for inpatient care under ayurveda, yoga and Naturopathy, Unani, Siddha and homeopathy)	B.II.a
a.	Preventive Health Check Up: (Cost of a Preventive Health Check-up up to the limit mentioned in policy schedule/certificate of insurance will be paid)	B.II.b
b.	Co-Payment (On availing this option, Co-Payment as mentioned in the Policy Schedule / Certificate of Insurance will be applied on admissible claim)	B.II.c
c.	Second Medical Opinion for Major Illness: (Expenses towards E-Opinion for Critical Illness availed from a Medical Practitioner in respect of 8 listed Major Medical Illness)	B.II.d
d.	Restore Benefit (Restoration of Sum Insured in the event of complete or partial utilization of the Base Sum Insured due to any claim admitted during the Policy Year)	B.II.e
e.	Cumulative Bonus: (% of Base Sum insured as mentioned in the policy scheduled/certificate of insurance will be granted each year)	B.II.f
f.	Recovery Benefit: Lumpsum amount paid in case the insured	B.II.g



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	get hospitalized exceeding 5 consecutive & continuous days in a policy year)	
	g. Air Ambulance (outside India only) (Cost incurred by the Insured Person towards Air Ambulance transportation for Emergency Care which requires immediate and rapid ambulance transportation that ground transportation cannot provide from the site of first occurrence of the Illness or Accident to the nearest Hospital)	B.II.h
	h. Pre-Existing Disease Waiting period Modification Option- (Modification of waiting period for pre-existing disease as mentioned in the policy schedule/Certificate of insurance)	B.II.i
	i. Specified Disease / Procedure Waiting Period Modification Option- (Modification of waiting period for Specified diseases/Procedure as mentioned in the policy schedule/Certificate of insurance)	B.II.j
	j. General Waiting Period (30-day waiting period) Modification Option (Modification of General waiting period as mentioned in the policy schedule/Certificate of insurance)	B.II.k
	k. Pre and Post Hospitalization Expenses Days modification option (On availing this option the pre & post hospitalization limit will get modified to as mentioned in the policy schedule/certificate of insurance)	B.II.l
	l. Room Rent Restriction: On availing this option, the limits for Room Rent and ICU will get modified as mentioned in the policy schedule/certificate of insurance.	B.II.m
	m. Road Ambulance Cover Modification Option: On availing this option, Road Ambulance limit will get modified to as mentioned in the policy schedule/certificate of insurance	B.II.n
	B. III EMI Hospitalization	B.III
	Payment of Lumpsum amount on completion of defined number of days of Hospitalization due to injury or illness as stipulated in the Policy Schedule /Certificate of Insurance	
	B. IV Optional Covers under EMI Hospitalization	B.IV
	a. Maternity Coverage: Payment of Lumpsum amount on completion of defined number of days of Hospitalization due to maternity as stipulated in the Policy Schedule/Certificate of	B.IV.a



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		Insurance.	
		b. Cumulative Bonus for EMI Hospitalization benefit: (10% of Base Sum insured maximum upto 50% will be granted every claim free year)	B.IV.b
		c. Pre-Existing Disease Waiting period Modification Option- (Modification of waiting period for pre-existing disease as mentioned in the policy schedule/Certificate of insurance)	B.IV.c
		d. Specified Disease / Procedure Waiting Period Modification Option- (Modification of waiting period for Specified diseases/Procedure as mentioned in the policy schedule/Certificate of insurance)	B.IV.d
		e. General Waiting Period (30-day waiting period) Modification Option (Modification of General waiting period as mentioned in the policy schedule/Certificate of insurance)	B.IV.e
		B. V Wellness Services	B.V
		a. Anytime Doc-on-Call (Tele-Consultation with a Medical Practitioner on our panel)	B.V.a
		b. Doctor Consultations (Discounts on consultations with Medical Practitioners from our empanelled Service Provider)	B.V.b
		c. Diagnostic Tests (discounts on diagnostic tests availed from our empanelled Service Provider)	B.V.c
		d. Base Diabetes Management Program (access to Diabetes Management Program from our empanelled Service Provider)	B.V.d
		e. Tele / Video Consultations (Discounts on Tele/Video Consultations with Medical Practitioners through our empanelled Service Provider)	B.V.e
		f. Concierge for 24 7 Services (24x7 Concierge services for digital Booking assistance).	B.V.f
		g. Nutritionist Consultation & Diet Planning (Consultation with Nutritionist from our empanelled Service Provider)	B.V.g
6	Exclusions (what the policy does)	1. Investigation & Evaluation: Code Excl04 i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.	C.II.i



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	not cover)	ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.	
		2. Rest Cure, rehabilitation and respite care: Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.	C.II.ii
		3. Obesity/Weight control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:	C.II.iii
		i. Surgery to be conducted is upon the advice of the Doctor	
		ii. The surgery/Procedure conducted should be supported by clinical protocols	
		iii. The member has to be 18 years of age or older and	
		iv. Body Mass Index (BMI) A. greater than or equal to 40 or B. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: 1) Obesity-related cardiomyopathy 2) Coronary heart disease 3) Severe sleep apnea 4) Uncontrolled type2 diabetes	
		4. Change-of-Gender treatments: Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex	C.II.iv
		5. Cosmetic or plastic Surgery: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change	C.II.v



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	appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner	
	6. Hazardous or Adventure Sports: Code – Excl09: Expenses related to any treatment necessitated due to participation as a professional in Hazardous or Adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving	C.II.vi
	7. Breach of Law: Code – Excl10: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.	C.II.vii
	8. Excluded Providers: Code – Excl11: Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the Policyholders are not admissible. However, in case of Life-Threatening Situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.	C.II.viii
	9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12.	C.II.ix
	10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13	C.II.x
	11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care procedure. Code – Excl14.	C.II.xi
	12. Refractive Error: Code – Excl15: Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptries	C.II.xii
	13. Unproven Treatments: Code – Excl16: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their	C.II.xiii



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	effectiveness.	
	<p>14. Sterility and Infertility: Code – Excl17: Expenses related to sterility and infertility. This includes:</p> <ul style="list-style-type: none"> i. Any type of contraception, sterilization ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy iv. Reversal of sterilization <p>15. Maternity: Code – Excl18</p> <ul style="list-style-type: none"> i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy Period. 	<p>C.II.xiv</p> <p>C.II.xv</p>
	Specific Permanent Exclusions:	C.III
	1. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, Nuclear, Chemical or Biological attack or weapons, radiation of any kind.	C.III.i
	2. Aggregate Deductible - We are not liable for Claims/Claim amount falling within Aggregate Deductible limit if opted and as mentioned on the Schedule of Coverage in the Policy Schedule/ Certificate of Insurance.	C.III.ii
	3. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide.	C.III.iii
	4. Any Insured Person's participation or involvement in naval, military or air force operation.	C.III.iv
	5. Investigative treatment for sleep-apnoea, general debility or exhaustion ("run-down condition").	C.II.v
	6. Congenital external diseases, defects or anomalies.	C.III.vi
	7. Stem cell harvesting.	C.III.vii
	8. Investigative treatments for analysis and adjustments of spinal sub luxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the	C.III.viii



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		mandible and extremities.	
		9. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).	C.III.ix
		10. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.	C.III.x
		11. Vaccination including inoculation and immunisations (except post animal bite treatment).	C.III.xi
		12. Non-Medical expenses such as food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical Expenses is attached as Annexure B of policy document and also available at www.hdfcergo.com .	C.III.xii
		13. OPD treatment	C.III.xiii
		14. The provision or fitting of hearing aids, spectacles or contact lenses.	C.III.xiv
		15. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, optometric therapy.	C.III.xv
		16. Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. Drugs or treatments which are not supported by a prescription.	C.III.xvi
		17. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively). prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of non-medical expenses is attached and also available on www.hdfcergo.com	C.III.xvii
		18. Any non-allopathic treatment treatment except to the extent of coverage provided for under 'Alternative Treatment' cover and 'EMI Hospitalization' Section.	C.III.xviii
7	Waiting period	Waiting periods in force for the Insured Persons shall be as opted & mentioned in the Policy Schedule / Certificate of Insurance	C.I



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	<ul style="list-style-type: none">Time period during which specified diseases/treatments are not covered.It is counted from the beginning of the policy coverage.	<p>1. Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p>Option 1: 30 Days to 0 Days</p> <p>Option 2: 30 Days to 7 Days</p> <p>Option 3: 30 Days to 15 Days</p>	C.I.iii				
		<p>2. Specific Waiting periods (Not applicable for claims arising due to an accident):</p> <p>Option 1: 2 Year to 1 Years</p> <p>Option 2: 2 Year to 0 Years</p>	C.I.ii				
		<p>3. Pre-existing diseases:</p> <p>Option 1: 3 Years to 2 Years</p> <p>Option 2: 3 Years to 1 Years</p> <p>Option 3: 3 Years to 0 Year</p>	C.I.i				
		<p>4. Maternity Cover waiting period (Applicable only to Section B.IV.a)</p> <p>Options: 0 / 1 Year / 2 Years / 3 Years / 4 Years</p> <p>Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected</p>	C.I.iv				
8.	<p>Financial limits coverage of</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Deductible (It is a specified amount:</p> <p>-up to which an insurance company</p>	<p>Financial limits in force for the Insured Persons shall be as opted & mentioned in the Policy Schedule / Certificate of Insurance.</p> <p>Base Cover:</p> <p>1. <i>Expenses incurred on Road Ambulance of up-to INR 2,000 per hospitalization event</i></p> <p>2. Room Rent Restriction.</p> <table><tr><th>Option</th><th>Room Rent & ICU Limit</th></tr><tr><td>1</td><td>1% of SI upto 3,000 for Normal & 2% of SI upto</td></tr></table>	Option	Room Rent & ICU Limit	1	1% of SI upto 3,000 for Normal & 2% of SI upto	
Option	Room Rent & ICU Limit						
1	1% of SI upto 3,000 for Normal & 2% of SI upto						



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<p>will not pay any claim, and</p> <p>-which will be deducted from total claim amount (if claim amount is more than the specified amount)</p>			6,000 for ICU	
	2		1% of SI upto 5,000 for Normal & 2% of SI upto 10,000 for ICU	
	3		1% of SI for Normal & 2% of SI for ICU	
	4		1.5% of SI upto 3,000 for Normal & 3% of SI upto 6,000 for ICU	
	5		1.5% of SI upto 5,000 for Normal & 3% of SI upto 10,000 for ICU	
	6		1.5% of SI for Normal & 3% of SI for ICU	
	7		2% of SI upto 3,000 for Normal & 4% of SI upto 6,000 for ICU	
	8		2% of SI upto 5,000 for Normal & 4% of SI upto 10,000 for ICU	
	9		2% of SI for Normal & 4% of SI for ICU	
	10		3,000 for Normal & 6,000 for ICU	
	11		5,000 for Normal & 10,000 for ICU	
	12		At Actuals	
<p>3. Road Ambulance Cover Modification Option:</p> <p>Option 1: From INR 2,000 to Nil</p> <p>Option 2: From INR 2,000 to INR 3,000</p> <p>Option 3: From INR 2,000 to INR 5,000</p> <p>Option 4: From INR 2,000 to At Actuals</p>				



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		<p>4. Preventive Health Check-Up:</p> <p>Benefit Limit:</p> <p>Option 1: Upto 1% of SI subject to max ₹10,000</p> <p>Option 2: ₹500 to ₹10,000 (in multiples of 500)</p> <p>(Per member basis for individual & Per policy basis for Family Floater Policies)</p>	
		<p>5. Alternative Treatment</p> <p>Options of covered upto % of sum insured-</p> <ul style="list-style-type: none"> i. 10% ii. 20% iii. 25% iv. 50% v. 100% 	
		<p><u>Co-Payment:</u></p> <p>1. Co-Payment : 5% / 10% / 15% / 20% / 25% / 30%</p> <p>Applicability:</p> <p>Option 1: All Claims</p> <p>Option 2: Employee Only</p> <p>Option 3: Dependent Only</p> <p>Option 4: Employee, Spouse and Children Only</p> <p>Option 5: Parents Only</p>	
		<p><u>Second Opinion in respect for Critical Illness (CI)</u> (Applicable once per insured per policy year)</p>	
		<p><u>Restore Benefit:</u></p> <p>Option 1: Upto 100% of Sum Insured</p> <p>Option 2: Upto 200% of Sum Insured</p> <p>Option 3: Unlimited</p>	
		<p><u>Cumulative Bonus:</u></p>	



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		<p>Option 1: 10% of base sum insured subject to Max 50%</p> <p>Option 2: 10% of base sum insured subject to Max 100%</p> <p>Option 3: 50% of base sum insured subject to Max 100%</p> <p>Recovery Benefit: INR 2000</p>	
		<p>Air Ambulance Cover</p> <p>Options: Up to INR 1/2/3/5/10 Lacs policy year limit</p> <p><u>Deductibles:</u></p> <p>1. Aggregate Deductible Options: INR 1,00,000 to INR 50,00,000</p> <p>Base Sum Insured Options: INR 1,00,000 to INR 5 Cr.</p>	
		<p><u>EMI Hospitalization Cover</u></p> <p>Sum Insured Options: INR 500 to 50,00,000</p>	
		<p><u>Payout Limit:</u></p> <p>Option -1x, 2x, 3x, 4x, 5x, 6x, 7x, 12x, (1/2), (1/3), (1/4)</p>	
		<p><u>Payout after continuous days of hospitalization:</u></p> <p>1/2/3/5/7/10/15/20/30</p>	
		<p><u>Payout capping</u></p> <p>Options: 3x, 4x, 6x, 12x of EMI Amount Opted Per Year or No capping</p>	
9	Claims/Claims Procedure	<p>A. Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization in India.</p> <p>Turn Around Time (TAT) for claims settlement</p>	E.I
		<p><u>For Cashless Process:</u></p> <p>i. TAT for preauthorization of cashless facility: Decision on cashless authorization to be provided within 1 hour from the time of receipt of request.</p> <p>ii. TAT for cashless final bill authorization: :Within 3 hours of the</p>	



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		receipt of discharge authorization request from the hospital	
		<p><u>For Reimbursement Process:</u></p> <p>i. TAT for Claim settlement – Within 15 days of claim intimation</p>	
		<p>Provide the details /web link for following:</p> <p>i. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks</p> <p>ii. Helpline number : https://www.hdfcergo.com/customercare/grievances Contact us - 022 6158 2020/ 022 6234 6234</p> <p>iii. Hospitals which are excluded or from where no claims will be accepted by insurer http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf</p> <p>iv. Downloading/getting claim form https://www.hdfcergo.com/download/claim-form</p>	
10	Policy Servicing	<p>Contact us - 022 6158 2020/ 022 6234 6234</p> <p>Or visit help section on www.hdfcergo.com</p> <p>Details of Company officials</p> <p>Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p>	E.II
11	Grievances/Complaints	<p>In case of any grievance the insured person may contact the Company through:</p> <ul style="list-style-type: none"> - Website: www.hdfcergo.com - Contact us - 022 6158 2020/ 022 6234 6234 - E-mail: grievance@hdfcergo.com - Contact Details for Senior Citizen: 022 – 6242 – 6226 - E-mail specific for Senior citizens : seniorcitizen@hdfcergo.com <p>Insured Person may contact the Grievance officer at</p>	D.I.18



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		cgo@hdfcergo.com For updated details of grievance officer, kindly refer the link: https://www.hdfcergo.com/customer-voice/grievances Ombudsman: https://bimabharosa.irdai.gov.in/	
12	Things to remember	Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy.	D.I.7
		Process for free look cancellation: <ol style="list-style-type: none"> 1. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. 2. The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. 	
		Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.	D.I.17
		Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.	D.I.8 D.I.9
		Process for migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration	
		Process for portability: The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability.	
		Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured Moratorium Period: : After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy,	D.I.5



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		no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement.	

Note:

1. Web-link of the product documents: << <https://www.hdfcergo.com/download> >>
2. In case of any conflict, the terms and conditions mention in the policy document shall prevail.

Declaration by the Policyholder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policy Holder)