

A life and health insurance plan that gives your family all-round protection

Click **2Protect** Health from **HDFC Life** and **HDFC ERGO Health**



Life & Health cover of ₹50,000 & ₹3 Lakh respectively @ ₹505 per month¹

5%

Discount on combined premium²



Restore benefit³



Tax benefit⁴ under section 80C, 80D & 10 (10 D)

Click **2Protect Health**



1. Premium rates for age- 30 years, Male, Non Smoker, Annual mode, regular pay, exclusive of taxes & inclusive of 5% discount. Protection - Life Option - ₹180 (rounded up), Sum Assured- ₹50,000, Policy Term- 10 years. Health - Individual Option - ₹5,872, Sum Assured- ₹3 Lakh, Policy Term- Life Long Renewal, Applicable for NCR & Mumbai. Metropolitan region only. Total annual premium = ₹6,051, monthly premium (6,051/12= ₹505(rounded off)).
2. Discount of 5% on annual premiums paid towards both Life & Health will be offered. If Customer decides to opt out of one of the products, the discount, if any, shall not be available to the Customer going forward.
3. Applicable only for health plan.
4. As per Income Tax Act, 1961. Tax benefits are subject to changes in tax laws.

When it comes to safeguarding your family's overall well-being, you leave nothing to chance. Be it protecting your own and your family's health or ensuring a secure financial future for your loved ones, even when you are not around.

To assist you, HDFC Life and HDFC ERGO Health Insurance Limited have joined hands to bring you the benefits of health and life insurance in a comprehensive and affordable Click 2 Protect Health. So nothing comes in the way as you and your family lead a life of pride.



Health

- **Restore benefit-** A unique benefit that instantly adds 100% Basic Sum Insured on complete or partial utilization of your existing Policy Sum Insured and Multiplier Benefit (if applicable) during the Policy Year.

- **Multiplier benefit-** We will increase your basic sum insured by 50% for every claim free year upto 100% of basic sum insured
- **Stay Active benefit-** Now with Stay Active benefit, simply walk your way to good health and earn upto 8% discount on your renewal premium.
- **Preventive Health Check-up-** This Policy helps you keep track of your health status with its preventive health check up benefit offered at renewal irrespective of claim status
- **Lifelong renewal-** Offers lifelong coverage on continuous renewal and stay covered forever
- **No sub-limit on room rent-** With this health plan you can get the room you like and the treatment you deserve without a hassle
- **Cashless transaction -** Policy enables you to get treated on a cashless basis across 10,000+ network hospitals Pan India
- **No geography based sub-limits-** No matter where you buy your policy you can get treated in any city or hospital you like in the country with no additional co pays or sub-limits
- **No claim based loading-** We will never load your renewal premium because you claimed or fell ill after taking our policy
- **Quick turnaround time-** You don't have to worry about claim pre-authorization, 90% of pre authorization is done within 2 hours
- **Quick claim payment-** When it comes to claim settlement, we're one of the fastest in the industry to honor every genuine claim
- **Easy upgrade-** This health plan also comes with an easy upgrade option. You can upgrade your cover to the next slab at the time of your policy renewal
- You can avail tax benefits for the premium amount under Section 80 D of the Income Tax Act*

WHAT ARE THE KEY FEATURES AVAILABLE?



Protection

- Provide financial protection to you and your family at an affordable cost
- Customize your plan with a choice of 9 plan options
- All future premiums are waived on Accidental Total Permanent Disability (Available under all options) and on diagnosis of Critical Illness (available under 3D Life & 3D Life Long Protection options).
- Protect yourself for whole of life with lifelong protection options
- Flexibility to choose your policy and premium payment terms
- Life Stage Protection feature offers to increase insurance cover on certain key milestones without medicals
- Flexibility to increase your cover every year through top-up option
- Special premium rates for female lives
- Attractive premium rates for non-tobacco users
- Tax benefits* under section 80C and 10 (10 D) as per prevailing tax laws

WHAT ARE THE ELIGIBILITY CONDITIONS?

Eligibility Criteria	Protection					Health
	Life Option	3D Life Option, Extra Life Option, Income Option, Extra Life Income Option	Income Replacement Option, Return of Premium Option	Life Long Protection Option	3D Life Long Protection Option	
Min Age at Entry	18 years	18 years	18 years	25 years	25 years	91 days
Max Age at Entry	65 years					65 years
Min Policy Term	Single Pay : 1 month Regular Pay, Limited Pay : 5 years	5 years	5 years	Whole of Life	Whole of Life	1 year or 2 year period, (sum insured & benefits will applicable on policy year basis)
Max Policy Term	(85 years - Age at Entry)	(85 years - Age at Entry)	40 years			
Premium Payment Mode	Single Pay [§] , Regular Pay, Limited Pay: 5 years to (84 - Age at Entry)	Single Pay [§] , Regular Pay, Limited Pay : 5 years to (84 - Age at Entry)	Single Pay, Regular Pay, Limited Pay : 5 years to 39 years	Limited Pay : (65 - Age at Entry) or (75 - Age at Entry)	Limited Pay : (65 - Age at Entry)	Annual for 1 year policy period and single for 2 years policy period
Premium Payment Frequency	Single, Annual, Semi-Annual, Quarterly, Monthly	Single, Annual, Semi-Annual, Quarterly, Monthly	Single, Annual, Semi-Annual, Quarterly, Monthly	Annual, Semi- Annual, Quarterly, Monthly	Annual, Semi- Annual, Quarterly, Monthly	
Min Age at Maturity	23	23	23	Whole of Life	Whole of Life	Life Long on continuous Renewals
Max Age at Maturity	85	85	85			
Minimum Basic Sum Assured	₹ 10,000					3 Lakh/5 Lakh/10 Lakh/ 15Lakh/20 Lakh/ 25 Lakh/ 50 Lakh

§ Single Pay Option is not available under 3D Life option.

* Tax benefits are subject to change from time to time



Protection

For Income and Extra Life Income options, the minimum income term shall be 1 month and the maximum income term will be 20 years.

All ages are expressed as on last birthday.

For non annual modes, premiums paid are calculated as the annual premium multiplied by a conversion factor as given below:

Frequency	Conversion Factor
Half-yearly	0.507
Quarterly	0.255
Monthly	0.086

Minimum Premium under various Premium Payment Terms & Premium Frequencies are as mentioned below:

Premium Payment Term	Premium Frequency	Minimum Premium Per Instalment	
		ROP Option	Other Options
Single Pay [§]	Single	Rs. 5,000	Rs. 34
Limited Pay / Regular Pay	Annual	Rs. 1,000	Rs. 33
	Half-yearly	Rs. 507	Rs. 17
	Quarterly	Rs. 255	Rs. 8
	Monthly	Rs. 86	Rs. 3

§ Single Pay Option is not available under 3D Life option



Health

- Children between 91 days and 5 years can be insured provided either parent is getting insured under this policy.
- This policy can be issued to an individual and/or family. A maximum of 6 members can be added in a single policy, whether on an individual or family floater basis.
- The policy offers option of covering on individual sum insured basis and on family floater basis.
- The family includes following relationships spouse, dependent children and dependent parents and dependent in laws.
- In a family floater policy, a maximum of 2 adults and a maximum of 5 children can be included in a single policy. The 2 adults can be a combination of self, spouse, and father, father in law, mother or mother in law.
- In a family floater plan the age of the eldest member will be considered while computing the premium.
- In an individual policy, a maximum of 4 adults and a maximum of 5 children can be included in a single policy. The 4 adults can be a combination of self, spouse, either set of parents or parents in law.
- The Sum Insured of the dependent insured members should be equal to or less than the sum insured of the primary insured member. In case where two or more children are covered, the sum insured for all the children must be same. Sum insured of dependent parents must be the same.

- 7.5% Discount on premium if Insured Person is paying premium of 2 years in advance.

Minimum Premium is as mentioned below:

Option	Region	Minimum Premium Per Instalment (exclusive of taxes)
Individual	Rest of India	Rs. 5,590
	National Capital Region & Mumbai metropolitan region	Rs. 6,181

Premium rates are available on website of both the companies. Please speak to our authorized representative for more details.

What are the plan options / Benefits available?

Click 2 Protect Health has both protection and health benefits.

The following plan options are available under Life Insurance Coverage.

- Life Option
- 3D Life Option
- Extra Life Option
- Income Option
- Extra Life Income Option
- Income Replacement Option
- Return of Premium Option
- Life Long Protection Option
- 3D Life Long Protection Option

You shall have to choose an option at the inception of the policy. The option once selected cannot be changed at a later date. Let us look into all these plan options in detail.

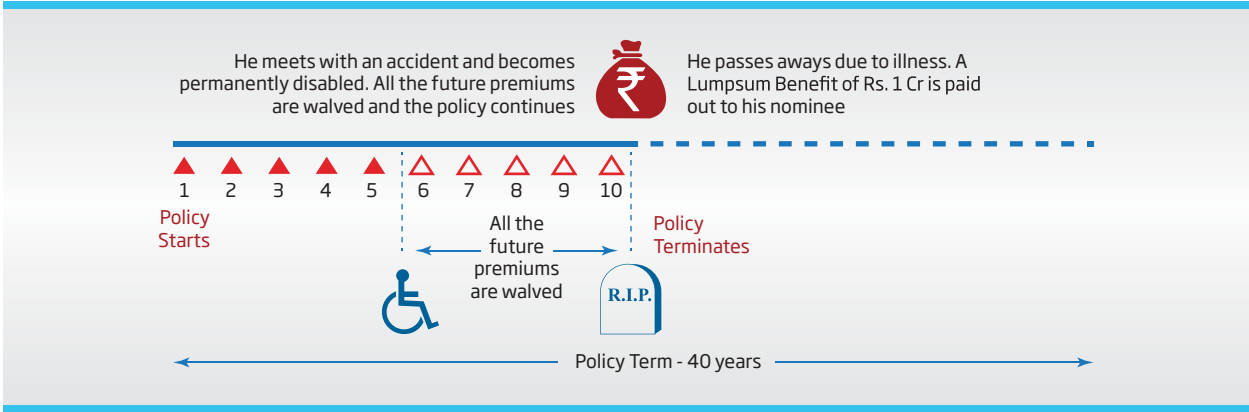
Option #1 - Life Option Under this option your nominee gets a Lumpsum Benefit on death or diagnosis of Terminal Illness. Your future premiums are waived upon Accidental Total Permanent Disability.

Sample Illustration - Mr. Aggarwal is a 25 year old software engineer. He buys a Click 2 Protect Health Plan. The protection benefit of this policy is as follows:

Plan Option	Sum Assured	Policy Term	Premium Payment Term
Life	Rs. 1 Crore	40 years	40 years

- During the 5th Policy Year, he meets with an accident which renders him permanently disabled.
- During the 10th Policy Year, he passes away due to illness

The benefit payable to his nominee is as follows:



The benefit(s) available under Life Option are as follows:

EVENT →	On Death/ Diagnosis of Terminal Illness	On Accidental Total Permanent Disability
Benefit(s) Payable →	Sum Assured on Death ¹ paid as Lumpsum Benefit to the nominee and the policy terminates	All future premiums are waived & the Policy continues

- The policy shall terminate on the earlier of death, diagnosis of terminal illness and expiry of the policy term.
- You have to choose the Sum Assured, Policy Term and the Premium Payment Term at the inception of the policy.

¹ Please refer the section on Death Benefit for definition of Sum Assured on Death

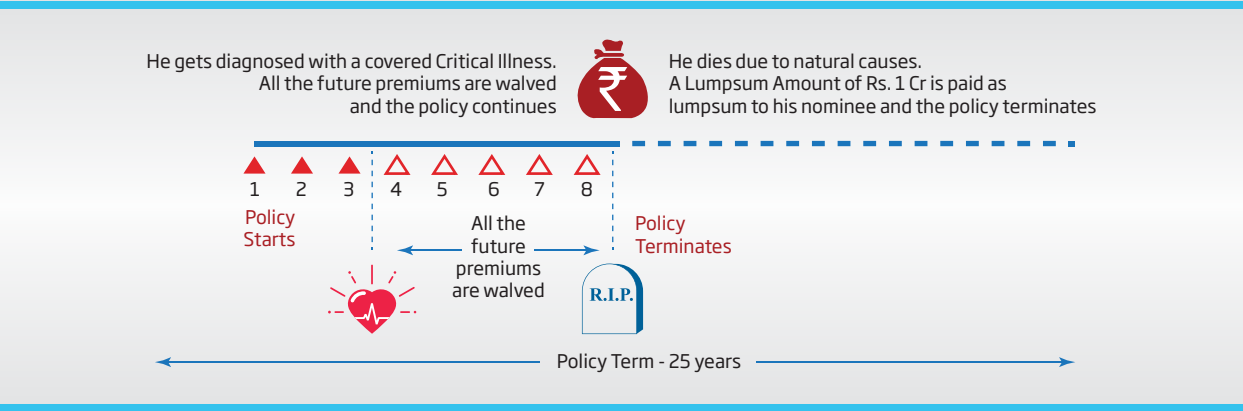
Option #2 - 3D Life Option: In addition to the benefits under Life Option, you will receive an additional benefit of waiver of your future premiums upon diagnosis of Critical Illness

Plan Option	Sum Assured	Policy Term	Premium Payment Term
3D Life	Rs. 1 Crore	25 years	20 years

- During the 3rd Policy Year, he is diagnosed with a covered Critical Illness[#]
- During the 8th Policy Year, Mr. Banerjee passes away due to natural causes

Sample Illustration -Mr. Banerjee is a 35 year old doctor. He buys a Click 2 Protect Health Plan. The protection benefit of this policy is as follows:

The benefit(s) payable to his nominee is as follows:



The benefits available under 3D Life Option are as follows:

EVENT	On Death / Diagnosis of Terminal Illness	On Accidental Total Permanent Disability	On Diagnosis of Critical Illness#
Benefit(s) Payable	Sum Assured on Death ¹ paid as Lumpsum Benefit to the nominee and the policy terminates	All future premiums are waived & the Policy continues	

- The policy shall terminate on the earlier of death, diagnosis of terminal illness and expiry of the policy term.
- You have to choose the Sum Assured, Policy Term and the Premium Payment Term at the inception of the policy.

Please refer to the section -**Which are the Critical Illnesses covered under this plan?** for further details

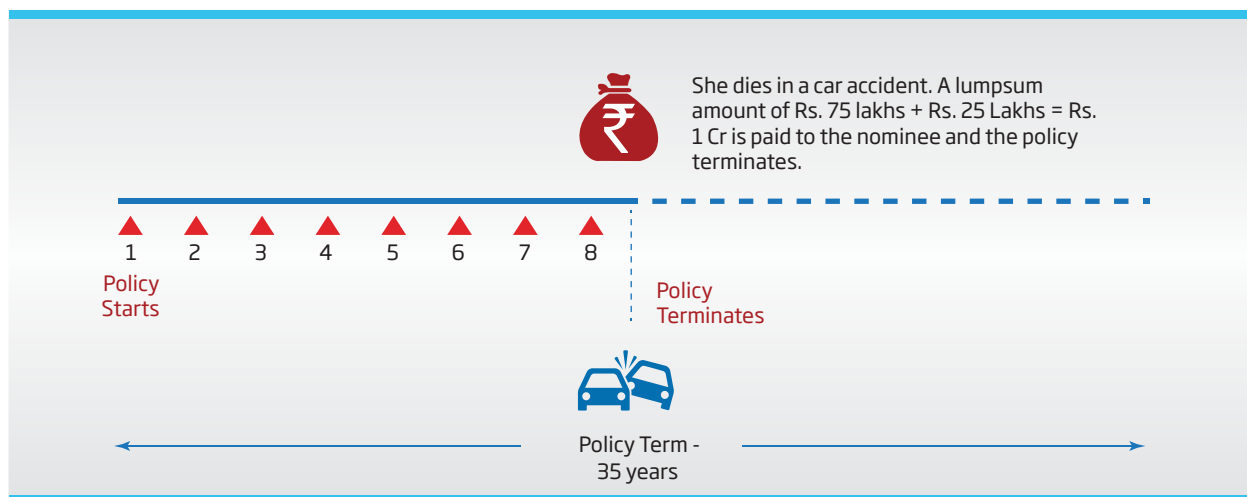
Option #3 - Extra Life Option: In addition to the benefits under Life Option, you get an additional Extra Life Sum Assured upon death due to Accident

Sample Illustration -MissChaudhary is a 30 year old businesswoman. She buys a Click 2 Protect Health Plan. The protection benefit of this policy is as follows:

Plan Option	Sum Assured	Extra Life Sum Assured chosen	Policy Term	Premium Payment Term
Extra Life	Rs. 75 Lakhs	Rs. 25 Lakhs	35 years	20 years

- During the 8th Policy Year, she meets with a severe accident. Unfortunately, MissChaudhary is not able to survive the accident

The benefit(s) payable to her nominee is as follows:



The benefit(s) available under Life Option are as follows:

EVENT →	On Death / Diagnosis of Terminal Illness	On Death Due to Accident ²	On Accidental Total Permanent Disability
Benefit(s) Payable →	Sum Assured on Death ¹ paid as Lumpsum Benefit to the nominee and the policy terminates	In addition to the benefit payable on death/diagnosis of terminal illness, Extra Life Sum Assured chosen, is paid as Lumpsum Benefit to the nominee and the policy terminates	All future premiums are waived & the Policy continues

- The policy shall terminate on the earlier of death, diagnosis of terminal illness and expiry of the policy term.
- You have to choose the Sum Assured, Extra Life Sum Assured, Policy Term and the Premium Payment Term at the inception of the policy.

²Accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means. Accidental Death means death by or due to a bodily injury caused by an Accident, independent of all other causes of death. Accidental Death must be caused within 180 days of any bodily injury.

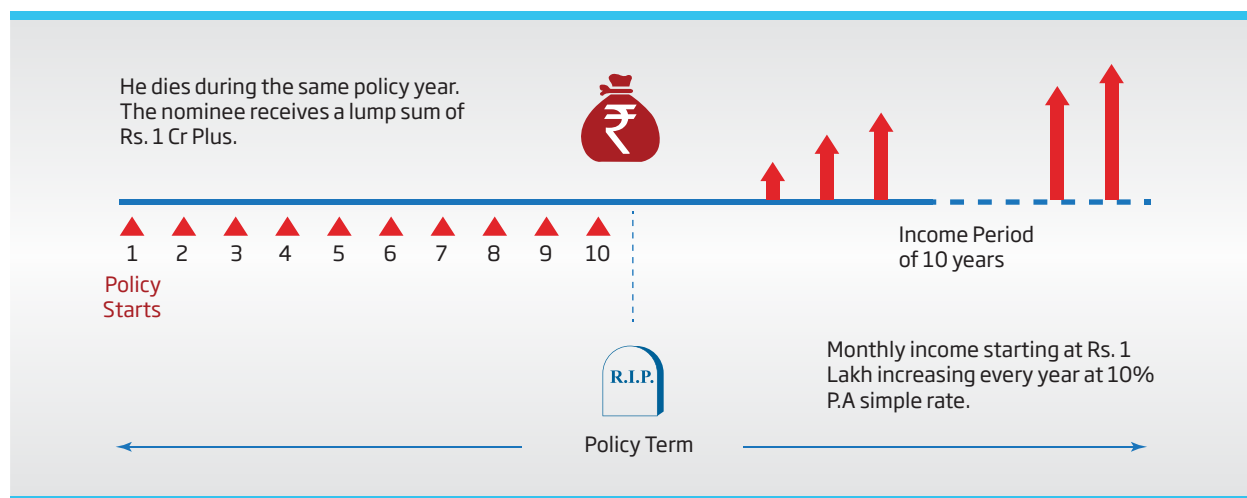
Option #4 -Income Option: This plan option is ideal if you wish to provide your nominee with a Lumpsum benefit and a regular stream of Income in your absence

Sample Illustration -Mr. D'mello is a 25 year old salesman. He buys a Click 2 Protect Health Plan. The protection benefit of this policy is as follows:

Plan Option	Lumpsum Benefit	Income Period	Annual Income	Rate of Increase of Income	Premium Payment Term
Income	Rs. 1 Crore	10 years	Rs.12 Lakhs	10% p.a. simple rate	15 years

- During the 10th Policy Year, he passes away due to illness

The benefit(s) payable to her nominee is as follows:



The benefits available under Income Option are as follows:

EVENT →	On Death / Diagnosis of Terminal Illness	On Accidental Total Permanent Disability
Benefit(s) Payable →	Sum Assured on Death ¹ paid as Lumpsum Benefit + Level/Increasing Monthly Income for Income Period paid to the nominee and the policy terminates	All future premiums are waived & the Policy continues

In order to opt for this option you shall have to choose the following at policy inception and these parameters would remain the same throughout the policy term

1. Amount of Lump sum benefit, (if any)
2. Income period - the period for which income is expected (Minimum income term of 1 month and upto a maximum of 20 years). The income period shall commence immediately on death and continue for the chosen income period. In this option the income term is independent of policy term i.e. in the event of a claim, the applicable monthly income would continue throughout the income term even if the policy term has ended.
3. Amount of Annual Income during the income period. This income will be payable monthly in arrears, in 12 equal installments.
4. A simple rate of increase of the annual income, if any. These increases will apply to the annual income from the 2nd year of the income period.
 - The policy shall terminate on the earlier of death, diagnosis of terminal illness and expiry of the policy term.
 - The monthly income shall be payable monthly in arrears and commence from the 1st day of the policy month subsequent to the policy month of the life assured's death.
 - During the income period all future income payments can be surrendered in exchange for a lump sum. This lump sum shall be the discounted value of the future income payments at the prevailing revival interest rate. The current rate of interest is 9% p.a. and shall be reviewed half-yearly which shall be effective from 25th February and 25th August each year.

Option #5 -Extra Life Income Option: In addition to the benefits under Income Option, an additional Lumpsum & Income benefit is paid upon death due to accident

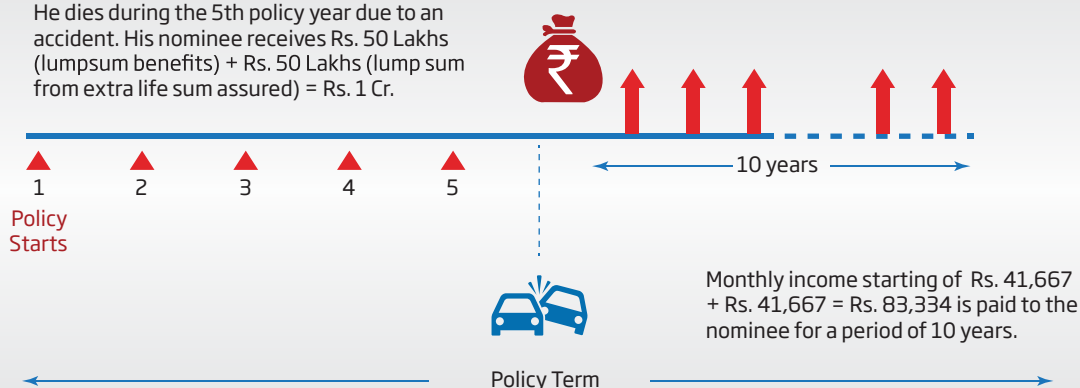
Sample Illustration -Mr. Ebrahim is a 30 year old man who works in a Broking Firm. He buys a Click 2 Protect Health Plan. The protection benefit of this policy is as follows:

Plan Option	Lumpsum Benefit	Extra Life Sum Assured	Annual Income	Income Period	Rate of Increase of Income	Premium Payment Term
Extra Life Income	Rs. 50 Lakhs	Rs. 50 Lakhs	Rs. 5 Lakhs	10 years	0% (Level)	10 years

- During the 5th Policy Year, he meets with an accident. Unfortunately Mr. Ebrahim does not survive the accident. The benefit(s) payable to his nominee is as follows:

The benefit(s) payable to her nominee is as follows:

He dies during the 5th policy year due to an accident. His nominee receives Rs. 50 Lakhs (lumpsum benefits) + Rs. 50 Lakhs (lump sum from extra life sum assured) = Rs. 1 Cr.



The benefits available under Extra Life Income Option are as follows:

EVENT →	On Death / Diagnosis of Terminal Illness	On Death Due to Accident	On Accidental Total Permanent Disability
Benefit(s) Payable →	Sum Assured on Death ¹ paid as Lumpsum Benefit + Monthly Income for Income Period paid to the nominee and the policy terminates	Extra Life Sum Assured is paid in the same proportion in Lumpsum + Monthly income, as the benefit payable on Death/ Diagnosis of Terminal Illness. This is paid in addition to the benefit payable on Death / Diagnosis of Terminal Illness	All future premiums are waived & the Policy continues

In order to opt for this option you shall have to choose the following at policy inception and these parameters would remain the same throughout the policy term

1. Amount of Lump sum benefit, (if any)
2. Amount of Extra Life Sum Assured
3. Income period - the period for which income is expected (Minimum income term of 1 month and upto a maximum of 20 years). The income period shall commence immediately on death and continue for the chosen income period. In this option the income term is independent of policy term i.e. in the event of a claim, the applicable monthly income would continue throughout the income term even if the policy term has ended.
4. Amount of Annual Income during the income period. This income will be payable monthly in arrears, in 12 equal installments.
5. A simple rate of increase of the annual income, if any. These increases will apply to the annual income from the 2nd year of the income period.
 - The policy shall terminate on the earlier of death, diagnosis of terminal illness and expiry of the policy term.
 - The monthly income shall be payable monthly in arrears and commence from the 1st day of the policy month subsequent to the policy month of the life assured's death.
 - During the income period all future income payments can be surrendered in exchange for a lump sum. This lump sum shall be the discounted value of the future income payments at the prevailing revival interest rate. The current rate of interest is 9% p.a and shall be reviewed half-yearly which shall be effective from 25th February and 25th August each year.

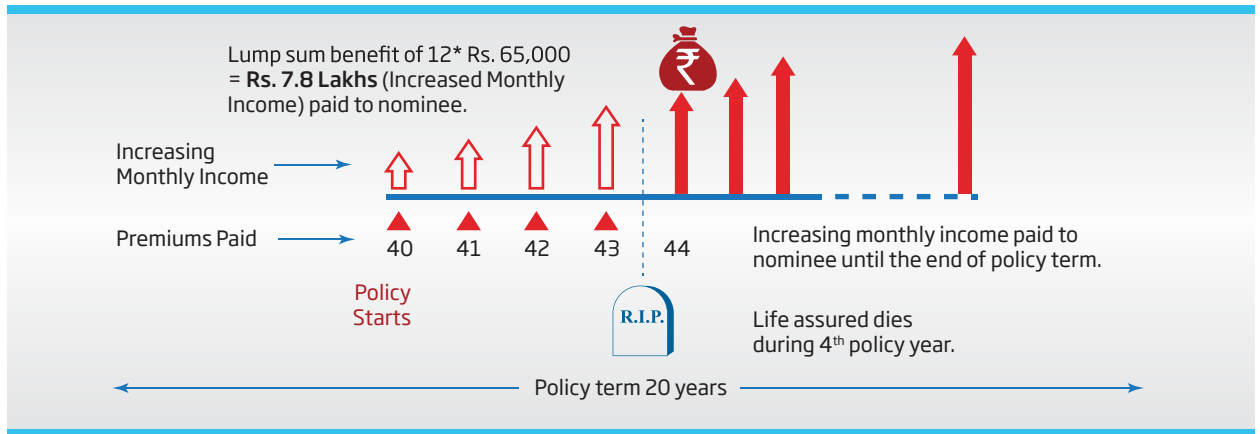
Option #6 -Income Replacement Option: This plan option ensures that your nominee continues to receive the income stream even in your absence.

Sample Illustration -Mr. Francis is a 40 year old Production manager. He buys an Click 2 Protect Health Plan. The protection benefit of this policy is as follows:

Plan Option	Annual Income	Policy Term	Income Option	Premium Payment Term
Income Replacement	Rs. 6 Lakhs	20 years	Increasing	15 years

- During the 4th Policy Year, he passes away due to illness

The benefit(s) payable to his nominee is as follows:



The benefits available under Income Replacement Option are as follows:

EVENT →	On Death/ Diagnosis of Terminal Illness	On Accidental Total Permanent Disability
Benefit(s) Payable →	12 times the then Increased Monthly Income paid as Lumpsum Benefit + Level/ Increasing Income for Residual Policy Term paid to the nominee and the policy terminates	All future premiums are waived & the Policy continues

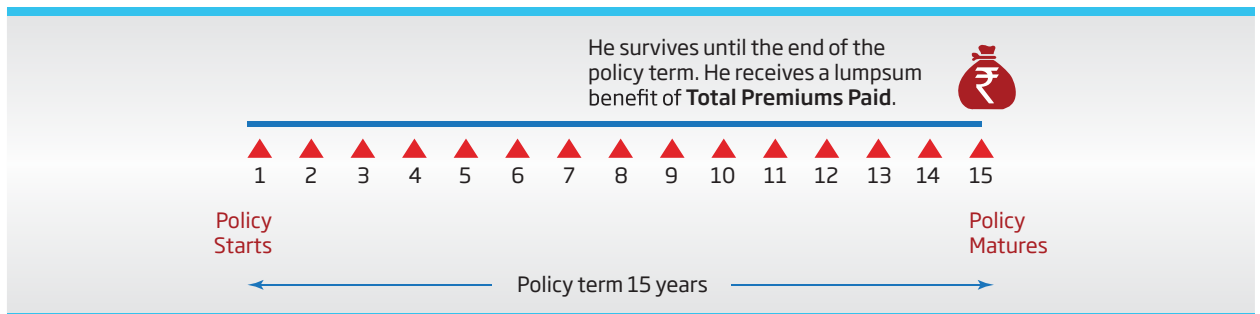
- In order to opt for this option you shall have to choose the following at policy inception and these parameters would remain the same throughout the policy term
- An amount of Annual Income at start, which is payable monthly in arrears in 12 equal installments.
 - Level or Increasing Income. (Under the increasing Income option, the income will escalate at a simple rate of 10% p.a. at each policy anniversary, both before and after the claim is made.)
 - Policy Term. The income will continue till the end of the policy term, subject to minimum term of 4 years. The minimum term of 4 years shall apply even when the income payment extends beyond the policy term.
- The policy shall terminate on the earlier of death, diagnosis of terminal illness and expiry of the policy term.
 - During the income period all future income payments can be surrendered in exchange for a lump sum. This lump sum shall be the discounted value of the future income payments at the prevailing revival interest rate. The current rate of interest is 9% p.a and shall be reviewed half-yearly which shall be effective from 25th February and 25th August each year.

Option #7 - Return of Premium Option: Under this plan option, we will return all your premiums if you survive till the end of the Policy Term. On death/ diagnosis of Terminal Illness during the Policy Term a Lumpsum benefit will be paid to your nominee

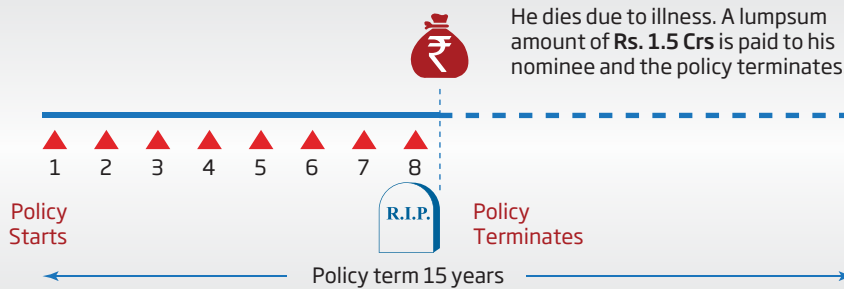
Sample Illustration -Mr. Gupta is a 45 year old teacher. He buys a Click 2 Protect Health Plan. The protection benefit of this policy is as follows:

Plan Option	Sum Assured	Policy Term	Premium Payment Term
Return of Premium	Rs. 1.5 Crores	15 years	15 years

Scenario 1. Mr. Gupta leads a healthy lifestyle. He is able to survive till the end of the policy term The benefit(s) payable to him is as follows:



Scenario 2. During the 8th policy year Mr. Gupta passes away due to illness The benefit(s) payable to his nominee is as follows:



The benefits available under Return of Premium Option are as follows:

EVENT →	On Death / Diagnosis of Terminal Illness	On Maturity	On Accidental Total Permanent Disability
Benefit(s) Payable→	Sum Assured on Death as Lumpsum Benefit paid to the nominee and the policy terminates	Total premiums paid is returned to the Life Assured and the policy terminates	All future premiums are waived & the Policy continues

- The policy shall terminate on the earlier of death, diagnosis of terminal illness and expiry of the policy term.
- You have to choose the Sum Assured, Policy Term and the Premium Payment Term at the inception of the policy.

³Total Premiums Paid means total of all the premiums received, excluding any extra premium, any rider premium and taxes.

Option #8- Life Long Protection Option: You are protected for your entire life. Your nominee gets a Lumpsum Benefit on death or diagnosis of Terminal Illness. Your future premiums are waived upon Accidental Disability.

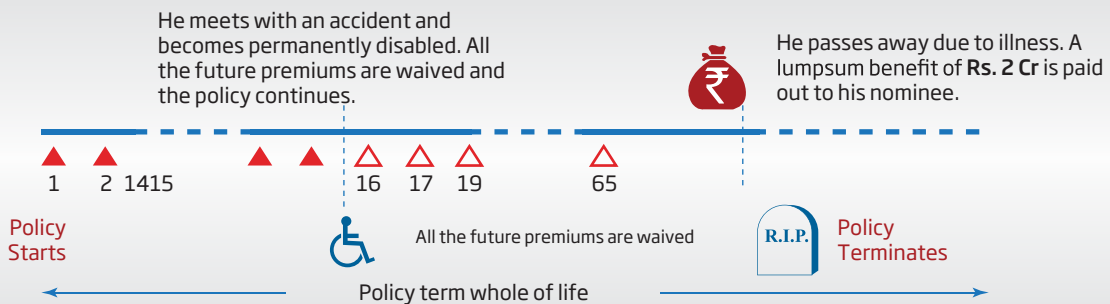
Sample Illustration -Mr. Hafeez is a 30 year old businessman. He buys an Click 2 Protect Health Plan. The protection benefit of this policy is as follows:

The benefits available under Return of Premium Option are as follows:

Plan Option	Sum Assured	Policy Term	Premium Payment Term
Life Long Protection Option	Rs. 2 Crores	Whole of Life	65- Age at Entry = 35 years

- During the 15th Policy Year, he meets with an accident which renders him permanently disabled.
- During the 89th Policy Year, he passes away due to illness

The benefit payable to his nominee is as follows:



The benefit(s) available under Life Long Protection Option are as follows:

EVENT →	On Death / Diagnosis of Terminal Illness	On Accidental Total Permanent Disability
Benefit(s) Payable →	Sum Assured on Death ¹ paid as Lumpsum Benefit to the nominee and the policy terminates	All future premiums are waived & the Policy continues

- The policy shall terminate on the earlier of death or diagnosis of terminal illness.
- You have to choose the Sum Assured at the inception of the policy. The Premium Payment term is calculated as 65- Age at Entry.

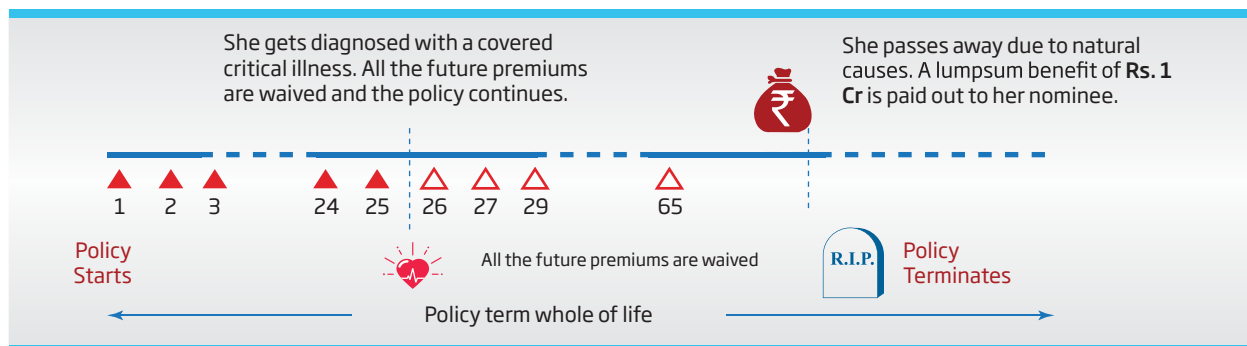
Option #9 - 3D Life Long Protection Option: In addition to the benefits under Life Long Protection Option, you will receive an additional benefit of waiver of your future premiums upon diagnosis of Critical Illness

Sample Illustration - Mrs Iyer is a 30 year old sales executive in a FMCG company. She buys an Click 2 Protect Health Plan. The protection benefit of this policy is as follows:

Plan Option	Sum Assured	Policy Term	Premium Payment Term
3D Life Long Protection Option	Rs. 1 Crore	Whole of Life	65- Age at Entry = 35 years

- During the 25th Policy Year, she is diagnosed with a covered Critical Illness
- During the 99th Policy Year, she passes away due to natural causes

The benefit payable to his nominee is as follows:



The benefits available under 3D Life Long Protection Option are as follows

EVENT →	On Death/ Diagnosis of Terminal Illness	On Accidental Total Permanent Disability	On Diagnosis of Critical Illness
Benefit(s) Payable →	Sum Assured on Death ¹ paid as Lumpsum Benefit to the nominee and the policy terminates	All future premiums are waived & the Policy continues	

- The policy shall terminate on the earlier of death or diagnosis of terminal illness.
- You have to choose the Sum Assured at the inception of the policy. The Premium Payment term is calculated as 65- Age at Entry

For additional clarity, all the options and their respective benefits have been summarised in the table below.

Plan Options/ Event	Death (by any cause)	Terminal Illness	Accidental Total Permanent Disability	Accidental Death	Critical Illness	Maturity
Benefit	Death Benefit	Acceleration of Death Benefit	Waiver of premiums	Extra Life Sum Assured	Waiver of premiums	Return of Premium
Life Option	✓	✓	✓	x	x	x
3D Life Option	✓	✓	✓	x	✓	x
Extra Life Option	✓	✓	✓	✓	x	x
Income Option	✓	✓	✓	x	x	x
Extra Life Income Option	✓	✓	✓	✓	x	x
Income Replacement Option	✓	✓	✓	x	x	x
Return of Premium Option	✓	✓	✓	x	x	✓
Life Long Protection Option	✓	✓	✓	x	x	x
3D Life Long Protection Option	✓	✓	✓	x	✓	x

In case of health Insurance Floater Policies, Life Insurance coverage is allowed for one of the earning members of the family who is also the proposer of health insurance policy subject to terms & conditions of respective insurers.

Health:

The following plan options are available under Health Insurance Coverage.

Individual

Basic Sum Insured per Insured Person per Policy Year (Rs. in lakhs)	3.00	5.00	10.00	15.00	20.00, 25.00, 50.00
In-patient Treatment	Covered upto sum insured				
Pre-Hospitalization	Covered upto 60 Days				
Post-Hospitalization	Covered upto 180 Days				
Day Care Procedures	All Day Care Treatments Covered				
Domiciliary Treatment	Covered upto sum insured				
Organ Donor	Covered upto sum insured				
Ambulance Cover	Upto Rs. 2,000 per Hospitalisation				
Daily Cash for choosing Shared Accommodation	Rs.800 / day, Maximum Rs.4,800			Rs.1,000 / day, Maximum Rs.6,000	
E-Opinion in respect of a Critical Illness	One Opinion per Policy year				
Emergency Air Ambulance Cover	Not Covered		Covered upto Rs. 2.5 Lacs per hospitalization and maximum upto sum insured in a year		
Restore Benefit	Equal to 100% of Basic Sum Insured				
Multiplier Benefit	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the basic sum insured. However this reduction will not reduce the Sum Insured below the basic Sum Insured of the policy				
Health Checkup	Not Applicable	Upto Rs. 1,500	Upto Rs. 2,000	Upto Rs. 4,000	Upto Rs. 5,000
Critical Advantage Rider	Offered (where base Sum Insured is Rs.10 Lakh & above)				

Family Floater

Basic Sum Insured per Insured Person per Policy Year (Rs. in lakhs)	3.00	5.00	10.00	15.00	20.00, 25.00, 50.00
In-patient Treatment	Covered upto sum insured				
Pre-Hospitalization	Covered upto 60 Days				
Post-Hospitalization	Covered upto 180 Days				
Day Care Procedures	All Day Care Treatments Covered				
Domiciliary Treatment	Covered upto sum insured				
Organ Donor	Covered upto sum insured				
Ambulance Cover	Upto Rs. 2,000 / Hospitalisation				
Daily Cash for choosing Shared Accommodation	Rs.800 / day, Maximum Rs.4,800			Rs.1, 000 / day, Maximum Rs.6,000	
E-Opinion in respect of a Critical Illness	One opinion per policy year				
Emergency Air Ambulance Cover	Not Covered			Covered upto Rs. 2.5 Lakh per hospitalization and maximum upto sum insured in an year	
Restore Benefit	Equal to 100% of Basic Sum Insured				
Multiplier Benefit	Bonus of 50% of the Basic Sum Insured for every claim free year,maximum upto 100%.In case of claim, bonus will be reduced by 50% of the basic sum insured. However this reduction will not reduce the Sum Insured below the basic Sum Insured of the policy				
Health Checkup	Not Applicable	Upto Rs. 2,500	Upto Rs. 5,000	Upto Rs. 8,000	Upto Rs. 10,000
Critical Advantage Rider	Offered (where base Sum Insured is Rs.10 Lakh & above)				

We will cover the Medical Expenses for:	In addition to the waiting periods and general exclusions, we will not cover expenses for
<p>a. In-Patient Treatment. This includes</p> <ul style="list-style-type: none"> • Hospital room rent or boarding; • Nursing; • Intensive Care Unit • Medical Practitioners (Fees) • Anaesthesia • Blood • Oxygen • Operation theatre • Surgical appliances; • Medicines, drugs & consumables; • Diagnostic procedures. 	<p>If as per any or all of the Medical references herein below containing guidelines and protocols for Evidence Based Medicines, the Hospitalisation for treatment under claim is not necessary or the stay at the hospital is found unduly long:</p> <ul style="list-style-type: none"> • Medical text books, • Standard treatment guidelines as stated in clinical establishment act of Government of India, • World Health Organisation (WHO) protocols, • Published guidelines by healthcare providers, • Guidelines set by medical societies like cardiological society of India, neurological society of India etc.
<p>b. Pre-Hospitalisation expenses for consultations, investigations and medicines incurred upto 60 days before the date of admission to the hospital (In-patient or Day Care or Domiciliary treatment).</p>	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under Inpatient treatment benefit and day care procedure benefit. 2. Expenses not related to the admission and not incidental to the treatment for which the admission has taken place.
<p>c. Post-Hospitalisation expenses for consultations, investigations and medicines incurred upto 180 days after discharge from the Hospital. (In-patient or Day Care or Domiciliary treatment).</p>	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under Inpatient treatment benefit and day care procedure benefit. 2. Expenses not related to the admission and not incidental to the treatment for which the admission has taken place.
<p>d. Day Care Procedures Medical treatment or surgical procedure which is undertaken under general or local anaesthesia, which require admission in a Hospital/Day Care Centre for stay less than 24 hours. Treatment normally taken on out- patient basis is not included in the scope of this definition. Indicative list of Day Care Procedures</p> <ul style="list-style-type: none"> • Cancer Chemotherapy • Liver biopsy • Coronary angiography • Haemodialysis • Operation of cataract • Nasal sinus aspiration 	<ol style="list-style-type: none"> i) Treatment that can be and is usually taken on an out-patient basis is not covered. ii) Treatment NOT taken at a Hospital or Day-care centre.
<p>e. Domiciliary Treatment Medical treatment for an Illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:</p> <ol style="list-style-type: none"> 1. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital or, 2. The patient takes treatment at home on account of non availability of room in a Hospital. 3. Pre and Post Hospitalization expenses for consultations, investigations and medicines incurred upto 60 days before hospitalization and 180 days after hospitalization respectively will be covered in case of domiciliary treatment. 	<ol style="list-style-type: none"> 1. Treatment of less than 3 days (Coverage will be provided for expenses incurred in first three days only if treatment period is greater than three days).
<p>f. Organ Donor Medical and surgical Expenses of the organ donor for harvesting the organ where an Insured Person is the recipient. IMPORTANT: Expenses incurred by an insured person while donating an organ is NOT covered.</p>	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under Inpatient treatment benefit and day care procedure benefit. 2. Admission not compliant under the Transplantation of Human Organs Act, 1994 (as amended). 3. The organ donor's Pre and Post-Hospitalisation expenses.
<p>g. Ambulance Cover Expenses incurred on transportation of Insured Person to a Hospital for treatment in case of an Emergency, subject to Rs. 2000 per Hospitalisation.</p>	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under Inpatient treatment benefit and day care procedure benefit. 2. Healthcare or ambulance service provider not registered with road traffic authority.
<p>h. Daily Cash for choosing shared Accommodation Daily cash amount will be payable per day as mentioned in schedule of benefits if the Insured Person is hospitalised in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours if the Hospitalisation exceeds 48 hours.</p>	<ol style="list-style-type: none"> 1. Daily Cash Benefit for time spent by the Insured Person in an intensive care unit 2. Claims which have NOT been admitted under Inpatient Treatment benefit.

We will cover the Medical Expenses for:	In addition to the waiting periods and general exclusions, we will not cover expenses for
<p>i. E-Opinion in respect of a Critical Illness We shall arrange and pay for a second opinion from Our panel of medical Practitioners, if:</p> <ul style="list-style-type: none"> • The Insured Person suffers a Critical Illness during the Policy Period; and • He requests an E-opinion; and <p>The Insured Person can choose one of Our panel Medical Practitioners. The opinion will be directly sent to the Insured Person by the Medical Practitioner.</p> <p>"Critical Illness" includes Cancer of Specified Severity, Open Chest CABG, Myocardial Infarction (First Heart Attack of specific severity), Kidney Failure requiring regular dialysis, Major Organ/Bone Marrow Transplant, Multiple Sclerosis with Persisting Symptoms, Permanent Paralysis of Limbs and Stroke resulting in permanent symptoms.</p>	<ol style="list-style-type: none"> 1. More than one claim for this benefit in a Policy Year. 2. Any other liability due to any errors or omission or representation or consequences of any action taken in reliance of the E-opinion provided by the Medical Practitioner.
<p>j. Emergency Air Ambulance Cover We will pay for ambulance transportation in an airplane or helicopter subject to maximum limit prescribed in j (1), for emergency life threatening health conditions which require immediate and rapid ambulance transportation to the hospital/medical centre that ground transportation cannot provide subject to:</p> <ul style="list-style-type: none"> • Necessary medical treatment not being available at the location where the Insured Person is situated at the time of Emergency; • The Medical Evacuation been prescribed by a Medical Practitioner and is Medically Necessary; • The insured person is in India and the treatment is required in India only and not overseas in any condition whatsoever; and • The air ambulance provider being registered in India. <p>j(i) The amount payable in case of Air ambulance facility shall be either the actual expenses or Rs. 2.5 Lakh per hospitalisation, whichever is lower; upto basic sum insured limit for a year.</p>	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under Inpatient treatment benefit and day care procedure benefit. 2. Expenses incurred in return transportation to the insured's home by air ambulance is excluded.

Restore Benefit - Instant addition of 100% Basic Sum Insured on complete or partial utilization of Your existing Policy Sum Insured and Multiplier Benefit (if applicable) during the Policy Year. The Total amount (Basic sum insured, Multiplier benefit and Restore sum insured) will be available to all Insured Persons for all claims under In-patient Benefit during the current Policy Year and subject to the condition that single claim in a Policy Year cannot exceed the sum of Basic Sum Insured and the Multiplier Benefit (if applicable).

Conditions for Restore benefit:

- a) The Sum Insured will be restored only once in a Policy Year.
- b) If the Restored Sum Insured is not utilized in a Policy Year, it will expire.

In case of a Family Floater Policy, Restore Sum Insured will be available on floater basis for all Insured Persons in the Policy.

Multiplier Benefit:

If you've had a claim free year, we'll increase your basic sum insured by 50% as no claim bonus. If you don't even in the second year, we'll double your basic sum insured as no claim bonus i.e. 100% of the basic sum insured. So, if you have a 5 lakh policy and don't claim in the first year, we will increase your cover to 7.5 lakh for the second year and 10 lakh in the third year (if you don't claim in the second year), while you only pay a premium for a 5 lakh policy.

Sample Illustration (Protection + Health)

Below are few illustrations that will explain the combined benefit of Life & Health under Click 2 Protect Health product

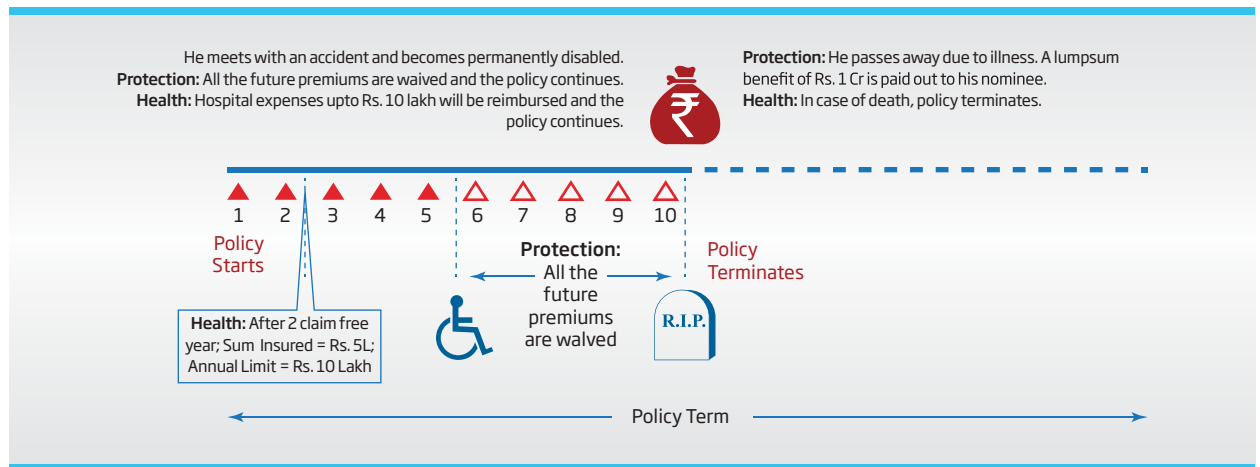
Illustration-1

Mr. Singh is a 25 year old Manager. He buys Click 2 Protect Health (Protection and health benefit).

Category	Plan Option	Sum Assured	Policy Term
Protection	Life	Rs. 1 Crore	40 years
Health	Individual	Rs. 5 Lakh	Life Long Renewal

- During the 5th Policy Year, he meets with an accident which renders him permanently disabled.
- During the 10th Policy Year, he passes away due to illness

The benefit payable to his nominee is as follows:



Protection

- The policy shall terminate on the earlier of death, diagnosis of terminal illness and expiry of the policy term
- You have to choose the Sum Assured, Policy Term and the Premium Payment Term at the inception of the policy.

Health

- He is covered upto 10 lakhs (Base sum insured + Multiplier Benefit).

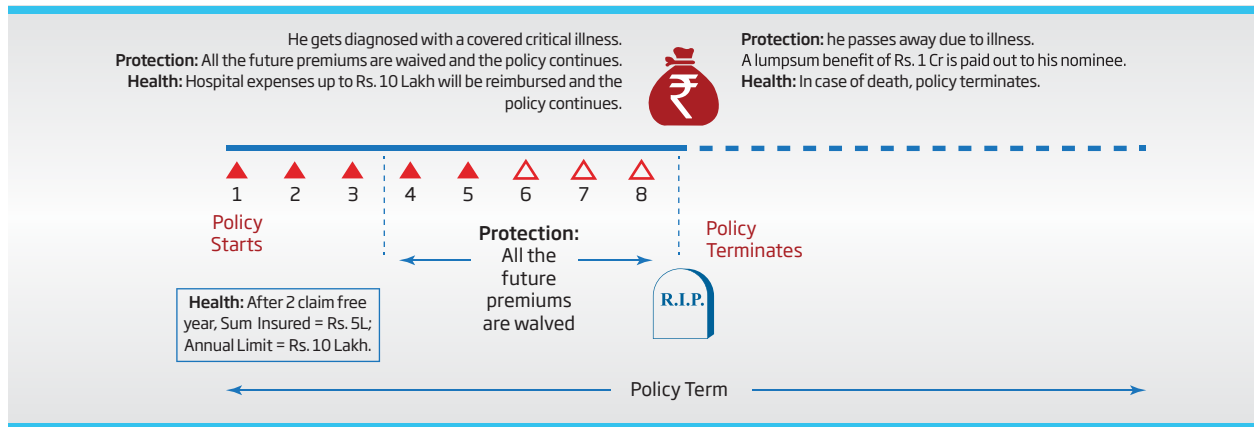
Illustration 2-

Mr. Banerjee is a 35 year old Businessman. He buys Click 2 Protect Health (Protection and health benefit).

Category	Plan Option	Sum Assured	Policy Term
Protection	3D Life	Rs. 1 Crore	30 years
Health	Individual	Rs. 5 Lakh	Life Long Renewal

- During the 3rd Policy Year, he is diagnosed with a covered Critical Illness#
- During the 8th Policy Year, Mr. Banerjee passes away due to natural causes

The benefit payable to his nominee is as follows:



Protection

- The policy shall terminate on the earlier of death, diagnosis of terminal illness and expiry of the policy term.
- You have to choose the Sum Assured, Policy Term and the Premium Payment Term at the inception of the policy.

Health: He is covered upto 10 lakhs (Base sum insured + Multiplier Benefit).

Illustration 3-

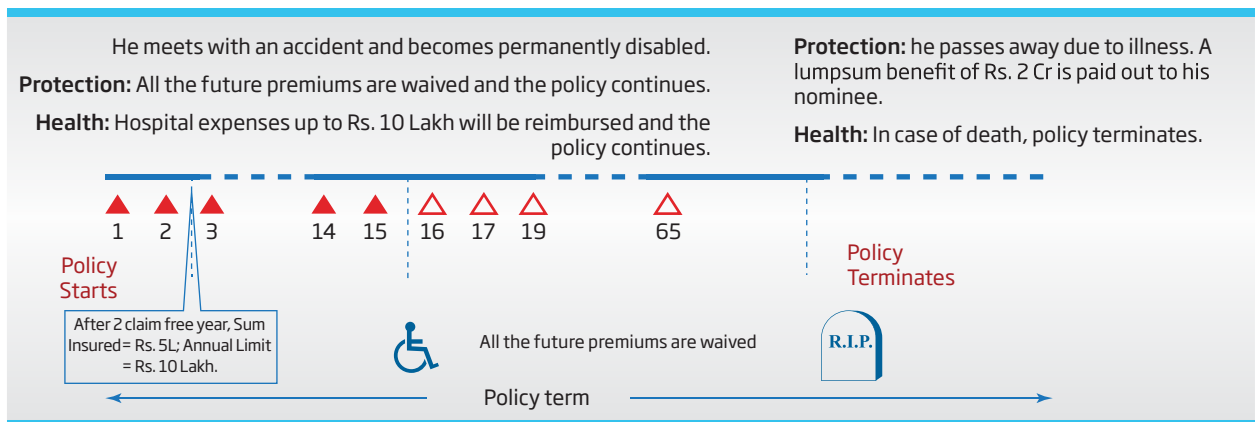
Mr. Bhardwaj is a 30 year old teacher. He buys Click 2 Protect Health (Protection and health benefit).

Category	Plan Option	Sum Assured	Policy Term
Protection	Life Long Protection Option	Rs. 2 Crore	Whole of Life
Health	Individual	Rs. 5 Lakh	Life Long Renewal

- During the 15th Policy Year, he meets with an accident which renders him permanently disabled.
- During the 89th Policy Year, he passes away due to illness

The benefit payable to his nominee is as follows:

Please refer to the section - **Which are the Critical Illnesses covered under this plan?** for further details



Protection

- The policy shall terminate on the earlier of death, diagnosis of terminal illness and expiry of the policy term.
- You have to choose the Sum Assured, Policy Term and the Premium Payment Term at the inception of the policy.

Health: He is covered upto 10 lakhs (Base sum insured + Multiplier Benefit).

What are the Additional options/ features available?

Protection

a) Life Stage Protection

This option is available for all plan options and is subject to BAUP.

Under this feature, you have the option to increase the basic Sum Assured without underwriting on any of the below specified events in the life of the Life Assured

- 1st Marriage: 50% of Sum Assured subject to a maximum of Rs. 50 lakhs
- Birth of 1st child: 25% of Sum Assured subject to a maximum of Rs. 25 lakhs
- Birth of 2nd child: 25% of Sum Assured subject to a maximum of Rs. 25 lakhs

This option will be available subject to all of the following conditions being met:

- The Life Assured is less than 45 years of age at the time of the above mentioned events.
- The Life Assured is underwritten as a standard life at policy inception.
- This option will be available only for a period of six months from the date of the above specified events.
- An additional premium will be charged for an increase in the Sum Assured.
- The premium rate applicable, for the additional Sum Assured shall be as per the premium table "Incremental". This premium rate shall be based on the age attained and outstanding policy term at the time of the exercise of option. This shall be subject to the minimum policy term available under the product at the time of exercising this option.
- This option is available subject to the premium rates being available at the time of exercise of the option.
- This option shall be available only if no claim has been made under the policy, eg. Waiver of premium on ATPD, CI etc.
- If any rider is attached to the policy and the rider benefit has been paid during the policy term, then this option cannot be exercised.

Illustration of Life Stage Protection feature

Joy is a 30 year old professional who has purchased Click 2 Protect Health Life option with Sum Assured of Rs.10, 000,000. On his marriage, he wants to increase his Sum Assured. He opts for the Life Stage Protection Option and his Additional Sum Assured is 50% of the Sum Assured i.e. Rs. 50, 00,000.

He becomes a father after 2 years of marriage and opts to increase his cover. His Additional Sum Assured is increased by 25% of his original Sum Assured i.e. Rs. 25, 00,000.

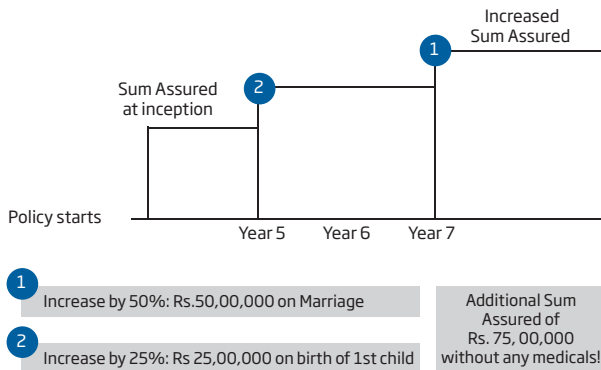
At various milestones of his life, Joy is able to stay adequately covered - without any medicals!

b) Top Up Option

This option is available for all plan options and is subject to BAUP.

- You may opt for a systematic increase of your cover from 1st policy anniversary onwards.

This option will be available subject to all of the following



conditions being met:

- This option can be chosen only at the policy inception
 - The Life Assured is underwritten as a standard life at policy inception
 - The increments in Sum Assured shall stop applying in the event of any claim (including rider claim) under the policy.
 - An additional premium will be charged for the increase in the Sum Assured. The incremental cover as well as the incremental premium, both, will apply prospectively.
 - The premium rate applicable, for the additional Sum Assured shall be as per the premium table "Incremental". This premium rate shall be based on the age attained and outstanding policy term at the time of the exercise of option. This shall be subject to the minimum policy term available under the product at the time of exercising this option.
 - This option is available subject to the premium rates being available at the time of exercise of the option.
 - The policyholder has the option to exit this option at any time during the remaining policy term.
- c) You shall have the option to alter the premium payment frequency at any Policy anniversary

Health:

Preventive Health Check up:

This Policy helps you keep track of your health status with its preventive health check up benefit offered at renewal irrespective of claim status. The health check up benefit is available once in 2 years on sum insured of Rs 5 lakhs and once every year on sum insured of Rs 10 lakhs & above.

Note: Preventive Health Check-up means a package of medical test(s) undertaken for general assessment of health status; it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease.

Plan/SI	3 Lakh	5 Lakh	10 Lakh	15 Lakh	20/25/50 Lakh
Individual (Per Person)	Not Applicable	Upto a maximum of Rs.1,500 per insured person, only once at the end of a block of every continuous two year policy	Upto a maximum of Rs.2,000 per insured person at the end of each year at renewal.	Upto a maximum of Rs.4,000 per insured person, at the end of each year at renewal	Upto Maximum of Rs. 5000 per Insured
Family Floater (Per Policy)	Not Applicable	Upto a maximum of Rs.2,500 per policy, only once at the end of a block of every continuous two Policy Years.	Upto a maximum of Rs.5,000 per policy at the end of each year at renewal	Upto a maximum of Rs.8,000 per policy, at the end of each year at renewal.	Upto a Maximum of Rs. 10,000 per policy, at the end of each year at renewal.

Note: If member has changed the plan in subsequent year and in the new plan the waiting period is less than previous plan then waiting period mentioned in the current plan would be applicable.

IMPORTANT: This benefit does NOT carry forward if it is not claimed and would not be provided if Click 2 Protect Health Policy is not renewed further.

Critical Advantage Rider:

You can opt to cover yourself worldwide at our network centers against treatment expenses for 8 major illnesses, that include Cancer, Coronary Artery by-pass surgery, Heart Valve replacement/ repair, Neurosurgery, Live Donor Organ Transplant, Bone Marrow Transplant, Pulmonary artery graft surgery and Aorta Graft Surgery. The rider offers you freedom to not only avail best healthcare services world over but also covers all travel costs for the insured and accompanying relative; accommodation expenses; second opinion & post hospitalization expenses.

Portability/Migration:

Policy offers you easy portability/migration, so that if you are insured under other insurer's health insurance policy you can transfer to HDFC ERGO Health with all your accrued benefits after due allowances for waiting periods and enjoy all unbelievable benefits of the policy. Insured has an option to port to any other health insurance plan offer by other insurer as per portability guidelines. Portability/migration section is applicable for Health section only and not applicable for Protection section.

Discount:

- Family Discount of 10% if 2 or more family members are covered under Click 2 Protect Health Individual Sum Insured Plan. (Discount is not applicable on the Critical Advantage Rider premium)
- An additional 7.5% discount is offered on the premium if you choose a 2 year policy.
Example (Offline)
 - Proposed Insured Age 33 years from Delhi opting for Click 2 Protect Health Individual 2 year policy with Sum Insured of 3 Lac
Calculation - $5872 \times 2 \times 92.5\% = \text{Rs. } 10863/-$ plus taxes.
 - Proposed Insured Age 35 years from Delhi opting for Click 2 Protect Health Individual 2 year policy with Sum Insured of 3 Lac
Calculation - $(5872 + 6645) \times 92.5\% = \text{Rs. } 11579/-$ plus taxes.
- Family discount of 10% if 2 or more family members are covered under single Click 2 Protect Health Policy

Stay Active Benefit:

Now with Stay Active benefit, simply walk your way to good health and earn upto 8% discount on your renewal premium. The more you walk, the healthier you and your family gets!

We will offer a discount at each renewal if the insured member achieves the average step count target on the mobile application provided by us. In an individual policy, the average step count would be calculated per adult member and in a floater policy it would be an average of all adult members covered. Dependent children covered either in individual or floater plan will not be considered for calculation of average steps.

In individual policies the discount percentage (%) would be applied on premium applicable per insured member (Dependent Children are not eligible for this stay active discount in an individual policy) and in a floater policy it would be applied on premium applicable on policy.

The discount provided would be as per the table below:

Average Step count	Renewal Discount
5000 or below	0%
5001 to 8000	2%
8001 to 10000	5%
Above 10000	8%

Loadings

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the policy including subsequent renewal(s) with us or on the receipt of the request of increase in sum insured (for the increased Sum Insured).

We will inform you about the applicable risk loading through a counter offer letter. You need to revert to us with consent and additional premium (if any), within 7 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to us within 15 days, we shall cancel your application and refund the premium paid within next 7 days.

Please note that we will issue Health policy only after getting your consent

Please Note

1. Premium rates and policy terms and conditions are for standard healthy individuals. These may change post underwriting of proposal based on medical tests (where applicable) and information provided on the proposal form. Please visit our nearest branch to referring our underwriting guidelines, if required. Premium rates are subject to change with prior approval from IRDAI.
2. In a family floater policy, a maximum of 2 adults and a maximum of 5 children can be included in a single policy. The 2 adults can be a combination of Self, Spouse, Father or Mother. In an individual policy, a maximum of 4 adults and a maximum of 5 children can be included in a single policy. The 4 adults can be a combination of Self, Spouse, either set of dependent parents or parents in law.
3. The premium will be computed basis the city of residence provided by the insured person in the application form. The premium that would be applicable zone wise and the cities defined in each zone are as under:
 - *Delhi NCR/Mumbai MMR - Delhi, Gurgaon, Noida, Faridabad, Ghaziabad, Greater Noida, Mumbai, Navi Mumbai, Thane, Kalyan, Dombivli, Bhayandar, Ulhasnagar, Bhiwandi, Vasai, Virar*
 - *Rest of India- All other cities*

Following is the list of terms used for different options under this plan:

Plan Options	Additional Benefits	Sum Assured on Maturity	Absolute amount assured to be paid on death, i.e. Sum Assured on death
Life Option	NIL	NIL	Absolute amount chosen by the policyholder at inception
3D Life Option	NIL	NIL	
Extra Life Option	NIL	NIL	
Return of Premium Option	NIL	Total Premiums Paid	
Life Long Protection Option	NIL	NIL	
3D Life Long Protection Option	NIL	NIL	
Income Option	NIL	NIL	1. Amount of lump sum (if any)
Extra Life Income Option	NIL	NIL	2. All monthly incomes
Income Replacement Option	Series of all future monthly incomes	NIL	12 times the then applicable monthly income

Health

No death benefit is available under health section.

What are the Exclusions?

Protection-

Suicide Clause

In case of death due to suicide within 12 months from the date of commencement of risk under the policy or from the date of revival of the policy, as applicable, the nominee or beneficiary of the policyholder shall be entitled to at least 80% of the total premiums paid till the date

What is the Death Benefit?

Protection:

Death Benefit is the sum of:

- Sum Assured on Death AND
- Additional Benefits

Sum Assured on Death is defined as:

a. For Single Pay Policies

Highest of:

- 125% of Single Premium
- Sum Assured on Maturity[#]
- "Absolute amount assured" to be paid on death

b. For Regular Pay & Limited Pay Policies

Highest of:

- 10 times of the ^{\$}Annualized Premium
- 105% of [^]Total Premiums Paid
- Sum Assured on Maturity[#]
- "Absolute amount assured" to be paid on death

[#]"Sum Assured on Maturity" means the amount which is guaranteed to become payable on maturity of the policy, in accordance with the terms and conditions of the policy.

Annualised premium shall be the premium amount payable in a year excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any.

[^]Total Premiums Paid means total of all the premiums received, excluding any extra premium, any rider premium and taxes.

of death or the surrender value available as on the date of death whichever is higher, provided the policy is in force.

Additional Exclusions under Extra Life and Extra Life Income Options

We will not pay accidental death benefit if the death occurs after 180 days from the date of the accident. We will not pay accidental death benefit, if accidental death is caused directly or indirectly by any of the following:

- If the death occurs after 180 days from the date of the accident

- Intentionally self-inflicted injury or suicide, irrespective of mental condition

➤ Alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner

➤ War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion

➤ Taking part in any flying activity, other than as a passenger in a commercially licensed aircraft

➤ Taking part in any act of a criminal nature with criminal intent

➤ Taking part or practicing for any hazardous hobby, pursuit or race unless previously agreed to by us in writing

Additional Exclusions under 3D Life and 3D Life Long Protection options

We shall not be liable to pay any benefit if the critical illness is caused directly or indirectly by the following:
- Any of the listed critical illness conditions where death occurs within 30 days of the diagnosis.

➤ Any sickness related condition manifesting itself within 90 days of the commencement of the policy/date of acceptance of risk or reinstatement of cover.

➤ Intentionally self-inflicted injury or attempted suicide, irrespective of mental condition.

➤ Alcohol or solvent abuse, or voluntarily taking or using any drug, medication or sedative unless it is an "over the counter" drug, medication or sedative taken according to package directions or as prescribed by a Medical Practitioner.

➤ Taking part in any act of a criminal nature with criminal intent.

➤ Failure to seek medical or follow medical advice (as recommended by a Medical Practitioner).

➤ Radioactive contamination due to nuclear accident.

Guaranteed Surrender Value (GSV) Factors

Guaranteed Surrender Value Factors as percentage of Total Premiums Paid for Return of Premium option

Note: This would only be payable once the policy has acquired a guaranteed surrender value.

For Single Pay Policies:

Policy Year	GSV Factors	Policy Year	GSV Factors
1	75%	21	90%
2	75%	22	90%
3	75%	23	90%
4	90%	24	90%
5	90%	25	90%
6	90%	26	90%
7	90%	27	90%
8	90%	28	90%
9	90%	29	90%
10	90%	30	90%
11	90%	31	90%
12	90%	32	90%
13	90%	33	90%
14	90%	34	90%
15	90%	35	90%
16	90%	36	90%
17	90%	37	90%
18	90%	38	90%
19	90%	39	90%
20	90%	40	90%

For Regular & Limited Pay Policies:

[illegible]

[illegible]

Rider Options

We offer the following Rider options (as modified from time to time) to help you enhance your protection

Rider	UIN	Scope of Benefits**
HDFC Life Income Benefit on Accidental Disability Rider	101B013V03	A benefit equal to 1% of Rider Sum Assured per month for the next 10 years, in case of an Accidental Total Permanent Disability. There is no maturity benefit available under this rider.
HDFC Life Critical Illness Plus Rider	101B014V02	A lump sum benefit equal to the Rider Sum Assured shall be payable in case you are diagnosed with any of the 19 Critical Illnesses and survive for a period of 30 days following the diagnosis. There is no maturity benefit available under this rider.

**For all details on Riders, kindly refer to the Rider Brochures available on our website

Health-

A. Waiting Period

All Illnesses and treatments shall be covered subject to the waiting periods specified below:

- i. 30-day waiting period
 - a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
 - b) This exclusion shall not, however, apply if the insured person has continuous coverage for more than twelve months.
 - c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.
- ii. Specified disease/procedure waiting period
 - a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident or underlying cause is cancer(s).
 - b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
 - c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
 - d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
 - e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability/migration stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
 - f) List of specific diseases/procedures: -

Organ / Organ System	Illness / diagnoses (irrespective of treatments medical or surgical)	Surgeries / procedure (irrespective of any illness / diagnosis other than cancers)
Ear, Nose, Throat (ENT)	<ul style="list-style-type: none"> • Sinusitis • Rhinitis • Tonsillitis 	<ul style="list-style-type: none"> • Adenoidectomy • Mastoidectomy • Tonsillectomy • Tympanoplasty • Surgery for Nasal septum deviation • Surgery for Turbinate hypertrophy • Nasal concha resection • Nasal polypectomy
Gynaecological	<ul style="list-style-type: none"> • Cysts, polyps including breast lumps • Polycystic ovarian diseases • Fibromyoma • Adenomyosis • Endometriosis • Prolapsed Uterus 	<ul style="list-style-type: none"> • Hysterectomy
Orthopaedic	<ul style="list-style-type: none"> • Non infective arthritis • Gout and Rheumatism • Osteoporosis • Ligament, Tendon and Meniscal tear • Prolapsed inter vertebral disk 	<ul style="list-style-type: none"> • Joint replacement surgeries
Gastrointestinal	<ul style="list-style-type: none"> • Cholelithiasis • Cholecystitis • Pancreatitis • Fissure/fistula in anus, Haemorrhoids, Pilonidal sinus • Gastro Esophageal Reflux Disorder (GERD), Ulcer and erosion of stomach and duodenum • Cirrhosis (However Alcoholic cirrhosis is permanently excluded) • Perineal and Perianal Abscess • Rectal Prolapse 	<ul style="list-style-type: none"> • Cholecystectomy • Surgery of hernia

Organ / Organ System	Illness / diagnoses (irrespective of treatments medical or surgical)	Surgeries / procedure (irrespective of any illness / diagnosis other than cancers)
Urogenital	<ul style="list-style-type: none"> • Calculus diseases of Urogenital system including Kidney, ureter, bladder stones • Benign Hyperplasia of prostate • Varicocele 	<ul style="list-style-type: none"> • Surgery on prostate • Surgery for Hydrocele/ Rectocele
Eye	<ul style="list-style-type: none"> • Cataract • Retinal detachment • Glaucoma 	Nil
Others	Nil	<ul style="list-style-type: none"> • Surgery of varicose veins and varicose ulcers
General (Applicable to all organ systems/ organs whether or not described above)	<ul style="list-style-type: none"> • Benign tumors of Non infectious etiology eg. cysts, nodules, polyps, lump, growth, etc 	Nil

However, a waiting period of 90 days only be applicable after the date of inception of the first policy if above Surgeries / procedures need to be performed if caused by Hypertension, Diabetes or Cardiac conditions, except if these diseases are pre-existing and disclosed at the time of underwriting.

iii. Pre-Existing Diseases

- Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- If the insured person is continuously covered without any break as defined under the portability/migration norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by insurer.

Pre-existing Disease means any condition, ailment, injury or disease:

- That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement
- For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

PI Note:

Coverage under the policy for any past illness/condition or surgery is subject to the same being declared at the time of application and accepted by us without any exclusion.

B. Reduction in waiting periods

- If the proposed Insured Person is presently covered and has been continuously covered without any lapses under:
 - Any health insurance plan with an Indian non-life insurer as per guidelines on portability , OR
 - Any other similar health insurance plan from us (Migration), Then:
 - The waiting periods specified above stand deleted; AND:
 - The waiting periods specified above shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; AND
 - If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured and any other accrued sum insured under the previous health insurance policy.
- The reduction in the waiting period specified above shall be applied subject to the following:
 - We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance company (if applicable);
 - We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if you have submitted to us all documentation and information.
 - We will retain the right to underwrite the proposal.
 - We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver.

C. General exclusions

We will not pay for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

Non-Medical Exclusions	<p>i) War or similar situations: Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.</p> <p>ii) Intentional self-injury or attempted suicide while sane or insane.</p> <p>iii) Breach of law: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent</p> <p>iv) Hazardous or Adventure sports: 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</p>
Medical Exclusions	<p>v) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</p> <p>vi) Prosthetic and other devices which are self detachable/removable without surgery involving anaesthesia.</p> <p>vii) Treatment availed outside India</p> <p>viii) Treatment at a healthcare facility which is NOT a Hospital.</p> <p>ix) Obesity/ Weight Control: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:</p> <ol style="list-style-type: none"> Surgery to be conducted is upon the advice of the Doctor The surgery/Procedure conducted should be supported by clinical protocols The member has to be 18 years of age or older and <p>iv. Body Mass Index (BMI);</p> <ol style="list-style-type: none"> greater than or equal to 40 or 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: <ol style="list-style-type: none"> Obesity-related cardiomyopathy Coronary heart disease Severe Sleep Apnoea <p>iv. Uncontrolled Type2 Diabetes</p> <p>x) Refractive Error: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.</p> <p>xi) Cosmetic or plastic Surgery: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident,</p>

Medical Exclusions	<p>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.</p> <p>xii) Circumcisions (unless necessitated by illness or injury and forming part of treatment); aesthetic or change-of- life treatments of any description such as sex transformation operations.</p> <p>xiii) Change-of-Gender treatments Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.</p> <p>xiv) Non allopathic treatment.</p> <p>xv) Conditions for which treatment could have been done on an outpatient basis without any Hospitalization. <ol style="list-style-type: none"> general debility or exhaustion ("run-down condition"). </p> <p>xvi) Unproven Treatments: 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 effectiveness</p> <p>xvii) Investigation & Evaluation: <ol style="list-style-type: none"> Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. </p> <p>xviii) Rest Cure, rehabilitation and respite care: <ol style="list-style-type: none"> Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: <ol style="list-style-type: none"> 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. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. </p> <p>xix) Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment);</p> <p>xx) Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.</p>
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Medical Exclusions	<p>xxi) Treatments received in health spas, 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.</p> <p>xxii) 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.</p> <p>xxiii) Sleep-apnoea.</p> <p>xxiv) Congenital external diseases, defects or anomalies.</p> <p>xxv) Growth hormone therapy.</p> <p>xxvi) Venereal disease, sexually transmitted disease or illness;</p> <p>xxvii) Maternity:</p> <ol style="list-style-type: none"> Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period. <p>xxviii) Sterility and Infertility: Expenses related to sterility and infertility. This includes</p> <ol style="list-style-type: none"> Any type of contraception, sterilization Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI Gestational Surrogacy Reversal of sterilization <p>xxix) The expense incurred by the insured on organ donation.</p> <p>xxx) Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.</p> <p>xxxi) Dental treatment and surgery of any kind, unless requiring Hospitalisation.</p> <p>xxxii) Any non-medical expenses mentioned in Annexure I.</p> <p>xxxiii) Excluded Providers 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</p>
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	<p>accident, expenses up to the stage of stabilization are payable but not the complete claim.</p> <p>xxxiv) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.</p> <p>xxxv) Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.</p> <p>xxxvi) Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary.</p> <p>xxxvii) Drugs or treatments which are not supported by a prescription.</p> <p>xxxviii) Any specific time bound or lifetime exclusion(s) applied by us and specified in the Schedule and accepted by the insured.</p> <p>xxxix) Admission for administration of Intra-articular or Intra-lesional injections, Monoclonal antibodies like Rituximab/Infliximab/Trastuzumab, etc (Trade name Remicade, Rituxan, Herceptin, etc), Supplementary medications like Zolendronic acid (Trade name Zometa, Reclast, etc) or IV immunoglobulin infusion.</p>
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What if I don't pay premiums?

Protection:

Grace Period is the time provided after the premium due date during which the policy is considered to be in-force with the risk cover. This plan has a grace period of 30 days for yearly, half yearly and quarterly frequencies from the premium due date. The grace period for monthly frequency is 15 days from the premium due date. The policy is considered to be in-force with the risk cover during the grace period without any interruption.

Should a valid claim arise under the policy during the grace period, but before the payment of due premium, we shall still honor the claim. In such cases, the due and unpaid premium will be deducted from any benefit payable.

In case you do not pay premiums before the end of grace period, the policy will lapse. All risk cover will cease and no benefits will be payable in case of lapsed policies.

Upon premium discontinuance, if the policy has acquired surrender value, Death Benefit will be as follows.

- 10 times of the Annualized Premium
- 105% of Total Premiums Paid
- Paid Up Sum Assured

Where,

$\text{Paid Up Sum Assured} = \text{Sum Assured on Death} + \text{Additional Benefits} \times (\text{Total Premiums Paid}) / (\text{Total Premiums Payable})$

This benefit will be payable on the earlier of death and diagnosis of terminal illness.

Upon premium discontinuance, if the policy has acquired surrender value, Maturity Benefit for the ROP option will be as follows.

Paid Up Sum Assured = Sum Assured on Maturity × (Total Premiums Paid)/(Total Premiums Payable)

Health-

Grace Period - Grace Period of 30 days for renewal is provided for the health policy.

Terms of Renewal:

Life-long Renewal: We offer life-long renewal regardless of your health status or previous claims made under your policy, unless the Insured Person or any one acting on behalf of an Insured Person acts in a dishonest or fraudulent manner or if there is any misrepresentation under or in relation to this policy or it pose a moral hazard.

Waiting Period: The waiting periods will get reduced by 1 year on every continuous renewal of your policy.

Renewal premium are subject to change with prior approval from IRDAI. Any change in benefits or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated at least 3 months in advance.

In the likelihood of this policy being withdrawn in future, intimation will be sent to insured person about the same 3 months prior to expiry of the policy. Insured Person will have the option to migrate to similar indemnity health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as Multiplier Benefit, waiver of waiting period etc; provided the policy has been maintained without a break as per portability guidelines issued by IRDAI.

Sum Insured Enhancement: Sum Insured can be enhanced only at the time of renewal subject to no claim having been lodged/paid under the Policy. If the insured increases the Sum Insured one grid up, no fresh medicals shall be required. In case where the Sum Insured increase is more than one grid up, the case shall be subject to medicals. In case of increase in the Sum Insured, waiting period will apply afresh for the amount by which the Sum Insured has been enhanced. However, the quantum of increase shall be at the discretion of the company.

Any Insured Person in the Click2Protect Health has the option to discontinue this policy and take an individual policy with the respective Insurer subject to terms and conditions of that policy and guidelines issued by IRDAI.

Can I surrender any policy?

Protection:

Surrender Values are payable during the policy term, provided no claims have been made under the policy. All surrender values are guaranteed and are described below. Special Surrender Values are equal to the corresponding Guaranteed Surrender Values.

1. All options except Income Replacement, Return of Premium, Life Long Protection & 3D Life Long Protection Options

Single Pay (SP)	Limited Pay (LP)
$70\% \times SP \times ((\text{Unexpired Policy Term} / (\text{Original Policy Term}))^2)$	$70\% \times \text{Total Premiums Paid} \times ((\text{Unexpired Policy Term} / (\text{Original Policy Term}))^2)$

No surrender value is payable for all other cases

2. Income Replacement Option

Single Pay (SP)	Limited Pay (LP)
$70\% \times SP \times ((\text{Unexpired Policy Term} / (\text{Original Policy Term}))^2)$	$70\% \times \text{Total Premiums Paid} \times ((\text{Unexpired Policy Term} / (\text{Original Policy Term}))^2)$

No surrender value is payable for all other cases

3. Return of Premium Option

Surrender Value =

Guaranteed Surrender Value (GSV) Factors x Total Premiums Paid.

For details on GSV percentage, please refer to Guaranteed Surrender Value (GSV) Factors section.

4. Life Long Protection & 3D Life Long Protection Options

Surrender Value
$70\% \times \text{Total Premiums Paid} \times ((\text{Max}(0, 100 - \text{Age at Surrender})) / (100 - \text{Age at Entry}))$

- Surrender Value gets acquired immediately on payment of single premium
- For Limited and Regular Payment policies, Surrender Value gets acquired upon payment of premiums for 2 years - in case premium payment term is less than 10 or Return of Premium option is selected.
- For other cases, surrender value gets acquired on payment of premiums for 3 years

Health (Cancellation Other than free look cancellation)

You may terminate this Policy at any time by giving us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

1 year Policy		2 year Policy	
Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium
Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	48.00%
		Upto 15 Months	25.00%
		Upto 18 Months	12.00%
		Exceeding 18 Months	Nil

We shall terminate this Policy for the reasons as specified under aforesaid section Non Disclosure or Misrepresentation & section Dishonest or Fraudulent Claims of this Policy and such termination of the Policy shall be ab initio from the inception date or the renewal date (as the case may be), upon 30 day notice, by sending an endorsement to Your address shown in the Schedule, without refunding the Premium amount.

Please Note: Customer can continue with either part of the policy discontinuing the other during the policy term.

Who will receive the benefit?

Protection-

The benefit on the first occurrence of either death OR diagnosis of Terminal Illness will be paid to your nominee. As per Section 39 of the Insurance Act, 1938 as amended from time to time, you can nominate a person to receive the benefit under this policy.

During your lifetime and while your policy is in force, you may at any time, by written notice to us, designate any person or persons as a nominee to whom we shall pay benefits under this policy upon your unfortunate death/ diagnosis of Terminal Illness.

If you assign your policy as per Section 38 of the Insurance Act, 1938 as amended from time to time, any nomination made by you will be cancelled

Health-

HDFC ERGO Health will settle claims received under health section of this product subject to policy terms and conditions. We will only make claim payment to you and in the event of your death, We will make payment to the Nominee(as named in the policy schedule)

Please Note- HDFC Life Insurance Company Limited will process all claims for Protection policy and HDFC ERGO Health Insurance Limited will process all claims for Health policy.

Which are the Critical Illnesses covered under this plan? (Only applicable for Protection Benefit)

Cancer Related	Cardiac Related	Others
Cancer of specified severity	Open Chest CABG	Kidney Failure requiring regular dialysis
		Major Organ/ Bone Marrow Transplant
		Stroke resulting in Permanent symptoms
	MYOCARDIAL INFARCTION (First Heart Attack of specific severity)	Apallic Syndrome
		Benign Brain Tumour
		Coma of specified severity
	Open Heart Replacement or repair of heart valves	End Stage Liver Disease
		End Stage Lung Disease
		Loss of Limbs
	Major Surgery of Aorta	Loss of Independent Existence
		Blindness
		Third Degree Burns
	Angioplasty	Major Head Trauma
		Permanent Paralysis of limbs
		Scleroderma
	Cardiomyopathy	Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders
		Motor Neurone Disease with Permanent Symptoms
		Multiple Sclerosis with Persistent Symptoms
	Primary (Idiopathic) Pulmonary Hypertension	Muscular Dystrophy
		Parkinson's Disease
		Poliomyelitis
		Deafness
		Loss of Speech
		Medullary Cystic Disease
		Systematic lupus Eryth with Renal Involvement
		Aplastic Anaemia

DEFINITIONS OF CRITICAL ILLNESSES

1. CANCER OF SPECIFIED SEVERITY

- I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded –
 - i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
 - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
 - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
 - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 - vi. Chronic lymphocytic leukaemia less than Rai stage 3
 - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification, All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Open Chest CABG

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded:
 - i. Angioplasty and/or any other intra-arterial procedures

3. MYOCARDIAL INFARCTION

(First Heart Attack of specific severity)

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - ii. New characteristic electrocardiogram changes
 - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

- II. The following are excluded:
 - i. Other acute Coronary Syndromes
 - ii. Any type of angina pectoris
 - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

4. Major Surgery of Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

The following are excluded:

- Surgery performed using only minimally invasive or intra-arterial techniques.

5. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

6. Stroke Resulting In Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

7. Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders

Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Member. This diagnosis must be supported by the clinical confirmation of an appropriate Registered Medical practitioner who is also a Neurologist and supported by the Company's appointed doctor.

The following are excluded:

- Non-organic disease such as neurosis and psychiatric illnesses; and
- Alcohol-related brain damage.

8. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a neurologist acceptable to the Company and the condition must be documented for at least one month.

9. Benign Brain Tumour

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - ii. Undergone surgical resection or radiation therapy to treat the brain tumor.
- III. The following conditions are **excluded**:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

10. Coma of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- no response to external stimuli continuously for at least 96 hours;
- life support measures are necessary to sustain life; and
- permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

11. End Stage Liver Failure

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
 - i. Permanent jaundice; and
 - ii. Ascites; and
 - iii. Hepatic encephalopathy.
- II. Liver failure secondary to drug or alcohol abuse is excluded.

12. End Stage Lung Failure

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and
- iv. Dyspnea at rest.

13. Loss of Independent Existence

Confirmation by a Medical Practitioner acceptable to the Company of the loss of independent existence due to illness or trauma, which has lasted for a minimum period of 6 months and results in a permanent inability to perform at least three (3) of the Activities of Daily Living (either with or without the use of mechanical

equipment, special devices or other aids and adaptations in use for disabled persons). For the purpose of this benefit, the word "permanent", shall mean beyond the scope of recovery with current medical knowledge and technology.

Activities of Daily Living are:-

- **Washing:** the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- **Dressing:** the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
- **Transferring:** the ability to move from a bed or an upright chair or wheelchair and vice versa.
- **Mobility:** The ability to move indoors from room to room on level surfaces.
- **Toileting:** the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- **Feeding:** the ability to feed oneself once food has been prepared and made available.

The following is excluded:

Any injury or loss as a result of War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion

14. Blindness

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. The Blindness is evidenced by:
 - i. corrected visual acuity being 3/60 or less in both eyes or ;
 - ii. the field of vision being less than 10 degrees in both eyes.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

15. Third Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

16. Major Head Trauma

- I. Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
- II. The accidental head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

III. The Activities of Daily Living are:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

IV. The following are excluded:

- Spinal cord injury;

17. Motor Neuron Disease With Permanent Symptoms

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

18. Multiple Sclerosis with Persistent Symptoms

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Other causes of neurological damage such as SLE is excluded.

19. Open heart replacement or repair of heart valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

20. Angioplasty

- I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

- II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- III. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

21. Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:

- Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced and
- Echocardiography findings confirming presence of cardiomyopathy and Left Ventricular Ejection Fraction (LVEF %) of 40% or less

The following are excluded:

Cardiomyopathy directly related to alcohol or drug abuse.

22. Parkinson's Disease

Unequivocal Diagnosis of Parkinson's disease by a Registered Medical Practitioner who is a neurologist where the condition:

- cannot be controlled with medication;
- shows signs of progressive impairment; and
- Activities of Daily Living assessment confirms the inability of the Member to perform at least 3 of the Activities of Daily Living as defined in this Policy, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons, for a continuous period of six months.

Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinson's Disease are excluded

The Activities of Daily Living are:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

23. Permanent Paralysis Of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis shall be

permanent with no hope of recovery and must be present for more than 3 months.

24. Primary (Idiopathic) Pulmonary Hypertension

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

25. Major Organ / Bone Marrow Transplant

- I. The actual undergoing of a transplant of:
 - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:
 - i. Other stem-cell transplants
 - ii. Where only islets of langerhans are transplanted

26. Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The systemic involvement should be evidenced by any one of the following findings -

- i. Lung fibrosis with a diffusing capacity (DCO) of less than 70% of predicted
- ii. Pulmonary hypertension with a mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation
- iii. Chronic kidney disease with a GFR of less than 60 ml/min (MDRD-formula)
- iv. Echocardiographic findings suggestive of Grade III and above left ventricular diastolic dysfunction

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

The following conditions are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

27. Muscular Dystrophy

Diagnosis of muscular dystrophy by a Registered Medical Practitioner who is a neurologist based on three (3) out of four (4) of the following conditions:

- (a) Family history of other affected individuals;
- (b) Clinical presentation including absence of sensory disturbance, normal cerebro- spinal fluid and mild tendon reflex reduction;
- (c) Characteristic electromyogram; or
- (d) Clinical suspicion confirmed by muscle biopsy.

The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least three (3) of the six (6) 'Activities of Daily Living' as defined, for a continuous period of at least six (6) months.

28. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

1. Poliovirus is identified as the cause and is proved by Stool Analysis,
2. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

29. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

- a) The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- b) Clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- c) The Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

Isolated or benign kidney cysts are specifically excluded from this benefit.

30. Systematic lupus Erythematosus with Renal Involvement

Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens. For purposes of the definition of "Critical Illness", SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.

Abbreviated ISN/RPS classification of lupus nephritis (2003):

Class I - Minimal mesangial lupus nephritis

Class II - Mesangial proliferative lupus nephritis

Class III - Focal lupus nephritis

Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis

Class V - Membranous lupus nephritis

Class VI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

31. Aplastic Anaemia

Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:

- (a) Blood product transfusion;
- (b) Marrow stimulating agents;
- (c) Immunosuppressive agents; or
- (d) Bone marrow transplantation.

The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:

- Absolute Neutrophil count of 500 per cubic millimetre or less;
- Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
- Platelet count of 20,000 per cubic millimetre or less.

32. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

33. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

34. Loss of Speech

- I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the Vocal Cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, and Throat (ENT) specialist.
- II. All psychiatric related causes are excluded.

ANNEXURE 1

Definitions

1. Accidental Total Permanent Disability

ATPD means when the life assured is totally, continuously and permanently disabled and meets either of the two definitions below:

- Unable to Work:

Disability as a result of injury or accident and is thereby rendered totally incapable of being engaged in any work or any occupation or employment for any compensation, remuneration or profit and he/she is unlikely to ever be able to do so.

- Physical Impairments:

The life assured suffers an injury/accident due to which there is total and irrecoverable loss of:

- i. The use of two limbs; or
- ii. The sight of both eyes; or

- iii. The use of one limb and the sight of one eye; or
- iv. Loss by severance of two or more limbs at or above wrists or ankles; or
- v. The total and irrecoverable loss of sight of one eye and loss by severance of one limb at or above wrist or ankle.

The disabilities as stated under "Unable to Work" and "Physical Impairments" must have lasted, without interruption, for at least 6 consecutive months and must, in the opinion of a medical practitioner (as defined below), be deemed permanent. The benefit will commence upon the completion of this uninterrupted period of 6 months. However, for the disabilities mentioned in (iv) and (v) under Part (2), such 6 months period would not be applicable and the benefit will commence immediately.

2. Terminal Illness

A life assured shall be regarded as terminally ill only if that life assured is diagnosed as suffering from a condition which, in the opinion of two independent medical practitioners' specializing in treatment of such illness, is highly likely to lead to death within 6 months. The terminal illness must be diagnosed and confirmed by medical practitioners' registered with the Indian Medical Association and approved by the Company. The Company reserves the right for independent assessment. Terminal illness due to AIDS is excluded. The definition of medical practitioner will be in line with Guidelines on Standardization in Health Insurance, and as defined below:

A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence. The person must be qualified in allopathic system of medicine and shall not be the Life Assured himself/herself.

Terms & Conditions

A. Tax Benefits:

Protection-

Tax Benefits may be available as per prevailing tax laws. You are requested to consult your tax advisor.

Health -

The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act.

B. Cancellation in a free-look period:

Protection & Health

In case you are not agreeable to the any policy terms and conditions, you have the option of returning the policy to us stating the reasons thereof, within 15 days from the date of receipt of the policy. The free-look period for policies purchased through distance marketing/Online (specified below) will be 30 days. On receipt of your letter along with the original policy documents, we shall arrange to refund you the premium, subject to deduction of the proportionate risk premium for the period on cover, the expenses incurred by us on medical examination if any and stamp duty.

Distance Marketing refers to insurance policies sold over the telephone or the internet or any other method that does not involve face-to-face selling.

Protection-

C. Revival:

You can revive your lapsed policy within 5 consecutive years of lapsation subject to the terms and conditions we may specify from time to time. The revival shall be subject to satisfactory evidence of continued insurability of the Life Assured and payment of outstanding Premiums with interest. The current rate of interest for revival is 9.5% p.a. Once the policy is revived, you are entitled to receive all contractual benefits.

- D. Alterations: Policy term and premium paying term cannot be altered. Premium payment frequency can be altered.

Protection & Health-

E. Nomination as per Section 39 of the Insurance Act 1938 as amended from time to time:

- (1) The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
- (2) Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.
- (3) Nomination can be made at any time before the maturity of the policy.
- (4) Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.
- (5) Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
- (6) A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.
- (7) Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
- (8) A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
- (9) The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment) Act, 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

F. Assignment as per Section 38 of the Insurance Act 1938 as amended from time to time:

- (1) This policy may be transferred/assigned, wholly or in part, with or without consideration.
- (2) An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
- (3) The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
- (4) The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
- (5) The transfer or assignment shall not be operative as against an Insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the Insurer.
- (6) Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
- (7) On receipt of notice with fee, the Insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
- (8) The Insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is (a) not bonafide or (b) not in the interest of the policyholder or (c) not in public interest or (d) is for the purpose of trading of the insurance policy.
- (9) In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.

Section E (Nomination) and F (Assignment or Transfer) are simplified versions prepared for general information only and hence are not comprehensive. For full texts of these sections please refer to Section 38 and Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

G. Policy Loan: No policy loans are available.

H. Prohibition of Rebates: In accordance with Section 41 of the Insurance Act, 1938 as amended from time to time:

1. 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.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

I. Non-Disclosure: In accordance with Section 45 of the Insurance Act, 1938 as amended from time to time:

- 1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
- 2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.
- 3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.
- 4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.
- 5) 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.

J. Taxes:

Indirect Taxes

Taxes and levies as applicable shall be levied. Any taxes, statutory levy becoming applicable in future may become payable by you by any method including by levy of an additional monetary amount in addition to premium and or charges.

Direct Taxes

Tax will be deducted at the applicable rate from the payments made under the policy, as per the provisions of the Income Tax Act, 1961, as amended from time to time.

- K. If you buy this Combi product, discount of 5% on annual premiums paid towards both Life & Health will be offered as compared to the individual policy purchased under Life & Health. At any time during the validity of the policy, the Customer decides to opt out of the insurance coverage of one of the Insurer, the discount, if any, being offered to such Customer under the Combi-Product(s) shall not be available to the Customer going forward.
- L. Where the risk is not accepted by one of the Parties, the Combi-Product(s) shall not be issued and the other Insurer shall be free to issue their respective policy individually to the Customers, if the Customer so desires, as if the business was done by that respective Insurer individually without any obligation of confirmation being taken from the other Insurer. Provided that if the Customer desires to take a policy individually from either of the Parties; the Customer shall not be entitled to the discount, if any, being offered under the Combi-Product(s) and would be governed by the terms and conditions of the individual policy being offered by either of the Parties.
- M. Any insurer may terminate this tie up wholly or in part only with cause and after making a joint application for the requisite approval from IRDAI. The insurers agree that upon receipt of such approval from IRDAI, the insurers may terminate this tie up within a period of 90 (ninety) days from the date of such approval. The insurers may mutually decide to terminate the Agreement and intimate the same to you ninety (90) day prior to the termination of the relationship.. However, Your Policy will continue until the expiry or termination of the coverage in accordance with the policy wordings for respective coverage.
- N. Upon termination of the arrangement, each insurer has equal rights over the Customers sourced under this arrangement and it shall be at the sole discretion of the Customer with whom she/ he would like to continue his/ her insurance. However, both the insurer shall also mutually agree for Customer engagement/ servicing programme post termination of the arrangement. Each insurer shall remain liable for its respective portion of Click 2 Protect Health for all policies in force at the time of termination of the tie up until their expiry or lapsation.
- O. The legal/ quasi legal disputes, if any, are dealt by the respective insurers for respective benefits. For protection benefits all the legal disputes will be handled by HDFC Life Insurance Company Limited and for health benefits all the legal disputes will be handled by HDFC ERGO Health Insurance Ltd.
- P. All policy servicing requests pertaining to Click 2 Protect Health shall be received by either of the insurer. Other than the requests impacting premium or terms and conditions of the policy towards the policy of the respective Insurer all other requests shall be serviced by the receiving insurer. All requests impacting premium or policy terms towards the policy of a respective Insurer shall be serviced by the respective Insurer and the receiving Insurer shall only facilitate in receiving such requests. Both Insurers will fulfill servicing request received by them as per Protection of Policyholders' Interests Regulations, 2002. Both the Parties are responsible for the pro-active and speedy settlement of claims and other obligations in accordance with the terms and conditions of their respective line of business - health or life coverage/ plan of Click 2 Protect Health. Claim process is available on the website of both the companies.
- Q. Customer can lodge a grievance for either or both products at branches of both Insurers. Complaint belonging to any product shall be routed to the respective insurer who shall then respond / address

to the Customer directly. Complaints shall be forwarded by the receiving Insurer to the respective Insurer within T+ 2 days, T being the complaint receivable date. In case the Customer is not satisfied with the resolution offered, Customer can also approach the Insurance Ombudsman in his region. Please refer relevant grievance redressal mechanism section mentioned under each policy document.

- R.** It is advised to familiarize with the policy benefits and policy service structure of the 'Combi Product' before deciding to purchase the policy.
- S.** Premium Component of both the products is separate and at the time of renewal customer can discontinue either part of the policy during the policy term and migrate into a similar individual policy with the respective insurer. The terms and conditions of the portion will be similar to the terms and conditions of the product, if it would have been sold in isolation.

- T.** According to Guidelines on Insurance repositories and electronic issuance of insurance policies issued by IRDAI dated 29th April, 2011, a policyholder can now have his life insurance policies in dematerialized form through a password protected online account called an electronic Insurance Account (eIA). This eIA can hold insurance policies issued from any insurer in dematerialized form, thereby facilitating the policy holder to access his policies on a common online platform. Facilities such as online premium payment, changes in address are available through the eIA. Furthermore, you would not be required to provide any KYC documents for any future policy purchase with any insurer. For more information on eIA visit <http://www.hdfclife.com/customer-service/life-insurance-policy-dematerialization>

Contact us today



1800-227-227 (Toll free)
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OR

1800-102-0333 (Toll free)



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IRDAI Registration No. 101.

Registered Office: 13th Floor, Lodha Excelus, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

Email: service@hdfclife.com, Tel. No: 1860 267 9999 (Mon-Sat 10 am to 7 pm) Local charges apply. Do NOT prefix any country code e.g. +91 or 00. Website: www.hdfclife.com

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IRDAI Registration No. 131.

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- IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums.
Public receiving such phone calls are requested to lodge a police complaint.