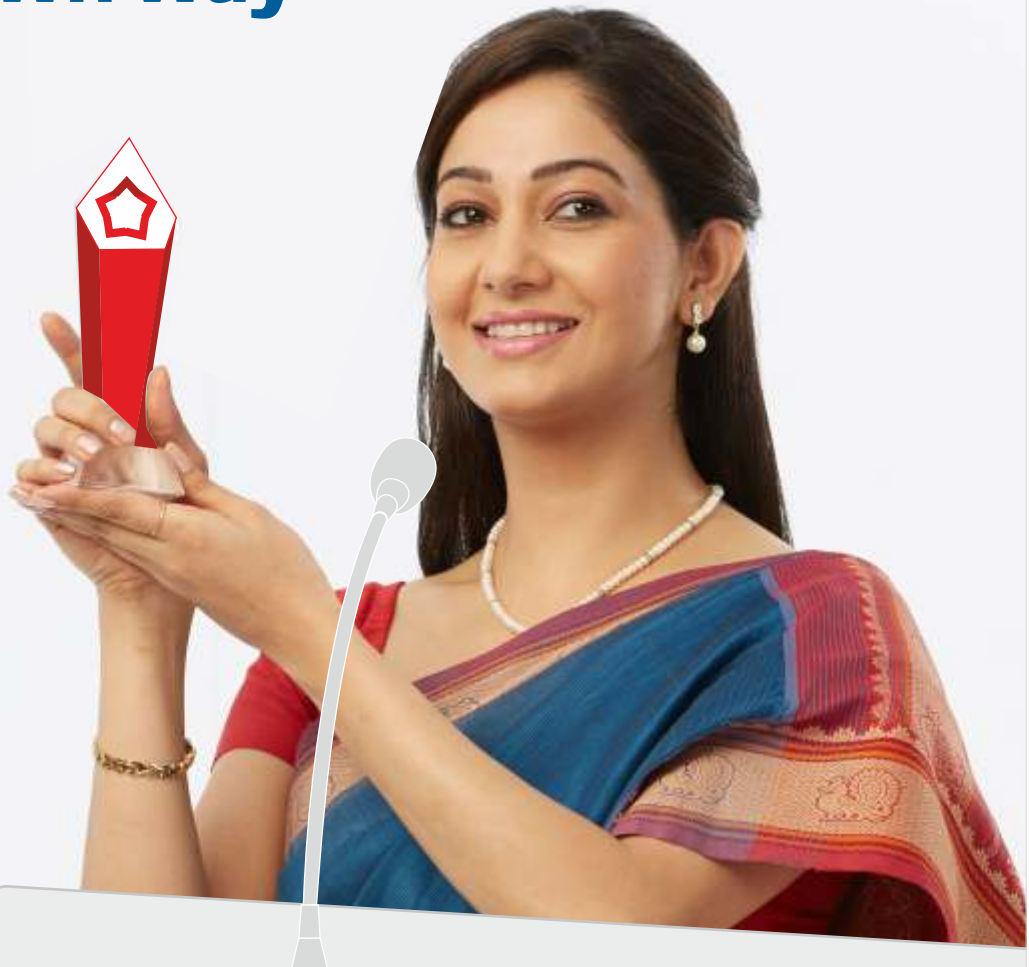


In this policy, the investment risk in investment portfolio is borne by the policyholder. The Unit Linked Insurance products do not offer any liquidity during the first five years of the contract. The policyholders will not be able to surrender/withdraw the monies invested in Unit Linked Insurance Products completely or partially till the end of fifth year.

Live your life your own way



HDFC Life Smart Woman

A Unit Linked Non Participating Life Insurance Plan



Sar utha ke jiyo!

IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER

As an independent woman you live life on your own terms. You carve a place for yourself, be it at your work or at your home. Your dreams and aspirations are unique and so are your financial needs. We understand this, and have created a special life insurance product for you.

Presenting HDFC Life Smart Woman, a unique insurance cum investment plan designed specifically for women. The plan offers benefits to take care of various stages of your life; be it on motherhood, fighting cancer or coping with the loss of a companion. This plan ensures that your savings continue, while you adjust to the new stages of your life, and you remain confident to live life your way.

The plan comes with comprehensive coverage options where we will cover you against pregnancy complications and congenital conditions or for malignant female-specific cancers. During these critical moments, we assure you the peace of mind by waiving and funding your premiums so that as you overcome and adjust to your life your investments continue to grow.

KEY FEATURES OF HDFC LIFE SMART WOMAN

- Sum Assured of up to 40 times your annualized premium
- Choice of 3 Benefit Options - Classic, Premier and Elite
- Premium Waiver Benefit - Waiver and funding of 3 annual premiums on⁵
 - Birth of child with congenital disorder or pregnancy complications
 - Diagnosis of malignant cancer of female organs
 - Death of spouse
- Additional periodic cash payouts under Premier and Elite Option
- Enhanced Allocation Rate from 11th year onwards
- This plan is available with a Short Medical Questionnaire (SMQ) based underwriting[#]

⁵Please refer to the Details of covered event groups, Definitions and Exclusions for more information.

[#]Please speak to our Financial Consultant to know more details.

CHECK IF YOU ARE ELIGIBLE FOR THIS PLAN

You can opt for this plan only if you are eligible as per the age limits mentioned below. You can choose your premium, policy term and level of protection.

Parameters		Minimum	Maximum
Entry Ages for Proposer (Years)		18	None
Entry Ages for Female Life to be Assured (Years)		18	45
Entry Ages of Spouse for Elite Option (Years)		21	50
Maturity Age for Female Life to be Assured (Years)		28	60
Age of Risk Cessation for Spouse in Elite Option (Years)		31	60
Premiums	Annual	₹ 24,000	₹ 1,00,000
Sum Assured	Entry Age less than 45 years	10 x annualised premium	40 x annualized premium
	Entry Age equal to 45 years	7 x annualised premium	
Policy Term (Years)		10 or 15, you select!	

All ages mentioned above are age last birthday.

Annualized Premium means the premium amount payable in a year excluding the taxes, rider premiums and underwriting extra premium on riders, if any.

The Unit Linked Insurance Products do not offer any liquidity during the first five years of the contract. The policyholder will not be able to surrender/withdraw the monies invested in Unit Linked Insurance Products completely or partially till the end of the fifth year.

HOW WILL THIS PLAN WORK?

At the outset, you select:

- Sum Assured
- Regular Premium
- Policy Term
- Benefit Option
- Investment Fund(s)

Your regular premium, net of premium allocation charges, shall be invested in the fund(s) you selected and in the proportion you specify.

At the end of the policy term you will receive the accumulated value of your fund(s).

You will receive benefits as per the Benefit Option selected in case you are diagnosed with malignant cancer of the female organs or suffer from pregnancy complications or give birth to a child with congenital disorders or upon unfortunate death of your spouse⁵.

In case of your unfortunate death during the policy term your nominee will receive the greater of Sum Assured (less withdrawals¹) or fund value.

⁵Benefit on death of spouse provided only under the Elite Benefit Option. Please refer to the Details of covered event groups, Definitions and Exclusions for more information.

¹Please refer to the Death Benefits section for more information.



MORE DETAILS ON YOUR BENEFIT OPTIONS

You can select any one of the 3 Benefit Options at outset of your policy, each created to meet different needs.

Benefit Option	Event Groups ⁵		
	1) Pregnancy Complications or Birth of child with congenital disorder	2) Diagnosis of malignant cancer of female organs	3) Death of the spouse
Classic	Premium Waiver Benefit: Waiver and funding of 100% of your next 3 years' premiums	Premium Waiver Benefit: Waiver and funding of 100% of your next 3 years' premiums	Not covered
Premier	Premium Waiver Benefit: Waiver and funding of 100% of your next 3 years' premiums + Periodic cash payouts of 100% of your next 3 years' premiums on the respective due dates	Premium Waiver Benefit: Waiver and funding of 100% of your next 3 years' premiums + Periodic cash payouts of 100% of your next 3 years' premiums on the respective due dates	Not covered
Elite	Premium Waiver Benefit: Waiver and funding of 100% of your next 3 years' premiums + Periodic cash payouts of 100% of your next 3 years' premiums on the respective due dates	Premium Waiver Benefit: Waiver and funding of 100% of your next 3 years' premiums + Periodic cash payouts of 100% of your next 3 years' premiums on the respective due dates	Premium Waiver Benefit: Waiver and funding of 100% of your next 3 years' premiums

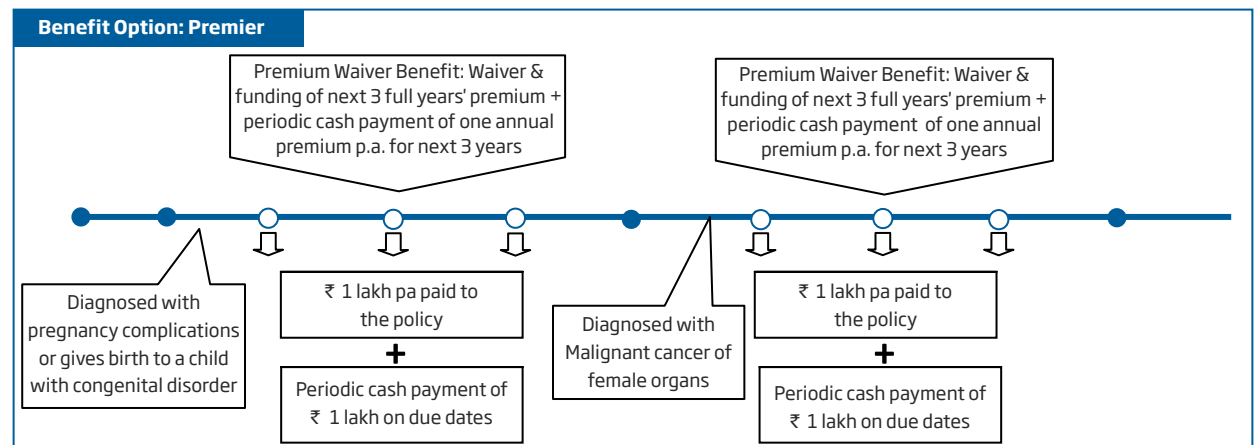
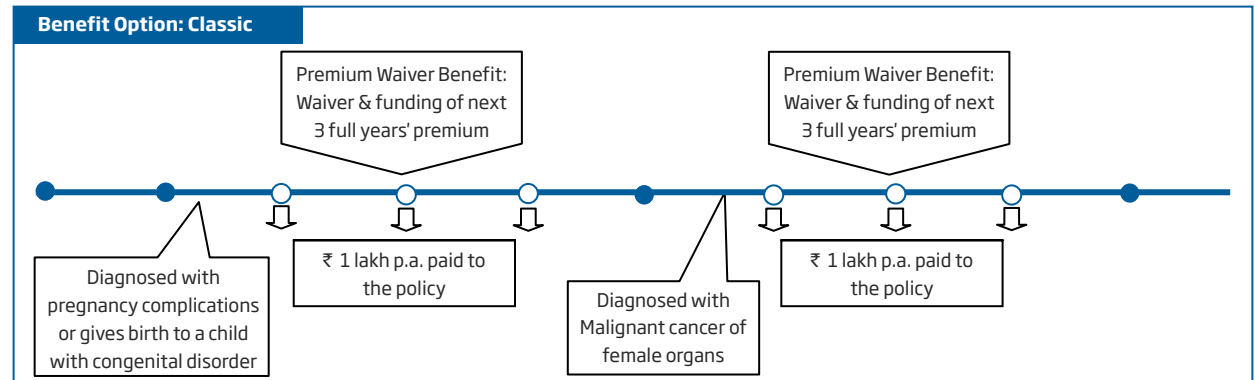
⁵ Please refer to the Details of covered event groups, Definitions and Exclusions for more information

You are expected to continue paying premium after the completion of the premium waiver period of 3 years. Over your policy term, you can only claim once under each Event Group. However, when you make a claim under one Event Group, you still enjoy coverage for other Event Group(s) if not claimed before.

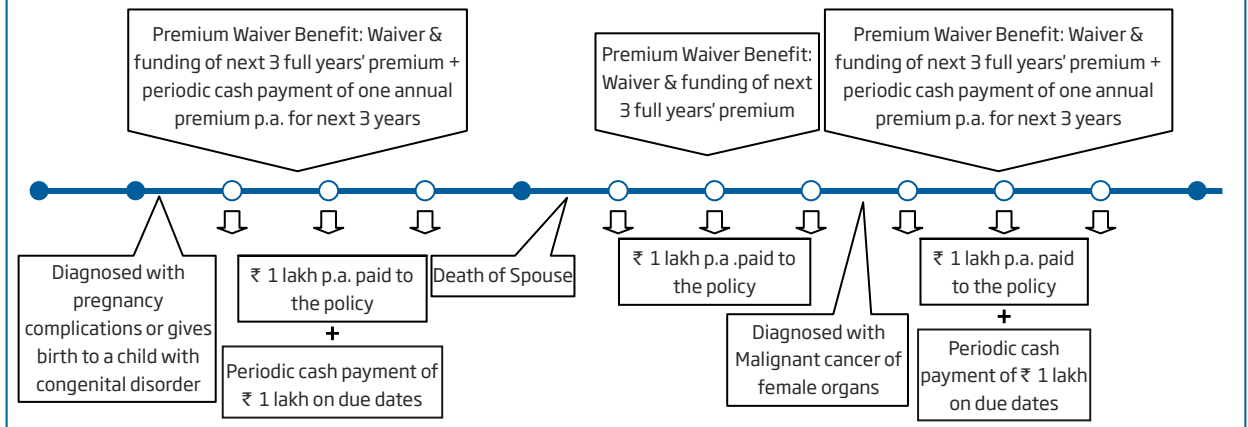
You cannot change your Benefit Option subsequently during the policy term.

ILLUSTRATION

For a policy of 10 year, with annual premium of ₹ 1,00,000 the benefits are illustrated below:



Benefit Option: Elite



In the special instances where:

- a premium waiver benefit is active following a valid claim under any event group; and
- there is a subsequent valid claim in respect of another distinct event group concurrently activating another premium waiver benefit then the premium waiver benefit in respect of such subsequent claim would be paid as periodic cash payout whilst the earlier premium waiver benefit is active. Premiums shall be waived for the residual period, if any, once the earlier premium waiver benefit expires.

SAMPLE ILLUSTRATION*

Age in years	25	30	35	40				
Term in years	15							
Sum Assured 10 x Annual Premium								
What Maturity Value (₹) may be	At 4%	At 8%	At 4%	At 8%	At 4%	At 8%	At 4%	At 8%
25,000	4,04,900	5,64,895	4,03,440	5,63,294	4,00,861	5,60,717	3,94,999	5,54,883
50,000	8,27,219	11,50,937	8,26,606	11,49,972	8,26,280	11,49,547	8,24,535	11,47,776
1,00,000	16,54,438	23,01,875	16,53,212	22,99,943	16,52,560	22,99,093	16,49,070	22,95,552

These assumed rates of returns are not guaranteed and they are not the upper or lower limits of what you might get back, as the value of the policy is dependent on a number of factors including future investment performance.

A. This snapshot of illustration is only for Classic option of HDFC Life Smart Woman for a healthy female life. B. The values shown are for illustration purpose only. C. The benefits illustrated assume that all premiums that are due over the full term will be paid and no withdrawals will be made during the policy term. In case premiums are not paid for full term at original level or if any withdrawals are made during the policy term, the illustrated benefits will be lower. The illustrated values may not be constant over the policy year. D. Some benefits are guaranteed and some benefits are variable with returns based on the future performance of your insurer carrying on life insurance business. If your policy offers guaranteed benefits then these will be clearly marked "guaranteed" in the illustration table on this page. If your policy offers variable benefits then the illustrations on this page will show two different rates of assumed future investment returns. These assumed rates of return are not guaranteed and they are not the upper or lower limits of what you might get back, as the value of your policy is dependent on a number of factors including future investment performance.

WHAT ARE THE BENEFITS?

A. Maturity Benefit

Your policy matures at the end of the policy term you have chosen and all your risk covers cease. You may redeem your balance units at the then prevailing unit price and take the fund value.

Settlement Option

The policyholder has the option to take the Unit Fund Value in periodical instalments over a settlement period which may extend to a maximum of 5 years. The first instalment under settlement option shall be payable on the date of maturity. In case of settlement period after maturity, the risk cover shall be maintained at 105% of the total premiums paid. Accordingly, mortality charges will be deducted. Investment risk continues to be borne by the Policyholder. The charges levied on the fund during settlement period are the fund management charge, switching charge and mortality charges if any. The company will not levy any other charges. Switches will be allowed during the settlement period. Partial withdrawals shall not be allowed during the settlement period. Complete withdrawal will be allowed at any time during the

settlement period without levying any charge. Any Unit Fund Value remaining after 5 years from the maturity date will be payable immediately.

B. Death Benefits

In case of the Life Assured's unfortunate demise, we will pay to the nominee the greater of the following:

- Sum Assured less all withdrawals made during the two year period immediately preceding the date of death or,
- The total fund value or,
- 105% of the total premiums paid.

The policy will terminate thereafter and no more benefits will be payable.

C. Special Benefits

- Enhanced Allocation Rate:** You can enjoy enhanced allocation rate of 102.5% p.a. from 11th policy year. See charges section for details.
- Waiver of charges on withdrawal /switch:** Becoming a mother is an important moment of your life. To make your journey towards motherhood

financially comfortable we will waive charges on 12 partial withdrawals or switches, within one year from date of child birth.

D. Partial Withdrawal

We understand that you may need money to meet any future financial emergencies. You can withdraw money from your funds to meet such needs.

You can make lump sum partial withdrawals from your funds after 5 years of your policy provided:

- The minimum withdrawal amount is ₹ 10,000.
- After the withdrawal and applicable charges, the fund value is not less than 150% of your annualized premium.
- The maximum amount that can be withdrawn throughout the policy term is 300% of the original regular premium.
- The partial withdrawals shall not be allowed which would result in termination of a contract.

We will waive partial withdrawal charges for up to 12 partial withdrawals, within one year from date of child birth.

E. On Discontinuance

This plan has a grace period of 30 days. During the grace period, the policy is considered to be in-force with the risk cover without any interruption.

You are expected to pay your annual premium through-out the policy term.

Discontinuance of Policy during the lock-in Period:

- a) For other than single premium policies, upon expiry of the grace period, in case of discontinuance of policy due to non-payment of premium, the fund value after deducting the applicable discontinuance charges, shall be credited to the discontinued policy fund and the risk cover and rider cover, if any, shall cease.
- b) Such discontinuance charges shall not exceed the charges, stipulated in section "Charges" below in this document. All such discontinued policies shall be provided a revival period of three years from date of first unpaid premium. On such discontinuance, the company will communicate the status of the policy, within three months of the first unpaid premium, to the policyholder and provide the option to revive the policy within the revival period of three years.
 - i. In case the policyholder opts to revive but does not revive the policy during the revival period, the proceeds of the discontinued policy fund shall be paid to the policyholder at the end of the revival period or lock-in period whichever is later. In respect of revival period ending after lock-in period, the policy will remain in discontinuance fund till the end of revival period. The Fund management charges of discontinued fund will be applicable during this period and no other charges will be applied.
 - ii. In case the policyholder does not exercise the option as set out above, the policy shall continue without any risk cover and rider cover, if any, and the policy fund shall remain invested in the discontinuance fund. At the end of the lock-in period, the proceeds of the discontinuance fund shall be paid to the policyholder and the policy shall terminate.
 - iii. However, the policyholder has an option to surrender the policy anytime and proceeds of the discontinued policy shall be payable at the end of lock-in period or date of surrender whichever is later.
- c) In case of Single premium policies, the policyholder has an option to surrender any time during the lock-in period. Upon receipt of request for surrender, the fund value, after deducting the applicable discontinuance charges, shall be credited to the discontinued policy fund.
 - i. Such discontinuance charges shall not exceed the charges stipulated in section "Charges" below in this document.
 - ii. The policy shall continue to be invested in the discontinued policy fund and the proceeds from the discontinuance fund shall be paid at the end of lock-in period. Only fund management charge can be deducted from this fund during this period. Further, no risk cover shall be available on such policy during the discontinuance period.

The minimum guaranteed interest rate applicable to the 'Discontinued Policy Fund' shall be as per the prevailing regulations and is currently 4% p.a. The proceeds of the discontinued policy shall be paid only upon completion of the

lock-in period.

Proceeds of the discontinued policies means the fund value as on the date the policy was discontinued, after addition of interest computed at the interest rate stipulated as above.

The excess income earned in the discontinued fund over and above the minimum guaranteed interest rate shall also be apportioned to the discontinued policy fund in arriving at the proceeds of the discontinued policies and shall not be made available to the shareholders.

Discontinuance of Policy after the lock-in Period:

- a) For other than Single Premium Policies:
 - i. Upon expiry of the grace period, in case of discontinuance of policy due to non-payment of premium after lock-in period, the policy shall be converted into a reduced paid up policy with the paid-up sum assured i.e. original sum assured multiplied by the total number of premiums paid to the original number of premiums payable as per the terms and conditions of the policy. The policy shall continue to be in reduced paid-up status without rider cover, if any. All charges as per terms and conditions of the policy shall be deducted during the revival period. However, the mortality charges shall be deducted based on the reduced paid up sum assured only.
 - ii. On such discontinuance, the company will communicate the status of the policy, within three months of the first unpaid premium, to the policyholder and provide the following options:
 1. To revive the policy within the revival period of three years, or
 2. Complete withdrawal of the policy.
 - iii. In case the policyholder opts for (1) above but does not revive the policy during the revival period, the fund value shall be paid to the policyholder at the end of the revival period.
 - iv. In case the policyholder does not exercise any option as set out above, the policy shall continue to be in reduced paid up status. At the end of the revival period the proceeds of the policy fund shall be paid to the policyholder and the policy shall terminate.
 - v. However, the policyholder has an option to surrender the policy anytime and proceeds of the policy fund shall be payable.
- b) In case of Single Premium Policies, the policyholder has an option to surrender the policy any time. Upon receipt of request for surrender, the fund value as on date of surrender shall be payable.

F. Revival of Discontinued Policies

We understand that you may want to revive your discontinued policy. The revival period for this product is three years from the date of first unpaid premium.

Revival of a Discontinued Policy during lock-in Period:

- a) Where the policyholder revives the policy in accordance with Board approved Underwriting policy, the policy shall be revived restoring the risk cover, along with the investments made in the segregated funds as chosen by the policyholder, out of the discontinued fund, less the applicable charges as in sub-section (b) below, in accordance with the terms and conditions of the policy.
- b) At the time of revival:
 - i. All due and unpaid premiums which have not been paid shall be payable without charging any interest or fee.
 - ii. Policy administration charge and premium allocation charge as applicable during the discontinuance period shall be levied. Guarantee charges, if applicable during the discontinuance period, shall be deducted provided the guarantee continues to be applicable. No other charges shall be levied.
 - iii. The discontinuance charges deducted at the time of discontinuance of the policy shall be added back to the fund.

Revival of a Discontinued Policy after lock-in Period:

- a) The policyholder can revive the policy subject to Board approved Underwriting policy. Where the policyholder revives the policy, the policy shall be revived restoring the original risk cover in accordance with the terms and conditions of the policy.

b) At the time of revival:

- i. All due and unpaid premiums under base plan which have not been paid shall be payable without charging any interest or fee. The policyholder also has the option to revive the rider.
- ii. Premium allocation charge as applicable shall be levied. The guarantee

charges shall be deducted, if guarantee continues to be applicable.

iii. No other charges shall be levied.

G. Loans

No policy loans are available for this product.

CHOOSE YOUR INVESTMENT FUNDS

This is a unit linked plan; the premiums you pay in this plan are subject to investment risks associated with the capital markets. The unit prices of the funds may go up or down, reflecting changes in the capital markets.

So, to balance your level of risk and return, making the right investment choice is very important and you are responsible for the choices you make.

We have 4 funds that give you the potential for:

- Higher but more variable returns; or
- Lower but more stable returns over the term of your policy.

Your investment will buy units in any of the following 4 funds designed to meet your risk appetite. You can choose either all or a combination of the following funds:

FUND	SFIN	DETAILS	ASSET CLASS			RISK & RETURN RATING	
			Money Market Instruments, Cash & Deposits	Liquid Mutual Fund*	Government Securities, Fixed Income Instruments & Bonds		Equity
			FUND COMPOSITION				
Income Fund	ULIF03401/01/10 IncomeFund101	Higher potential returns due to higher duration and credit exposure	0% to 20%	80% to 100%	--	Moderate	
Balanced Fund	ULIF03901/09/10 BalancedFd101	Dynamic Equity exposure to enhance the returns while the Debt allocation reduces the volatility of returns	0% to 20%	0% to 60%	40% to 80%	Moderate to High	
Blue Chip Fund	ULIF03501/01/10 BlueChipFd101	Exposure to large -cap equities & equity related instruments	0% to 20%	--	80% to 100%	Very High	
Opportunities Fund	ULIF03601/01/10 OpprtntyFd101	Exposure to mid -cap equities & equity related instruments	0% to 20%	--	80% to 100%	Very High	

Investment in Mutual Funds will be made as per Mutual Fund limits prescribed by IRDAI regulations and guidelines. As per (IRDAI (Investment) Regulations, 2016 Master Circular), the investment limit in Mutual Funds is 7% of Investment assets. This will apply at overall level and at SFIN level, the maximum exposure shall not exceed 15%.

The asset allocation for the Discontinued Policy Fund (SFIN: ULIF05110/03/11DiscontdPF101) shall be as per the prevailing regulatory requirements. Currently, the asset allocation is as follows:

(i) Money Market Instruments: 0% to 40%

(ii) Government securities: 60% to 100%.

You can access the value of policy wise units held by you, through a secured login, as per the format D02 prescribed under IRDAI Investment Regulations, 2016.

For risk factors please refer Terms & Conditions section below.

Changing Fund Choices: You can change your investment fund choices in two ways:

- **Switching:** You can move your accumulated funds from one fund to another anytime.
- **Premium Redirection:** You can pay your future premiums into different funds, as per your need.

We will waive switching charges for up to 12 switches, within one year from date of child birth.

CHARGES

The charges under this policy are deducted to provide for the cost of benefits and the administration provided by us. Our charges, when taken together, are structured to give you better returns and value for money over the long term.

Charge	Description	How Much	
		Year	Premium Allocation Rate
Premium Allocation Rate	The Premium Allocation Rate represents the proportion of your premiums invested to buy units for your policy. The Premium Allocation Rate is guaranteed for the full policy term.	1 to 10	97.5%
		11 to 15	102.5%
		1.35% p.a. of the fund value, charged daily. 0.50% p.a. of the fund value for Discontinuance Fund, charged daily.	
Fund Management Charge (FMC)	The daily unit price is calculated allowing for deductions for the fund management charge, which is charged daily.	1.35% p.a. of the fund value, charged daily. 0.50% p.a. of the fund value for Discontinuance Fund, charged daily.	
Policy Administration Charge	This charge is a percentage of the annualized premium. The charge will be deducted monthly to provide administration for your policy. This charge will be taken by cancelling units proportionately from each of the fund(s) you have chosen. This charge is guaranteed for the entire duration of the policy term.	0.40% per month inflating from 6 th year onwards at 5.5% p.a. subject to maximum of ₹ 500 or 0.5% of premium per month, whichever is lower.	

Mortality & other Risk Benefit Charge	<p>Every month we levy a charge for providing you with the death and other risk benefits in your policy. This charge will be taken by cancelling units proportionately from each of the fund(s) you have chosen. The mortality charge is guaranteed for the entire duration of the policy term. The charges for risk benefits other than mortality are valid for a period of 3 years from the date of commencement of the policy. Thereafter the company reserves the right to change the other benefit risk charges subject to approval from IRDAI.</p>	<p>The amount of the charge taken each month depends on your age & level of cover.</p>
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Miscellaneous Charge(s) may be charged for any Policy alteration request initiated by the Policyholder will attract a charge of Rs. 250 per request.

Any administrative servicing that we may introduce at a later date would be chargeable subject to IRDA's approval.

In addition, only if you request for partial withdrawal, fund switch and premium redirection following charges will be charged on such requests

Partial withdrawal charge (if applicable):

A partial withdrawal request from the Policyholder will attract a charge of Rs 250 per request. However, if the request is executed through the Company's web portal the Policyholder will be charged Rs 25 per request. This will be levied on the unit fund at the time of part withdrawal of the fund during the contract period.

Switching charge (if applicable):

A fund switch request from the Policyholder will attract a charge of Rs 250 per request. However, if the request is executed through the Company's web portal the Policyholder will be charged Rs 25 per request. This charge will be levied on switching of monies from one fund to another available fund within the product. The charge per each switch will be levied at the time of effecting the switch.

Premium Redirection:

A premium redirection request initiated by the Policyholder will attract a charge of Rs 250 per request. However, if the request is executed through the Company's web portal the Policyholder will be charged Rs 25 per request.

Discontinuance Charge:

This charge depends on year of discontinuance and your annualized premium. There is no charge after 5th policy year. The table below gives the discontinuance charge applicable.

DISCONTINUANCE DURING THE POLICY YEAR	DISCONTINUANCE CHARGE	
	ANNUAL PREMIUM UP TO AND INCLUDING ₹ 50,000	ANNUAL PREMIUM ABOVE ₹ 50,000
1	Lower of 20% x (Annual Premium or Fund Value) but not exceeding ₹ 3000	Lower of 6% x (Annual Premium or Fund Value) but not exceeding ₹ 6000
2	Lower of 15% x (Annual Premium or Fund Value) but not exceeding ₹ 2000	Lower of 4% x (Annual Premium or Fund Value) but not exceeding ₹ 5000
3	Lower of 10% x (Annual Premium or Fund Value) but not exceeding ₹ 1500	Lower of 3% x (Annual Premium or Fund Value) but not exceeding ₹ 4000
4	Lower of 5% x (Annual Premium or Fund Value) but not exceeding ₹ 1000	Lower of 2% x (Annual Premium or Fund Value) but not exceeding ₹ 2000
5+	NIL	NIL

ALTERATION TO CHARGES

We cannot change our current charges without prior approval from IRDAI.

- The Fund Management Charge will be subject to the maximum cap as allowed by IRDAI;
- The Premium Allocation Charge, Policy Administration Charge and all risk benefits charges are guaranteed for the entire duration of the policy term.
- We will waive charges on partial withdrawal and switches for up to a

maximum of 12 withdrawals or switches within one year from the date of child birth.

TAX BENEFITS

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

TERMS & CONDITIONS

We recommend that you read and understand this product brochure & customised benefit illustration and understand what the plan is, how it works and the risks involved before you purchase. We have appointed Certified Financial Consultants, duly licensed by IRDAI, who will explain our plans to you and advise you on the correct insurance solution that will meet your needs.

A) Risk Factors:

- Unit linked insurance products are different from traditional insurance products and are subject to the risk factors.
- The premiums paid in Unit Linked Insurance policies are subject to investment risks associated with capital markets and the NAVs of the units may go up or down based on the performance of funds and factors influencing the capital market and the insured is responsible for his/her decisions.
- HDFC Life Insurance Company Limited is only the name of the Life Insurance Company and HDFC Life Smart Woman Plan is only the name of the Unit Linked Insurance contract and does not in any way indicate the quality of the contract, its future prospects or returns.
- Please know the associated risks and the applicable charges, from your Insurance agent or the Intermediary or policy document issued by insurance company.
- The various funds offered under this contract are names of the funds and do not in any way indicate the quality of these plans, their future prospects and returns.

B) Unit Prices:

We will set the Unit Price of a fund as per the IRDAI's guidelines. The unit price of Unit Linked Funds shall be computed as: Market Value of Investments held for the fund plus the value of any current assets plus any accrued income net of fund management charges less the value of any current liabilities less provision, if any. This gives the net asset value of the fund. Dividing by the number of units existing at the valuation date before any units are allocated/redeemed, gives the unit price of the fund under consideration. We round the resulting price to the nearest Re. 0.0001. This price will be daily published on our website and in leading national newspapers. Units shall only be allocated on the day the proposal is accepted and results into a policy by adjustment of application money towards premium. The premium will be adjusted on the due date even if it has been received in advance and the status of the premium received in advance shall be communicated to the policyholder.

C) Details of covered event groups:

The following events are covered:

- Events covered under pregnancy complications
 - Diagnosis of Disseminated Intravascular Coagulation (DIC) during pregnancy
 - Diagnosis of Molar Pregnancy
 - On undergoing hysterectomy due to postpartum hemorrhage
- Events covered under birth of a child with congenital disorders
 - Open Heart Surgical Repair of Atrial Septal Defect
 - Open Heart Surgical Repair of Ventricular Septal Defect
 - Surgical Repair of Tetralogy of Fallot
 - Surgical Repair of Transposition of Great Vessels
 - Surgical Repair of Open Spina Bifida
 - Confirmed diagnosis of the Down's syndrome
- Events covered under diagnosis of malignant cancer of the female organs are Cancer of Breast,

Cervix Uteri Corpus Uteri, Ovary, Vulva, Vagina & Fallopian Tube

- Death of the spouse of the female life assured

D) Definitions: Definition of Congenital Disorders Covered:

- Spina Bifida: Defective closure of the spinal column due to a neural tube defect with a resultant meningocele or meningocele with corrective surgical procedure done.
- Tetralogy of Fallot means an anatomic abnormality with severe or total right ventricular outflow tract obstruction and a ventricular septal defect allowing right ventricular unoxygenated blood to bypass the pulmonary artery and enter the aorta directly. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and invasive surgery must have been performed to correct the condition.
- Transposition of the Great Vessels means complete transposition of the aorta and pulmonary artery such that the right ventricle of the heart pumps blood from the systemic veins into the aorta and the left ventricle pumps blood from the pulmonary veins into the pulmonary artery. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram, and invasive surgery must have been performed to correct the condition.
- Atrial Septal Defect means a hole in the partition (septum) between the left and right atrium (upper chambers) of the heart permitting abnormal circulation from the left side of the heart to the right side. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and open heart surgery involving open thoracotomy must have been performed to correct the condition. All percutaneous surgical techniques involving ASD closure devices deployed by percutaneous intravascular techniques are excluded. The operation must have been undertaken before the benefit is payable.
- Ventricular Septal Defect is a hole in the partition (septum) between the left and right ventricle (lower chambers) of the heart permitting the abnormal circulation from the left side of the heart to the right side. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and open heart surgery involving open thoracotomy must have been performed to correct the condition. All percutaneous surgical techniques involving VSD closure devices deployed by percutaneous intravascular techniques are excluded. The operation must have been undertaken before the benefit is payable

- Down's syndrome is a specific chromosomal abnormality, specifically an autosomal aberration, identified by an extra chromosome 21 and characterized by muscular hypotonicity, microcephaly, brachycephaly and a flattened occiput. Diagnosis must be supported by retardation of physical and mental development.

Definition of Pregnancy Complications Covered:

- Disseminated Intravascular Coagulation means a life threatening complication of pregnancy, consisting of a systemic thrombohemorrhagic disorder, that is characterised by generalised bleeding and end organ damage. The diagnosis must be confirmed by a gynaecologist or obstetrician as disseminated intravascular coagulation, and supported by laboratory tests showing a combination of significant thrombocytopenia, pro-coagulant activation, fibrinolytic activation and inhibitor consumption. The benefit is payable only if the above condition requires treatment with frozen plasma and platelet concentrates.
- Postpartum Haemorrhage means ongoing bleeding secondary to an unresponsive and atonic uterus, a ruptured uterus, or a large cervical laceration extending into the uterus requiring surgical intervention in the form of urgent hysterectomy and a direct result of post partum bleeding or damage to the cervix or uterus that cannot be arrested by other means. The condition must require a hysterectomy and the same must have been performed.
- Molar Pregnancy: Complete Hydatiform Mole is a form of trophoblastic disease characterized by clusters of hydropic villi and trophoblastic elements and atypia. The Hydatiform Mole must have been diagnosed by a specialist approved by the Company, and confirmed with a pathology report. The condition must require a hysterectomy and the same must have been performed.

Definition of Female Specific Cancers Covered:

A malignant tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue. This diagnosis must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist. The benefit is payable on diagnosis of any Malignant Cancer of the following female Organs: Breast, Cervix Uteri, Corpus Uteri, Ovary, Vulva, Vagina and Fallopian Tube.

E) Exclusions:

Suicide Exclusion:

In case of death due to suicide within 12 months from the date of commencement of the policy or from the date of revival of the policy, as applicable, the nominee or the beneficiary of the policyholder shall be entitled to the fund value, as available on the date of intimation of death.

Further any charges other than Fund Management Charges (FMC) and guarantee charges recovered subsequent to the date of death shall be added back to the fund value as available on the date of intimation of death.

General exclusions on pregnancy complications, congenital disorder and cancer of female organs

No benefit shall be payable in respect of any claims arising directly or indirectly as a result of any of the following:

- Any congenital or inherited disorder or developmental conditions of the Life Assured; or
- Narcotics used by the Life Assured unless taken as prescribed by a Registered Doctor, or the Life Assured's abuse of drugs and/or consumption of alcohol; or
- Any illness resulting from a physical or mental condition which existed

before the effective date of this Plan, or in case of reinstatement, from the effective date of such reinstatement (whichever is later) and which was not disclosed in the application for insurance or health statement; or

- Any event giving rise to a claim (including death) on an insured child caused directly or indirectly by the intentional act of the policy owner or person who will otherwise be entitled to the benefit payable; or
- Failure to seek or follow medical advice; or
- War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes; or
- Taking part in any naval, military or air force operation during peace time; or
- Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- Participation by the insured person in a criminal or unlawful act; with a criminal or unlawful intent; or
- Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee jumping; or
- Nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

Specific exclusions & conditions for benefit on birth of child with congenital disorder

- Benefit will not be payable for children born before the policy is taken or within 1 year of policy commencement or revival, whichever is later.
- Birth of child with congenital disorder or complication arising when Life Assured is a carrier of surrogacy pregnancy is not covered.
- Age of the life assured at delivery of the child should not be more than 40 years to avail this benefit.
- Benefit will not be applicable on adoption of child or child born from a surrogate mother (Birth of child born with disorder when Life Assured is not carrier of child).
- The claim is payable only if
- The congenital illness is diagnosed within 2 years from the date of delivery of the child; and
- The child survives at least 30 days from the date of delivery with congenital illness.
- Benefit is not payable if claim arising due to elective termination of pregnancy other than for medical reasons or due to abortion.

Specific exclusions & conditions for benefit on pregnancy complications

- Benefit will not be payable within 1 year of policy commencement or revival whichever is later.
- Any Pregnancy Complications that commenced on or following the Life Insured's 40th birthday.
- Any disseminated intravascular coagulation arising during the first 7 months of pregnancy will not be covered.
- Age of the life assured should not be more than 40 years to avail this

benefit.

- Any complication arising from surrogacy or fertility treatment including in-vitro fertilizations.

Specific exclusions & conditions for benefit on cancer

The following cancers are excluded:

- Carcinoma-in-situ or tumours histologically described as pre-malignant or non-invasive including but not limited to carcinoma-in-situ of the breasts, Cervical Dysplasia: CIN-1, CIN-2 and CIN-3; vaginal intra-epithelial neoplasia (VAIN) & Vulvar intra-epithelial neoplasia (VIN).
- All tumours that have metastasized from organs other than the breast, fallopian tube, cervix, ovarian, uterus, vagina and vulva.

The Benefit on cancer will not be payable, if:

- The Life Assured has survived less than 30 days from the date of diagnosis; or
- The Cancer existed or was diagnosed before the effective date of this Plan. Date of occurrence of Cancer will be reckoned for the above purpose and for the purpose of evaluating waiting / survival period as the date of diagnosis of the illness/ condition. It will be the date on which the medical examiner first examines the life assured and certifies the diagnosis of any of the illness/ conditions; or
- The conditions are related to a Pre-Existing Disease unless such Pre-Existing Disease is stated in the proposal form and specifically accepted by the Company and endorsed thereon; or
- The Life Assured is diagnosed by a Registered Doctor with the Cancer, or the Life Assured has showed signs or symptoms of any condition(s) within 180 days from the effective date of this Plan.

Pre-Existing Disease

means any condition, ailment, injury or disease:

- a) 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 or
- a) 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

Specific Exclusions for benefit on demise of spouse

No benefit will be paid on life of spouse if death is due to suicide while sane or insane; within 1 year from date of commencement or revival.

G) Cancellation in the Free-Look period:

In case you are not agreeable to the any of the 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 (as defined by IRDAI) will be 30 days. On receipt of your letter along with the original policy documents, we shall arrange to refund you the value of units allocated to you on the date of receipt of request plus the unallocated part of the premium plus charges levied by cancellation of units, subject to deduction of the proportionate risk premium for the period on cover, the expenses incurred by us on medical examination and stamp duty.

Distance Marketing refers to insurance policies sold through any mode apart from face-to-face interactions such as telephone, internet etc (Please refer to Guidelines on Distance Marketing of Insurance Product for

exhaustive definition of Distance Marketing)

H) Alterations:

Switch between plan options is not allowed. Increase or decrease of policy term, sum assured and premiums are not allowed.

I) Nomination: Sec 39 of 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.

J) Assignment or Transfer: Sec 38 of 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 I (Nomination) and J (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 The Insurance Laws (Amendment) Act, 2015.

K) 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 punishable with fine, which may extend to ten lakh rupees.

L) 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.

M) Taxes:

Indirect Taxes

Taxes and levies as applicable shall be levied as applicable. 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.

N) In case of fraud or misrepresentation including non-disclosure of any material facts, the Policy shall be cancelled immediately and the Surrender Value shall be payable, subject to the fraud or misrepresentation being established in accordance with Section 45 of the Insurance Act, 1938, as amended from time to time.

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