Protection made stronger.
Wellness made simpler.

NEW

HDFC Life Easy Protect

A Non-Linked, Non-Participating, Individual,
Pure Risk, Health Product

How it helps

Accidental Death Benefit
Lumpsum benefit in case of Death

Accidental Disability
Income benefit in case of Accident
Total & Partial Permanent Disability

Wellness Benefits
Live healthy with multiple wellness benefits

Terminal Illness with Protection Cover
Sum assured payout in case of terminal illness



HDFC Life

Sar utha ke jiyo!

HDFC Life Easy Protect

A Non-Linked, Non-Participating, Individual, Pure Risk, Health Product

In an era of unpredictable turns and changing lifestyles, financial protection is no longer just a safety net—it is a strategic asset. HDFC Life Easy Protect is a new-age protection solution built for the modern individual who demands both comprehensive coverage and proactive health management.

Designed to ensure that critical situations never lead to financial strain, whether it's securing your long-term wealth or ensuring immediate access to quality care. **HDFC Life Easy Protect** helps provide financial security for you and your family amid life's uncertainties. It's time to choose a solution that safeguards your present and prepares you for the milestones ahead.

KEY FEATURES

- Comprehensive protection against terminal illness, death, accidental disability, & accidental death.
- Get double payout in case of accident occurs under listed circumstances with double benefit.
- Get additional payout for home/vehicle modifications and occupational therapy in case of Accidental Total & Permanent Disability, and Accidental Partial & Permanent Disability.
- Unlock wellness benefits: Unlock the full potential of your health with our comprehensive wellness benefits.
- Care Booster: In the event of terminal illness or accidental disability, the wellness wallet will be enhanced to 10 times of the initial Health Wallet allocation for a period of 3 years.

ELIGIBILITY CRITERIA

This Product can be opted at inception or subsequently on any premium due date of the base plan subject to limits specified below:

<table>
<tr><th>Particulars</th><th colspan="2">Minimum</th><th>Maximum</th></tr>
<tr><td>Basic Sum Insured (in INR)</td><td colspan="2">Rs. 10,000</td><td>Subject to BAUP</td></tr>
<tr><td>Policy Period/Term</td><td colspan="2">5 Years</td><td>40 Years</td></tr>
<tr><td>Annualized Premium (AP)</td><td colspan="3">As per Option chosen</td></tr>
<tr><td>Entry age (last birthday)</td><td colspan="2">18 years</td><td>65 years</td></tr>
<tr><td>Maturity age (last birthday)</td><td colspan="2">23 years</td><td>85 years (Terminal Illness with Protection Cover) 75 Years
Accidental Death Benefit
Accident Total & Partial Permanent Disability</td></tr>
<tr><td rowspan="3">Premium paying term</td><td colspan="3">Single Pay</td></tr>
<tr><td>Type of Pay</td><td>Minimum</td><td>Maximum</td></tr>
<tr><td>Regular Pay</td><td>5 Years</td><td>40 Years</td></tr>
<tr><td>Limited Pay</td><td>5 Years</td><td>39 years</td></tr>
</table>

*All ages are last birthday

#Maximum Sum Assured is subject to Board Approved Underwriting Policy

Minimum/Maximum premium will be consistent with Minimum/Maximum Sum Assured. Premium will vary depending on the plan option chosen.

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

Frequency	Conversion Factor
Annual	1.0000
Half yearly	0.5100
Quarterly	0.2600
Monthly	0.0875

The Policyholder can:
a) Choose any or a combination of the below benefit options

PLAN OPTIONS

Plan Options	Benefits
Main Benefits	Plan Option 1: Terminal Illness with Protection Cover (TIPC)
	Plan Option 2: Accident Total & Partial Permanent Disability (ATPPD)
	Plan Option 3: Accidental Death Benefit (ADB)
Optional Benefits	1. Double Benefit
	2. Accident Plus
Wellness Program	

Minimum/Maximum premium will be consistent with Minimum/Maximum Sum Assured. Premium will vary depending on the plan option chosen.

BENEFITS:

HDFC Life Easy Protect is a non-linked, non-participating, individual, pure risk health product offered to individual lives.
You have option to choose one or combination of the following Benefit Options:

Plan Option 1: Terminal Illness with Protection Cover

• Death Benefit

In the unfortunate event of death of the Life Assured during the policy term, a lump sum amount is payable as Death Benefit. The death benefit is highest of:

• Sum Assured of this plan option
• 10 times the Annualized Premium for Limited/Regular pay and 1.25 times for Single Pay
• 105% of the Total Premiums Paid

In lieu of lump sum benefit amount for Death Benefit, the Nominee may opt to receive benefit as:

(i) Regular monthly income payable for 10 years, or
(ii) Part of benefit amount as lump sum immediately on Death and the balance benefit amount as regular monthly income for 10 years.

The choice of benefit pay-out as lump sum or income or combination thereof can be exercised on the date the claim is made.

Upon payment of Death Benefit, the policy shall terminate.

• Terminal Illness Benefit

On Diagnosis of Terminal Illness

On diagnosis of specified terminal illnesses, the death benefit, Up to a maximum limit as per Board Approved Underwriting Policy, would be accelerated. In case of diagnosis of terminal illness at ages greater than 80 years, death benefit will not be accelerated.

Upon payment of Terminal Illness benefit:

• If Death Benefit at the time of claim is equal to Terminal Illness benefit, the policy will terminate.
• If Death Benefit at the time of claim is greater than Terminal Illness benefit, the policy will continue for the balance Death Benefit.

The acceleration of Death Benefit is not an additional benefit; it only facilitates an earlier payment of Death Benefit on diagnosis of terminal illness.

Plan option 2: Accident Total & Partial Permanent Disability

a) Accidental Total & Permanent Disability (ATPD)

Accidental Total & Permanent Disability means, disability of the Life assured as a result of bodily injury caused by an Accident and such injury shall within 180 days of its occurrence solely, directly and independently of any other cause, result in the Life Assured's disability which must be permanent and total and must result in one of the following:

(i) Complete and irrecoverable loss of vision in both eyes
(ii) Loss of both arms or both hands
(iii) Loss of one arm and one leg
(iv) Loss of one arm and one foot
(v) Loss of one hand and one foot
(vi) Loss of one hand and one leg
(vii) Loss of both legs
(viii) Loss of both feet
(ix) Loss of one limb, and complete and irrecoverable loss of vision in one eye

The disability must have lasted, without interruption, for at least six consecutive months and must, in the opinion of a qualified & registered Medical Practitioner, be deemed permanent and if required, the Company shall subject the insured to an independent medical assessment.

On the Total & Permanent Disability of the Life Assured due to an Accident i.e. Accidental Total & Permanent Disability (ATPD) during the coverage period, the benefit payable shall be highest of:

• Sum Assured of this plan option
• 7 times the Annualized Premium for Limited/Regular pay and 1.25 times for Single Pay

• 105% of Total Premiums Paid

This benefit will be payable as Regular monthly income equal to 1% for a fixed period of 10 years.

If Accidental Total & Permanent Disability (ATPD) occurs after Accidental Partial & Permanent Disability (APPD), then 1% of the remaining amount (100% of ATPD benefit for the plan option less APPD benefit) shall be paid as a regular monthly income for 10 years.

b) Accidental Partial & Permanent Disability (APPD)
Accidental Partial & Permanent Disability means, disability of the Life assured as a result of bodily injury caused by an Accident and such injury shall within 180 days of its occurrence solely, directly and independently of any other cause, result in the Life Assured's disability which must be permanent and must result in one of the following:
(i) Complete and irrecoverable loss of vision in one eye
(ii) Loss of one leg
(iii) Loss of one foot
(iv) Loss of one arm
(v) Loss of one hand
(vi) Complete and irrecoverable loss of hearing in both ears
(vii) Amputation of 4 or more fingers in one hand OR Metacarpal Amputation in one hand

The disability must have lasted, without interruption, for at least six consecutive months and must, in the opinion of a qualified & registered Medical Practitioner, be deemed permanent; and if required, the Company shall subject the insured to an independent medical assessment.

In case of Partial & Permanent Disability caused by an accident the benefit amount shall be a 50% of the ATPD benefit.

In lieu of lump sum benefit amount for Accidental Partial & Permanent Disability, the Life Assured may receive benefit as:
• Regular monthly income for 10 years, or
• Part of Benefit amount as lump sum and the balance benefit amount as a regular monthly income for 10 years
The choice of benefit pay-out as lump sum or income or combination thereof can be exercised on or before the claim is made.

50% of Sum assured will be payable on Accidental Partial & Permanent Disability, only one Accidental Partial & Permanent Disability (APPD) claim will be payable.

Once the maximum benefit (100% Sum Assured of Plan Option 2) is claimed, the coverage shall terminate.

Plan Option 3: Accidental Death Benefit

In the event of death due to accident, a lump sum benefit which is the highest of below shall be payable:
• Sum Assured of this Plan Option
• 7 times the Annualized Premium for Limited/Regular pay and 1.25 times for Single Pay
• 105% of the Premiums Paid

"Accidental Death" means a death due to an Accident, and such an Accident shall within 180 (one hundred and eighty) days of its occurrence, solely, directly and independently of any other cause, results in the Life Assured's death.

In lieu of lump sum benefit amount for Accidental Death, the Nominee may opt to receive benefit as:
i. Regular monthly income payable for 10 years, or
ii. Part of benefit amount as lump sum immediately on Accidental Death and the balance benefit amount as regular monthly income for 10 years.
The choice of benefit pay-out as lump sum or income or combination thereof can be exercised on or before the claim is made.
Upon payment of Accidental Death Benefit, the policy will terminate.

Optional Benefits:

On choosing any of the below options, as the Policyholder, you will have to pay an additional Premium over and above the Premium amount payable for the policy

A. Double Benefit:
This option is only available for Accident Total & Partial Permanent Disability & Accidental Death Benefit.

If this cover is opted, the benefit payable under Accidental Total & Permanent Disability (ATPD) or Accidental Death Benefit will be doubled if the death or disability due to accident occurs under any of the following circumstances:

i) Train Accident
ii) Airplane Accident
iii) Stampede/Fire

Train Accident

Double Benefit on Accidental Total & Permanent Disability or Accidental Death due to Train Accident will be payable only if the Life Assured is travelling as a bona fide fare-paying passenger on a reserved ticket in any passenger carrying train of Indian Railways. The passenger's name must be there in the Reserved Ticket List/Chart prepared by Indian Railways. Train Accident, herein, means an "accident' of the nature described in Section 124 of Indian Railways Act,1989.

Airplane Accident

Double Benefit on Accidental Total & Permanent Disability or Accidental Death due to airplane accident will be payable only if the Life Assured is travelling in an airplane as a bona fide fare-paying passenger of a recognized airline flying on regular routes and on a scheduled timetable. Apart from airplane, any other mode of air travel is excluded.

Double Benefit on Stampede/ Fire

Stampede or fire at large public places

- Double Benefit on Accidental Total & Permanent Disability or Accidental Death due to stampede or fire at large public places will be payable subject to satisfying all of the below conditions.
- ATPD or ADB is caused directly, solely, and independently (of any other cause) by a stampede or fire Public Places will be limited only to hospitals, malls/shopping complexes, cinema halls, multiplexes, bus stations, railway stations, airports, sports complex/stadiums.
- The Public Place must be in India and must have been authorised by appropriate government authority for public use.
- The Public Place must have a valid license for public use at the time of the event.
- The occurrence of the event (Stampede or Fire) must be recognised and acknowledged by the appropriate government department/authority.
- The insured's name must be present in the disabled persons' list published by the appropriate government department/authority following a stampede or fire at large public places.
- Failure to satisfy any one of the above conditions shall render the claim for Double Benefit inadmissible.

Stampede or fire at public religious gatherings

- Double Benefit on Accidental Total & Permanent Disability or Accidental Death due to stampede or fire at public religious gatherings will be payable subject to satisfying all of the below conditions.
- ATPD or ADB is caused directly, solely, and independently (of any other cause) by a stampede or fire o Public Religious gathering must have valid written permission from appropriate government authority.
- Public Religious gathering must have been conducted/supervised/monitored by appropriate government department/authority throughout its duration.
- Any kind of private/personal religious gathering is excluded.

- The occurrence of the event (Stampede or Fire) must be recognised and acknowledged by the appropriate government department/authority.
- The insured's name must be present in the disabled persons' list published by the appropriate government department/authority following a stampede or fire at public religious gatherings.

Failure to satisfy any one of the above conditions shall render the claim for Double Benefit inadmissible.
Note: This optional benefit is only available if, Accident Total & Partial Permanent Disability or/and Accidental Death Benefit has been opted.

B. Accident Plus:
If opted, the following benefits will be payable:
1. Vehicle/Home Modification Benefit: If a claim has been accepted and paid for Accidental Total & Permanent Disability or Accidental Partial & Permanent Disability then an additional 10% of the ATPD/APPD claim amount shall be payable for modifications of Life Assured's vehicle or home to adjust to the disablement.
2. Physical/Occupational Therapist benefit: If a claim has been accepted and paid for Accidental Total & Permanent Disability or Accidental Partial & Permanent Disability then an additional 10% of the ATPD/APPD claim amount shall be payable for the cost of physical/occupational therapist, if prescribed by a medical practitioner.

Note: This optional benefit is only available if Accident Total & Partial Permanent Disability Benefit has been opted.

Wellness Program

This program is intended to help reduce out of pocket medical expenses and support you in maintaining a healthier lifestyle. It provides access to benefits such as expert consultations, prescribed diagnostic tests, preventive care, and a range of wellness services, aimed at promoting overall well being.

The benefits under this program are subject to the availability of services within the empaneled service providers' network.

Seamless Access & Updates

The services shall be provided through our designated digital platform, enabling seamless access and convenience at the life assured's fingertips.

The digital platform shall keep the life assured informed of all available service offerings and any updates thereto, ensuring continuous access to the latest information.

Autonomy and Responsibility

All health related decisions remain solely with the life assured. While we facilitate access to reputed service providers through the digital platform, the selection of such providers and all risks associated with their services rest exclusively with the life assured.

All services are facilitated through our carefully selected service providers to ensure quality and availability at the time of booking. However, any unused consultations, tele consultations, vouchers, or sessions must be utilised within the same benefit year in which they are accrued and shall not be carried forward to the next policy year. The life assured retains full discretion to choose which services to avail, based on individual needs and preferences.

We are pleased to enable such access; however, we shall not be liable for any services rendered by third party providers. For any ongoing or persistent health concerns, consultation with a qualified Medical Practitioner is strongly recommended.

Please note: All the benefits adhere to the specific terms, conditions, and exclusions outlined in this policy document.
Scan the QR code to download the application

1. For Android Users

2. For IOS Users

Want to know more about your wellness program?

To find out more about our wellness program, you may reach the nearest HDFC Life branch or call at **<<020-66847360>> or Visit Company's website or HDFC Life's Wellness digital platform**

Know your wellness benefits

Benefit Type	Regular and Limited Pay	Single Pay
Health Wallet	100% of Annual Premium (AP) per annum until the end of premium payment term	20% of Single Premium per annum until the end of the first 5 years of the Policy Term
Fixed Wellness Benefits	Available until the end of premium payment term	Available until the end of the first 5 years of the policy term
360-degree Wellness		
Digital Health Benefits		
Waiting period	30 days from Risk Commencement Date	

These benefits are specified below:

1. Health Wallet

The premium paid by the life assured under this product is allocated to a dedicated health wallet for utilisation towards the eligible services specified below.

a.) OPD (In-clinic consultation) Cover

Under this benefit, we shall cover expenses incurred towards consultations with medical professionals, which may be availed either on a cashless basis through service providers or, where such providers are not available within the vicinity, on a reimbursement basis.

General Consultation Cap: Mentioned in the table below

- Specialist Consultation Cap: Mentioned in the table below
- This benefit excludes investigations, medications, and any minor procedures or treatment.

b.) Prescribed Lab & Radiology Services

Under this benefit, we shall cover necessary diagnostic tests prescribed by registered medical practitioners, either through home sample collection or assisted lab booking facilitated by the service provider network.

Coverage Cap: Mentioned in the table below

- Cashless Service: The service shall be availed on a fully cashless basis through empanelled network partners, exceptional reimbursement shall be permitted only where the network is unavailable.
- Reimbursement Conditions: The life assured shall contact the service provider's customer support to initiate a booking request. Where the network is unavailable, reimbursement shall be unlocked as an exception.
- A valid prescription, lab invoices, and lab reports from registered laboratories shall be required.
- This benefit excludes non prescriptive diagnostic tests and preventive health checks.

c.) Fitness Support Benefit

The life assured may access curated fitness programs, including gym memberships, Zumba classes, and yoga sessions, through the empanelled service provider network.

Coverage Cap and Access: Mentioned in the table below

- The coverage excludes personal training, sports coaching, fitness equipment, merchandise, and non

health related subscriptions.

d.) Prescribed Vaccination Cover

The life assured shall be entitled to prescribed vaccinations and travel only vaccinations (yellow fever, Japanese encephalitis, Meningococcal vaccine) recommended by a registered medical practitioner and approved by WHO.

Coverage Cap and Access: Mentioned in table below

- Services shall be availed on a cashless basis through network providers; reimbursement shall be permitted where network access is unavailable.
- Reimbursement Conditions: The life assured shall contact the service provider's customer support to raise a vaccination booking request. In the event the service provider network is unavailable, reimbursement shall be enabled as an exception. A valid prescription shall be required.
- The coverage excludes non prescribed vaccines, unless medically indicated, and administration fees beyond prescribed limits.

e.) Prescribed Pharmacy Cover

The Life Assured may order prescribed medicines through the empanelled pharmacy network, based on a valid prescription issued by a registered medical practitioner.

Coverage Cap and Access: Mentioned in table below

- Mode of Access: Services shall be availed entirely on a cashless basis through network pharmacies.
- The coverage excludes OTC products, supplements, cosmetics, alternative medicines unless prescribed, and non medical consumables.

Care Booster

Upon the diagnosis of a terminal illness or the occurrence of an accidental permanent disability, the existing Health Wallet allocation shall be enhanced to ten (10) times of the initial Health Wallet allocation to support increased healthcare needs. This enhanced allocation shall be available for a period of three (3) years , subject to the Policy remaining in force. In the event the Policy terminates earlier, the enhanced benefit shall also cease. Upon completion of the three (3) year enhancement period, the Health Wallet allocation shall revert to its normal value.

Coverage Cap: Limits applicable under the standard health wallet shall apply.

- Mode of Access: Mode of access shall remain the same as the health wallet.
- Exclusions: The benefit amount shall not be convertible into cash and shall not be utilised for any non medical purpose.

<table>
<tr><th>Coverage Caps</th><th>Claim Type</th><th>Benefit Cap</th><th>Transaction Cap</th></tr>
<tr><td rowspan="2">OPD (In-clinic consultation) Cover</td><td>Cashless</td><td rowspan="5">Up to Health Wallet Balance available</td><td>No cap</td></tr>
<tr><td>Reimbursement</td><td>Rs 1000 per consultation</td></tr>
<tr><td rowspan="2">Prescribed Lab & Radiology Services</td><td>Cashless</td><td>No cap</td></tr>
<tr><td>Exceptional Reimbursement</td><td>₹1,000 per transaction</td></tr>
<tr><td>Fitness Support Benefit (Gym/Yoga /Zumba)</td><td>Cashless</td><td>1 session per day</td></tr>
<tr><td rowspan="2">Prescribed Vaccination cover</td><td>Cashless</td><td rowspan="2">Up to 20% of Health Wallet Balance available</td><td>No cap</td></tr>
<tr><td>Reimbursement</td><td>Rs 1000 per Vaccination</td></tr>
<tr><td>Prescribed Pharmacy Cover</td><td>Cashless</td><td>Up to 20% of Health Wallet Balance available</td><td>₹1,000 per transaction</td></tr>
</table>

2. Fixed Wellness Benefits:

These benefits provide access to the services specified below, spanning preventive wellness, lifestyle support, and targeted care for specific conditions, thereby helping the life assured maintain overall well being and proactively manage health needs.

a.) Preventive Health Counselling
The life assured may avail preventive health counselling, wellness guidance, lifestyle and risk factor awareness counselling, and general health advisory session services provided by registered medical practitioners on our digital platform.
Mode of Access: Entirely cashless through empanelled network service providers.
The Preventive Health Counselling Benefit is non transferable and may be availed only by Covered Member. If the benefit is not utilised during the Policy Year, it shall lapse and shall not be carried forward.
Diagnostic tests, medicines, procedures, or treatment related services are excluded from the scope of this benefit.

b.) Tele consultations
The life assured may avail virtual consultations with medical practitioners across multiple specialities, in accordance with the Telemedicine Practice Guidelines, 2020.
Mode of Access: Consultations shall be availed entirely on a cashless basis.
Coverage Cap: Unlimited consultations annually; Only one tele-consultation session permitted at a time, maximum of 3 per day.

c.) Diet & Nutrition Consultation
The life assured shall be entitled to virtual consultations with certified dieticians and nutritionists to support dietary and wellness goals.
Mode of Access: Services shall be availed entirely on a cashless basis.
Coverage Cap: Unlimited consultations annually

d.) Mental Wellness
The life assured may avail consultations with qualified psychologists for mental wellness support.
Mode of Access: Services shall be availed entirely on a cashless basis.
Coverage Cap: Unlimited consultations annually
The benefit excludes medications, hospitalisation related services, and non clinical coaching services.

e.) Annual Preventive Health Check Up
The life assured may avail comprehensive health check-up vouchers annually for tests including but not limited to CBC, KFT, LFT, and other preventive health parameters.
- Coverage Cap: One voucher shall be available annually.
- Mode of Access: Services shall be availed on a cashless basis through network service providers; exceptional reimbursement may be permitted where network access is unavailable.
- Reimbursement Conditions: Reimbursement of up to ₹2,000 shall be permitted for non network location services to ensure accessibility. The life assured shall contact customer service and raise a request for booking. In case the network is unavailable, reimbursement shall be enabled as an exception.

f.) Cancer Screening
The life assured may avail preventive cancer screening tests (with PSA, CA 19.9 and CEA available for males, and CA 125, CEA and CA 19.9 available for females).
- Coverage Cap: One voucher shall be available once every two years.
  Mode of Access: Services shall be availed entirely on a cashless basis through empanelled network partners; exceptional reimbursement may be permitted where network access is not available.
- Reimbursement Conditions: Reimbursement of up to ₹2,500 shall be permitted for services availed at non network locations to ensure accessibility. The life assured shall contact the service provider's customer service team to raise a booking request. In the event of network unavailability, reimbursement shall be unlocked as an exception.
- The benefits exclude diagnostic follow ups, biopsies, treatment related services, and hospitalisation.

g.) Chronic Care Management
The life assured may avail key health metrics tracking, health goal assistance, and voluntary interventions to manage chronic health conditions like diabetes, cardiac conditions, thyroid disorders and liver disorders.
•Coverage Cap: An additional Health Wallet unlock amounting to ₹5,000 shall be provided.
• Per Transaction Cap: As applicable under the Health Wallet.
• Mode of Access: As applicable under the Health Wallet.
• Reimbursement Conditions: Reimbursement shall not be permitted under this Benefit.
• Exclusions: Hospitalisation, emergency care, and the cost of medicines or diagnostics unless explicitly covered shall be excluded.

Please log in using your registered mobile number on the HDFC Life digital platform using QR code given in the policy to access details of the Chronic Care Management program.

h.) Dental Wellness
The covered beneficiary may consult a medical practitioner of choice and utilise a wallet of up to ₹5,000 for below stated procedures.

Parent Procedure	Procedure Name
Consultation	Consultation
Crown	Heat cure crown
Scaling/Cleaning	Scaling/ Cleaning
Restoration / Filling	GIC (Glass Ionomer Cement)
Extraction	Mobile tooth
Bridge	Bridge
	Re-cementation of crown (excluding crown charges)
	Re-cementation of bridge (excluding crown charges)
IOPA / X ray	IOPA (Intraoral Peri-Apical Radiograph) Film
	Digital X ray
Removable Partial Denture	Additional tooth

Mode of Access: Entirely cashless through network providers.
• Exclusions: If the dental benefit is not availed within the policy year, it shall lapse and cannot be carried forward.
• The benefit is non transferable.
• The benefit amount is capped RS 1,000 per transaction.

i.) Physiotherapy Services
The life assured may avail digital and in person physiotherapy sessions prescribed by a registered medical practitioner.
• Coverage Cap: Six digital vouchers and six in person vouchers.
• Mode of Access: Entirely cashless, through in clinic or virtual sessions via network providers.

j.) Prescribed Vision Care
The life assured may avail prescribed vision care services including standard prescribed spectacles (single vision, bifocal, or basic progressive lenses) and medically prescribed corrective lenses available with the network.
• Coverage Cap: ₹2,500 once every three years starting from the third policy year.
• Mode of Access: Entirely cashless through network partners.

k.) Pregnancy Care
Under this benefit, an additional health wallet unlock amounting to ₹5,000 shall be provided to the life assured to offer care and reassurance through the maternity journey.
• Per Transaction Cap: As applicable under the health wallet.
• Mode of Access: As applicable under the health wallet.
• Reimbursement Conditions: Reimbursement shall not be permitted under this Benefit.
• Exclusions: Hospitalisation, emergency care, and the cost of medicines or diagnostics unless explicitly covered shall be excluded.

3. 360-degree Wellness:

This benefit shall cover network linked wellness discounts and concierge assistance services aimed at supporting comprehensive, end to end wellness.

a.) Network Discount
The life assured may avail discounts on doctor consultations, diagnostics, pharmacy, nutritional supplements, smart device and vaccination purchases when services are booked on a cashless basis through network partners after exhaustion of the health wallet.
• Exclusions: Discounts shall not apply to services availed from non network providers.

Services Available	Discount
Pharmacy Discounts	Up to 10%
Lab and radiology discount	Up to 20%
OPD discount	Up to 10%
Nutritional Supplements	Up to 10%
Smart Device	Up to 10%
Vaccination	Up to 10%

b) Health Concierge
Health Concierge Services offer assistance and facilitation to the life assured in accessing select healthcare related services. These services are purely facilitative, and do not include coverage of any service costs. All assistance shall be provided on a best efforts basis through third party service providers. The Insurer shall not guarantee availability, quality, timelines, or successful completion of bookings.

Scope of Services under Health Concierge

i) Home Nursing Assistance
This benefit shall provide assistance in identifying and coordinating trained nurses or caregivers for home based care through telephonic or digital support, with all service fees payable directly by the life assured.
• Exclusions: Nursing fees, medical procedures, consumables, and supervision of care are excluded.

ii.) Hospitalization Support
This benefit shall provide non clinical assistance such as hospital identification, admission coordination and documentation support for planned or emergency hospitalisation, delivered through telephonic or on ground support wherever available, with all hospital bills and medical expenses payable directly by

the life assured. This benefit is available exclusively at network hospitals.
- Exclusions: Medical advice, treatment decisions, and any financial coverage for hospitalization are excluded.

iii.) Medical Equipment Assistance
This benefit shall facilitate the rental or purchase of medical equipment such as oxygen concentrators, wheelchairs, and hospital beds through coordination with third party vendors, with all equipment costs, delivery, installation and maintenance charges payable directly by the life assured.
- Exclusions: The Insurer shall not be responsible for product quality, servicing, warranties, or vendor performance.

iv.) Assisted Living Support
This benefit shall provide assistance in identifying assisted living or elder care facilities through telephonic or digital coordination, with all admission, accommodation, care and ancillary charges payable directly by the life assured.
- Exclusions: Reservation guarantees, admission approval, and quality assurance of facilities are excluded.

c.) Ambulance Cover
- The life assured may avail road ambulance services for medically necessary emergency transportation. This benefit is available exclusively at network hospitals.
- Coverage Cap: ₹2,000 annually.
- Mode of Access: Entirely cashless.
- Exclusions: Air ambulance services and non emergency transportation shall be excluded.

4. Digital Health Benefits:

These services provide seamless access to medical records, preventive health information, personalised assessments, and instant wellness indicators ensuring convenience and ease of access at the fingertips of the life assured.

a.) AI Face Scan
This benefit shall provide AI based facial scans through our digital platform to offer wellness related indicators and screening insights only, and shall not be construed as a diagnostic or medical tool.

b.) Digital Health Vault
This benefit shall provide cloud based storage to the life assured to securely maintain medical records, reports and prescriptions at one place.

c.) Health Content & Blogs
This benefit shall provide access to preventive health articles, blogs and pre-recorded video sessions and yoga sessions through the digital platform, with such content being purely informational and not constituting medical advice.

d.) Health Risk Assessment
This benefit shall provide digital questionnaire based health risk assessments for the life assured, generating a personalised health score with corresponding recommendations, while excluding any diagnostic confirmation.

Please note that:

i. The above services are optional services made available to the life assured. The life assured shall exercise sole discretion with respect to:
a. availing such services; and/or
b. adhering to or following any course of treatment, medical advice, or recommendations provided by the respective service provider.
ii. All such services shall be rendered directly and independently by the designated third party service providers. The Insurer shall have no role, control, or participation in the delivery, quality, or outcome of these services.

iii. As the services are provided by independent third party service providers, the Insurer shall not bear, assume, or incur any liability, responsibility, or obligation, whether direct or indirect, arising from or attributable to the provision or non provision of these services.
iv. The Insurer reserves the absolute right to modify, replace, discontinue, or substitute any Wellness Service and/or change, replace, or discontinue any service provider at any time, without prior notice.
v. In case Life Assured and Policyholder are different, services will be available to Life Assured only.

Cover during Grace Period
A policy is considered to be in-force with risk cover without any interruption during the Grace Period. Should a valid claim arise under the product during the Grace Period, but before the payment of due premium, the claim shall be honoured as per the terms of the policy post deduction of the due and unpaid premium for the policy year from any benefit payable.

Maturity Benefit: There is no maturity benefit available under this policy.

WHAT IS THE GRACE PERIOD?

A Grace Period of 30 days, where the mode of payment of Premium is other than monthly mode, and 15 days in case of monthly mode, is allowed for the payment of each renewal Premium after the first Premium. We will not accept part payment of the Premium. Product is considered to be in-force with risk cover without any interruption during the Grace Period.

WHAT IS THE SURRENDER BENEFIT?

If you surrender the policy, Policy Cancellation Value shall be payable subject to following conditions:
Policy cancellation value shall be payable subject to following conditions:

Single Pay (SP)	Immediately upon payment of premium
Limited Pay (LP)	Upon completion of 1st policy year, provided premiums for at least 1 full year has been paid.

Policy Cancellation Value

Policy cancellation value (PCV) gets acquired immediately upon payment of premium in case of SP and upon payment of premiums for at least 1 full year and after completion of first policy year, in case of LP. In all other cases, the policy lapses on premium discontinuance without any value.
Policy cancellation value (if acquired) shall be payable:
i. Upon death of the life assured during revival period, or
ii. At the end of the revival period if the policy is not revived

The amount payable will be as given below, subject to Policy Cancellation Value (PCV) being acquired:
PCV Factor% × Total Premiums Paid× Unexpired Policy Term ÷ Original Policy Term, less any benefits already paid out.

Where, acquisition of Policy Cancellation Value and PCV Factors shall be as given in table below:

Premium Payment Term	Policy Cancellation Value Acquired	PCV Factor%
Single Pay (SP)	Immediately upon payment of premium	50%
Limited Pay (LP)	After the end of first policy year, provided at least one full year premium is paid	30%, if less than two annual premiums are paid 50%, if at least two annual premiums are paid
Regular Pay (RP)	No Policy Cancellation Value is payable.	Not Applicable

WHAT IS THE PAID-UP BENEFIT?

The policy lapses on premium discontinuance without any paid-up value.

WHAT ARE THE REVIVAL CONDITIONS?

The Product can be revived within the Revival Period as defined in the Policy Document. The revival shall be subject to the Board Approved Underwriting Policy of the Company ("BAUP") and payment of unpaid premiums with interest and a revival fee of Rs 250.

In case the product is not revived within the Revival Period mentioned, the Product shall terminate and surrender value, if any, shall be paid to the Policyholder.

WHAT IS THE PROCEDURE FOR RENEWAL?

Since it is a Fixed Benefit product, it does not offer renewability after the expiry of the Policy Term.

WHAT ARE THE EXCLUSIONS IN THE PRODUCT?

Terminal Illness with Protection Cover

Suicide Exclusion

In case of death due to suicide within 12 months from the Risk Commencement Date of 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 Premiums Paid till the date of death or the Policy Cancellation Value available as on the date of death whichever is higher, provided the Policy is in force.

Accident Total & Partial Permanent Disability & Accidental Death Benefit

We shall not be liable to make any payment for any claim in respect of the Life Assured, under this Policy for, caused by, arising from or in any way attributable to any of the following, unless otherwise stated in the Policy:

The accidental disability benefit will not be payable in the following situations:

- Disability occurs as a result of any pre-existing condition.
- Disability occurs as a result of participation by the insured person in a criminal or unlawful act
- Disability occurs as a consequence of the insured person being under the influence of alcohol, drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a qualified & registered medical practitioner.
- Disability occurs as a result of self-inflicted injuries or attempted suicide; while sane or insane
- Disability occurs as a result of taking part in any naval, military or air force operation during peace time or during service in any police, paramilitary or any similar organisation.
- Disability occurs as a result of the person engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to any kind of race; diving or underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping etc.
- Disability occurs as a result of participation by the insured person in any flying activity, except as a bona fide fare-paying passenger of a recognized airline flying on regular routes and on a scheduled timetable.
- Disability occurs as a result of 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.
- Disability occurs as a result of nuclear or radio-active contamination.

The accidental death benefit will not be payable in the following situations:

- Death occurs as a result of participation by the insured person in a criminal or unlawful act
- Death occurs as a consequence of the insured person being under the influence of alcohol, drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a qualified & registered medical practitioner.
- Death occurs as a result of self-inflicted injuries or attempted suicide; while sane or insane

- Death occurs as a result of taking part in any naval, military or air force operation during peace time or during service in any police, paramilitary or any similar organisation.
- Death occurs as a result of the person engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to any kind of race; diving or underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping etc.
- Death occurs as a result of participation by the insured person in any flying activity, except as a bona fide fare-paying passenger of a recognized airline flying on regular routes and on a scheduled timetable.
- Death occurs as a result of 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.
- Death occurs as a result of nuclear or radio-active contamination.

WHAT ARE THE OTHER TERMS & CONDITIONS IN THE PRODUCT?

Free Look Cancellation

a) Cancellation in the Free Look Period

- In case, as the Policyholder, you disagree to any Policy terms and conditions under this product, you have the option of returning the Policy to us stating the reasons thereof, within 30 days from the date of receipt of the Policy, whether received electronically or otherwise. On receipt of the letter along with the original Policy document (original Policy Document is not required for policies in dematerialised or where policy is issued only in electronic form), we shall refund the Premium, subject to deduction of the proportionate risk Premium for the period of cover, expenses, if any incurred by us on medical examination of the proposer and stamp duty charges.
- A Policy once cancelled shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new Policy.

b) Cancellation after the Free Look Period

- The policy can be cancelled at any time during the policy Term. Upon such a cancellation, the policy will terminate and the surrender value (if any) will be payable as per Surrender Value.

Alterations

The Policyholder may change the Frequency of Premium Payment at any time during the Premium Payment Term, subject to the applicable conversion factors.

Loans

No loans are permissible under this Policy.

Assignment and Transfer

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 there of 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.

Nomination

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

Section 5 (Assignment or Transfer) and 6 (Nomination) 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.

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

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.
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.

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 Policy 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 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 asignees 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, 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, 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.

This is not a comprehensive list of amendments of Insurance Laws (Amendment) Ordinance, 2014 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Ordinance Gazette Notification dated December 26, 2014 for complete and accurate details.

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.

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 plat form. 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

Age Admitted

The Company has calculated the Premiums under the policy on the basis of the age of the Life Assured as declared in the Proposal. In case You have not provided proof of age of the Life Assured with the Proposal, you will be required to furnish such proof of age of the Life Assured as is acceptable to us and have the age admitted. In the event the age so admitted ("Correct Age") during the Policy Term is found to be different from the age declared in the Proposal, without prejudice to our rights and remedies including those under the Insurance Act, 1938, as amended from time to time we shall take one of the following actions (i) if the Correct Age makes the Life Assured ineligible for this Policy, we will offer him suitable plan as per our underwriting norms. If you do not wish to opt for the alternative plan or if it is not

possible for us to grant any other plan, the Policy will stand cancelled from the date of issuance and the Premiums paid under the Policy will be returned subject to the deduction of expenses incurred by the Company and the Policy will terminate thereafter; or (ii) if the Correct Age makes the Life Assured eligible for the Policy, the difference between the revised Premium, as per the Correct Age and the original Premium, with interest, will be due on the next Policy Anniversary date and the revised Premium will continue for the rest of the Premium Payment Term. The provisions of Section 45 of the Insurance Act, 1938 as amended from time to time shall be applicable.

Grievance Redressal Mechanism

You can contact us at any of the below touchpoints in case of any concern:

- Helpline number: 022-68446530 (Call Charges apply) | NRI Helpline number +91 89166 94100 (Call Charges apply)
- E-mail Address: service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only)

You can let us know of your concerns/grievances through any of below options:

- Option 1: Written letter duly signed by the policyholder at any HDFC Life Branch. There is a Grievance Redressal Officer at the respective branch to address the customer's complaint. To know more about branch address and timing's you can visit this link: https://www.hdfclife.com/contact-us#BranchLocator Please note, branches are closed on Sundays, national holidays and region-specific public holidays.
- Option 2: Write to us from your registered email ID at service@hdfclife.com
- Option 3: Visit us at our website https://www.hdfclife.com/customer-service/grievance-redressal

You may refer to the escalation matrix in case there is no response to a grievance within the prescribed timelines.

If you are not satisfied with our response, you may approach the Insurance Ombudsman located in your region.

The product is available for purchase online through company website. 5% discount on first year premium will be applicable when the product is purchased online through website

For more information on our Grievance Redressal Mechanism and the detailed address of the Insurance Ombudsman, please refer Part G of the Base Policy document given to you.

Contact us today

To buy: 1800-266-9777 (Toll free)
(Available all days 10 am to 7 pm)

Visit us at www.hdfclife.com

HDFC Life

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IRDAI or its officials do not involve in any activities of insurance business like selling insurance policies, announcing bonus, investment of premiums or refund of amounts.
Policyholders or the prospects receiving such phone calls are requested to lodge a police complaint.