Achieve your dreams like a champion.



#TheRealAdvantage

Key highlights

Policy Continuance Benefit*

Additional Life Option#

Flexibility in Choice of Life Cover^

NEW

HDFC Life Click 2 Achieve Par Advantage

An Individual Non Linked, Participating, Savings Life Insurance Plan

HDFC Life

Sar utha ke jiyo!

* Option to choose Policy Continuance Benefit. #Option to choose Additional life cover. ^Choose from 7x / 11 x annualized premium as life cover for age < 50 and 5x/11x annualized premium as life cover for age >= 50

NEW

HDFC Life Click 2 Achieve Par Advantage

An Individual Non Linked, Participating, Savings Life Insurance Plan

As you grow in life, your dreams and aspirations grow as well - finding your dream home, making sure your child gets a good education, or a perfect retirement. We understand the significance of these milestones. Life Insurance plan can help you achieve such goals whilst safeguarding the family's future against the unforeseen events. That's why we're introducing HDFC Life Click 2 Achieve Par Advantage - designed to enable dreams and goals for everyone.

At HDFC Life, we believe in granting you the autonomy to shape your financial future in alignment with your unique aspirations and needs. HDFC Life Click 2 Achieve Par Advantage is meticulously designed to offer versatility, presenting you with a spectrum of options to safeguard your loved ones' futures and attain your financial objectives.

Key Features OF HDFC Life Click 2 Achieve Par Advantage

- **Choose any combination from 5 plan options as per your future needs**
- **Life Insurance Cover** for financial security of your family
- **Additional Life Coverage** – Flexibility to choose additional life option for your spouse
- **Guaranteed benefits**** – Option to receive guaranteed pay-outs during the Policy Term
- **Policy Continuance Benefit (PCB)** – Get Waiver of future premium on death of Life Assured + Get Death Benefit as lumpsum immediately + Future benefits continue to nominee or survivor
- **Premium Offset** - Feature to offset your premium against cash bonus and/or guaranteed payouts as applicable
- **Paid Up Additions** – Feature to convert part or full cash bonus payable into Paid-Up Additions
- **Deferral of Survival/Income Benefit** – Feature to accrue the cash bonus and/or guaranteed pay-out and take it as lumpsum when required
- **Optional Riders** – Enhance your protection coverage with rider options on payment of additional premium
- **Online Sales** - This Product is also available for online sale
- **Tax benefits** - You may be eligible for tax benefits as per prevailing tax laws

**Only for guaranteed income option

ELIGIBILITY

<table>
<tr><th></th><th>Without PCB</th><th>With PCB</th></tr>
<tr><td>Minimum Age at Entry[1] (Years)</td><td>0 (30 days)[2]</td><td>18[2]</td></tr>
<tr><td></td><td colspan="2">In case “Additional Life” option is selected, minimum entry age shall be 18 years for both the lives.</td></tr>
<tr><td>Maximum Age at Entry[3] (Years)</td><td>
<table>
<tr><th>Option</th><th>Years</th></tr>
<tr><td>Lumpsum</td><td rowspan="2">65</td></tr>
<tr><td>Balanced Income</td></tr>
<tr><td>Early Income</td><td rowspan="3">60</td></tr>
<tr><td>Enhanced Income</td></tr>
<tr><td>Guaranteed Income</td></tr>
</table>
</td><td>
<table>
<tr><th>Option</th><th>Years</th></tr>
<tr><td>Lumpsum</td><td rowspan="2">Single Pay: 60
Regular/Limited Pay: 65-PPT</td></tr>
<tr><td>Balanced Income</td></tr>
<tr><td>Early Income</td><td rowspan="3">Single Pay: 55
Regular/Limited Pay: 60-PPT</td></tr>
<tr><td>Enhanced Income</td></tr>
<tr><td>Guaranteed Income</td></tr>
</table>
</td></tr>
<tr><td>Minimum Age at Maturity (Years)</td><td colspan="2">18</td></tr>
<tr><td>Maximum Age at Maturity (Years)[3]</td><td>85</td><td>75</td></tr>
<tr><td>Premium Payment Term (Years)</td><td colspan="2">Single Pay, 5, 6, 8, 10, 12</td></tr>
<tr><td>Policy Term (Years)</td><td colspan="2">10 to 40

The minimum Policy Term for each option shall be as under:
<table>
<tr><th>Plan option</th><th>Minimum Policy Term (Years)</th></tr>
<tr><td>Lumpsum</td><td>10</td></tr>
<tr><td>Balanced Income</td><td>10</td></tr>
<tr><td>Early Income</td><td>20</td></tr>
<tr><td>Enhanced Income</td><td>20</td></tr>
<tr><td>Guaranteed Income</td><td>20</td></tr>
</table>
</td></tr>
<tr><td>Deferment Period (Years)[4]</td><td colspan="2">0 to 12</td></tr>
</table>

<table>
<tr><td>Sum Assured on Death</td><td>The absolute amount of benefit which is guaranteed to become payable on death of the life assured in accordance with the terms and conditions of the policy. This shall be equal to DBM × SP for Single Pay and DBM × AP for Limited/Regular Pay.

<table><tr><th>Age at Entry*</th><th>Minimum DBM</th><th>Maximum DBM</th></tr><tr><td>< 50</td><td>Single Pay:1.25
Limited / Regular Pay: 7</td><td>11</td></tr><tr><td>> =50</td><td>Single Pay:1.1
Limited / Regular Pay: 5</td><td>11</td></tr></table>
* In case of ‘Additional Life Option’, the above limits will be applicable to both the lives. In addition, the acceptance of any case is subject to the Board Approved Underwriting Policy of the company prevailing from time to time.</td></tr>
<tr><td>Minimum Instalment Premium</td><td>The minimum premium amount per instalment for the policy shall be as under:

<table><tr><th>Premium Payment Frequency</th><th>Minimum Instalment Premium (Rs.)</th></tr><tr><td>Single Premium</td><td>50,000</td></tr><tr><td>Yearly</td><td>25,000</td></tr><tr><td>Half-yearly</td><td>12,750</td></tr><tr><td>Quarterly</td><td>6,500</td></tr><tr><td>Monthly</td><td>2,188</td></tr></table>
The premium allocated towards each plan option cannot be lower than the limit given below:

<table><tr><th>Premium Payment Frequency</th><th>Minimum Instalment Premium (Rs.)</th></tr><tr><td>Single Premium</td><td>25,000</td></tr><tr><td>Yearly</td><td>10,000</td></tr><tr><td>Half-yearly</td><td>5,100</td></tr><tr><td>Quarterly</td><td>2,600</td></tr><tr><td>Monthly</td><td>875</td></tr></table></td></tr>
<tr><td>Maximum Instalment Premium</td><td>No limit, subject to Board Approved Underwriting Policy (BAUP)</td></tr>
</table>

[1]Risk cover starts from date of commencement of policy and the policy will vest on the Life Assured on attainment of age 18 years
[2]For ‘Additional Life Option’, minimum entry age is 18 years for both the lives
[3]In case of Additional Life, the above limit will be applicable for both the lives.
[4]This is applicable for the plan options - 2, 3, 4 and 5, wherein any cash bonus and/or guaranteed pay-out, as applicable, are payable. A policy with deferment period shall participate in profits from inception. Any surplus during the deferment period shall continue to accumulate in the fund and the bonus declaration shall commence after completion of deferment period.
All ages mentioned above are age as on last birthday.
The minimum premium amounts are exclusive of taxes and levies as applicable.

Plan Options:

1. Lumpsum

2. Balanced Income

3. Early Income

4. Enhanced Income

5. Guaranteed Income

Policyholder can choose one or more of the above plan options at policy inception. Plan Option once chosen at inception cannot be changed throughout the policy term. Premium will vary depending upon the Option chosen.

How does the plan options work?

1. Lumpsum

This plan option offers a guaranteed lumpsum payable at maturity along with additional non-guaranteed benefit in the form of regular reversionary bonus (if any) and terminal bonus (if any)

2. Balanced Income

This plan option offers a guaranteed lumpsum payable at maturity along with additional non-guaranteed benefit in the form of regular cash bonus (if any) and terminal bonus (if any). The plan option aims to enable higher accumulation by providing more weightage to the lumpsum payable on maturity. The regular cash bonus (if any) shall be payable during the pay-out period.

3. Early Income

This plan option offers a regular cash bonus (if any) during the pay-out period. In addition, there will be a guaranteed lumpsum payable at maturity along with terminal bonus (if any).

4. Enhanced Income

This plan option offers a regular cash bonus (if any) during the pay-out period, with cash bonus linked to increasing multiple of Sum Assured on Maturity. In addition, there will be a guaranteed lumpsum payable at maturity along with terminal bonus (if any).

5. Guaranteed Income

This plan option offers a guaranteed pay-out of 10% of Basic Sum Assured payable every year during the pay-out period. In addition, it offers non-guaranteed benefits in the form of regular cash bonus (if any) during the pay-out period and terminal bonus (if any).

Benefits

1. Death Benefit : On death of the Life Assured during the Policy Term and provided that all Premiums which have fallen due have been paid, the Death Benefit payable shall be highest of the following for each option:

I. Lumpsum

- Sum Assured on Death plus accrued Reversionary Bonus (if any) plus Interim Reversionary Bonus (if any) plus Terminal Bonus (if any)*
- 105% of Total Premiums Paid as on the date of death

II. Balanced Income: In addition to Accrued cash bonus, as applicable (if not paid earlier) the following shall be payable on death

a. Sum Assured on Death plus Interim Cash Bonus (if any) plus Terminal Bonus* (if any)

b. 105% of Total Premiums Paid as on the date of death

III. Early Income: In addition to Accrued Cash Bonus, as applicable (if not paid earlier) the following shall be payable on death

a. Sum Assured on Death plus Interim Cash Bonus (if any) plus Terminal Bonus* (if any)

b. 105% of Total Premiums Paid as on the date of death

IV. Enhanced Income: In addition to Accrued Cash Bonus, as applicable (if not paid earlier) the following shall be payable on death

a. Sum Assured on Death plus Interim Cash Bonus (if any) plus Terminal Bonus* (if any)

b. 105% of Total Premiums Paid as on the date of death

V. Guaranteed Income: In addition to Accrued cash bonus and/or guaranteed pay-out, as applicable (if not paid earlier) the following shall be payable on death

a. Sum Assured on Death plus Interim Cash Bonus (if any) plus Terminal Bonus* (if any)

b. 105% of Total Premiums Paid as on the date of death

* Terminal Bonus is only applicable for option where PCB is not opted

Where, Sum Assured on Death shall be equal to

Death Benefit Multiple (DBM) x Single Premium (for Single Pay)

Death Benefit Multiple (DBM) x Annualized Premium (for Limited & Regular Pay)

Where 'Additional Life Option' is opted,

- The death benefit payable on first death shall be higher of Sum Assured on Death (applicable for the life) and 105% of Total Premiums Paid as on date of death. In addition, all future premiums under the policy shall be waived.

- On Second Death the above Death Benefit mentioned under clause 1 shall be payable.

Where Policy Continuance Benefit (PCB) is not opted

Upon the payment of the death benefit (second death benefit in case Additional life is opted), the Policy terminates and no further benefits are payable.

Where Policy Continuance Benefit (PCB) is opted

Upon the payment of the death benefit (second death benefit in case Additional life is opted), the Policy shall not terminate.

All applicable future benefits shall be paid as and when they would have become payable if any of the life assured (at least one of the lives assured where 'Additional Life Option' is opted) was alive.

2. **Survival Benefit:** On survival of Life Assured during the Policy Term following shall be payable as Survival Benefit provided all Premiums which have fallen due have been paid

I. Lumpsum: Survival Benefit is not applicable under this option

II. Balanced Income: Survival Benefit shall be equal to:
Sum Assured on Maturity X Cash Bonus Rate (if any)

III. Early Income: Survival Benefit shall be equal to:
Sum Assured on Maturity X Cash Bonus Rate (if any)

IV. Enhanced Income – For each Policy year after the end of deferment period, the survival benefit shall be equal to:

Sum Assured on Maturity X (1+Increase Factor X Cash Bonus Rate (if any)
Where, Increase Factor = (Policy Year – Deferment Period – 1) X 10%

V. Guaranteed Income: For each Policy Year, the survival benefit shall be equal to:

Basic Sum Assured X Cash Bonus rate plus Guaranteed Payout
where, Guaranteed Payout = Basic Sum Assured X 10%

3. Maturity Benefit : On survival of Life Assured till the end of Policy Term following shall be payable as Maturity Benefit for below plan option provided that all Premiums which have fallen due have been paid,

I. Lumpsum:

- Sum Assured on Maturity plus
- Accrued Reversionary Bonus* (if any) plus
- Interim Reversionary Bonus (if any) plus
- Terminal Bonus (if any)

* Where PCB is opted and death benefit is paid out before maturity, the accrued Reversionary Bonus shall only include the bonus added after the date of death

II. Balanced Income: In addition to Accrued cash bonus, as applicable, the following shall be payable

- Sum Assured on Maturity plus
- Interim Cash Bonus (if any) plus
- Terminal Bonus (if any)

III. Early Income: In addition to Accrued cash bonus, as applicable, the following shall be payable

- Sum Assured on Maturity plus
- Interim Cash Bonus (if any) plus
- Terminal Bonus (if any)

IV. Enhanced Income: In addition to Accrued cash bonus, as applicable, the following shall be payable

- Sum Assured on Maturity plus
- Interim Cash Bonus (if any) plus
- Terminal Bonus (if any)

V. Guaranteed Income: In addition to Accrued cash bonus and/or guaranteed pay-out, as applicable, the following shall be payable

- Sum Assured on Maturity plus
- Interim Cash Bonus (if any) plus
- Terminal Bonus (if any)

BONUSES:

The profits will be distributed in the form of Cash Bonus, Reversionary Bonus and Terminal Bonus. This bonuses will be declared at the end of financial year.

If declared, all eligible policies shall receive the terminal bonus on maturity or on exit due to death

or surrender based on the terminal bonus rates declared by the company. The cash bonus, interim cash bonus, if any and terminal bonus shall be payable to the eligible policies in the year following the declaration (for cash bonus) or the time of exit by surrender or maturity or death (for interim cash bonus and terminal bonus) in the year following the declaration.

Note- 4% p.a. and 8% p.a. are only assumed investment returns and are not guaranteed.

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.

Other benefits under this option:

(1) Additional Life option

The option allows inclusion of spouse as an additional life assured to the policy. Where opted, there shall be two lives assured under the policy.

Each life shall have a separate Sum Assured on Death as per the Death Benefit Multiple chosen.

On first death, the death benefit corresponding to first death shall be payable and all future premiums under the policy shall be waived. In case of subsequent second death, death benefit corresponding to the second death shall be payable.

The policy continues to be active as long as at least one of the lives assured is alive. The policy terminates on second death, except where Policy Continuance Benefit is opted.

In case of more than one plan option under a single policy, choice for 'Additional Life Option' has to be consistent across all plan options selected.

(2) Policy Continuance Benefit (PCB)

The product provides an option to continue the policy even after the death of the life assured(s) and for availing the future benefits under the policy, referred to as the 'Policy Continuance Benefit (PCB)'.

Where PCB is opted without 'Additional Life Option':

On death of the life assured, the policy does not terminate. All the applicable future benefits shall be paid to the nominee as and when it would have become payable if the policy would have been active (life assured was alive), with all the future premiums waived.

Where PCB is opted along with 'Additional Life Option':

In case of second death, the policy does not terminate. All the applicable future benefits shall be paid to the nominee as and when it would have become payable if the policy would have been active (at least one of the lives assured was alive).

In case of more than one plan option under a single policy, choice for PCB has to be consistent across all plan options selected.

(3) Waiver of Premium on Death (WOP Death)

If this is selected, all future premiums payable under the policy will be waived on death of the proposer. The contract shall continue and all benefits shall be available as applicable under the policy.

WOP Death can be chosen only at policy inception. Once chosen this cannot be opted out of. This option shall not be available to attach on the life for which there is an inbuilt waiver already available.

To avail this option, additional premium shall be payable.

(4) Waiver of Premium on CI (WOP CI)

If this is selected, all future premiums payable under the policy will be waived, if the proposer is

diagnosed with any of the covered critical illnesses. The contract shall continue and all benefit shall be available as applicable under the policy.

WOP CI can be chosen only at policy inception. Once chosen this cannot be opted out of.

To avail this option, additional premium shall be payable.

(5) Waiver of Premium of Total and Permanent Disability (WOP TPD)

If this is selected, all future premiums payable under the policy will be waived, in case of occurrence of total and permanent disability for the proposer. The contract shall continue and all benefits shall be available as applicable under the policy.

WOP TPD can be chosen only at policy inception. Once chosen this cannot be opted out of.

To avail this option, additional premium shall be payable.

(6) Special Milestone Benefit

The option allows the policyholder to receive a benefit on special occasion in the policyholder's life, while the policy is active. This can be a useful feature to pre-plan for special occasions like Life Assured's 25th Marriage Anniversary, Child's 5th birthday, Day of Retirement or any other special day.

The benefit payment made under this option shall be referred to as 'Special Milestone Benefit'.

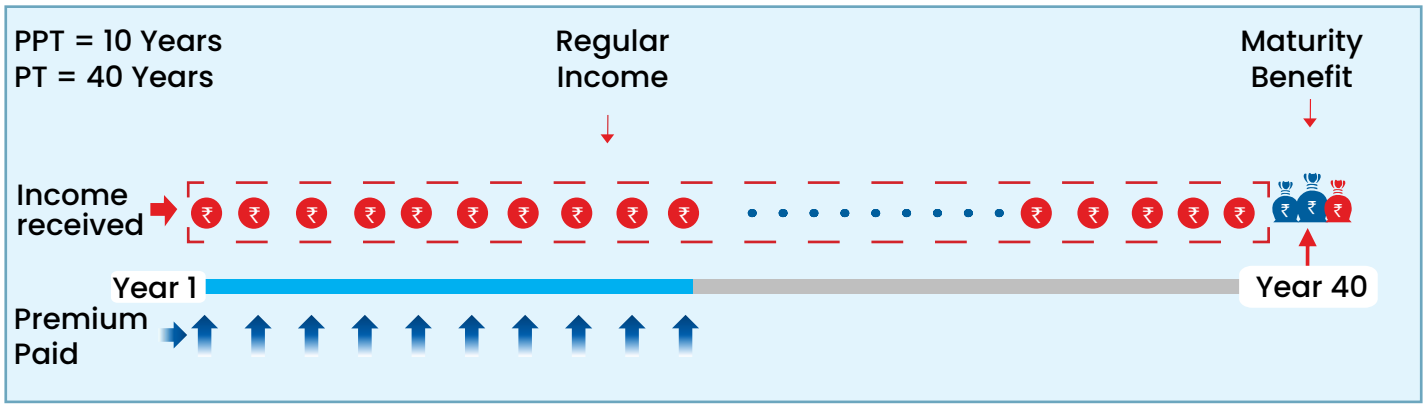
The amount of Special Milestone Benefit can be up to 50% of Total Premiums paid, as chosen by the Policyholder and shall be payable in advance in the policy month in which the special occasion falls.

Both amount and timing of Special Milestone Benefit can only be chosen at policy inception.

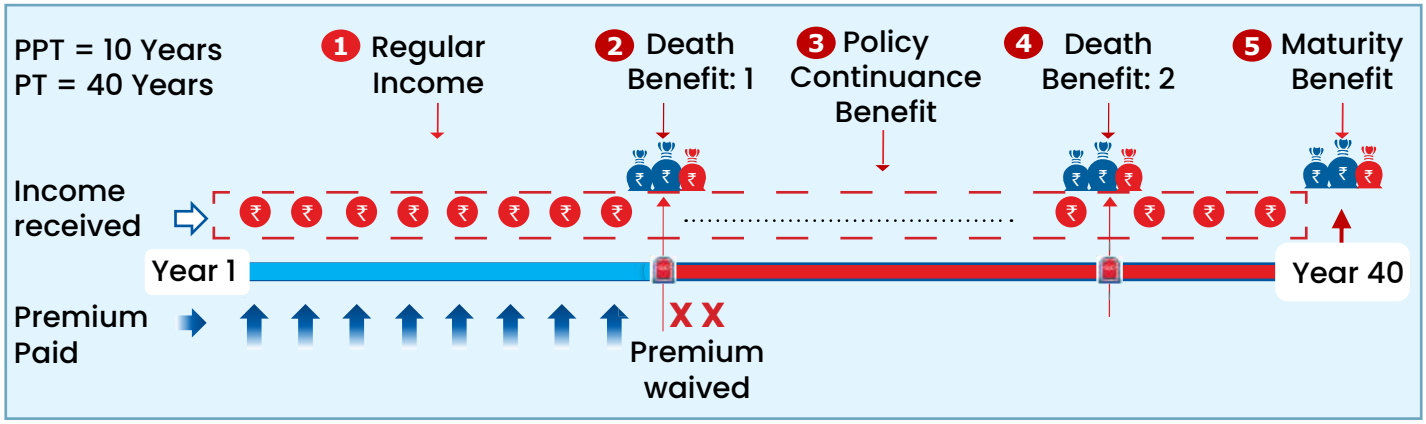
How the plan works

1. A 35 years old man chooses to pay 5 lakh premium for 10 years with 40 years of Policy Term. **He allocates 85% of his premium into Early Income option while 15% into Balanced Income.** He has selected Policy Continuance Benefit option along with additional life (Wife aged 35 years) for enhanced protection. He dies after paying 8th premium

On Survival (till maturity)



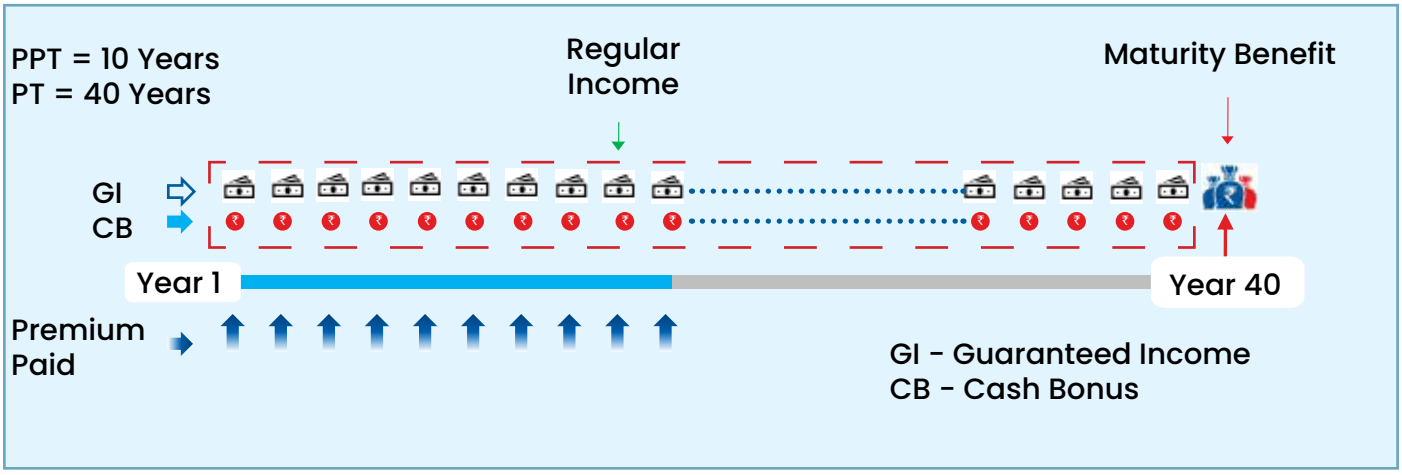
On Death during PPT:



Benefits	Value in (Rs.)	
Proportion of Annual Premium Early Income: 85% & Balanced Income: 15%	Early Income : 4,25,000 Balanced Income : 75,000	
Policy Continuance Benefit	Yes	
Additional Life	Yes	
Assumed Annual Investment returns @4%	Cash Bonus^	49,731
	Total Cash Bonus for 40 years	19,89,231
	Maturity Benefit	86,40,031
	Total Benefit till Maturity	1,06,29,262
	Death Benefit for LA 1	55,00,000
	Death Benefit for LA 2	55,00,000
Assumed Annual Investment returns @8%	Cash Bonus^	1,75,297
	Total Cash Bonus for 40 years	70,11,883
	Maturity Benefit	87,60,860
	Total Benefit till Maturity	1,57,72,743
	Death Benefit for LA 1	55,00,000
	Death Benefit for LA 2	55,00,000

^The Cash Bonus (if declared) payouts shown above are for Annual Payout frequency

2. A 35 years old man chooses to pay 5 lakh premium for 10 years with 40 years of Policy Term. **He allocates 90% of his premium into Guaranteed Income option while 10% into Early Income option.**



Benefits	Value in (Rs.)	
Proportion of Annual Premium Guaranteed Income: 90% & Early Income: 10%	Guaranteed Income : 4,50,000 Early Income : 50,000	
Assumed Annual Investment returns @4%	Guaranteed Income	1,04,264
	Cash Bonus^	27,038
	Total (GI+CB)	1,31,302
	Maturity Benefit	36,49,880
	Total Benefit till Maturity	89,01,944
	Death Benefit	55,00,000
Assumed Annual Investment returns @8%	Guaranteed Income	1,04,264
	Cash Bonus^	73,781
	Total (GI+CB)	1,78,044
	Maturity Benefit	1,71,15,137
	Total Benefit till Maturity	2,42,36,900
	Death Benefit	55,00,000

Note:
^The Cash Bonus (if declared) payouts shown above are for Annual Payout frequency

General definitions of terms used:

- Total Premiums Paid: Total of all the premiums paid under the base product, excluding any extra premium and taxes, if collected explicitly.
- Annualized Premium (AP): The premium amount payable in a year excluding taxes, rider premiums, underwriting extra premiums and loadings for modal premiums.
- Single Premium (SP): Single Premium amount paid by the policyholder, excluding taxes, rider premiums and underwriting extra premiums.
- Sum Assured on Death: The absolute amount of benefit which is guaranteed to become payable on death of the life assured in accordance with the terms and conditions of the policy. This shall be equal to

  DBM Death Benefit Multiple × SP for Single Pay and DBM × AP for Limited/Regular Pay.
- Sum Assured on Maturity: The absolute amount of benefit which is guaranteed to become payable at the end of the policy term i.e. on maturity of the policy in accordance with the terms and conditions of the policy.

  In case of Plan Option 5, the Sum Assured on Maturity shall be 10% of Basic Sum Assured.
- Basic Sum Assured: The amount based on which guaranteed pay-out, cash bonus and terminal bonus under 'Plan Option 5- Guaranteed Income' shall be calculated.
- Deferment Period (DP): The time starting from the policy commencement, after which any cash bonus and/or guaranteed pay-out, as applicable becomes payable.
- Under 'Plan Option 5- Guaranteed Income, 10% of the Sum Assured on Maturity shall be payable every year during the pay-out period, with the last instalment payable on maturity of the policy.
- Pay-out Period: The period during which income/survival benefits is payable. The pay-out period starts after the end of deferment period and goes until the end of policy term.

Rider Options

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

Rider	UIN	Scope of Benefits**
HDFC Life Income Benefit on Accidental Disability Rider - Non Linked	101B041V01	It is a Non-Linked, Participating, Pure risk premium, Individual Life rider. A benefit equal to 1% of Rider Sum Assured per month for the next 10 years, in case of an Accidental Total Permanent Disability. There is no maturity benefit available under this rider.
HDFC Life Protect Plus Rider - Non Linked	101B040V01	It is a Non-Linked, Participating, Pure risk premium, Individual Life/Health rider. The rider provides protection against cancer and accidental death or disability. There is no maturity benefit available under this rider.
HDFC Life Health Plus Rider - Non Linked	101B031V02	It is a Non-Linked, Participating, Pure risk premium, Individual Health rider. A lump sum benefit equivalent to Rider Sum Assured shall be payable on diagnosis of any of the covered 60 Critical Illnesses or benefit as a proportionate of the Rider Sum Assured shall be payable on diagnosis of Early Stage Cancer Major Cancer depending on the plan option chosen. No maturity benefit is payable under this rider.
HDFC Life Waiver of Premium Rider- Non Linked	101B032V02	A Non-Linked, Participating, Individual, Pure Risk Premium, Life / Health rider. The rider offers waiver off all outstanding premiums of the base Policy and all other riders attached to the base policy in the event of death of Life Assured or Life Assured being either being diagnosed with any of the covered disability or any of the covered 60 Critical Illness

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

While attaching riders to the base option(s) under the product, it will be ensured that there is no overlap in benefits offered under different riders & base product. In case of overlap, the rider(s) shall not be attached.

NON-FORFEITURE BENEFITS

To enjoy the policy benefits, it is important that you pay all due premiums by the due date. This section details the benefits and limitations in case premiums are not paid during the term of the policy.

Grace period

You get a grace period of 15 days for monthly frequency of premium payment and 30 days for other frequencies to pay the premium without any penalty. If premium is not received before the end of grace period, the policy will lapse or become paid-up. We will not accept part payment of the Premium. The policy is considered to be in-force with the risk cover during the grace period without any interruption as per the terms and conditions of the policy. If the death of the

Life Assured occurs within the grace period but before the payment of the premium then due, the policy will still be valid and the benefits shall be paid after deductions of the said unpaid premium as also the balance premium(s), if any, falling due from the date of death and before the next policy anniversary.

Lapse, Paid-up and Surrender:

The policy shall acquire a Surrender Value immediately on the payment of Single Premium in case of a Single Premium policy and after completion of first policy year provided one full year premium has been received in case of a Limited/Regular premium policy.

If a due premium is unpaid upon the expiry of the grace period, the policy shall:

- lapse if it has not acquired a Surrender Value
- become reduced paid-up if it has acquired a Surrender Value

In case of a lapsed policy, all the benefits shall cease and nothing is payable on death, maturity or surrender

Once the policy becomes paid-up, the survival and death benefit payouts shall reduce as defined below:

Paid-up Maturity/Death benefit:

A policy that has paid premium for at least one full year shall not lapse by the reason of non-payment of further premium but shall be kept in-force to the extent of the Reduced Paid-up Benefit. In all other cases, the policy lapses on premium discontinuance without any paid-up value.

Sum Assured on Death, Sum Assured on Maturity / Basic Sum Assured and Special Milestone Benefit for a paid-up policy shall be calculated as follows

Paid-up Value = In-force value X (Number of premiums paid ÷ Total number of premium payable)

In-force value means value that would have been payable in case all due premiums till date have been paid.

The guaranteed pay-out under Plan Option 5 shall continue for a paid-up policy, based on reduced Basic Sum Assured.

The reduced paid-up survival/maturity benefit will be adjusted for any additional Special Milestone Benefit paid before the policy is made reduced paid-up.

Bonus for Reduced Paid-up (RPU) policy

Bonus accrued until the date the policy is made paid-up will continue to remain attached. The bonus accrual / pay-out shall be stopped until the end of the original premium payment term. The regular bonus accrual/pay-out shall start again after the end of the original premium payment term based on the Paid-up value

The regular bonus for a reduced paid-up policy shall be calculated as below:

RPU Bonus = Paid-up Sum Assured on Maturity × Future Bonus (%)

Future Bonus (%) refers to the bonus rate that would get declared for reduced paid-up policies

Where PCB and/or 'Additional Life Option' is opted

Once a policy has become reduced paid-up, the waiver of premium benefit shall not be applicable. However, the policy shall continue with paid-up survival / death / maturity benefits.

c) Benefits payable on surrender (how and when paid)

Surrender Value shall be calculated as given below:

Max (Guaranteed Surrender Value (GSV), Special Surrender Value (SSV))

In addition to the above, for policies surrendering after the payment of one full year premium

and post completion of the first policy year, the surrender value shall be at least equal to 30% of Total Premiums Paid less any cash bonus and/or guaranteed pay-out, as applicable, payable till date of surrender.

Any accrued cash bonus and/or guaranteed pay-out, as applicable, not paid earlier, shall be paid over and above the surrender value calculated above.

Surrender:

The Surrender Benefit applicable under the policy during the policy term will be higher of GSV (Guaranteed Surrender Value) and SSV (Special Surrender Value).

The policy shall acquire a Surrender Value immediately on the payment of Single Premium and after completion of first policy year provided upon one full year premium has been received in case of a Limited/Regular premium policy and upon the payment of at least first year premiums in case of a Limited/ Regular premium policy. Once acquired, the surrender benefits are payable immediately on surrender.

Guaranteed Surrender Value (GSV)

The policy shall acquire a GSV immediately on the payment of Single Premium and upon the payment of at least two years premium in case of a Limited/Regular premium policy.

GSV shall be calculated as follows:

Guaranteed Surrender Value (GSV) = Max (GSV Factor × Total premiums paid + GSV factor for Bonus × Accrued Reversionary Bonus – Survival Benefits applicable till date, 0)

Special Surrender Value (SSV)

SSV shall become payable after completion of first policy year provided one full year premium has been received. For single premium policies, SSV shall become payable immediately after receipt of single premium.

The calculation of SSV would be in compliance with Clause 4(5) of Schedule I of IRDAI (Insurance Products) Regulations, 2024 and clause 26.4 of Master circular on Life Insurance Products.

Revival:

If your Policy has been discontinued due to non-payment of premium, it would be revived/ restored by the Insurer with all the benefits mentioned in the Policy document, with or without rider benefits, if any, upon the receipt of all the Premiums due and other charges/late fee, if any, during the revival period, as per the terms and conditions of the Policy, upon being satisfied as to the continued insurability of the insured/Policyholder on the basis of the information, documents and reports furnished by the Policyholder; in accordance with Board approved Underwriting Policy. Currently, the application for the revival should be made within five years from the due date of the first unpaid Premium and before the expiry of the Policy Term. The current rate of interest for revival is 9.5% p.a. Any change in the revival interest rates will be in accordance with the following formula at the time of review:

Average Annualised 10-year benchmark G-Sec Yield (over last 6 months& rounded upto the nearest 50 bps) + 2% at the time of the review

The source of 10-year benchmark G-sec yield shall be RBI Negotiated Dealing System-Order Matching segment (NDS-OM).

During revival campaigns, the Company may offer reduced interest rates, subject to the rules of the special revival campaign. The reduced interest rate offered during the revival campaign may vary from year to year. The maximum interest rate waiver may be set up to the prevailing revival interest rate. Once the Policy is revived, you are entitled to receive all contractual Benefits

Other Benefits:

A) Alterations:

Following alterations are allowed under this plan by applying respective conversion factors:

• Alteration of Premium Payment frequency

• Alteration of or cash bonus and guaranteed pay-out payment frequency .

Such alteration will be effective from policy anniversary subject to minimum premium or benefit conditions and in accordance with the terms and conditions of the plan.

B) Option to decrease premiums

After payment of premiums for first five completed policy years, the policyholder can decrease the premium up to 50% of the original Annualized Premium, subject to the minimum premium limits under the product. If this option is chosen, all guaranteed benefits under the policy will be reduced as per the below formula:

Revised Benefit Amount = Original Benefit Amount × Revised total premiums payable ÷ Original total premiums payable

The future non-guaranteed benefits under the contract shall also reduce because of the reduction in guaranteed benefits.

The future benefit pay-outs will be adjusted for any additional Special Milestone Benefit paid before the option is exercised.

Once decreased, the premium cannot be subsequently increased.

C) Premium offset

This feature gives the policyholder an option to adjust the premium payable in the policy to the extent of benefits receivable accrued cash bonus and/or guaranteed pay-out, if any. If the benefit amount is not sufficient to offset the premium payable under the policy, then, the policyholder will be required to pay the balance premium to the company. The policy holder can choose to opt in or out of this feature at any time during the contract.

D) Deferral of Survival Benefit(s)

At any point of time during the contract, the policy holder shall have an option to defer the cash bonus and/or guaranteed pay-out. Such unpaid cash survival/income benefits pay-outs will be accumulated on a monthly compounded basis at the rate at which RBI absorbs liquidity which currently is the Standing Deposit Facility (SDF) rate. This rate will be reviewed at the beginning of every month and will be aligned with the latest rate at which RBI absorbs liquidity. The current SDF rate is 6.25% p.a. If the unpaid survival/income benefits are not taken by the policyholder, the same shall be payable along with benefit payable at the time of termination of the policy. This option can be availed under an inforce as well as paid-up policy. The policyholder can withdraw his accrued survival/income benefit pool partly/fully at any time during the contract. The policyholder can choose to opt in or out of this feature at any time during the contract. This feature can't be taken along with Paid-up Addition.

E) Special Date

The policyholder shall have an option to choose to receive the cash bonus and/or guaranteed pay-out on a preferred date referred to as 'Special date'. The option will be available at policy inception and cannot be changed later. Special date can be taken in one of the two forms:

Option I: Special Date

- The benefits applicable for the first year of income, would be calculated by pro-rating the annual rate by the number of months between the policy year start date and the special date chosen by the policyholder.
- All subsequent benefits shall be payable on the chosen special date and shall be of the original due amount except for the last year. The benefit payable for the last year would be calculated by pro-rating the annual rate by the no of months between the special date and policy anniversary.

Option II: Special Date with Discounting

- Under this option, the benefit for all policy years shall be payable on the chosen Special Date.
- The benefit payable for all the years shall be adjusted for the timing difference between the special date and the actual due date
- The benefit payable shall be calculated by multiplying the original amount with adjustment factors given below

Duration*	Factor	Duration*	Factor
12	92.00%	6	96.00%
11	92.75%	5	96.75%
10	93.00%	4	97.25%
9	94.00%	3	98.00%
8	94.50%	2	98.50%
7	95.25%	1	99.00%

*** Duration stands for the difference in months between the Special Date and default due date based on the survival benefit frequency.**

F) Death Benefit in Installment:

With this option, the policyholder/nominee can choose to receive the death benefit in installments over the chosen period of 5 to 15 years instead of a lump sum amount. A part or the complete benefit can be converted into installments. The amount to be converted into installments should not be below 50,000. The installment shall be paid in advance based on the frequency chosen, which can be either yearly, half-yearly, quarterly or monthly. The installment amount shall be calculated such that the present value of the installments, using a given interest rate, shall equal the lump-sum payable under the policy. This amount shall be a level amount and once chosen by the nominee shall remain fixed over the installment period. The interest rate used to compute the instalment amount shall be equal to the annualized yield on 10 year G-Sec (over last 6 months & rounded down to nearest 25bps) less 25 basis points. The interest rate shall be reviewed half-yearly and any change in the interest rate shall be effective from 25th February and 25th August each year. The interest rate shall be revised every time there is a change as per the above formula. In case of a revision in interest rate, the same shall apply until next revision. The source of 10-year benchmark G-sec yield shall be RBI Negotiated Dealing System-Order Matching segment (NDS-OM). At any time during the instalment phase, the nominee can choose to terminate the instalment payment in exchange for a lump-sum, in which case, the lump-sum payable shall be equal to the discounted value of all the future installments due. The interest rate used to calculate the discounted value will be that as applicable on date of termination, using the above mentioned formula.

G) Paid-Up Additions (PUA)

With this option the policyholder has an option to utilize a part or the full cash bonus payable, to purchase additional Sum Assured in the form of Paid-Up Additions. The Paid-up Addition to be accrued is calculated as given below:

Cash Bonus to be converted to PUA × PUA Factor

Where, the PUA Factor are as given under Appendix 5(a). The PUA factor shall vary based on attained age (age of elder life in case of Additional Life Option) and outstanding term.

Accrued PUA will earn further bonuses to increase the value of the policy.

The accrued PUA will be payable in full on the earlier of death or maturity. In case of surrender, cash value of the PUA will be paid to the policyholder.

Any benefit from PUA shall be over and above from that payable as per the base policy. Where PCB is opted, this option shall not be applicable after death of the life assured (second death in case of 'Additional Life Option')

Withdrawal Option:

Policyholder can withdraw a part of the full accrued PUA (if any) by taking cash value of the accrued PUA.

The cash value of shall be calculated as given below:

Accrued PUA Amount × Cash Value Factor

Where, the Cash Value Factor are as given under Appendix 5(b). The Cash Value factor shall vary based on attained age (age of elder life in case of Additional Life Option) and outstanding term. After withdrawal, the remaining accrued PUA (if any) shall continue to participate in future bonuses.

H) Policy Loan:

Policy loans will be available during the policy term subject to such terms and conditions as the company may specify from time to time. Our current terms and conditions are stated below:

- The loan amount will be subject to a maximum of 80% of the surrender value.
- Before any benefits are paid out, loan outstanding together with the interest thereon will be deducted and the balance amount will be payable.
- For other than in-force and fully paid up policies, in case the outstanding loan amount including interest exceeds 90% of surrender value, the policy shall be foreclosed after giving

intimation and reasonable opportunity to the policyholder to continue the policy.

- For inforce and fully paid up policy, the policy shall not be foreclosed on the ground of outstanding loan amount including interest exceeding the surrender value.

The interest rate on loan shall be calculated as the Average Annualised 10-year benchmark G-Sec Yield (over last 6 months & rounded up to the nearest 50 bps) + 2%. The interest rate shall be reviewed half-yearly and any change in the interest rate shall be effective from 25th February and 25th August each year. In case upon review the interest rate is revised, the same shall apply until next revision. The source of 10-year benchmark G-Sec yield shall be RBI Negotiated Dealing System-Order Matching segment (NDS-OM). The current interest rate on loan is 9.50% p.a.

Any change in the methodology of calculating the loan interest shall be subject to prior approval of the Authority

I) Conversion Factor

Premium payable at other than Annual frequency shall be calculated by multiplying the Annual Premium rate by Factor set below:

Frequency	Conversion Factor
Half-yearly	0.5100
Quarterly	0.2600
Monthly	0.0875

The income benefit for non-annual modes are calculated by multiplying the annual income benefit amount by the factors set out below:

Frequency	Conversion Factor
Half-yearly	0.4875
Quarterly	0.2425
Monthly	0.0800

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.

A. Risk Factors:

- HDFC Life Insurance Company Limited is the name of our Insurance Company and "HDFC Life Click 2 Achieve Par Advantage" is the name of this plan. The name of our company and the name of our plan do not, in any way, indicate the quality of the plan, 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.

B. Suicide Exclusions:

In case of death of the life assured due to suicide within 12 months from the date of commencement of risk or from the date of revival of the policy, as applicable, the nominee or beneficiary of the policyholder shall be entitled to at least 80% of the total premiums paid till the date of death or surrender value available as on the date of death, whichever is higher, provided the policy is in force.

Additional Life Option

In case of death of either of the lives assured due to suicide within 12 months from the date of commencement of risk under the policy, the nominee or beneficiary of the policyholder/ lives assured shall be entitled to at least 80% of the total premiums paid till the date of death or surrender value available as on the date of death, whichever is higher, provided the policy is in force. The surviving life shall be given an option to continue with the policy on a Single Life basis, with future premium payment to be paid by the surviving life. The Annualised Premium for the outstanding term shall be revised to that payable by a Single Life of corresponding age.

C. Tax Benefits:

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

D. Cancellation in the Free-Look period:

In case you are not agreeable to the any of the 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, as per IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024, as modified from time to time. On receipt of the letter along with the original policy document, we shall refund the premium, subject to deduction of the proportionate risk premium for the period on cover, expenses incurred on medical examination of the proposer and stamp duty (if any).

E. Definitions and exclusions

1. Critical Illness (CI) covered under Waiver of Premium on Critical Illness (WOP CI)

1.1. Definitions

1.1.1. Alzheimer's Disease

Alzheimer's (presenile dementia) disease is a progressive degenerative disease of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.

Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a Neurologist and supported by our appointed Medical Practitioner.

The disease must result in a permanent inability to perform three or more Activities of daily living with Loss of Independent Living" or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days.

The following conditions are however not covered:

a. Any other type of irreversible organic disorder/dementia not associated with Alzheimer's DiseaseAlcohol related brain damage; and
b. Alcohol related brain damage; and

The Activities of Daily Living are:

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

1.1.2. Parkinson's disease

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to us.

The diagnosis must be supported by all of the following conditions:

a. the disease cannot be controlled with medication;
b. signs of progressive impairment; and
c. inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

Activities of daily living:

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

Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

1.1.3. Aorta Graft Surgery

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

The insured person understands and agrees that we will not cover:

a. Surgery performed using only minimally invasive or intra-arterial techniques.
b. Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.

Aorta graft surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.

1.1.4. Amputation of Feet due to Complications from Diabetes

Diabetic neuropathy and vasculitis resulting in the amputation of both feet at or above ankle as advised by a Registered Medical Practitioner who is a specialist as the only means to maintain life. Amputation of toe or toes, or any other causes for amputation shall not be covered.

1.1.5. Apallic Syndrome

Apallic Syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist acceptable to us and the patient should be documented to be in a vegetative state for a minimum of at least one month in order to be classified as UWS, PVS, Apallic Syndrome.

1.1.6. Aplastic Anaemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

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

The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:

a. Absolute neutrophil count of less than 500/mm^3 or less
b. Platelets count less than 20,000/mm^3 or less
c. Reticulocyte count of less than 20,000/mm^3 or less

Temporary or reversible Aplastic Anaemia is excluded.

1.1.7. Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more of six Activities of daily Living.

This diagnosis must be confirmed by:

a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
b. A consultant neurologist.

The Activities of Daily Living are:

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

1.1.8. Brain Surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a

craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are all excluded. Brain surgery as a result of an Accident is also excluded. The procedure must be considered medically necessary by a Registered Medical Practitioner who is a qualified specialist.

1.1.9. Cardiomyopathy

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

NYHA Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

The Diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance.

Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

1.1.10. Chronic Adrenal Insufficiency (Addison's Disease)

An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a Registered Medical Practitioner who is a specialist in endocrinology through one of the following:

- ACTH simulation tests;
- insulin-induced hypoglycemia test;
- plasma ACTH level measurement;
- Plasma Renin Activity (PRA) level measurement.

Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

1.1.11. Chronic Relapsing Pancreatitis

An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Medical Practitioner who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.

Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

1.1.12. Severe Crohn's Disease

Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:

- Stricture formation causing intestinal obstruction requiring admission to hospital, and
- Fistula formation between loops of bowel, and
- At least one bowel segment resection.

The diagnosis must be made by a Registered Medical Practitioner who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

1.1.13. Aortic Dissection

A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall

mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a Registered Medical Practitioner who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.

1.1.14. Ebola

Infection with the Ebola virus where all the following conditions are met:

- presence of the Ebola virus has been confirmed by laboratory testing;
- there are ongoing complications of the infection persisting beyond thirty (30) days from the onset of symptoms; and
- the infection does not result in death.

1.1.15. Elephantiasis

Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal diagnosis of elephantiasis must be confirmed by a Registered Medical Practitioner who is a specialist physician. There must be clinical evidence of permanent massive swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection.

Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

1.1.16. Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a Registered Medical Practitioner who is a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks. The permanent deficit should result in permanent inability to perform three or more of six Activities for Daily Living (listed below).

Activities of daily living are:

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

1.1.17. Fulminant Hepatitis

A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

a. Rapid decreasing of liver size;
b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
c. Rapid deterioration of liver function tests;
d. Deepening jaundice; and
e. Hepatic encephalopathy.

Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

1.1.18. Loss of Independent Existence (cover up to Insurance Age 74)

The Insured person is physically incapable of performing at least three (3) of the six (6) "Activities

of Daily Living" as defined below (either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons) for a continuous period of at least six (6) months, signifying a permanent and irreversible inability to perform the same. For the purpose of this definition, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology. The Diagnosis of Loss of Independent Existence must be confirmed by a Registered Medical Practitioner who is a specialist.

Only Life Insured with Insurance Age between 18 and 74 on first diagnosis is eligible to receive a benefit under this illness.

Activities of daily living:

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

1.1.19. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

- the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. Isolated or benign kidney cysts are specifically excluded from this benefit.

1.1.20. Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered Medical Practitioner who is a consultant neurologist. The condition must result in the inability of the Life Insured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

Activities of daily living:

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

1.1.21. Myasthenia Gravis

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:

- Presence of permanent muscle weakness categorized as Class IV or V according to the

Myasthenia Gravis Foundation of America Clinical Classification given below; and

- The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Registered Medical Practitioner who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification:

- Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.
- Class II: Eye muscle weakness of any severity, mild weakness of other muscles.
- Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.
- Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.
- Class V: Intubation needed to maintain airway.

1.1.22. Other Serious Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary angiography, regardless of whether or not any form of coronary artery intervention or surgery has been performed. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery (but not including their branches).

1.1.23. Poliomyelitis

The occurrence of Poliomyelitis where all of the following conditions are met:

- Poliovirus is identified as the cause,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

1.1.24. Progressive Scleroderma

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

The following are excluded:

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

1.1.25. Progressive Supranuclear Palsy

Confirmed by a Registered Medical Practitioner who is a specialist in neurology of a definitive diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

1.1.26. Severe Rheumatoid Arthritis

Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:

- Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
- Permanent inability to perform at least three (3) "Activities of Daily Living";
- Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
- The foregoing conditions have been present for at least six (6) months.

The Activities of Daily Living are:

i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;

iv. Mobility: the ability to move indoors from room to room on level surfaces;

v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

vi. Feeding: the ability to feed oneself once food has been prepared and made available.

1.1.27. Severe Ulcerative Colitis

Acute fulminant ulcerative colitis with life threatening electrolyte disturbances. All of the following criteria must be met:

- the entire colon is affected, with severe bloody diarrhoea; and
- the necessary treatment is total colectomy and ileostomy; and
- the diagnosis must be based on histopathological features and confirmed by a Registered Medical Practitioner who is a specialist in gastroenterology.

1.1.28. Systemic Lupus Erythematosus with Lupus Nephritis

A multi-system autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of this Policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered Medical Practitioner specialising in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

- Class I Minimal Change Lupus Glomerulonephritis
- Class II Mesangial Lupus Glomerulonephritis
- Class III Focal Segmental Proliferative Lupus Glomerulonephritis
- Class IV Diffuse Proliferative Lupus Glomerulonephritis
- Class V Membranous Lupus Glomerulonephritis

1.1.29. Pneumonectomy

The undergoing of surgery on the advice of an appropriate Medical Specialist to remove an entire lung for disease or traumatic injury suffered by the life assured.

The following conditions are excluded:

a. Removal of a lobe of lungs (lobectomy)

b. Lung resection or incision

1.1.30. Third Degree Burns

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

1.1.31. Stroke resulting in permanent symptoms

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

The following are excluded:

a. Transient ischemic attacks (TIA)

b. Traumatic injury of the brain

c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

1.1.32. Primary (Idiopathic) Pulmonary Hypertension

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

a. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

b. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

1.1.33. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

1.1.34. Open Heart Replacement or Repair of Heart Valves

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

1.1.35. Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

- Angioplasty and/or any other intra-arterial procedures

1.1.36. Multiple Sclerosis with Persisting Symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

b. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

c. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Neurological damage due to SLE is excluded.

1.1.37. Motor Neuron Disease with Permanent Symptoms

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

1.1.38. Major Organ /Bone Marrow Transplant

The actual undergoing of a transplant of:

a. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

b. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

a. Other stem-cell transplants

b. Where only Islets of Langerhans are transplanted

1.1.39. Major Head Trauma

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

The Activities of Daily Living are:

i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;

iv. Mobility: the ability to move indoors from room to room on level surfaces;

v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

vi. Feeding: the ability to feed oneself once food has been prepared and made available.

vii. The following is excluded:

• Spinal cord injury.

1.1.40. Benign Brain Tumor

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist:

a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or

b. Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded:

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

1.1.41. Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

The Blindness is evidenced by:

a. corrected visual acuity being 3/60 or less in both eyes or;

b. the field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

1.1.42. Deafness

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

1.1.43. End Stage Lung Failure

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

a. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and

b. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and

c. Arterial blood gas analysis with partial oxygen pressures of 55mmHg or less (PaO2< 55 mmHg); and

d. Dyspnea at rest.

1.1.44. End Stage Liver Failure

Permanent and irreversible failure of liver function that has resulted in all three of the following:

a. permanent jaundice; and

b. ascites; and

c. hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

1.1.45. Loss of speech

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

1.1.46. Loss of Limbs

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

1.1.47. Kidney Failure Requiring Regular Dialysis

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

1.1.48. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- Positive result of the blood culture proving presence of the infectious organism(s);
- Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
- The Diagnosis of Infective Endocarditis and the severity of valvular impairment are

confirmed by a Registered Medical Practitioner who is a cardiologist.

1.1.49. Coma of specified Severity

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

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

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

1.1.50. Cancer of Specified Severity

A malignant tumor characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

a. All tumors which are histologically described as carcinoma in situ, benign, pre- malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.

b. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

c. Malignant melanoma that has not caused invasion beyond the epidermis;

d. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

e. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

f. Chronic lymphocytic leukaemia less than RAI stage 3

g. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

h. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

1.1.51. Myocardial Infarction (First Heart Attack of Specific Severity)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

a. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)

b. New characteristic electrocardiogram changes

c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- Other acute Coronary Syndromes
- Any type of angina pectoris
- A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

1.1.52. Creutzfeldt-Jacob Disease (CJD)

Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A Registered Medical Practitioner who is a

neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.

1.1.53. Multiple System Atrophy

A diagnosis of multiple system atrophy by a Specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of 30 days of either:

a. Motor function with associated rigidity of movement; or

b. The ability to coordinate muscle movement; or

c. Loss of Bladder control and postural hypotension

1.1.54. Loss of One Limb and One Eye

Total, permanent and irrecoverable loss of sight of one eye and loss by severance of one limb at or above the elbow or knee.

The loss of sight of one eye must be clinically confirmed by a Registered Medical Practitioner who is an eye specialist, and must not be correctable by aids or surgical procedures.

1.1.55. Necrotising Fasciitis

Necrotizing fasciitis is a progressive, rapidly spreading, infection located in the deep fascia causing necrosis of the subcutaneous tissues. An unequivocal diagnosis of necrotizing fasciitis must be made by a Registered Medical Practitioner who is a specialist and the diagnosis must be supported with laboratory evidence of the presence of a bacteria that is a known cause of necrotising fasciitis. There must also be widespread destruction of muscle and other soft tissues that results in a total and permanent loss or function of the affected body part.

1.1.56. Hemiplegia

The total and permanent loss of the use of one side of the body through paralysis persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery caused by illness or injury, except when such injury is self-inflicted.

1.1.57. Tuberculosis Meningitis

Meningitis caused by tubercle bacilli, resulting in permanent neurological deficit persisting for at least 180 consecutive days. Such a diagnosis must be confirmed by a Registered Medical Practitioner who is a specialist in neurology. Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are not present on clinical examination and expected to last throughout the lifetime of life assured.

1.1.58. Myelofibrosis

A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anaemia, low levels of white blood cells and platelets and enlargement of the spleen. The condition must have progressed to the point that it is permanent and the severity is such that the Life Insured requires a blood transfusion at least monthly. The diagnosis of myelofibrosis must be supported by bone marrow biopsy and confirmed by a Registered Medical Practitioner who is a specialist.

1.1.59. Pheochromocytoma

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour.

The Diagnosis of Pheochromocytoma must be confirmed by a Registered Medical Practitioner who is an endocrinologist.

1.1.60. Eisenmenger's Syndrome

Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a Registered Medical Practitioner who is a specialist with echocardiography and cardiac catheterisation and supported by the following criteria:

- Mean pulmonary artery pressure > 40 mm Hg;

- Pulmonary vascular resistance > 3mm/L/min (Wood units); and
- Normal pulmonary wedge pressure < 15 mm Hg.

1.2 Permanent Exclusions

1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;
2. Any Pre-existing Disease or any complication arising therefrom.

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

a. That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or

b. For which medical advice or treatment was recommended by, or received from, a Physician within 36 months prior to the effective date of the Policy issuance or its reinstatement Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

3. Any Critical Illness caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
4. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,
5. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide
6. Any Critical Illness caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;
7. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
8. Congenital External Anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured;
9. Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving
10. 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.
11. Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
12. Any Critical Illness caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
13. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.
14. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
15. Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the

insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

16. Any Critical Illness caused due to surgical treatment of obesity that does not fulfil all the below conditions:
    a. Surgery to be conducted is upon the advice of the Doctor
    b. The Surgery / Procedure conducted should be supported by clinical protocols
    c. The member has to be 18 years of age or older and
    d. Body Mass Index (BMI):
        - greater than or equal to 40 or
        - greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
            i. Obesity related cardiomyopathy
            ii. Coronary heart disease
            iii. Severe Sleep Apnea
            iv. Uncontrolled Type 2 Diabetes
17. Any Critical Illness caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason.
18. Any Critical Illness caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
19. In the event of the death of the Insured Person within the stipulated survival period as set out above.
20. Any Critical Illness caused by sterility and infertility. This includes:
    a. Any type of contraception, sterilization
    b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
    c. Gestational Surrogacy
    d. Reversal of sterilization

1.3 Waiting Period

An initial waiting period of 90 days applies from the policy commencement date, or policy revival date, as the case may be. No waiting period applies for Critical Illness claims arising solely due to an accident.

1.4 Survival Period

A 15-day survival period is applicable. This refers to the period from the diagnosis and fulfilment of the definition of the conditions covered which the life assured must survive before the benefit will be paid.

Claim payment will only be made with confirmatory diagnosis of the conditions covered while the insured is alive (i.e., a claim would not be admitted if the diagnosis is made post-mortem).

2. Disabilities covered under Waiver of Premium on Total and Permanent Disability (WOP TPD)

2.1 Definitions

TPD shall mean the occurrence of any of the following conditions as a result of accidental bodily injury, sickness or disease:

2.1.1 Permanent Disability

Disability means inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months.

The Activities of Daily Living are:

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

2.1.2 Physical Impairment

- Total and irrecoverable loss of sight of both eyes. The blindness must be confirmed by an Ophthalmologist, OR
- Loss of use or loss by severance of two or more limbs at or above wrists or ankles; OR
- The total and irrecoverable loss of sight of one eye and loss of use or loss by severance of one limb at or above wrist or ankle.

The above disability must have lasted, without interruption, for at least six consecutive months from the date of diagnosis or accident and must, in the opinion of a qualified medical practitioner appointed by the Company, be deemed permanent.

"Accident" means sudden, unforeseen and involuntary event caused by external, visible and violent means.

"Accidental Injury" means bodily injury of the insured caused solely, directly and independently of any other intervening causes from an accident {i.e. a traumatic event of violent, unexpected, external and visible nature).

The loss of use of a limb is considered as a loss of use when such loss of use involves total and permanent loss of function of the limb affected as determined by a registered medical practitioner nominated by the Company.

2.2 Exclusions

Total and Permanent Disability arising directly or indirectly from any of the following are specifically excluded:

We shall not be liable to make any payment under this Policy towards the Total and Permanent Disability benefit, directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

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

a) That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or

b) For which medical advice or treatment was recommended by, or received from, a Physician within 36 months prior to the effective date of the Policy issuance or its reinstatement.

Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted.

- Any disability caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner.
- Any disability caused due to intentional self-injury, suicide or attempted suicide, whether the person is medically sane or insane.
- Any disability, caused by or arising from or attributable to a foreign invasion, act of

foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.

- Service in any military, air-force, naval, paramilitary or similar organization.
- Any disability caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- Working in underground mines, tunneling or involving electrical installations with high tension supply, or as race jockeys or circus personnel.
- Congenital External Anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured.
- Any disability caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving and selfie accidents.
- 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.
- Any disability, caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any disability due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- Any disability, caused by any unproven / experimental treatment, service and supplies for or in connection with any treatment. Unproven / experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- Any disability based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.
- Any disability, caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
- Any disability caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
- Any disability, caused due to surgical treatment of obesity that does not fulfil all the below conditions:
  a. Surgery to be conducted is upon the advice of the Doctor
  b. The Surgery / Procedure conducted should be supported by clinical protocols
  c. The member has to be 18 years of age or older and
  d. Body Mass Index (BMI):
     . greater than or equal to 40 or
     . greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
       i. Obesity related cardiomyopathy
       ii. Coronary heart disease
       iii. Severe Sleep Apnea
       iv. Uncontrolled Type 2 Diabetes despite optimal therapy

- Any disability caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason.
- Any disability, caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- In the event of the death of the Insured Person within the stipulated survival period as set out above.
- Any disability, caused by sterility and infertility. This includes:
  a. Any type of contraception, sterilization
  b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
  c. Gestational Surrogacy
  d. Reversal of sterilization

2.3 Waiting Period

There is a waiting period of 90 days from the policy commencement date or revival of cover. In case the insured event happens during this period, no benefit shall be payable.

Waiting period is not applicable for claims occurring solely due to an accident. However, the permanency of the disability needs to be established for the claim to be payable under Accidental TPD Benefit.

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

(1) The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.

(2) Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.

(3) Nomination can be made at any time before the maturity of the policy.

(4) Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.

(5) Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.

(6) A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.

(7) Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.

(8) A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.

(9) The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment) Act 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically

mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

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

(1) This policy may be transferred/assigned, wholly or in part, with or without consideration.

(2) An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.

(3) The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.

(4) The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.

(5) The transfer or assignment shall not be operative as against an Insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy 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.

Section F (Nomination) and G (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.

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

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

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

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

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

(2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which

such decision is based.

(3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

(4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

(5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the Life Insured was incorrectly stated in the proposal.

J. 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.

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

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

L. 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.

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

Contact us today

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

Visit us at www.hdfclife.com

HDFC Life

Sar utha ke jiyo!

i. The risk factors of the bonuses projected under the product are not guaranteed ii. Past performance doesn't construe any indication of future bonuses iii.These products are subject to the overall performance of the insurer in terms of investments, management of expenses, mortality and lapses.

HDFC Life Insurance Company Limited. (CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.)
Registered Office: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai 400 011. Email: service@hdfclife.com, Tel. No: 022-6844-6530 (Call charges apply). Website: www.hdfclife.com

The name/letter 'HDFC' in the name/logo of HDFC Life Insurance Company Limited (HDFC Life) belongs to HDFC Bank Limited and is used by HDFC Life under licence from HDFC Bank Limited.

HDFC Life Click 2 Achieve Par Advantage (UIN:101N207V01) is an Individual Non Linked, Participating, Savings Life Insurance Plan. Life Insurance coverage is available in this product.

HDFC Life Income Benefit on Accidental Disability Rider (101B041V01) is a Non-Linked, Participating, Pure risk premium, Individual Life rider. HDFC Life Protect Plus Rider (101B040V01) is a Non-Linked, Participating, Pure risk premium, Individual Life/Health rider. HDFC Life Health Plus Rider (101B031V02) is a Non-Linked, Participating, Pure risk premium, Individual Health rider. HDFC Life Waiver of Premium Rider (101B032V02) is a Non-Linked, Participating, Pure risk premium, Individual Life/ Health rider.

This version of the policy brochure invalidates all previous versions, if any for the same plan. Please know the associated risk and applicable charges from your insurance agent or the intermediary or the policy document of the insurer.
ARN: MC/06/25/24481.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS

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