Secure your family against uncertainties, with a plan that adjusts to your needs.

Introducing

HDFC Life Click 2 Protect Life

A Non-Linked, Non-Participating, Individual, Pure Risk Premium/ Savings Life Insurance Plan



Covers COVID-19 claims1

Life cover of ₹1 Crore @ ₹25/day*

- Auto balances Death and Critical Illness cover^
- Income payouts from age 60 onwards#
- Option to reduce Premium Payment Term from Regular Pay to Limited Pay

HDFC Life

Sar utha ke jiyo!

1. The settlement of Claim would be subject to declaration of all pre-existing medical conditions at the time of policy purchase and in accordance to applicable terms and conditions of policy contract

* Premium for Life Protect Option, Male Life Assured, Non-Smoker, 25 years of age, Policy term of 30 years, Regular pay, Annual frequency, exclusive of taxes and levies as applicable. (Annualized Premium of ₹9214/365=25)

^ Available under Life & CI Rebalance option. Critical Illness cover increases at each policy anniversary with corresponding reduction in Life Cover.

Available under Income Plus option. Monthly income payouts start from the policy anniversary following 60th birthday of the Life Assured and continue until death or policy maturity.

Change is the only constant. In a world evolving at an accelerating pace, it is only reasonable that you keep up with the times, or fear being left behind. With evolving priorities and altering lifestyles, it is even crucial to stay protected and secure your family's future against any uncertainty that life may bring. Keeping up with the changing times, **HDFC Life** is proud to present **HDFC Life Click 2 Protect Life**, an intelligent term plan that provides benefits as per your altering lifestyle and life stage needs and helps you stay truly protected.

Key Features

- Provides comprehensive financial protection to your family
- Option to choose a cover which fits your needs from **3 plan options**
- **Auto balances Death and Critical Illness benefits with increasing age^**
- Get **income payouts** from age 60 onwards under **Income Plus Option**
- Option to avail **cover for Whole of Life***
- Get back all premiums paid on survival till maturity with **Return of Premium option****
- **Waiver of Premium** on diagnosis of Critical Illness (through **WOP CI** option)#
- Additional Sum Assured on Accidental Death (through **ADB** option)#
- Special premium rates for female lives and non-tobacco users

Eligibility

Plan Option	Life & CI Rebalance	Life Protect		Income Plus	
		Fixed Term	Whole Life	Fixed Term	Whole Life
Min. Age at Entry	18 years	18 years	45 years	30 years	45 years
Max. Age at Entry	65 years	65 years for non-PoS 60 years for PoS	65 years	50 years	10 Pay: 50 years Single Pay, 5 Pay: 55 years
Min. Age at Maturity	28 years	18 years for Non PoS 23 years for PoS	Whole of Life	70 years	Whole of Life

Plan Option	Life & CI Rebalance	Life Protect		Income Plus	
		Fixed Term	Whole Life	Fixed Term	Whole Life
Max. Age at Maturity	75 years	85 years for non-PoS 65 years for PoS	Whole of Life	85 years	Whole of Life
Min. Policy Term	10 years	Single Pay: 1 month for Non PoS 5 years for PoS Regular Pay: 2 years Limited Pay: 3 years	Whole of Life	70 years – Age at Entry	Whole of Life
Max. Policy Term	30 years	85 years - Age at Entry for non-PoS 65 years - Age at Entry for PoS	Whole of Life	40 years	Whole of Life
Premium Payment Term	Single pay, regular pay, limited pay (5 to any PPT less than PT)	Single pay, regular pay, limited pay (2 to any PPT less than PT)	Limited Pay (5, 10, 15 pay)	Single Pay, Limited Pay (5, 10 pay)	
Min. Basic Sum Assured	₹ 20,00,000	₹ 50,000			
Max. Basic Sum Assured	No limit, subject to Board Approved Underwriting Policy (BAUP)				

*PoS applicable only for Fixed Term option of Life Protect variant; For PoS, the Basic Sum Assured shall be in multiples of INR 50,000. Only Return of Premiums (ROP) & Accidental Death Benefit (ADB) options available; No other optional benefit or rider applicable for PoS

All ages are expressed as on last birthday. For all ages, risk commences from the date of inception of the contract.

^Available under Life & CI Rebalance Option only

*Available under Life Protect and Income Plus Options only

**Available as an inbuilt feature under Income Plus Option and on payment of extra premium under Life Protect Option (Fixed Term variant) and Life & CI Rebalance Option.

WoP on diagnosis of CI is available as in inbuilt feature under Life & CI Rebalance Option and on payment of extra premium under Life Protect Option (Fixed Term variant). ADB option is available on payment of extra premium under Life Protect Option.

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

Premium Payment Term	Premium Frequency	Minimum Premium Per Instalment
Single Pay (SP)	Single	₹ 59
Limited Pay (LP) / Regular Pay (RP)	Annual	₹ 205
	Half-yearly	₹ 105
	Quarterly	₹ 53
	Monthly	₹ 18

Premium will vary depending on the plan option chosen.

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

Frequency	Conversion Factor
Half-yearly	0.5100
Quarterly	0.2600
Monthly	0.0875

The product can also be purchased online via company website.

Plan Options

You can choose from following 3 plan options –

1. **Life & CI Rebalance -** A smart cover which aims to achieve a balance between Death and Critical Illness benefit as you go along in your life. Critical Illness cover increases at each policy anniversary with corresponding reduction in Life Cover. In addition, all future premiums are waived off on detection of any of the covered Critical Illnesses and the life cover continues.
2. **Life Protect -** Under this plan option, a lump sum is provided on death of the life assured.
3. **Income Plus -** Under this plan option, the Life Assured is covered for the entire policy term and also receives a lump sum payout on maturity along with regular income starting from age 60.

You may choose one of the above plan options at inception of the policy. Plan option once selected cannot be changed during the Policy Term. Benefits under each option are detailed below.

Benefits payable under various plan options:

1. Life & CI Rebalance

Under this plan option, Basic Sum Assured chosen by you will be split between Life Cover SA and Critical Illness SA (CI SA).
At the beginning of the cover, Life Cover SA is set at 80% of Basic Sum Assured and CI SA is set at 20% of Basic Sum Assured. For an in-force policy, at every policy anniversary, starting from the first policy anniversary, CI SA will increase every year and Life Cover SA will decrease by the same amount. This amount will be calculated as follows:

30% x Basic Sum assured / Policy Term

Basic Sum Assured (Life Cover SA + CI SA) will remain the same throughout the policy term.

Example: for Basic Sum Assured of 50 lakhs and policy term of 10 years, benefit structure will vary over the term as follows:

Policy Year	Life Cover SA	CI SA
1	40.0 lakh	10.0 lakh
2	38.5 lakh	11.5 lakh
3	37.0 lakh	13.0 lakh
4	35.5 lakh	14.5 lakh
5	34.0 lakh	16.0 lakh

Policy Year	Life Cover SA	CI SA
6	32.5 lakh	17.5 lakh
7	31.0 lakh	19.0 lakh
8	29.5 lakh	20.5 lakh
9	28.0 lakh	22.0 lakh
10	26.5 lakh	23.5 lakh

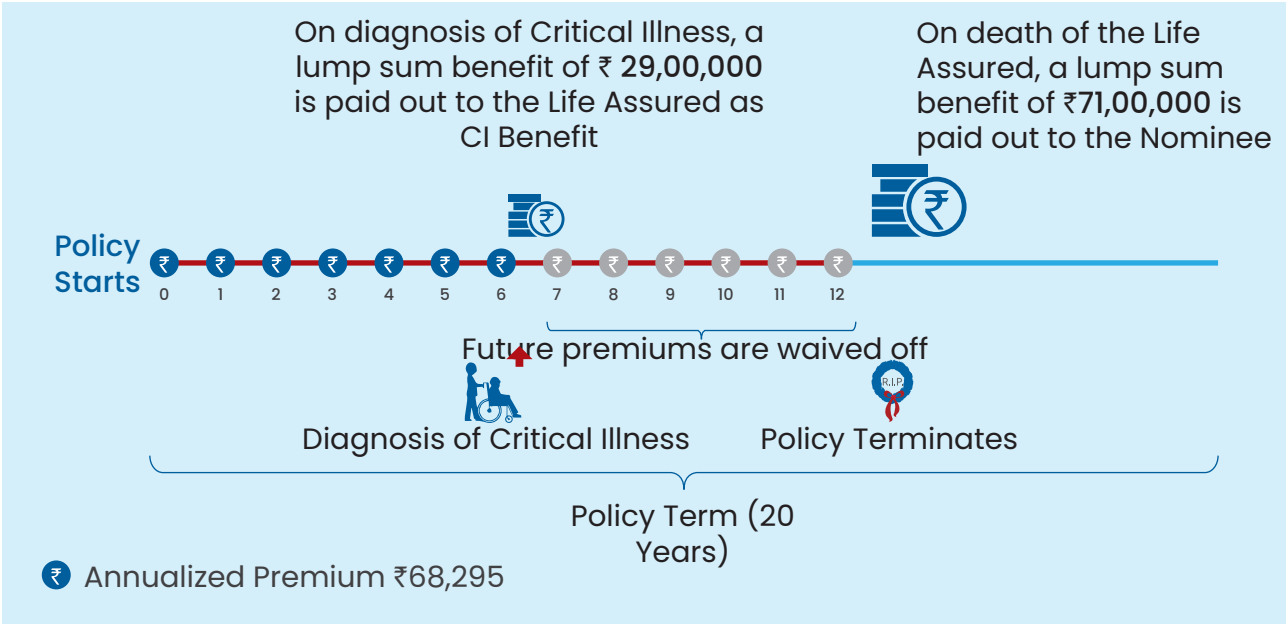
Once a Critical Illness claim is made, the Life Cover SA will be fixed at the then applicable level and the same SA will continue until the end of policy term.

Example: Mr. Xavier, a 45 years old gentleman, buys the Life & CI Rebalance option of HDFC Life Click 2 Protect Life for a policy term of 20 years, regular pay, and avails a basic sum assured of ₹1,00,00,000. He pays a premium of ₹68,295 annually.

He is diagnosed with a Critical Illness in the 7th policy year. His future premiums are waived off and he receives ₹29,00,000 as lump sum Critical Illness benefit. His Life Cover SA is now fixed at ₹ 71,00,000.

Mr. Xavier passes away in the 13th policy year. His nominee will receive a lump sum death benefit of ₹71,00,000.

Total Premiums Paid: ₹ 4,78,065



Death Benefit:
"Death Benefit" is payable as a lump sum to your Nominee if you, the Life Assured die during the policy term. It is the highest of:

- Sum Assured on Death
- 105% of Total Premiums Paid
- Life Cover SA

Sum Assured on Death for Single Pay (SP) is the higher of:

- 125% of Single Premium
- Sum Assured on Maturity

Sum Assured on Death for other than Single Pay (Limited Pay and Regular Pay) is the higher of:

- 10 times of the Annualized Premium
- Sum Assured on Maturity

Where,

Annualized Premium is the premium amount payable in a year chosen by the policyholder, excluding taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any.

Total Premiums Paid are the total of all the premiums received, excluding any extra premium, any rider premium and taxes. In case ROP option has been selected, Total Premiums Paid includes premium paid for base plan option and the additional premium paid for ROP option.

Sum Assured on Death is 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 or an absolute amount of benefit which is available to meet the health cover.

Basic Sum Assured is the amount of sum assured chosen by the policyholder.

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

Benefit on diagnosis of Critical Illness:
On diagnosis of any of the covered critical illnesses, the applicable Critical Illness (CI) SA at the time of diagnosis of the disease, will be payable to you.

In addition, all future premiums payable under the plan will be waived off and the life cover continues.

Please refer the section on "Critical Illnesses covered" for list of Critical Illnesses covered and definitions and exclusions relating to the same.

Maturity Benefit:
On survival until Maturity, Sum Assured on Maturity will be payable.

Sum Assured on Maturity will be equal to the Total Premiums Paid if ROP benefit is selected, Nil otherwise.

Upon the payment of death or maturity benefit as above, the policy terminates and no further benefits are payable.

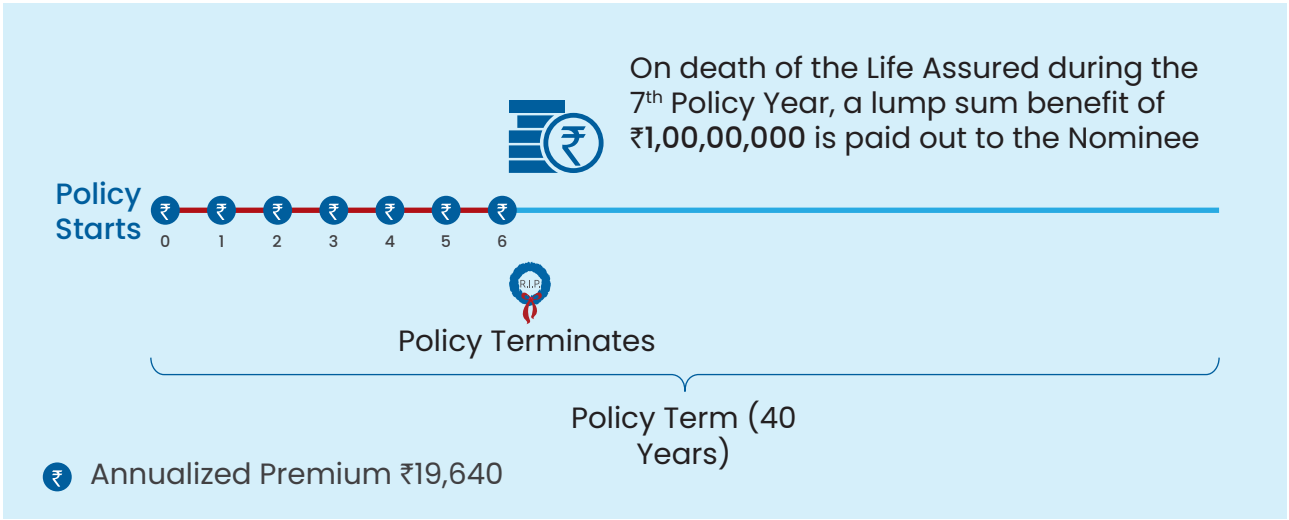
2. Life Protect

Under this plan option, you are covered for death during the policy term. In case of your unfortunate demise during the policy term, your nominee gets a lump sum benefit.

Example: Mr. Bansal, a 35 years old gentleman, buys the Life Protect Option of HDFC Life Click 2 Protect Life for a policy term of 40 years, regular pay, and avails a level cover of ₹ 1,00,00,000 by paying a premium of ₹19,640 annually.

Mr. Bansal passes away in the 7th policy year. His nominee will receive a lump sum benefit of ₹1,00,00,000.

Total Premiums Paid: ₹ 1,37,480



Death Benefit:
"Death Benefit" is payable as a lump sum to your Nominee if you, the Life Assured die during the policy term. It is the higher of:

- Sum Assured on Death
- 105% of Total Premiums Paid

Sum Assured on Death for Single Pay (SP) is the highest of:

- 125% of Single Premium
- Sum Assured on Maturity
- Basic Sum Assured

Sum Assured on Death for other than Single Pay (Limited Pay and Regular Pay) is the highest of:

- 10 times of the Annualized Premium
- Sum Assured on Maturity
- Basic Sum Assured

Maturity Benefit:
On survival until Maturity, Sum Assured on Maturity will be payable.

Sum Assured on Maturity will be equal to the Total Premiums Paid if ROP benefit is selected, Nil otherwise.

Upon the payment of death or maturity benefit as above, the policy terminates and no further benefits are payable.

3. Income Plus

This option provides you with a life cover for the chosen policy term and regular monthly income from age 60 onwards along with a lump sum payout on maturity. Monthly income of 0.1% of the Basic Sum Assured shall be paid in arrears, starting from the policy anniversary following your 60th birthday and continues until your death or policy maturity, whichever occurs earlier. The Survival Benefits already paid out shall be deducted from the Death Benefit payable to the Nominee.

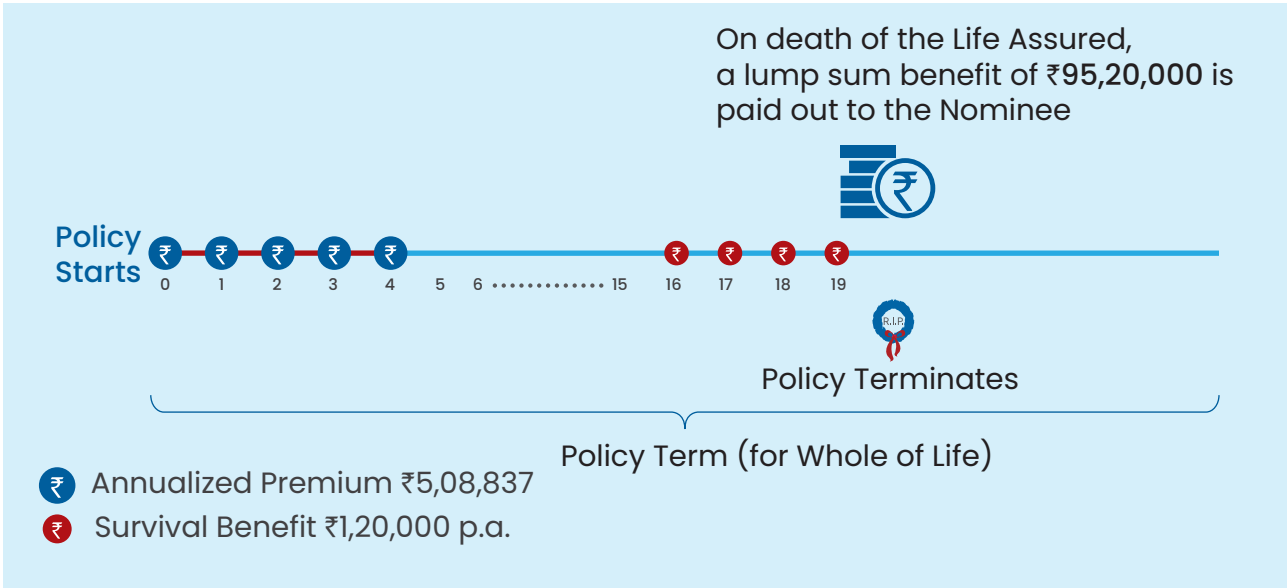
You may choose maturity ages as per the below table, subject to eligibility criteria mentioned above under Eligibility –

Option	Fixed Term	Whole Life
Maturity Age	70, 75, 80 or 85 years	Whole of Life

Example: Mr. Singh, a 45 years old gentleman, buys the Income Plus option of HDFC Life Click 2 Protect Life with premium payment term of 5 years and coverage for Whole of Life and avails a Basic Sum Assured of ₹1,00,00,000. He pays a premium of ₹5,08,837 annually. He starts receiving regular monthly income of ₹ 10,000 from the start of 16th policy year (after attaining age 60 years).

He passes away in the first month of 20th policy year. His nominee will receive a lump sum death benefit of ₹95,20,000.

Total Premiums Paid: ₹25,44,185



Death Benefit:
"Death Benefit" is payable as a lump sum to your Nominee if you, the Life Assured die during the policy term. It is the higher of:

- Sum Assured on Death
- 105% of Total Premiums Paid

less total Survival Benefits paid out till the date of death

Sum Assured on Death for Single Pay (SP) is the highest of:

- 125% of Single Premium
- Sum Assured on Maturity
- Basic Sum Assured

Sum Assured on Death for other than Single Pay (Limited Pay and Regular Pay) is the highest of:

- 10 times of the Annualized Premium
- Sum Assured on Maturity
- Basic Sum Assured

Survival Benefit:
On your survival during the policy term provided all due premiums have been paid, an income equal to 0.1% of Basic Sum Assured will be payable to you at the end of every month, following policy anniversary after your attaining age 60 years, until death or end of the policy term, whichever occurs first.

Maturity Benefit:
For Fixed Term:
On Survival until Maturity, Sum Assured on Maturity will be payable.

Sum Assured on Maturity will be equal to Max (110% of Total Premiums Paid less total Survival Benefits paid out, 0)

For Whole Life: NIL
Upon the payment of death or maturity benefit as above, the policy terminates and no further benefits are payable.

Add-on benefits available under the Product:

1. Return of Premium (ROP) option

You may choose to opt for this benefit under plan option as per below table:

Option		Allowed to opt for ROP option?
Life & CI Rebalance		Yes
Life Protect	Fixed Term	
	Whole Life	No
Income Plus	Fixed Term	
	Whole Life	

If you choose this plan option, you will have to pay an additional premium over and above the premium payable for the base plan option chosen and you will receive a return of 100% of the Total Premiums Paid as a lump sum, upon survival until maturity.
This add-on option will be available for:

- All policy terms between 10 and 40 years for Single, Regular and 5 Pay.
- All policy terms between 15 and 40 years for 8, 10 and 12 Pay.

2. Waiver of Premium on CI (WOP CI) Option

If you choose this add-on option, all future premiums payable under the plan will be waived, if you, the life assured are diagnosed with any of the covered critical illnesses.
This option will be available only where Premium Paying Term is at least 5 years and Life Protect Option with Fixed Term is selected.
An additional premium (over and above the premium payable for the base plan) will be payable if this add-on option is chosen.

3. Accidental Death Benefit (ADB) Option

If you choose this add-on option, an additional amount equal to 100% of Basic Sum Assured will be payable to the Nominee on your (Life Assured's) death due to accident during the policy term. This option will be available only where Life Protect Option has been selected.

An additional premium (over and above the premium payable for the base plan) will be payable if this add-on option is chosen.

4. Alteration of premium payment frequency

You have an option to alter the premium payment frequency during the premium payment term without any charge/ fee.

5. Option to reduce Premium Payment Term from Regular Pay to Limited Pay

You also have an option to convert the outstanding regular premiums into any limited premium period available under the plan options without any charge/ fee.

6. Discounts available under the product

HDFC Life Existing Customer discount:

If this product is purchased by an existing HDFC Life customer with any other HDFC Life product, an additional discount of 2% for Regular and Limited Pay and 1% for Single Pay will be applicable.

Non Payment of Premiums

Grace Period is the time provided after the premium due date during which the policy is considered to be in-force with the risk cover. This plan has a grace period of 30 days for yearly, half yearly and quarterly frequencies from the premium due date. The grace period for monthly frequency is 15 days from the premium due date.

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

Upon premium discontinuance, if Unexpired Risk Premium Value is not acquired then the policy lapses without any value.

If a policy has acquired Unexpired Risk Premium Value, all benefits such as death, maturity and survival benefits, whether ROP benefit has been selected or not, will be reduced as follows:

$$\text{Paid-up benefit} = \text{In-force benefit} \times \frac{\text{Total Premiums Paid}}{\text{Total Premiums Payable}}$$

Surrender

For Income Plus Option or Return of Premium Option:

Unexpired Risk Premium Value will be the higher of Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV).

Unexpired Risk Premium Value gets acquired immediately upon payment of Premium in case of Single Pay and upon payment of Premiums for 2 years in case of Limited Pay or Regular Pay. Where,

GSV = GSV Factor% x Total Premiums Paid - Survival Benefits or ROP instalment Already Paid The GSV will be floored to 0.

The Company may pay a surrender value higher than the GSV in the form of a Special Surrender Value (SSV).

SSV shall become payable after completion of first policy year provided one full year premium has been received for Limited/Regular Pay and immediately on the receipt of single premium for Single Pay.

SSV shall be calculated as the expected present value of:

i) Paid-up guaranteed future benefits on death, survival/maturity and

ii) accrued / vested benefits, duly allowing for survival benefits already paid, if any

The discount rate used to calculate the expected present value shall be equal to the yield on 10 Year G-Sec plus 50 basis points.

Currently, the interest rate used for calculating the expected present value is 7.75% p.a.

The discount rates shall be reviewed at least once annually and in case of any significant movement in the yields. The revised discount rates shall apply to all policies including the policies already sold.

The calculation of SSV in the product is 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. dated 12th June, 2024.

Policy Cancellation Value

Policy cancellation value gets acquired immediately upon payment of premium in case of SP and upon payment of premiums for at least 2 full years in case of LP. In all other cases, the policy lapses on premium discontinuance without any value.

Where Life Protect Option (Whole Life) has been selected

The cancellation value shall be calculated as given below:

$$\text{PCV Factor} \times \text{Total Premium Paid} \times \frac{\text{Max (100- age at Surrender, 0)}}{\text{100- age at Entry}}$$

Other than Income Plus Option, Life Protect Option (Whole Life) and where Return of Premium Option has not been selected:

The cancellation value for LP/SP shall be calculated as given below:

$$\text{PCV factor} \times \text{Total Premiums Paid} \times \frac{\text{Unexpired Policy Term}}{\text{Original Policy Term}}$$

Amount payable for Regular Premium = Nil

Where, PCV Factor is as follows:

Policy Year	PCV Factor
During PPT or if all due premiums have not been paid	30%
Post PPT if all due premiums have been paid	50%

[1]If you have exercised the option to change premium payment term, Total Premiums Paid will include only premiums paid from the date of converting to Limited Pay and Original Policy Term will be the outstanding policy term on the date of converting to Limited Pay.

Please note:

i. For the purpose of calculation of Unexpired Policy Term, only full calendar months shall be considered.

ii. For the purpose of computation of Unexpired Risk Premium Value, the Premiums shall exclude any applicable taxes and levies paid in respect of this Policy.

Revival

You can revive your lapsed/ paid-up policy within the revival period (specified below) subject to the terms and conditions we may specify from time to time. For revival, you will need to pay all the outstanding premiums and interest on the outstanding premiums and taxes and levies as applicable. Interest rate will be as prevailing from time to time. The current interest rate used for revival is 9.5% p.a. compounded annually.

The revival period shall be of five years as specified by the current Regulations. The revival period may be changed as specified by Regulations from time to time.

The revival interest shall be reviewed half-yearly and it will be reset to: Average Annualized 10-year benchmark G-Sec Yield (over last 6 months & rounded up to the nearest 50 bps) + 2%. The change in revival rate shall be effective from 25th February and 25th August each year. Any change on basis of determination of interest rate for revival will be done only after prior approval of the Authority.

Once the policy is revived, you are entitled to receive all contractual benefits.

Riders

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, Non- Participating/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, Non- Participating/Participating, Pure risk premium, Individual Life/Health rider. A benefit as a proportion of the Rider Sum Assured shall be payable in case on accidental death or partial/total disability due to accident or if you are diagnosed with cancer as per the option chosen under this rider. No maturity benefit is payable under this rider.

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

Rider	UIN	Scope of Benefits**
HDFC Life Health Plus Rider – Non Linked	101B031V02	It is a Non-Linked, Non- Participating/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 option chosen. No maturity benefi¬t is payable under this rider.

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

Critical Illnesses covered

The following is a list of Critical Illnesses covered:

Critical Illnesses covered	
1. Cancer of Specified Severity	19. Major Head Trauma
2. Myocardial infarction – First heart attack of specific severity	20. Primary (idiopathic) pulmonary hypertension
3. Open Heart Replacement or Repair of Heart Valves	21. Third Degree Burns
4. Kidney Failure Requiring Regular Dialysis	22. Alzheimer's Disease
5. Major Organ/ Bone Marrow Transplant	23. Aplastic Anaemia
6. Coronary Artery Bypass Graft (Open, Keyhole or minimally invasive or Robotic Cardiac CABG)	24. Medullary Cystic Kidney Disease
7. Multiple Sclerosis with persisting symptoms	25. Parkinson's Disease
8. Stroke resulting in permanent symptoms	26. Systemic Lupus Erythematosus (SLE) with Lupus Nephritis
9. Coma of specific severity	27. Apallic Syndrome
10. Permanent Paralysis of Limbs	28. Major Surgery of Aorta
11. Motor Neuron Disease with Permanent Symptoms	29. Brain Surgery
12. Benign Brain Tumor	30. Fulminant Viral Hepatitis
13. Blindness	31. Cardiomyopathy
14. Deafness	32. Muscular dystrophy
15. End stage lung failure	33. Poliomyelitis
16. End stage liver failure	34. Pneumonectomy
17. Loss of Speech	35. Severe Rheumatoid Arthritis
18. Loss of Limbs	36. Progressive Scledorma

Definitions of Critical Illnesses

Critical Illness means illness, the signs or symptoms of which first commence more than 90 days following the Issue Date or Commencement Date or the date of any reinstatement of this Contract, whichever is the latest and shall include either the first diagnosis of any of the following illnesses or first performance of any of the covered surgeries stated below:

1. **Cancer of Specified Severity**
   A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
   The following are excluded:
   - 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.
   - Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
   - Malignant melanoma that has not caused invasion beyond the epidermis;
   - 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
   - All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
   - Chronic lymphocytic leukaemia less than RAI stage 3
   - Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
   - All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. **Myocardial infarction (First heart attack of specified 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 history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
   - New characteristic electrocardiogram changes
   - 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.

3. **Open Heart Replacement or Repair of Heart Valves**
   The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected

cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded.

4. **Kidney Failure Requiring 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.

5. **Major Organ/ Bone Marrow Transplant**
   The actual undergoing of a transplant of:
   - One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
   - 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:
   - Other stem-cell transplants
   - Where only islets of langerhans are transplanted

6. **Coronary Artery Bypass Graft (Open, Keyhole or minimally invasive or Robotic Cardiac 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

7. **Multiple Sclerosis with persisting symptoms**
   The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
   - Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
   - 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.

8. **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:
   - Transient ischemic attacks (TIA)
   - Traumatic injury of the brain

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

9. **Coma of specified severity**
   A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
   - No response to external stimuli continuously for at least 96 hours;
   - Life support measures are necessary to sustain life; and
   - Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

10. **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.

11. **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.

12. **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:
    - Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
    - 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.

13. **Blindness**
    Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
    The Blindness is evidenced by:
    - Corrected visual acuity being 3/60 or less in both eyes or ;
    - 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.

14. **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 90 decibels across all frequencies of hearing" in both ears.

15. **End stage lung failure**
End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
- FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg); and
- Dyspnea at rest.

16. **End stage liver failure**
Permanent and irreversible failure of liver function that has resulted in all three of the following:
- Permanent jaundice; and
- Ascites; and
- Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

17. **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.

18. **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.

19. **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:

- 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.

The following are excluded:

- Spinal cord injury

20. 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:

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

21. 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.

22. Alzheimer's Disease

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by the Company's appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether

aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 3 months:

Activities of Daily Living are defined as:

- 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;
- 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.
- Mobility - the ability to move from room to room without requiring any physical assistance.

The following are excluded:

- Any other type of irreversible organic disorder/dementia
- Alcohol-related brain damage.

23. Aplastic Anaemia

Chronic Irreversible persistent bone marrow failure which results in Anaemia, Neutropenia and Thrombocytopenia requiring treatment with at least TWO of the following:

- Regular blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

The diagnosis and suggested line of treatment must be confirmed by a Haematologist acceptable to the Company using relevant laboratory investigations, including bone-marrow biopsy. Two out of the following three values should be present:

- Absolute neutrophil count of 500 per cubic millimetre or less;
- Absolute erythrocyte count of 20 000 per cubic millimetre or less; and
- Platelet count of 20 000 per cubic millimetre or less.

Temporary or reversible aplastic anaemia is excluded.

24. Medullary Cystic Kidney Disease

Medullary Cystic Kidney 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.

25. Parkinson's Disease

The unequivocal diagnosis of primary idiopathic Parkinson's disease (all other forms of Parkinsonism are excluded) made by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication; and
- Objective signs of progressive impairment; and
- There is an inability of the Life assured to perform (whether aided or unaided) at least 3 of the following six (6) "Activities of Daily Living" 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. Drug-induced or toxic causes of Parkinsonism are excluded.

26. Systemic Lupus Erythematosus (SLE) with Lupus Nephritis

A multi-system, mutlifactorial, autoimmune disease characterized by the development of auto-antibodies directed against various self-antigens. In respect of this Contract, Systemic Lupus Erythematosus (SLE) 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 certified doctor specializing in Rheumatology and Immunology. There must be positive antinuclear antibody test.

Other forms, discoid lupus, and those forms with only haematological and joint involvement will be specifically excluded. WHO Classification of Lupus Nephritis:

- Class I: Minimal change Lupus Glomerulonephritis – Negative, normal urine.
- Class II: Messangial Lupus Glomerulonephritis – Moderate Proteinuria, active sediment
- Class III: Focal Segmental Proliferative Lupus Glomerulonephritis – Proteinuria, active sediment
- Class IV: Diffuse Proliferative Lupus Glomerulonephritis – Acute nephritis with active sediment and / or nephritic syndrome.
- Class V: Membranous Lupus Glomerulonephritis – Nephrotic Syndrome or severe proteinuria.

27. Apallic Syndrome

Universal necrosis of the brain cortex, with the brain stem remaining intact. Diagnosis must be definitely confirmed by a Registered Medical practitioner who is also a neurologist holding such an appointment at an approved hospital. This condition must be documented for at least one (1) month.

28. Major Surgery of Aorta

The actual undergoing of surgery for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft.

The term "aorta" means the thoracic and abdominal aorta but not its branches

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

29. Brain Surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy with removal of bone flap to access the brain is performed. The following are excluded:

- Burr hole procedures, transphenoidal procedures and other minimally invasive procedures such as irradiation by gamma knife or endovascular embolizations, thrombolysis and stereotactic biopsy
- Brain surgery as a result of an accident

30. Fulminant Viral Hepatitis

A submassive 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:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound; and
- Necrosis involving entire lobules, leaving only a collapsed reticular framework(histological evidence is required); and
- Rapid deterioration of liver function tests; and
- Deepening jaundice; and
- Hepatic encephalopathy.

Hepatitis B infection carrier alone does not meet the diagnostic criteria.

This excludes Fulminant Viral Hepatitis caused by alcohol, toxic substance or drug.

31. 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 atleast six (6) months, based on the following classification criteria:

Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

32. Muscular dystrophy

A group of hereditary degenerative diseases of muscle characterized by weakness and atrophy of muscle based on three (3) out of four (4) of the following conditions:

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

The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist.

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

- 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.

33. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

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

The diagnosis of Poliomyelitis must be confirmed by a Registered Medical Practitioner who is a neurologist.

34. Pneumonectomy

The undergoing of surgery on the advice of a consultant medical specialist to remove an entire lung for any physical injury or disease.

35. Severe Rheumatoid Arthritis

The Severe Rheumatoid Arthritis with all of the following factors:

- Is in accordance with the criteria on Rheumatoid Arthritis of the American College of Rheumatology and has been diagnosed by the Rheumatologist.
- At least 3 joints are damaged or deformed such as finger joint, wrist, elbow, knee joint, hip joint, ankles, cervical spine or feet toe joint as confirmed by clinical and radiological evidence and cannot perform at least 3 types of daily routines permanently for at least 180 days.

36. 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 conditions are excluded:

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

Exclusions for Critical Illness Benefit

Apart from the disease specific exclusions given along with definitions of diseases above, no benefit will be payable if the critical illness is caused or aggravated directly or indirectly by any of the following:

- Diagnosis of any of the listed critical illness and/or hospitalization and/or treatment (availed or advised) within 90 days of the risk commencement date or reinstatement date whichever is later.
- Any Pre-existing disease, that is any condition, ailment, injury or disease:
  a) That is/are diagnosed by a physician within 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 issued by the insurer.
- Any illness due to external congenital defect or disease which has manifested or was diagnosed before the Insured attains age 18. Where, external congenital defect or disease is a congenital anomaly which is in the visible and accessible parts of the body.
- Suicide or attempted suicide or intentional self-inflicted injury, by the life insured, whether sane or not at that time.
- Life assured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner
- War, invasion, hostilities (whether war is declared or not), civil war, rebellion, terrorist activity, revolution or taking part in a riot or civil commotion, strikes or industrial action.
- Participation by the life assured in a criminal or unlawful act with criminal intent or committing any breach of law including involvement in any fight or affray.
- Treatment for injury or illness caused by avocations / activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
- Any underwater or subterranean operation or activity. Racing of any kind other than on foot
- Existence of any sexually Transmitted Disease (STD)
- Failure to seek or follow medical advice, the Life assured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy.
- Nuclear reaction, Biological, radioactive or chemical contamination due to nuclear accident.
- Any treatment of a donor for the replacement of an organ;
- Diagnosis and treatment outside India.

Waiting Period for Critical Illness Benefit

- No benefit shall be paid in case the Life Assured is diagnosed with any of the applicable listed Critical Illnesses within 90 days from the date of commencement or revival of cover, whichever occurs later except in cases where the Critical Illness occurs as a result of an accident (such as Major Head Trauma).
- All of the evidence needed to make a claims assessment in accordance with the

definitions above, is made available before the death of the life assured.

- The insured has to survive 30 days after the 'complete diagnosis' of the defined critical illness condition being claimed and subject to fulfilment of policy definitions. Failure to do so entitles the Insurance Company to refuse any claim under this cover.
- No payment under Critical Illness benefit would be made if the diagnosis of the condition is made after the death of the life insured. The time of diagnosis is the point in time at which the insured first satisfied all of the requirements of the definition AND all of the test results and medical reports required to support the diagnosis in accordance with the definition are available in a form suitable for sending to the insurer.

Accidental Death Benefit (ADB) Option

Definitions

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

"Accidental death" shall mean death:

- which is caused by bodily injury resulting from an accident and
- which occurs due to the said bodily injury solely, directly and independently of any other causes and
- which occurs within 180 days of the occurrence of such accident but before the expiry of the cover and
- is not a result from any of the causes listed in the exclusions for accidental death benefit.

"Bodily Injury" means Injury must be evidenced by external signs such as contusion, bruise and wound except in cases of drowning and internal injury.

"Injury" means accidental physical bodily harm excluding any Illness, solely and directly caused by an external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

"Medical Practitioner" means a person who holds a valid registration from the medical council of any State of India or Medical Council of India or any other such body or Council for Indian Medicine or for homeopathy set up by the Government of India or by a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of his license, provided such Medical Practitioner is not the Life Insured covered under this Policy or the Policyholder or is not a spouse, lineal relative of the Life Insured and/or the Policyholder or a Medical Practitioner employed by the Policyholder/Life Insured.

Exclusions for Accidental Death benefit

Additional accidental death benefit will not be payable, if death is caused directly or in-directly from any of the following:

- If the death occurs after 180 days from the date of the accident
- Injury occurred before the risk commencement date
- Suicide or attempted suicide or intentional self-inflicted injury, by the life insured,

whether sane or not at that time.

- Life assured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner.
- War, invasion, hostilities (whether war is declared or not), civil war, rebellion, terrorist activity, revolution or taking part in a riot or civil commotion, strike or industrial action.
- Participation by the life assured in a criminal or unlawful act with criminal intent or committing any breach of law including involvement in any fight or affray.
- Treatment for injury or illness caused by avocations / activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
- Any underwater or subterranean operation or activity. Racing of any kind other than on foot
- Services in any military, air force, naval, police, paramilitary or similar organisation including service in the armed forces in time of declared or undeclared war or while under orders for warlike operations or restoration of public order,
- Participation by the insured person in any flying activity other than as a bona fide passenger (whether paying or not), in a licensed aircraft provided the life insured does not, at the time, have any duty on board such aircraft.
- Violation or attempted violation of the law or resistance to arrest.
- Nuclear reaction, Radioactive or chemical contamination due to nuclear accident.

Terms and Conditions

We recommend that you read and understand this product brochure & customized benefit illustration and understand what the plan is, how it works and the risks involved before you purchase.

A) **Risk Factors:**

(1) HDFC Life Insurance Company Limited is the name of our Insurance Company and "HDFC Life Click 2 Protect Life" 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.

(2) Please know the associated risks and the applicable charges, from your Insurance agent or the Intermediary or policy document issued by insurance company.

B) **Exclusions**

i) Suicide Exclusion

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

ii) Age Admitted

The Company has calculated the Premiums under the Policy on the basis of the age of the Life Assured as declared in the Proposal. In case You have not provided proof of age of the Life Assured with the Proposal, you will be required to furnish such proof of age of the Life Assured as is acceptable to us and have the age admitted. In the event the age so admitted ("Correct Age") during the Policy Term is found to be different from the age declared in the Proposal, without prejudice to our rights and remedies including those under the Insurance Act, 1938, as amended from time to time we shall take one of the following actions (i) if the Correct Age makes the Life Assured ineligible for this Policy, we will offer him suitable plan as per our underwriting norms. If you do not wish to opt for the alternative plan or if it is not possible for us to grant any other plan, the Policy will stand cancelled from the date of issuance and the Premiums paid under the Policy will be returned subject to the deduction of expenses incurred by the Company and the Policy will terminate thereafter; or (ii) if the Correct Age makes the Life Assured eligible for the Policy, the difference between the revised Premium, as per the Correct Age and the original Premium, with interest, will be due on the next Policy Anniversary date and the revised Premium will continue for the rest of the Premium Payment Term. The provisions of Section 45 of the Insurance Act, 1938 as amended from time to time shall be applicable.

iii) Exclusions for Accidental Death benefit

Additional Accidental Death benefit will not be payable, if death is caused directly or in-directly from any of the following:

- If the death occurs after 180 days from the date of the accident
- Injury occurred before the risk commencement date

- Suicide or attempted suicide or intentional self-inflicted injury, by the life insured, whether sane or not at that time.
- Life assured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner.
- War, invasion, hostilities (whether war is declared or not), civil war, rebellion, terrorist activity, revolution or taking part in a riot or civil commotion, strike or industrial action.
- Participation by the life assured in a criminal or unlawful act with criminal intent or committing any breach of law including involvement in any fight or affray.
- Treatment for injury or illness caused by avocations / activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
- Any underwater or subterranean operation or activity. Racing of any kind other than on foot
- Services in any military, air force, naval, police, paramilitary or similar organisation including service in the armed forces in time of declared or undeclared war or while under orders for warlike operations or restoration of public order,
- Participation by the insured person in any flying activity other than as a bona fide passenger (whether paying or not), in a licensed aircraft provided the life insured does not, at the time, have any duty on board such aircraft.
- Violation or attempted violation of the law or resistance to arrest.
- Nuclear reaction, Radioactive or chemical contamination due to nuclear accident.

C) **Tax Benefits**

Tax benefits under this plan may be available. Premiums paid by an individual or HUF under this plan and the benefits received from this policy may be eligible for tax benefits as per the applicable sections of the Income-tax Act, 2025 (corresponding Income-tax Act, 1961), as amended from time to time. Tax benefits are subject to changes in tax laws. You are requested to consult your tax advisor for advice on Tax Benefits.

D) **Cancellation in the Free-Look period:**

In case you are not agreeable to the any of the policy terms and conditions, you have the option of returning the policy to us stating the reasons thereof, within 30 days from the date of receipt of the policy, whether received electronically or otherwise On receipt of your letter along with the original policy documents, we shall arrange to refund the premiums paid subject to deduction of the proportionate risk premium for the period on cover, expenses incurred by us on medical examination, if any, and stamp duty charges.

E) **An underwriting extra premium may be charged in case of Sub-standard lives and Smokers as per our prevalent Underwriting policy.**

F) **Policy Loan:**

No Policy Loans are available under this product.

G) **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.

H) **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 G (Nomination) and H (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.

I) **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.

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

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
(2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the

insured the grounds and materials on which such decision is based.

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

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

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

K) **In case of fraud or misstatement 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 misstatement being established in accordance with Section** 45 of the Insurance Act, 1938, as amended from time to time.

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

M) **Taxes:**

Indirect Taxes

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

Direct Taxes

Tax, if any, will be deducted at the applicable rate from the payments made under the Policy, as per the provisions of the Income-tax Act, 2025 (corresponding Income-tax Act, 1961) as amended from time to time.

N) 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 nformation on eIA visit http://www.hdfclife.com/customer-service/life-insurance-policy -dematerialization

o) **Grievance Redressal Mechanism:**
You can contact us at any of the below touchpoints in case of any concern:
Helpline number: 022-68446530 (Call Charges apply) | NRI Helpline number +91 89166 94100 (Call Charges apply)
E-mail Address: service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only)
You can let us know of your concerns/grievances through any of below options:

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

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

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(Available all days 9am to 9pm)

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- IRDAI or its officials do not involve is not involved 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.