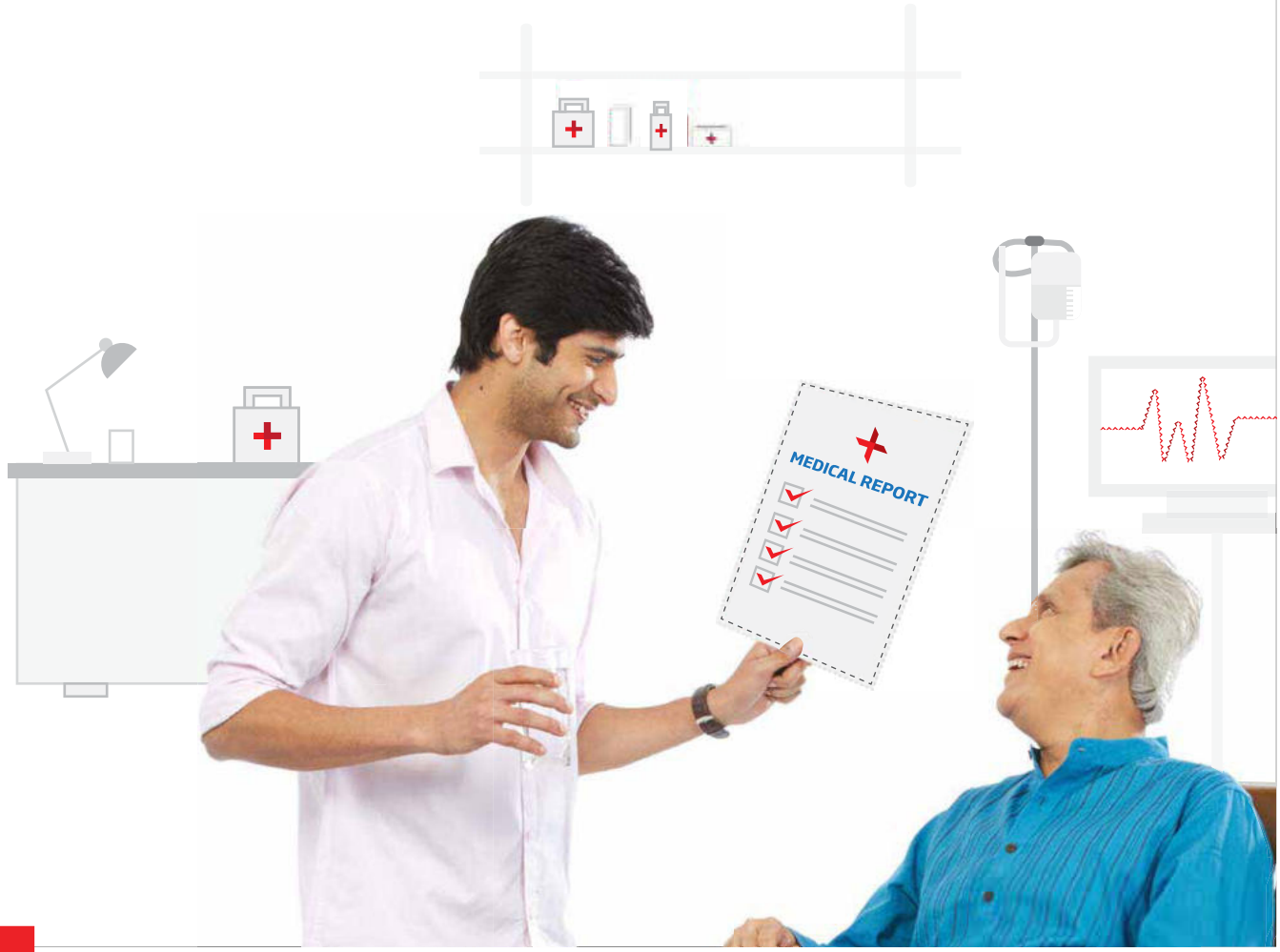
Ensure you are covered against 19 Critical Illnesses



HDFC Life

Critical Illness Plus Rider

A Non-Linked, Non-Participating Rider
Get benefit on diagnosis of any of the 19 critical illnesses

HDFC Life
Sar utha ke jiyo!

Illnesses always come unexpectedly and adversely affect your life and financial situation. So have you considered the financial impact on your life if you were to suffer with a critical illness? Being absent from work during recovery or in worst case forced to quit working will definitely impact your income and coping up with the high medical expenses will wash out your savings.

HDFC Life Critical Illness Plus Rider is created to financially protect you and your family. This Rider provides a lump sum benefit on diagnosis of any one of the 19 critical illnesses which you can use to cover expenses associated with the illness and let you concentrate on getting better.

HDFC Life Critical Illness Rider at a glance

This Rider can be taken on single life basis at inception of the Base Policy or on any subsequent policy anniversary of the Base Policy subject to limits specified below:

Parameters	Limit
Minimum Entry Age (last birthday)	18 years
Maximum Entry Age (last birthday)	65 years
Maturity age (last birthday)	Up to 75 years
Minimum Rider Policy Term	5 years
Maximum Rider Policy term^	Maximum policy period offered will be consistent with the base policy.
Rider Premium Payment Term	Regular Pay Limited Pay – 5 and 10 years

^ This Rider will not be offered where the outstanding Rider Premium Paying Term under the Base Policy is less than 5 years.

What amount of coverage can I get?

Minimum Rider Sum Assured offered under Rider is Rs 25,000

The maximum Rider Sum Assured offered is subject to our Board Approved Underwriting Policy. The maximum Rider Sum Assured as a proportion of Base Policy Sum Assured will be as per the prevailing regulations. Currently, the maximum Rider Sum Assured is equal to the Base Policy Sum Assured.

Which products can this Rider be offered with?

HDFC Life Critical Illness Plus Rider will be available with the following products:

- HDFC Life Click 2 Protect Plus (101N101V02)
- HDFC Life Sanchay (101N097V08)
- HDFC Life Classic Assure Plus (101N089V05)
- HDFC Life Sampoorn Samridhi Plus (101N102V05)
- HDFC Life YoungStar Udaan (101N099V03)
- HDFC Life Super Income (101N098V05)
- HDFC SL ProGrowth Super II (101L066V04)
- HDFC SL ProGrowth Flexi (101L072V05)
- HDFC Life ProGrowth Plus (101L081V05)
- HDFC Life Click 2 Invest (101L100V03)
- HDFC Life Click 2 Wealth (101L133V02)
- HDFC Life Click 2 Protect 3D Plus (101N115V05)
- HDFC Life Sanchay Plus (101N134V03)
- HDFC Life Pragati (101N114V04)
- HDFC Life Uday (101N105V04)
- HDFC Life Crest (101L064V03)
- HDFC Life Sampoorn Nivesh (101L103V02)
- HDFC Life YoungStar Super Premium (101L068V03)
- HDFC Life Sanchay Par Advantage (101N136V01)

What about the premiums?

Please consult your Financial Consultant to know your premium amount. The premium payment frequency for the Rider will be same as frequency of the Base Policy.

For individual policies where no commission is payable, the discount on the tabular premium rates will be as per the Base Policy to which this Rider is attached.

What is the benefit?

This Rider provides Rider Sum Assured as a lump sum benefit if the life assured survives for a period of 30 days following diagnosis of any one of the 19 critical illnesses as specified below.

The Rider will terminate once the Rider Sum Assured has been paid or on the completion of the Rider Policy Term, whichever is earlier.

Critical Illnesses
• Cancer of specified severity
• Open Chest CABG
• First Heart Attack – of specified severity
• Kidney Failure requiring regular dialysis
• Major Organ/ Bone Marrow Transplant
• Stroke resulting in Permanent symptoms
• Apallic Syndrome
• Benign Brain Tumour
• Coma of specified severity
• End Stage Liver Disease
• End Stage Lung Disease
• Open Heart Replacement or repair of heart valves
• Loss of Limbs
• Loss of Independent Existence
• Loss of Sight
• Major Burns
• Major Head Trauma
• Permanent Paralysis of limbs
• Surgery of Aorta

Definitions of the covered conditions are given below in Annexure 1.

Is there any survival period before the claim?

The benefit will be payable only on survival for a period of 30 days from diagnosis of the critical illness.

If the diagnosis is made within the Rider Policy Term and however the survival period crosses the end point of Rider Policy Term, a valid claim arising as a result of such a diagnosis shall not be denied.

All the necessary claim documents should be submitted to us, within 60 days from the date of diagnosis. However, claims filed even beyond such period would be considered if there are valid reasons for such a delay are given, as per the provisions of Authority's Circular No. IRDA/HLTH/MISC/CIR/216/09/2011, dated 20/09/2011.

Is there any waiting period?

Waiting period of 90 days will be applicable from the date of risk commencement.

On revival:

- If the policy is revived within 60 days, only the remaining part of waiting period will apply.
- If the policy is revived after 60 days, full 90 days waiting period will apply afresh.

Pre-existing disease (defined below) are excluded only for the first 48 months after policy inception or after reinstatement of policy, whichever is later

Pre-Existing Disease: Pre-existing Disease means any condition, ailment, injury or disease:
a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

Any condition with respect to the critical illnesses covered under this Rider for which the insured had signs or symptoms, and/or was diagnosed, and/or received medical advice/treatment between the period starting from the due date of the first unpaid premium till the date of reinstatement of Rider will also qualify as a Pre-existing disease condition.

What is the grace period?

The grace period applicable under this Rider shall be same as applicable to Base Policy to which the Rider is attached. The Rider can only be revived if the Base Policy is revived. The Rider Policy is considered to be in-force with the risk cover during the grace period without any interruption.

What is the Death Benefit under the Rider?

There is no Death Benefit payable under this Rider.

What is the Maturity Benefit under the Rider?

There is no Maturity Benefit applicable under this Rider. The Rider will terminate at the end of Rider Policy Term and no further benefits will be payable.

What is the Surrender Benefit under the Rider?

There is no Surrender Benefit payable during the premium paying term. After completion of the premium paying term the following surrender benefit would be payable:

Premium Pay	Surrender Value
Limited Pay	50% x Total Premiums Paid X $\frac{\text{Unexpired Coverage Term}}{\text{Original Coverage Term}}$
Regular Pay	No Surrender Value

What if I don't pay premiums?

In case the policyholder stops paying Rider Premium during the Rider Premium Paying Term, the Rider will lapse and no further benefits will be payable under this Rider.

What are revival conditions?

Revival of the Rider will be as per the revival conditions of the Base Policy to which it is attached. The Rider will be revived automatically if the Base Policy is revived and the due Rider premium is paid along with the Base Policy premium. When the Rider is cancelled the same cannot be revived independently.

What is not covered under this Rider?

We shall not be liable to pay any benefit if the critical illness is caused directly or indirectly by the following:

- Any of the listed critical illness conditions listed in annexure I where death occurs within 30 days of the diagnosis.
- Any sickness related condition manifesting itself within 90 days of the commencement of the policy/date of acceptance of risk or reinstatement of cover.
- Intentionally self-inflicted injury or attempted suicide, irrespective of mental condition.
- Alcohol or solvent abuse, or voluntarily taking or using any drug, medication or sedative unless it is an "over the counter" drug, medication or sedative taken according to package directions or as prescribed by a Medical Practitioner.
- Taking part in any act of a criminal nature with criminal intent
- Failure to seek medical or follow medical advice (as recommended by a Medical Practitioner*)
- Radioactive contamination due to nuclear accident

*A Medical practitioner is a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license

but excluding the Practitioner who is:

- Insured/Policyholder himself or an agent of the Insured
- Insurance Agent, business partner(s) or employer/ employee of the Insured or
- A member of the Insured's immediate family.

What are other terms & conditions?

(i) Cancellation in Free-look Period: You shall have the option of cancelling the Rider, stating the reasons thereof, within 15 days from the date of receipt of the Rider Policy Document in case the policyholder is not agreeable to any Rider terms and conditions. The free-look period for policies purchased through Distance Marketing mode shall be 30 days.

- If Rider is cancelled with the Base Policy, Company shall arrange to refund the Premium paid, subject to deduction of the proportionate risk Premium for the period on cover and the expenses incurred for medical examination (if any) and stamp duty, (if any).
- If Rider is cancelled independently of the Base Policy then the Rider premium will be returned after adjusting proportionate Rider risk premium for the period of cover and the expenses incurred for medical examination (if any) and stamp duty (if any).The Rider can be cancelled in the free-look period independently of the Base Policy to which it is attached.
- The Rider will be cancelled automatically if the Base Policy to which it is attached is cancelled in the free-look period.

(ii) Cancellation of Rider after Free- look Period: You may choose to cancel the Rider without the cancellation of the Base Policy by discontinuing Rider premium payment. On cancellation, Rider shall terminate and Base Policy shall continue.

(iii) Alterations: Rider term and Sum Assured cannot be altered. The premium payment frequency of the Rider can be changed if the premium payment frequency on the Base Policy is changed. The premium payment frequency of the Rider cannot be changed independently from the Base Policy.

(iv) Nomination: Nomination for this Rider shall be as per the Nomination Schedule under the Base Policy and will be as per provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

(v) Assignment and Transfer: Assignment for this Rider shall be as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time and prevailing regulations.

(vi) Prohibition of Rebates: In accordance with Section 41 of the Insurance Act, 1938 as amended from time to time: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer

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

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

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.

1. 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 asignees of the insured the grounds and materials on which such decision is based.
2. Not withstanding 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.
3. 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.

4. 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.

(viii) Indirect & Direct Tax

Indirect Taxes

Taxes and levies 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.

Annexure 1: Definitions of covered illnesses

(1) Apallic Syndrome

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

(2) Benign Brain Tumour

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.

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

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

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.

(3) 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 –

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

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

iii) Malignant melanoma that has not caused invasion bey ond the epidermis;

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

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

vi) Chronic lymphocytic leukaemia less than RAI stage 3

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

viii) 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;

(4) Coma of specified severity

i. 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:

a) No response to external stimuli continuously for at least 96 hours;

b) Life support measures are necessary to sustain life; and

c) Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

ii. The condition has to be confirmed by a specialist medical practitioner.

The following is excluded:

- Coma resulting directly from alcohol or drug abuse

(5) 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:

i. Angioplasty and/or any other intra-arterial procedures

(6) End Stage Liver Disease

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

i. Permanent jaundice; and

ii. Ascites; and

iii. Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

(7) End Stage Lung Disease

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

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

ii. Requiring continuous permanent supplementary oxygen therapy for

hypoxemia; and

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

iv. Dyspnea at rest.

(8) 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:

i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

ii. New characteristic electrocardiogram changes

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

The following are excluded:

i. Other acute Coronary Syndromes

ii. Any type of angina pectoris

iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

(9) 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.

(10) Kidney Failure requiring regular dialysis

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

(11) Loss of Independent Existence

Confirmation by a consultant physician acceptable to the Company of the loss of independent existence due to illness or trauma, which has lasted for a minimum period of 6 months and results in a permanent inability to perform at least three (3) of the Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons). For the purpose of this benefit, the word "permanent", shall mean beyond the hope of recovery with current medical knowledge and technology.

Activities of Daily Living are:-

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

The following is excluded:

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

(12) 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.

(13) Loss of Sight

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

The Blindness is evidenced by:

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

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

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

The following is excluded:

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

(14) Major 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.

(15) 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.

The following are excluded:

i. Spinal cord injury;

(16) Major Organ / Bone Marrow Transplant

The actual undergoing of a transplant of:

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

ii. Human bone marrow using haematopoietic stem cells.

The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

i. Other stem-cell transplants

ii. Where only islets of langerhans are transplanted

(17) 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.

(18) 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 medica
l 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 is excluded:

i. Transient ischemic attacks (TIA)

ii. Traumatic injury of the brain

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

(19) Surgery of Aorta

The actual undergoing of surgery (including key-hole type) 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. Stent-grafting is not covered.

Contact us today

To buy: 1800-266-9777 (Toll free)
(Available all days 9am to 9pm)

Visit us at www.hdfclife.com

HDFC Life

Sar utha ke jiyo!

HDFC Life Insurance Company Limited ("HDFC Life"). CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

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

The name/letters "HDFC" in the name/logo of the company belongs to Housing Development Finance Corporation Limited ("HDFC Limited") and is used by HDFC Life under an agreement entered into with HDFC Limited.

HDFC Life Critical Illness Plus Rider (UIN: 101B014V02, Form No: R501-23-01) is a non-linked, non-participating rider. This version of the product brochure invalidates all previous printed versions for this particular plan. This Product brochure is indicative of the terms, warranties, conditions and exclusions contained in the insurance policy. Please know the associated risk and applicable charges from your insurance agent or the intermediary or policy document of the insurer. Insurance policy is underwritten by HDFC Life. Purchase of Insurance policy is voluntary. ARN: PP/09/19/15687.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS

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