HDFC Life Group Poorna Credit Suraksha

A non linked non participating pure risk group credit life insurance plan

Securing family's future is the primary objective of every individual and a considerable amount of time of their life is utilised in doing the same. They start saving, build up a corpus, and even avail loans to fulfil the wishes of their loved ones – a dream house, new car, foreign education, etc. Any untoward incident can derail these plans and leave the family exposed to the burden of repaying financial liabilities.

Presenting, HDFC Life Group Poorna Credit Suraksha, a comprehensive Non-Linked, Non-Participating Pure Risk Group Credit Life Insurance plan that protects the member's family from the burden of repayment of any loan in case of any unfortunate event of death or diagnosis of any one of the 29 covered critical illness on the life of the covered member.

Key Features

- Provides financial protection in the event of Death and on diagnosis of any one of the covered 29 Critical Illnesses
- 3 plan options to customize your protection benefits
- Flexibility to choose cover term from 1 month to 30 years
- Choice of Coverage – Level Sum Assured or Decreasing Sum Assured
- Ease of convenience – Flexibility to choose premium payment mode amongst Single, Limited & Regular Pay
- Plan available on Single and Joint Life basis

Member Eligibility

<table>
<tr><th>Criterion</th><th>Minimum</th><th colspan="3">Maximum</th></tr>
<tr><td>Age at Entry</td><td>18 years</td><td colspan="3"><table>
<tr><th>Premium payment mode/ Plan option</th><th>Life Option</th><th>Extra Life Option and Accelerated Critical Illness Option</th></tr>
<tr><td>Single pay</td><td>79 years</td><td>74 years</td></tr>
<tr><td>Regular pay</td><td>78 years</td><td>73 years</td></tr>
<tr><td>Limited pay</td><td>74 years</td><td>69 years</td></tr>
</table></td></tr>
<tr><td>Age at Maturity</td><td>18 years</td><td colspan="3">Life option – 80 years
Extra Life option, Accelerated Critical Illness option – 75 years</td></tr>
<tr><td>Premium (per member)</td><td>Single Pay – Rs. 1.11
Limited Pay – Rs. 142</td><td colspan="3">Maximum Premium will depend on multiple parameters like Plan option chosen, Sum Assured, Age, Coverage Term, Cover Type and Underwriting & will vary at scheme level.</td></tr>
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	Regular Pay – Rs. 86	

No such policy shall be issued under this product where the Premium payable by the member including GST exceeds the benefit amount payable to the Scheme Member/ Nominee.

Cover Term

Premium payment mode/ Plan Option	Minimum			Maximum		
	Life Option	Extra Life Option	Accelerated Critical Illness Option	Life Option	Extra Life Option	Accelerated Critical Illness Option
Single pay	1 month	1 month	1 year	30 years		
Regular pay	2 years	2 years	2 years			
Limited pay	6 years	6 years	6 years			

Under Limited pay, Premium payment terms of 5, 10, 12 and 15 years would be offered.

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

At outset of the cover, the outstanding loan term and loan amount cannot be greater than the policy term and coverage amount.

Scheme Members can join the scheme at anytime, subject to fulfilling the eligibility conditions. The cover will start on acceptance of the duly completed member enrolment form.

Policy Term refers to the member Policy Term. The master policy remains in-force indefinitely until terminated. The Policy Term offered shall be consistent with the loan term.

Sum Assured

Minimum Sum Assured is Rs 10,000 per member.
Maximum Sum Assured will be as per the Board Approved Underwriting Policy (BAUP)

Group Size

Minimum group size is 50 members.

Plan Options

Plan Option	Event	Benefit*
Life Option	Death	In event of the death of the member, the benefit payable shall be the sum assured.
Extra Life Option	Death	In event of the death of the member, the benefit payable shall be the sum assured.
	Accidental Death	In event of the member's death due to accident, an additional death benefit equal the sum assured will be payable.

		This is in addition to the death benefit mentioned above.
Accelerated Critical Illness Option**	Death	In event of the death of the member, the benefit payable shall be the sum assured.
	Diagnosis of a Critical Illness	In the event of member being diagnosed with any of the covered critical illnesses during the policy term, the death benefit shall be accelerated and the sum assured shall be payable and the policy will terminate.

* In case the member opts for a decreasing cover, benefit shall be paid as decreasing sum assured as per the repayment schedule set at inception.
** Accelerated Critical Illness Option is not an additional Benefit; it only facilitates an earlier payment of Death Benefit on prior occurrence of the covered critical illness.

- Plan options & level of cover (increasing / decreasing term assurance), have to be chosen at the time of joining the scheme. These cannot be changed later.
- Premium will vary depending upon the plan option chosen & level of cover.
- The product is available for sale through online mode via company website.

What type of Groups will be covered under this product?

This is a product which offers credit linked term assurance to its members. The product will be sold to Banks or Financial Institutions with the borrowers of these institutions being the insured members. There is an authorized assignment made by the insured member in favor of the group holder of the policy on the date of event

How does the plan work?

(1) The life insurance is arranged on a group basis and the Bank or the Financial Institution will be the Master Policyholder. All loan borrowers who satisfy the eligibility criteria can be covered under the policy as Scheme Members.
(2) The Policy Term, Sum Assured, Plan Option, Cover Option, and Mode of Premium Payment will be chosen by Scheme Member and these may vary for each scheme member. Cover can also be taken on a Joint Life basis provided the second life is a co-borrower in the scheme and an insurable interest exists between the two lives assured.
(3) The Master Policy shall be issued to the Master Policyholder and the Certificate of Insurance specifying all the details shall be sent to the respective Scheme Member.
(4) In case of new Members becoming eligible to be included under this plan, the Master Policyholder shall furnish the details of such Members.

Benefits for your members

This product offers benefits on Death or on Diagnosis of any one of the covered Critical Illnesses (mentioned under Accelerated Critical Illness Benefit) as per the plan option chosen by the Master Policyholder/ Scheme Member.

The cover is available on **Level** and **Decreasing** term assurance. If **Level** term assurance cover is selected, the sum assured stays at same level as at inception of the policy during the individual's membership term. If **Decreasing** term assurance cover is selected, the sum assured will decrease

during the individual's membership term as per the interest rate chosen by the Master Policyholder at inception of the policy.

The product can be offered on "**Joint Life**" basis as well for all plan options, provided the second life is a co-borrower in the loan and there exists an insurable interest between the two lives. For such cases, the benefits will be payable on a first-claim basis and upon the payment of benefit on first death, the coverage for the other life will terminate.

Death Benefit

On death of a scheme member during the cover term, sum assured is payable as per the plan option chosen by the member at the inception of the cover. The death benefit will be paid as a lumpsum or the nominee, wherever applicable, can instead choose to receive the benefits after payment of outstanding loan amount, in instalments over the chosen period of 5 to 15 years as per the Settlement option mentioned below.

In case the cover is taken on a "Joint Life" basis, sum assured is payable on death of one member, and the cover ceases for surviving member. In case of death of both the scheme members simultaneously, the sum assured is paid to the nominee as per the plan option chosen at inception.

Maturity Benefits

No maturity benefit is payable under this product.

Critical Illness (CI) Benefit

- Under the Accelerated Critical Illness option, the accelerated death benefit payable will be paid provided the Critical Illness has been diagnosed during the policy term. After the acceleration of this benefit, the coverage shall cease and all benefits shall expire.

List of Covered Critical Illnesses	
1. Myocardial Infarction (First Heart Attack of specific severity)	2. Open Heart Replacement or Repair of Heart Valves
3. Cancer of Specified Severity	4. Kidney failure requiring regular dialysis
5. Stroke resulting in permanent symptoms	6. Alzheimer's Disease
7. Apallic Syndrome	8. Coma of specified severity
9. End Stage Liver Failure	10. End Stage Lung Failure
11. Loss of Independent Existence	12. Blindness
13. Third Degree Burns	14. Major Head Trauma
15. Parkinson's Disease	16. Permanent paralysis of limbs
17. Multiple Sclerosis with persisting symptoms	18. Motor Neuron Disease with permanent

	symptoms
19. Benign Brain Tumour	20. Major Organ/Bone Marrow Transplant
21. Progressive Scleroderma	22. Muscular Dystrophy
23. Poliomyelitis	24. Loss of Limbs
25. Deafness	26. Loss of Speech
27. Medullary Cystic Disease	28. Systematic lupus Erythematosus with Renal Involvement
29. Aplastic Anaemia	

Please refer Annexure 2 for definitions of Covered Critical Illnesses

- The group guidelines for Lender Borrower shall be followed in accordance with IRDAI/Reg/11/205/2024 .

- In case of lender borrower schemes, the Outstanding Loan amount, if any for which the cover was taken shall be payable to You, the Master Policyholder (lender) with prior authorized assignment from the Member at inception, out of the total Death Benefit otherwise payable to the Nominee. Any residual benefit shall be paid to the Nominee or Beneficiary, as applicable.

Sample Premium

For a scheme member aged 35 years, male non smoker, sum assured – Rs. 10 Lakh, cover term – 10 years, decreasing term assurance cover:

Premium Payment Mode	Plan Options		
	Life	Extra Life	Accelerated Critical Illness
Single Pay	Rs. 3,724	Rs. 5,240	Rs. 9,566
Regular Pay	Rs. 1,206	Rs. 1,562	Rs. 2,314
Limited Pay^	Rs. 2,151	Rs. 2,786	Rs. 4,127

^PPT = 5 years

Above premiums are based on the group characteristics and are exclusive of taxes & levies.

Non-Forfeiture Benefits

Surrender Benefit

Unexpired Risk Reserve is available and will be calculated as follows:

Single Pay

Unexpired Risk Premium Value =

$$50\%\ x\ Single\ Premium\ x\left(1-\frac{M}{P}\right)x\left(\frac{Current\ Sum\ Assured}{Original\ Sum\ Assured}\right)$$

The single premium used in the above formulae will be excluding any statutory levies and any underwriting extra premium.

Limited Pay
In case if the group member decides to surrender, Unexpired Risk Premium Value will be calculated as given below:
Unexpired Risk Premium Value =

$$50\%\ x\ Total\ Premiums\ Paid\ x\left(\frac{T}{N}-\frac{M}{P}\right)$$

where,

Term	Definition
M	Elapsed months since coverage inception, any part of month shall be counted as full.
N	Number of months for which premiums are payable
P	Policy Term in months
T	Number of months for which premiums are paid
Total Premiums Paid	Total premiums paid means total of all premiums received, excluding any extra premium, any rider premium and taxes.
Original Sum Assured	The Sum Assured specified for the Member at inception.
Current Sum Assured	The Sum Assured applicable in the policy month of surrender as per the repayment schedule set at inception. This will be equal to the Original Sum Assured for level term assurance coverage.

Upon payment of Unexpired Risk Reserve the coverage for that Scheme Member terminates and no further benefits are payable.

In case of surrender of policy, the scheme member of the group will be given an option to continue the policy as an individual policy till the expiry of individual coverage term.

Regular Pay
No surrender value is payable

Paid-Up Benefit
Limited Pay
If premiums are discontinued at any time before the premium payment term, the policy shall acquire a paid-up status on expiry of the grace period for the last unpaid premium and the cover shall continue for the paid-up Sum Assured as defined below:

$$Paid-up\ Sum\ Assured\ =\ Current\ Sum\ Assured\ *\ (T/N)$$

where T & N are as defined above

Regular Pay
No benefits are payable.

Single Pay
Not Applicable

Lapse
No benefits are payable on lapse for Regular Pay.

For Limited Pay, this will be based on the Unexpired Risk Premium Value.

Grace Period
There will be a grace period of 30 days for non-monthly premium paying mode and 15 days for monthly mode under Regular and Limited pay policies.

The Policy is considered to be in-force with the risk cover during the grace period without any interruption.

If a premium is not paid within the grace period then all benefits will lapse.

Revival
In case of Regular pay and Limited pay policies, if the payment is not received even after the completion of the grace period, the policy lapses. The company shall consider requests from policyholders to revive lapsed policies, provided such requests are received within the revival period of 5 years.

Any agreement to revive would be subject to the BAUP and payment of unpaid premiums with interest. The current compound rate of interest is 9.5% p.a.

Settlement Option
Under this option, after the payment of the outstanding loan amount, the nominee/ scheme member can choose to receive the balance plan benefit, if any, in instalments over the chosen period of 5 to 15 years instead of a lump sum amount. This option can be opted for full or part of claim proceeds payable under the policy.

The instalment shall be paid in advance based on the frequency chosen by the nominee / scheme member, which can be either yearly, half-yearly, quarterly or monthly. The instalment amount shall be calculated such that the present value of the instalments, using a given interest rate, shall equal to the balance plan benefit amount after the payment of outstanding loan amount.

This amount shall be a level amount and once chosen by the nominee/ scheme member shall remain fixed over the instalment period.

The interest rate used to compute the instalment amount shall be equal to the annualized yield on 10 year G-Sec (over last 6 months & rounded down to nearest 25bps) less 25 basis points. The interest rate shall be reviewed half-yearly and any change in the interest rate shall be effective from 25th February and 25th August each year. The interest rate shall be revised every time there is a change as per the above formula. In case of a revision in interest rate, the same shall apply

until next revision. The source of 10-year benchmark G-sec yield shall be RBI Negotiated Dealing System-Order Matching segment (NDS-OM). The current rate of interest is 6.25%

At any time during the instalment phase, the nominee/ scheme member can choose to terminate the instalment payment in exchange for a lump-sum, in which case, the lump-sum payable shall be equal to the discounted value of all the future instalments due. The interest rate used to calculate the discounted value will be that as applicable on date of termination, using the above mentioned formula. The current rate of interest is 6.25%.

Additional Sum Assured option

The scheme member can opt to increase his/ her cover during the original coverage term subject to following conditions:

1. An additional premium will be charged for the increase in the Sum Assured.
2. The maximum Additional Sum Assured will be as per BAUP.
3. The premium rate applicable for the additional Sum Assured shall be based on the age attained and outstanding policy term at the time of the exercising of the option and will be eligible for a 0.5% discount for Single Pay and for Regular/ Limited Pay, 2.5% discount for policy terms less than or equal to 20 years and 1.5% discount for policy terms greater than 20 years. This shall be subject to the minimum premium payment term and policy term available under the product at the time of exercising this option.
4. The scheme member has the option to surrender this option at any time during the remaining policy term.

Terms and Conditions

Payments to Master Policyholder

We may leverage the existing infrastructure of the Master Policyholder for better administration of the scheme with respect to services such as data management, collection of premiums, issuance of Certificates of Insurance and claims settlement. For the services rendered, we may reimburse directly to the Master Policyholder as per the limits allowed under the prevailing regulations which include:

- Data Management
- Premium Collection
- Issuance of Certificates of Insurance
- Claims Settlement

Suicide Exclusion (Single & Joint Life)

- For employer-employee groups, Sum Assured will be payable to the nominee in case of death due to Suicide.
- In case of non employer-employee schemes, if the Scheme Member dies due to suicide within 12 months from the commencement of risk or from the date of revival of the policy, as applicable, the nominee or beneficiary of the Scheme Member 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, where total premiums paid refers to total of all the premiums received, excluding any extra premium, any rider premium and taxes.

- For both employer-employee and non employer-employee schemes, in case of Joint Life, on first death due to suicide, the above mentioned respective benefits will be payable to the surviving Scheme Member.

Additional sum assured, if opted for, will be treated in the same manner as applicable for sum assured.

Premium Payment Mode
Premiums can be paid on an Annual, Half-Yearly, Quarterly or Monthly mode for Limited/Regular Pay policies.

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

Premium frequency	Factor
Monthly	0.086
Quarterly	0.255
Half-yearly	0.507

Cancellation in the Free-Look period

By Master Policy Holder:

(1) In case you, the Master Policyholder, are not satisfied with the terms and conditions specified in the Master Policy Document, you have the option of returning the Master Policy Document to us stating the reasons thereof, within 30 days from the date of receipt of the Master Policy Document (whether received electronically or otherwise).

(2) On receipt of the letter along with the Master Policy Document, irrespective of the reasons mentioned, you shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges

By Scheme Member:

(1) In case the Member is not satisfied with the terms and conditions specified in the Certificate of Insurance, he/she has the option of returning the Certificate of Insurance to us stating the reasons thereof, within 30 days from the date of receipt of the Certificate of Insurance (whether received electronically or otherwise)

(2) In case of the Product is sold through Distance Marketing mode, the period will be 30 days from the date of receipt of the letter along with Certificate of Insurance

(3) On receipt of the letter along with the Certificate of Insurance, irrespective of the reasons mentioned, the Member shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges

For administrative purposes, all Free-Look requests should be registered by you, on behalf of Scheme Member.

Policy Loans
Policy loans are not available under this product.

Other Provisions
In case the Master Policyholder/ Scheme Member wants a cover against a loan disbursed over multiple payments, we will provide coverage during the moratorium period, which may last from 1 to 7 years.

Alterations
Members would not be allowed to alter or amend benefits except to correct any error.

Indirect & Direct Taxes
Indirect Taxes
Taxes and levies as applicable shall be levied as applicable. Any taxes, statutory levy becoming applicable in future may become payable by you by any method including by levy of an additional monetary amount in addition to premium and or charges.
Direct Taxes
Tax will be deducted at the applicable rate from the payments made under the policy, as per the provisions of the Income Tax Act, 1961 as amended from time to time

Annexure 1: Waiting Period & Permanent Exclusions

90 Days Waiting Period for Accelerated Critical Illness Benefit

No benefit shall be paid in case the Life Assured is diagnosed with any of the applicable listed Critical Illnesses or Surgeries 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).

- **Permanent Exclusions for Accelerated Critical Illness Benefit**

A. General Permanent Exclusions

Unless expressly stated to the contrary in this Policy, we will not make any payment for any claim in respect of any Life Assured if it is directly or indirectly- caused by, arises from or is in any way attributable to any of the following:

1. Treatment which is not medically necessary;
2. Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
3. Directly or indirectly arising from or consequent upon war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, terrorism, rebellion, active participation in strikes, riots or civil commotion, revolution, insurrection or military or usurped power;
4. Nuclear disaster, radioactive contamination and/or release of nuclear or atomic energy;
5. Intentional self-inflicted injuries; or any attempts of suicide while sane or insane; or deliberate exposure to exceptional danger (except in an attempt to save human life);
6. Violation or attempted violation of the law or resistance to arrest or by active participation in an act with criminal intent;
7. Engaging in or taking part in professional sport(s) or any hazardous pursuits, power boat racing, sky diving, para gliding, parachuting, scuba diving, skydo riding, winter sports, sky jumping, ice hockey, ice speedway, ballooning, hand gliding, river rafting / bugging, black water rafting, yachting / boating outside coastal waters, motor rallying, power lifting, quad biking, rodeo and roller hockey
8. Aviation, gliding or any form of aerial flight other than other than on a scheduled commercial airline as a bona fide passenger (whether fare paying or not), pilot or crew member.
9. Any sickness classified as an epidemic by the Central or State government.
10. Treatment to relieve symptoms caused by ageing, puberty, or other natural physiological cause, such as hearing loss caused by maturing or ageing.
11. Treatment of abnormalities, deformities, or Illnesses present only because they have been passed down through the generations of the family.
12. Failure to seek or follow medical advice as recommended by a Medical Practitioner
13. Delaying of medical treatment in order to circumvent the waiting period

B. Specific Permanent Exclusions

In addition to the General Permanent exclusions listed above:

- No Critical Illness Benefit (or any variant of Critical Illness benefit) will be payable for any of the following:

- The coverage shall terminate for the Critical Illness benefit for any critical illness having occurred within 90 days of the commencement or date of revival of cover, whichever is later. A refund of premium relating to Critical Illness Benefit would be payable subject to a deduction of proportionate risk premium for the duration of cover. However, the coverage for death benefit shall continue.
- Critical Illness Benefit, where death occurs within 30 days of the date of diagnosis of covered critical illness
- Any more than one claim in respect of Critical Illness Benefit
- Any Pre-Existing disease

Note: For the purpose of waiting period, Date of commencement or inception of coverage for a benefit option shall mean the date from which the member is covered under that benefit option.

Pre-Existing Disease:
Any condition, ailment, injury or disease:

1. that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer
   or
2. for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy

Annexure 2: Critical Illnesses covered

In order to understand the Accelerated Critical Illness Benefits offered by HDFC Life Group Poorna Credit Suraksha, it is important that you understand following terminologies:

1. **Myocardial Infarction** (First Heart Attack of specific severity)**-** The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- A 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 overtischemic heart disease OR following an intra-arterial cardiac procedure.

2. **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.

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:

- 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

4. **Kidney Failure Requiring Regular Dialysis -** End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.
5. **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.

6. **Alzheimer's Disease -** Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured. This diagnosis must be supported by the clinical confirmation of an appropriate Registered Medical practitioner who is also a Neurologist and supported by the Company's appointed doctor.

The following is excluded:

- Alcohol-related brain damage.

7. **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.
8. **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.

9. **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.

II. Liver failure secondary to drug or alcohol abuse is excluded.

10. **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.

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) as mentioned below. 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:-

i. **Washing**: the ability to wash in the bath or shower (including getting in to 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.

12. **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.

13. **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.

14. **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 following are excluded:

- Spinal cord injury;

15. **Parkinson's Disease -** Unequivocal Diagnosis of Parkinson's disease by a Registered Medical Practitioner who is a neurologist where the condition:

- cannot be controlled with medication;
- shows signs of progressive impairment; and
- Activities of Daily Living assessment confirms the inability of the Life Assured to perform at least three (3) of the Activities of Daily Living as defined in the Policy, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons, for a continuous period of six months.

Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinson's Disease are excluded

16. **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.

17. **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.

18. **Motor Neurone Disease With Permanent Symptoms -** Motor neurone 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.

19. **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.

20. **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

21. **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 systemic involvement should be evidenced by any one of the following findings -
Lung fibrosis with a diffusing capacity (DCO) of less than 70% of predicted

- Pulmonary hypertension with a mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation
- Chronic kidney disease with a GFR of less than 60 ml/min (MDRD-formula)
- Echocardiographic findings suggestive of Grade III and above left ventricular diastolic dysfunction

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

The following are excluded:

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

22. **Muscular Dystrophy -** Diagnosis of muscular dystrophy by a Registered Medical Practitioner who is a neurologist 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 condition must result in the inability of the Scheme member to perform (whether aided or unaided) at least three of the six "Activities of Daily Living" as defined earlier, for a continuous period of at least six months.

23. **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.

24. **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.

25. **Deafness -** Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.
26. **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, and Throat (ENT) specialist.
27. **Medullary Cystic Disease -** Medullary Cystic Disease where the following criteria are met:

- The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- Clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- The Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

Isolated or benign kidney cysts are specifically excluded from this benefit.

28. **Systematic Lupus Erythematosus with Renal Involvement -** Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens. For purposes of the definition of "Critical Illness", SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.

Abbreviated ISN/RPS classification of lupus nephritis (2003):
Class I - Minimal mesangial lupus nephritis
Class II - Mesangial proliferative lupus nephritis
Class III - Focal lupus nephritis
Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis
Class V - Membranous lupus nephritis
Class VI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

29. **Aplastic Anaemia** - Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:

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

The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:

- Absolute Neutrophil count of 500 per cubic millimetre or less;
- Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
- Platelet count of 20,000 per cubic millimetre or less.

Annexure 3: Accidental Death Benefit Exclusions & Definitions

1. The specified benefit will be payable on an accidental death. Accidental Death means death by or due to a bodily injury caused by an accident, independent of all other causes of death
An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

Accidental Death must be caused within 180 days of any bodily injury. If the bodily injury occurred within the coverage period and the Accidental Death happens after the end of coverage period but within 180 days of bodily injury, a valid claim arising as a result of such Accidental Death shall not be denied.

2. Specific Exclusions for this benefit are listed below
We will not pay accidental death benefit, if accidental death is caused from or due to any of the following:

- Intentionally self-inflicted injury or suicide while sane or insane
- Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner
- Engaging in or taking part in professional sport(s) or any hazardous pursuits, power boat racing, sky diving, para gliding, parachuting, scuba diving, skydo riding, winter sports, sky jumping, ice hockey, ice speedway, ballooning, hand gliding, river rafting / bugging, black water rafting, yachting / boating outside coastal waters, motor rallying, power lifting, quad biking, rodeo and roller hockey
- War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
- Taking part in any flying activity, other than as a passenger in a commercially licensed aircraft.
- Participation by the life assured in a criminal or unlawful act.

Sections of Insurance Act 1938, as amended from time to time

- **Nomination: In accordance with Section 39 of Insurance Act 1938, as amended from time to time:**
  (1) The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death
  (2) Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer
  (3) Nomination can be made at any time before the maturity of the policy
  (4) Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy
  (5) Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be

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

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

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

(9) The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment) Act 2015, a nomination is made in favor 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 specially mentioned on the policy. In such a case only, the provisions of Section 39 will not apply

- **Assignment or Transfer: In accordance with 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.

Sections Nomination and 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 39 and Section 38 respectively of the Insurance Act, 1938 as amended by the Insurance Laws (Amendment) Act, 2015.

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

- **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 cover or the date of commencement of risk or the date of reinstatement of the cover 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 reinstatement of the cover 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 Member or the legal representatives or nominees or assignees of the Member 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 Member 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 reinstatement of the cover 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 Member 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 Member or the legal

representatives or nominees or assignees of the Member 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 Member or the legal representatives or nominees or assignees of the Member 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 Member was incorrectly stated in the proposal.

(6) 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.

(7) 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

- **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 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.

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

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