

A life and health insurance plan that gives your family all-round protection

Click **2** Protect Optima Restore from **HDFC Life** and **HDFC ERGO**



Life & Health cover of ₹ 50,000 & ₹ 3 Lakh respectively @ ₹ 710 per month¹

5%

Discount on
combined
premium²



Restore
benefit³



Tax benefit⁴
under section 80C,
80D & 10 (10 D)

Click **2 Protect Optima Restore**

A non-linked non participating combi insurance plan



1. Premium rates for age- 30 years, Male, Non Smoker, Annual mode, regular pay, exclusive of taxes & inclusive of 5% discount. Protection - Life Protect Fixed Term Option - Rs 245, Sum Assured- Rs 50,000, Policy Term- 10 years. Health - Individual Option - Rs 8279, Sum Assured- Rs 3 Lakh, Policy Term- Life Long Renewal, Applicable for NCR & Mumbai Metropolitan region only. Total annual premium = Rs 8,524, monthly premium (8,524/12= Rs 710 rounded off).
2. Discount of 5.5% (for policies purchased online channel) & 5% (for policies purchased through other than online channel) on annual premiums paid towards both Life & Health will be offered. If Customer decides to opt out of one of the products, the discount, if any, shall not be available to the Customer going forward.
3. Applicable only for health plan.
4. As per Income Tax Act, 1961. Tax benefits are subject to changes in tax laws.

When it comes to safeguarding your family's overall well-being, you leave nothing to chance. Be it protecting your own and your family's health or ensuring a secure financial future for your loved ones, even when you are not around.

To assist you, HDFC Life Insurance and HDFC ERGO General Insurance have joined hands to bring you the benefits of health and life insurance in a comprehensive **Click 2 Protect Optima Restore**. So nothing comes in the way as you and your family lead a life of pride.

WHAT ARE THE KEY FEATURES AVAILABLE?



Protection

- 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

[^]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 built 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.

WHAT ARE THE ELIGIBILITY CONDITIONS?

Protection:

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
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: 5 years Limited Pay: 6 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)		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)				



Health:

- **Restore benefit** - A unique benefit that instantly adds 100% Basic Sum Insured on complete or partial utilization of your existing Policy Sum Insured and Multiplier Benefit (if applicable) during the Policy Year.
- **Multiplier benefit** - We will increase your basic sum insured by 50% for every claim free year upto 100% of basic sum insured
- **Stay Active benefit** - Now with Stay Active benefit, simply walk your way to good health and earn upto 8% discount on your renewal premium.
- **Preventive Health Check-up** - This Policy helps you keep track of your health status with its preventive health check up benefit offered at renewal irrespective of claim status
- **Lifelong renewal** - Offers lifelong coverage on continuous renewal and stay covered forever
- **No sub-limit on room rent** - With this health plan you can get the room you like and the treatment you deserve without a hassle
- **Cashless transaction** - Policy enables you to get treated on a cashless basis across 10,000+ network hospitals Pan India
- **No geography based sub-limits** - No matter where you buy your policy you can get treated in any city or hospital you like in the country with no additional co pays or sub-limits
- **No claim based loading** - We will never load your renewal premium because you claimed or fell ill after taking our policy
- **Quick turnaround time** - You don't have to worry about claim pre-authorization, 90% of pre authorization is done within 2 hours
- **Quick claim payment** - When it comes to claim settlement, we're one of the fastest in the industry to honor every genuine claim
- **Easy upgrade** - This health plan also comes with an easy upgrade option. You can upgrade your cover to the next slab at the time of your policy renewal
- You can avail tax benefits for the premium amount under Section 80 D of the Income Tax Act¹

¹ Tax benefits are subject to change from time to time

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.

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



Health

- This policy covers persons in the age group 91 days to 65 years. The maximum entry age is restricted to 65 years. The Minimum entry age for adult dependent: is 18 years and maximum entry age is 65 years.
- Children between 91 days and 5 years can be insured provided either parent is getting insured under this policy.
- There is no maximum cover ceasing age on renewals.
- The policy will be issued for a period of 1/2/3 year(s) period, the sum insured & benefits will be applicable on policy year basis.
- This policy can be issued to an individual and/or family. A maximum of 6 members can be added in a single policy, whether on an individual or family floater basis.
- The policy offers option of covering on individual sum insured basis and on family floater basis.
- The family includes following relationships spouse, dependent children and dependent parents and dependent in laws.
- In a family floater policy, a maximum of 2 adults and a maximum of 5 children can be included in a single policy. The 2 adults can be a combination of self, spouse, father, father in law, mother or mother in law.
- In a family floater the age of the eldest member will be considered while computing premium for the family.
- In an individual policy, a maximum of 4 adults and a maximum of 5 children can be included in a single policy. The 4 adults can be a combination of self, spouse, father, father in law, mother or mother in law.
- The Sum Insured of the dependent insured members should be equal to or less than the sum insured of the primary insured member. In case where two or more children are covered, the sum insured for all the children must be same. Sum insured of dependent parents must be the same.

Note:

I. Dependents means only the family members listed below:

- Your legally married spouse as long as she continues to be married to you;
- Your children aged between 91 days and 25 years if they are unmarried
- Your natural parents or parents that have legally adopted you, provided that the parent was below 65 years at his initial participation in the Optima Restore policy.
- You're Parent -in-law as long as your spouse continues to be married to you and were below 65 years at his initial participation in the Optima Restore policy.
- All dependent parents must be financially dependent on you.

Dependent Child means a child (natural or legally adopted), who is unmarried, aged between 91 days and 25 years, financially dependent on the primary Insured or Proposer and does not have his / her independent sources of income.

Minimum Premium is as mentioned below:

Option	Region	Minimum Premium Per Instalment (exclusive of taxes)
Individual	Rest of India	₹ 5,431
	National Capital Region & Mumbai metropolitan region	₹ 6,390

What are the plan options/Benefits available?

Click 2 Protect Optima Restore has both protection and health benefits.

Protection:

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:

$$30\% \times \frac{\text{Basic Sum Assured}}{\text{Policy Term}}$$

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
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

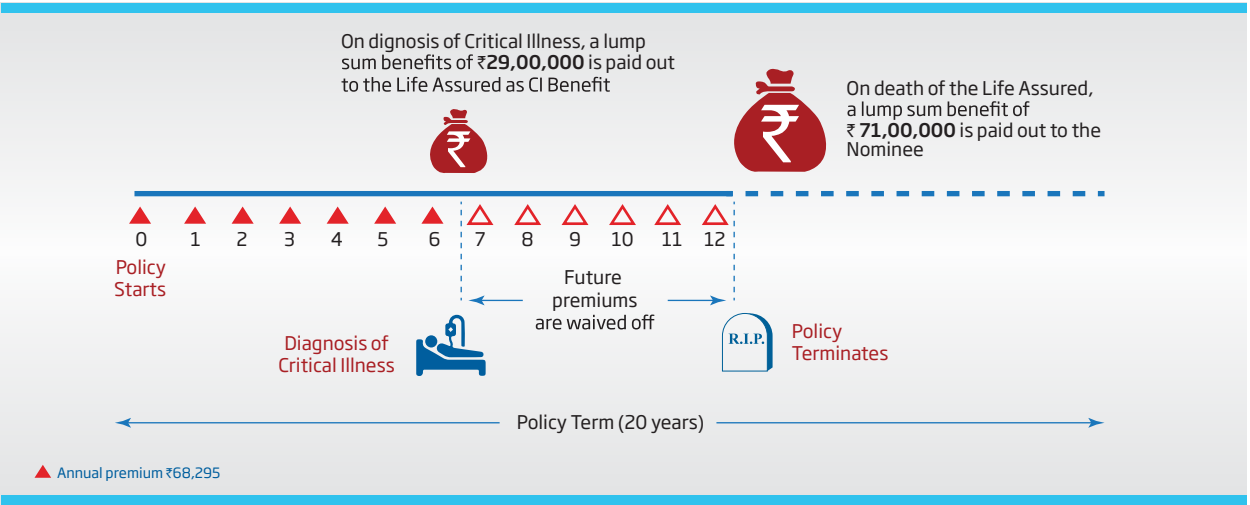
Once a Critical Illness claim is made, the Life Cover SA will be fixed at the then applicable level and the same SA will continue until the end of policy term.

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 INR 1,00,00,000. He pays a premium of INR 68,295 annually.

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

Mr. Xavier passes away in the 13th policy year. His nominee will receive a lump sum death benefit of INR 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.

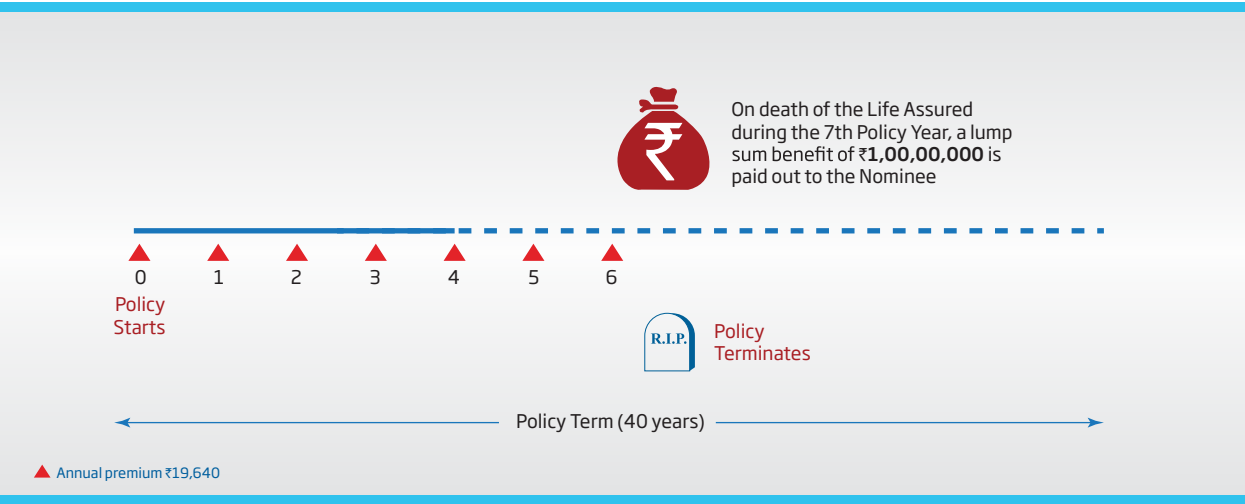
2. Life Protect -

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 INR 1,00,00,000 by paying a premium of INR 19,640 annually.

Mr. Bansal passes away in the 7th policy year. His nominee will receive a lump sum benefit of INR 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 -

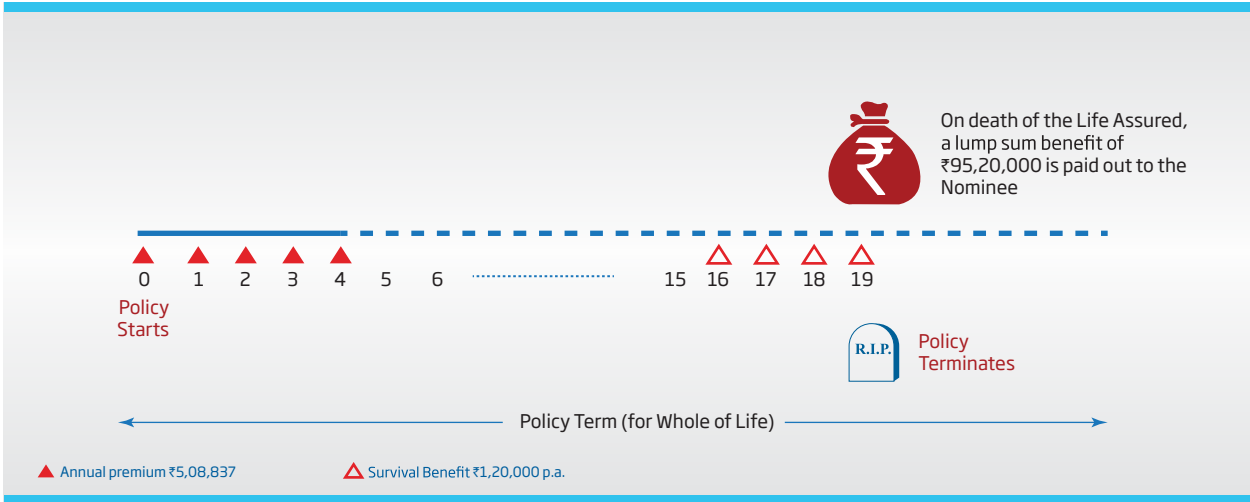
Option	Fixed Term	Whole Life
Maturity Age	70, 75, 80 or 85 years	Whole of Life

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 INR 1,00,00,000. He pays a premium of INR 5,08,837 annually.

He starts receiving regular monthly income of INR 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 INR 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

Health:

Basic Sum Insured: Rs. 3Lacs; 5 Lacs; 10 Lacs; 15 Lacs; 20 Lacs; 25 Lacs; 50 Lacs; 100 Lacs on individual as well as on family floater basis.

Policy Period : The policy will be issued for 1/2/3 year period, the sum insured & benefits will be applicable on Policy Year basis.

Schedule of Benefits

Optima Restore Individual

Basic Sum Insured per Insured Person per Policy Year (Rs. in Lakh)	3.00	5.00	10.00	15.00	20.00, 25.00, 50.00
1 a) In-patient Treatment	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1 b) Pre-Hospitalization	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days
1 c) Post-Hospitalization	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days
1 d) Day Care Procedures	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1 e) Domiciliary Treatment	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1 f) Organ Donor	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1 g) Emergency Ambulance	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization
1 h) Daily Cash for choosing Shared Accommodation	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.1000 per day, Maximum Rs.6,000
1 i) E-Opinion in respect of a Critical Illness	Covered	Covered	Covered	Covered	Covered
1 j) Emergency Air Ambulance Cover/Multiplier Benefit	Not Covered	Not Covered	Covered upto rs. 2.5 Lacs per hospitalization and maximum upto sum insured in an year	Covered upto rs. 2.5 Lacs per hospitalization and maximum upto sum insured in an year	Covered upto rs. 2.5 Lacs per hospitalization and maximum upto sum insured in an year
2) Restore Benefit	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured
2b. Unlimited Restore Benefit (Optional Benefit)	Applicable if opted	Applicable if opted	Applicable if opted	Applicable if opted	Applicable if opted
3) Preventive Health Checkup (per person)	Not Applicable	Upto Rs. 1500	Upto Rs. 2000	Upto Rs. 4000	Upto Rs. 5000
4) Multiplier Benefit	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal

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.

Optima Restore Family

Basic Sum Insured per Insured Person per Policy Year (Rs. in Lakh)	3.00	5.00	10.00	15.00	20.00,25.00,50.00, 100.00
1 a) In-patient Treatment	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1 b) Pre-Hospitalization	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days
1 c) Post-Hospitalization	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days
1 d) Day Care Procedures	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1 e) Domiciliary Treatment	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1 f) Organ Donor	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1 g) Emergency Ambulance	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization
1 h) Daily Cash for choosing Shared Accommodation	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.1000 per day, Maximum Rs.6,000
1 i) E-Opinion in respect of a Critical Illness	Covered	Covered	Covered	Covered	Covered
1 j) Emergency Air Ambulance CoverMultiplier Benefit	Not Covered	Not Covered	Covered upto rs. 2.5 Lacs per hospitalization and maximum upto sum insured in an year	Covered upto rs. 2.5 Lacs per hospitalization and maximum upto sum insured in an year	Covered upto rs. 2.5 Lacs per hospitalization and maximum upto sum insured in an year
2 a) Restore Benefit	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured
2b. Unlimited Restore Benefit (Optional Benefit)	Applicable if opted	Applicable if opted	Applicable if opted	Applicable if opted	Applicable if opted
3) Preventive Health Checkup (per person)	Not Applicable	Upto Rs. 1500	Upto Rs. 2000	Upto Rs. 4000	Upto Rs. 10,000
4) Multiplier Benefit	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal

We will cover the Medical Expenses for:	In addition to the waiting periods and general exclusions, We will also not cover expenses
a. In-Patient Treatment. This includes - Hospital room rent or boarding; - Nursing; - Intensive Care Unit - Medical Practitioners (Fees) - Anaesthesia - Blood - Oxygen - Operation theatre - Surgical appliances; - Medicines, drugs & consumables; - Diagnostic procedures.	If as per any or all of the Medical references herein below containing guidelines and protocols for Evidence Based Medicines, the Hospitalisation for treatment under claim is not necessary or the stay at the hospital is found unduly long: - Medical text books, - Standard treatment guidelines as stated in clinical establishment act of Government of India, - World Health Organisation (WHO) protocols, - Published guidelines by healthcare providers, - Guidelines set by medical societies like cardiological society of India, neurological society of India etc.
b. Pre-Hospitalisation expenses for consultations, investigations and medicines incurred upto 60 days before the date of admission to the hospital (In-patient OR Day Care OR Domiciliary treatment).	- Claims which have NOT been admitted under Inpatient treatment benefit and day care procedure benefit. - Expenses not related to the admission and not incidental to the treatment for which the admission has taken place.

c. Post-Hospitalisation expenses for consultations, investigations and medicines incurred upto 180 days after discharge from the Hospital (In-patient OR Day Care OR Domiciliary treatment).	1. Claims which have NOT been admitted under Inpatient treatment benefit and day care procedure benefit. 2. Expenses not related to the admission and not incidental to the treatment for which the admission has taken place
d. Day Care Procedures Medical treatment or surgical procedure which is undertaken under general or local anaesthesia, which require admission in a Hospital/Day Care Centre for stay less than 24 hours. Treatment normally taken on out-patient basis is not included in the scope of this definition.	1. Treatment that can be and is usually taken on an out-patient basis is not covered. 2. Treatment NOT taken at a Hospital or daycare centre.
e. Domiciliary Treatment Medical treatment for an Illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances: i. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital or; ii. The patient takes treatment at home on account of non-availability of room in a Hospital. iii. Pre and Post Hospitalisation expenses for consultations, investigations and medicines incurred upto 60 days before hospitalisation and 180 days after hospitalization respectively will be covered in case of domiciliary treatment.	1. Treatment of less than 3 days (Coverage will be provided for expenses incurred in first three days only if treatment period is greater than three days).
f. Organ Donor: Medical and surgical Expenses of the organ donor for harvesting the organ where an Insured Person is the recipient. IMPORTANT: Expenses incurred by an insured person while donating an organ is NOT covered.	1. Claims which have NOT been admitted under Inpatient treatment benefit for insured member. 2. Admission not compliant under the Transplantation of Human Organs Act, 1994 (as amended). 3. The organ donors Pre and Post-Hospitalisation expenses.
g. Ambulance Cover Expenses incurred on transportation of Insured Person to a Hospital for treatment in case of an Emergency, subject to Rs. 2000 per Hospitalisation.	1. Claims which have NOT been admitted under Inpatient Treatment Benefit and Daycare procedure benefit 2. Healthcare or ambulance service provider not registered with road traffic authority.
h. Daily Cash for choosing shared Accommodation Daily cash amount will be payable per day as mentioned in schedule of benefits if the Insured Person is hospitalised in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours if the Hospitalisation exceeds 48 hours.	1. Daily Cash Benefit for time spent by the Insured Person in an intensive care unit 2. Claims which have NOT been admitted under Inpatient Treatment benefit
i. E-Opinion in respect of a Critical Illness We shall arrange and pay for a second opinion from Our panel of medical Practitioners, if: -The Insured Person suffers a Critical Illness during the Policy Period; and -He requests an E-opinion; and The Insured Person can choose one of Our panel Medical Practitioners. The opinion will be directly sent to the Insured Person by the Medical Practitioner. "Critical Illness" includes Cancer, Open Chest CABG, First Heart Attack, Kidney Failure, Major Organ/Bone Marrow Transplant, Multiple Sclerosis, Permanent Paralysis of Limbs and Stroke.	1. More than one claim for this benefit in a Policy Year. 2. Any other liability due to any errors or omission or representation or consequences of any action taken in reliance of the E-opinion provided by the Medical Practitioner
j. Emergency Air Ambulance Cover We will pay for ambulance transportation in an airplane or helicopter subject to maximum limit prescribed in j (1) , for emergency life threatening health conditions which require immediate and rapid ambulance transportation to the hospital/medical centre that ground transportation cannot provide subject to: • Necessary medical treatment not being available at the location where the Insured Person is situated at the time of Emergency; • The Medical Evacuation been prescribed by a Medical Practitioner and is Medically Necessary; • The insured person is in India and the treatment is required in India only and not overseas in any condition whatsoever; and • The air ambulance provider being registered in India. j(i) The amount payable in case of Air ambulance facility shall be either the actual expenses or Rs. 2.5 Lacs per hospitalisation, whichever is lower; upto basic sum insured limit for a year.	1. Claims which have NOT been admitted under 1 a) and 1d). 2. Expenses incurred in return transportation to the insured's home by air ambulance is excluded.

Section II.	
a. Restore Benefit Instant addition of 100% Basic Sum Insured on complete or partial utilization of Your existing Policy Sum Insured and Multiplier Benefit (if applicable) during the Policy Year. The Total amount (Basic sum insured, Multiplier benefit and Restore sum insured) will be available to all Insured Persons for all claims under In-patient Benefit during the current Policy Year and subject to the condition that single claim in a Policy Year cannot exceed the sum of Basic Sum Insured and the Multiplier Benefit (if applicable). Conditions for Restore benefit: i. The Sum Insured will be restored only once in a Policy Year. ii. If the Restored Sum Insured is not utilized in a Policy Year, it will expire. In case of a Family Floater Policy, Restore Sum Insured will be available on floater basis for all Insured Persons in the Policy. b. Unlimited Restore Benefit (Optional benefit) This optional cover will be provide instant addition of 100% Basic Sum Insured on complete or partial utilization of Your Restore benefit or Unlimited Restore benefit (as applicable) during the Policy Year. This optional cover will trigger unlimited times and is available for all subsequent claims in a Policy Year. Conditions for Unlimited Restore benefit: i. The Sum Insured will be restored under this optional cover for the subsequent claim in the Policy Year. ii. A single claim in a Policy Year cannot exceed the sum of Basic Sum Insured and the Multiplier Benefit (if applicable). In case of a Family Floater Policy, Unlimited Restore Sum Insured will be available on floater basis for all Insured Persons in the Policy.	

Illustration of Sum Insured utilization in a Policy Year

Basic Sum Insured : 5 Lacs

Multiplier Benefit: 2.5 Lacs

Number of Claim	Claim amount	Available Benefit Limit				Admissible claim amount	Utilization of Sum Insured
		Basic Sum Insured	Multiplier Benefit	Restore Benefit	Unlimited Restore Benefit		
1st claim	7,00,000	5,00,000	2,50,000	0	0	7,00,000	Basic + Multiplier (Partial)
2nd claim	3,50,000	-	50,000	5,00,000	0	3,50,000	Multiplier (balance) + Restore (partial)
3rd claim	3,00,000	-	-	2,00,000	5,00,000	3,00,000	Restore (balance) + Unlimited Restore
4th claim	7,00,000	-	-	-	5,00,000	5,00,000	Unlimited Restore
5th claim	5,00,000	-	-	-	5,00,000	5,00,000	Unlimited Restore

Renewal Incentives:

- **Multiplier Benefit:**
 - i. If no claim has been made in respect of inpatient benefits under this policy and the policy is renewed with us without any break, we will apply a bonus to the next policy year by automatically increasing the Sum Insured for the next Policy Year by 50% of the Basic Sum Insured for this Policy Year. The maximum bonus will not exceed 100% of the Basic Sum Insured in any Policy Year.
 - ii. In Family Floater policy,
 - a) The multiplier benefit shall be available on floater basis and accrue only if no claims have been made in respect of any Insured Person during the expiring Policy Year.
 - b) Accrued Multiplier benefit is available to all insured persons under the policy
 - iii. If a Multiplier benefit has been applied and a claim is made in any Policy Year, then in the subsequent Policy Year We will automatically decrease the accrued multiplier benefit at the same rate at which it is accrued. However this reduction will not reduce the Sum Insured below the basic Sum Insured of the policy, and only the accrued multiplier bonus will be decreased.
 - iv. If the Insured Persons in the expiring policy are covered on individual basis and thus have accumulated the multiplier bonus for each

member in the expiring policy, and such expiring policy is renewed with Us on a Family Floater basis, then the multiplier bonus to be carried forward for credit in the Policy would be the least multiplier bonus amongst all the Insured Persons.

- v. Portability/Migration benefit will be offered to the extent of sum of previous sum insured and accrued multiplier bonus, portability/migration benefit shall not apply to any other additional increased Sum Insured.
- vi. In policies with a 2/3 year Policy Period, the application of above guidelines of Multiplier Benefit shall be post completion of each policy year.

▪ **Preventive Health checkup**

This benefit is effective only if mentioned in the Schedule of Benefits.

If You have maintained an Optima Restore Policy with Us for the period of time mentioned in the schedule of benefits without any break, then at the end of each block of continuous years (as mentioned in the schedule of benefits) We will pay upto the amount mentioned in the Schedule of Benefits towards the cost of a preventive health check-up for those Insured Persons who were insured for the number of previous Policy Years mentioned in the Schedule.

Plan/SI	3 Lakh	5 Lakh	10 Lakh	15 Lakh	20/25/50 Lakh
Individual (Per Person)	Not Applicable	Upto a maximum of Rs.1,500 per insured person, only once at the end of a block of every continuous two year policy	Upto a maximum of Rs.2,000 per insured person at the end of each year at renewal.	Upto a maximum of Rs.4,000 per insured person, at the end of each year at renewal	Upto Maximum of Rs. 5000 per Insured
Family Floater (Per Policy)	Not Applicable	Upto a maximum of Rs.2,500 per policy, only once at the end of a block of every continuous two Policy Years.	Upto a maximum of Rs.5,000 per policy at the end of each year at renewal	Upto a maximum of Rs.8,000 per policy, at the end of each year at renewal.	Upto a Maximum of Rs.10,000 per policy, at the end of each year at renewal.

In case of family floater policy, if any of the members have made a claim under this Policy, the preventive health check-up benefit will not be offered to the whole family.

Note: Preventive Health Check-up means a package of medical test(s) undertaken for general assessment of health status, it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease.

Sample Illustration (Protection + Health)

Below are few illustrations that will explains the combined benefit of Life & Health under Click 2 Protect Optima Restore

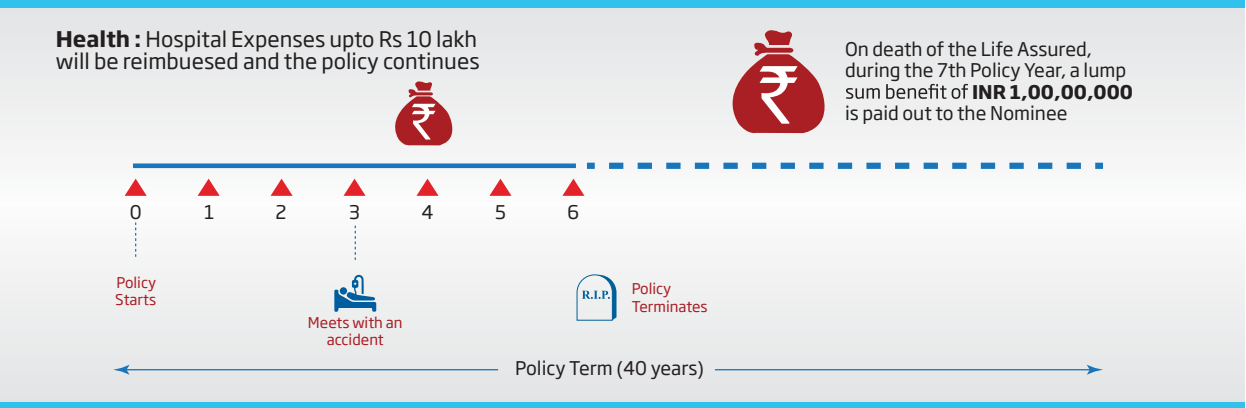
Illustration-1

Mr. Singh is a 25 year old Manager. He buys Click 2 Protect Optima Restore (Protection and health benefit).

Category	Plan Option	Sum Assured	Policy Term
Protection	Life Protect	Rs. 1 Crore	40 years
Category	Individual	Rs. 5 Lakh	Life Long Renewal

- During the 4th Policy Year, he meets with an accident
- During the 7th Policy Year, he passes away due to illness

The benefit payable to his nominee is as follows:



Protection

- The policy shall terminate on the earlier of death, or expiry of the policy term
- You have to choose the Sum Assured, Policy Term and the Premium Payment Term at the inception of the policy.

Health:

- He is covered upto 10 lakhs (Base sum insured + Multiplier Benefit).

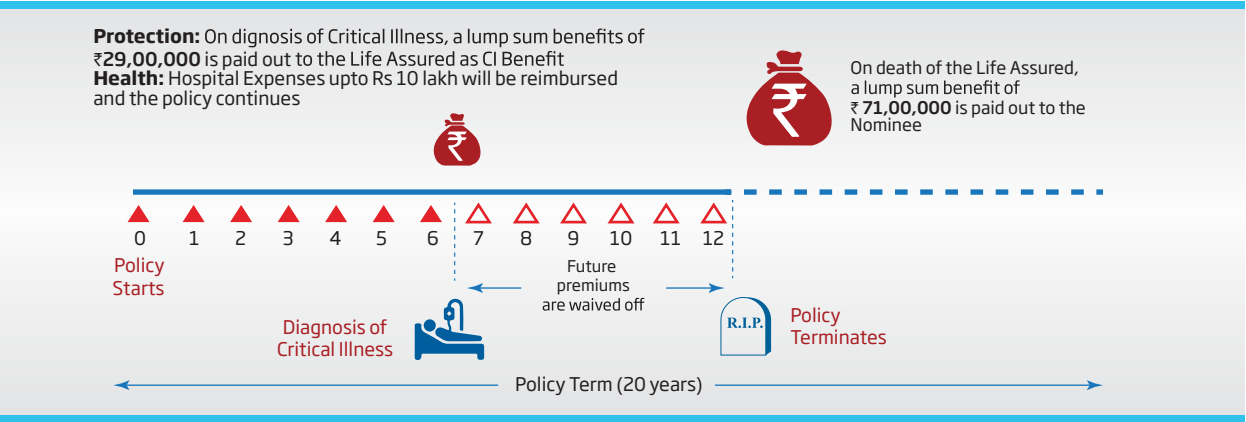
Illustration 2-

Mr. Banerjee is a 35 year old Businessman. He buys Click 2 Protect Optima Restore (Protection and health benefit).

Category	Plan Option	Sum Assured	Policy Term
Protection	Life & CI Rebalance	Rs. 1 Crore	20 years
Health	Individual	Rs. 5 Lakh	Life Long Renewal

- During the 7th Policy Year, he is diagnosed with a covered Critical Illness
- During the 13th Policy Year, Mr. Banerjee passes away due to natural causes

The Benefit Payable to his nominee is as follows :



Protection

- The policy shall terminate on the earlier of death, or expiry of the policy term.
- You have to choose the Sum Assured, Policy Term and the Premium Payment Term at the inception of the policy.

Health

He is covered upto 10 lakhs (Base sum insured + Multiplier Benefit).

Protection:

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 PPT 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.

Health:

Portability

The **Insured Person** will have the option to port the Policy to other insurers by applying to such **Insurer** to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to **Portability**. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed **Insured Person** will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

Migration:

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Migration.

For Detailed Guidelines on Migration, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

Portability/migration section is applicable for Health section only and not applicable for Protection section.

Discount (Health):

- **Online Discount:** The Insured Person is eligible for 5% discount on premium in case he / she purchase the Policy online from the Company's website or the Company's mobile app. The subsequent Renewal of the same Policy will continue to enjoy the 5% discount, provided the Policy remains without the involvement of any other insurance agent or insurance intermediary.
- **Employee Discount:** A discount of 5 % on the Premium is applicable if any Insured Person is a HDFC Group employee (full time employee) / Munich Re Group employee (full time employee) at the time of enrolment, or subsequent renewal; provided that such Policy is purchased through the Company's website or the Company's mobile app and without the involvement of any insurance agent or insurance intermediary.
- **Loyalty Discount:** If any Insured Person has an active retail insurance Policy with premium above Rs. 2,000 with the Company, a discount of 2.5% on the Policy premium will be applicable at the time of enrolment as well as subsequent renewals.
- **Family Discount:** The Insured Person will be entitled to receive

10% discount on the premium if two or more family members are covered under the same Policy under the individual Policy option.

The above mentioned discounts are cumulative in nature and the total discount offered under Employee discount, Online discount, Loyalty discount and Family discount shall not exceed 20%.

- **Long Term Policy Discount:** If the Policy Period is more than one year, the Insured Person will be entitled to receive a discount of 7.5% and 10% will be offered in case a Policy is purchased for 2-year and 3-year tenure respectively, provided he has paid the premium in advance as a single premium.

Stay Active Benefit:

Now with Stay Active benefit, simply walk your way to good health and earn upto 8% discount on your renewal premium. The more you walk, the healthier you and your family gets!

We will offer a discount at each renewal if the insured member achieves the average step count target on the mobile application provided by us. In an individual policy, the average step count would be calculated per adult member and in a floater policy it would be an average of all adult members covered. Dependent children covered either in individual or floater plan will not be considered for calculation of average steps.

In individual policies the discount percentage (%) would be applied on premium applicable per insured member (Dependent Children are not eligible for this stay active discount in an individual policy) and in a floater policy it would be applied on premium applicable on policy.

The discount provided would be as per the table below:

1 Year Policy

Time Interval (calculated from policy risk start date)

Average Step target	Risk start date or date of download of mobile application -90 days	91-180 days	181-270 days	271-360 days	Maximum Discount at the end of the year
5000 or below			0%	0%	0%
5001 to 8000	0.5%	0.5%	0.5%	0.5%	2%
8001 to 10000	1.25%	1.25%	1.25%	1.25%	5%
Above 10000	2%	2%	2%	2%	8%

2 Year Policy

Time Interval (calculated from policy risk start date)

[illegible]

3 Year policy

Time Interval (calculated from policy risk start date)

Average Step target	Risk start date or date of download of mobile application -90 days	91-180 days	181-270 days	271-360 days	361-450 days	451-540 days
5000 or below	0%	0%	0%	0%	0%	0%
5001 to 8000	0.0139%	0.1667%	0.1667%	0.1667%	0.1667%	0.1667%
8001 to 10000	0.41667%	0.41667%	0.41667%	0.41667%	0.41667%	0.41667%
Above 10000	0.6667%	0.6667%	0.6667%	0.6667%	0.6667%	0.6667%

Time Interval (calculated from policy risk start date)

541-630 days	631-720 days	721-810 days	811-900 days	901-990 days	991-1020 days	Maximum Discount at the end of 3 years
0%	0%	0%	0%	0%	0%	0%
0.1667%	0.1667%	0.1667%	0.1667%	0.1667%	0.1667%	2%
0.41667%	0.41667%	0.41667%	0.41667%	0.41667%	0.41667%	5%
0.6667%	0.6667%	0.6667%	0.6667%	0.6667%	0.6667%	8%

The mobile app must be downloaded within 30 days of the policy risk start date to avail this benefit. The average step count completed by an Insured member would be tracked on this mobile application.

We reserve the right to remove or reduce any count of steps if found to be achieved in unfair manner by manipulation.

Illustration

Policy start date	1 st Jan 2016
Policy Tenure	1 year

Time Interval				
	Risk start date or date of download of mobile application -90 days	91 days- 180 days	181 days- 270 days	271- 300 days
average steps taken in the defined time period	8500	10000	5001	7500
Discount %applicable	1.25%	1.25%	0.5%	0.5%

Total discount applicable on renewal premium = 3.5%

Loadings

- We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the policy including subsequent renewal(s) with us or on the receipt of the request of enhancement in sum insured (for the enhanced Sum Insured).

For Example: Consider a male aged 35 who is undergoing treatment for hypertension.

Age	Hypertension	Treatment	Systolic	Diastolic	loading
35	Yes	Yes	110-145	70-95	10%
35	Yes	Yes	146-160	70-95	20%
35	Yes	Yes	110-140	96-105	20%
35	Yes	Yes	>160	Any	Reject
35	Yes	Yes	Any	>105	Reject

Please note that this example is for enumerative purposes only, the decisions may vary based on age, co morbidities etc.

- We will inform you about the applicable risk loading or exclusion or both as the case may be through a counter offer letter. You need to revert to us with consent and additional premium (if any), within 7 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to us within 7 days, we shall cancel your application and refund the premium paid within next 7 days.
- The application of loading does not mean that the illness/ condition, for which loading has been applied, would be covered from inception. Any waiting period as mentioned in Section 5 A i), ii) & iii) of the policy wordings or specifically mentioned on the Policy Schedule shall be applied on illness/condition, as applicable.
- Please note that we will issue Policy only after getting your consent and additional premium, if any.
- We will not apply any additional loading on your policy premium at renewal based on claim experience.
- Please visit our nearest branch to refer our underwriting guidelines, if required.
- The premium under individual coverage will be charged on the completed age of the individual insured member.
- In case of Family Floater policies Floater discount of 55% will be applied on all the members except the oldest member.
- The premium for the policy will remain the same for the Policy Period mentioned in the policy schedule.
- Please note that your premium at renewal may change due to a change in your age or changes in the applicable tax rate.
- Premium rates are subject to change with prior approval from IRDA.
- The Sum Insured of the dependent insured members should be equal to or less than the Sum Insured of the Primary Insured member. In case where two or more children are covered, the Sum Insured for all the children must be same. Sum insured of all Dependent Parents and Dependent Parent in law must be same.
- The premium will be computed basis the city of residence provided by the insured person in the application form. The premium that would be applicable zone wise and the cities defined in each zone are as under:

Tier 1 : Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara

Tier 2 : Rest of India- All other cities

PI Note. Premium rates and policy terms and conditions are for standard healthy individuals. These may change post underwriting of proposal based on medical tests (where applicable) and information provided on the proposal form.

Pre- Policy Check-up:

Pre-Policy Check-up at our network may be required based upon the age and basic sum insured.

- We will reimburse 100% of the expenses incurred per Insured Person on the acceptance of the proposal.
- If Proposal is declined post PPC, 100% of Medical test charges will be borne by the customer for Rs. 3,00,000 & 500,000 sum insured, 50% for Rs. 10,00,000 Sum Insured and NIL for other Sum Insureds.
- In case of any adverse medical declaration on the proposal form, we may request for additional medical tests

Please Note

1. Premium rates and policy terms and conditions are for standard healthy individuals. These may change post underwriting of proposal based on medical tests (where applicable) and information provided on the proposal form. Please visit our nearest branch to referring our underwriting guidelines, if required. Premium rates are subject to change with prior approval from IRDAI.
2. In a family floater policy, a maximum of 2 adults and a maximum of 5 children can be included in a single policy. The 2 adults can be a combination of Self, Spouse, Father or Mother. In an individual policy, a maximum of 4 adults and a maximum of 5 children can be included in a single policy. The 4 adults can be a combination of Self, Spouse, either set of dependent parents or parents in law. .3. Premium rates:

What are the Exclusions?

Protection-

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.

Note: Exclusions for Critical Illness and Accidental Death Benefit are mentioned in Annexure-I and Annexure-II below respectively

Health-

A. Waiting Period

All Illnesses and treatments shall be covered subject to the waiting periods specified below:

i. 30-day waiting period

- Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- This exclusion shall not, however, apply if the insured person has continuous coverage for more than twelve months.
- The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

ii. Specified disease/procedure waiting period

- Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims

arising due to an accident or underlying cause is cancer(s).

- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- If the Insured Person is continuously covered without any break as defined under the applicable norms on portability/migration stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- List of specific diseases/procedures: -

Organ / Organ System	Illness / diagnoses (irrespective of treatments medical or surgical)	Surgeries / procedure (irrespective of any illness / diagnosis other than cancers)
Ear, Nose, Throat (ENT)	- Sinusitis - Rhinitis - Tonsillitis	- Adenoidectomy - Mastoidectomy - Tonsillectomy - Tympanoplasty - Surgery for Nasal septum deviation - Surgery for Turbinate hypertrophy - Nasal concha resection - Nasal polypectomy
Gynaecological	- Cysts, polyps including breast lumps - Polycystic ovarian diseases - Fibromyoma - Adenomyosis - Endometriosis - Prolapsed Uterus	Hysterectomy
Orthopaedic	- Non infective arthritis - Gout and Rheumatism Osteoporosis - Ligament, Tendon and Meniscal tear - Prolapsed inter vertebral disk	Joint replacement surgeries
Gastrointestinal	- Cholelithiasis - Cholecystitis - Pancreatitis - Fissure/fistula in anus, Haemorrhoids, Pilonidal sinus - Gastro Esophageal Reflux Disorder (GERD), Ulcer and erosion of stomach and duodenum - Cirrhosis (However Alcoholic cirrhosis is permanently) - Perineal and Perianal Abscess - Rectal Prolapse	- Cholecystectomy - Surgery of hernia
Urogenital	- Calculus diseases of Urogenital system including Kidney, ureter, bladder stones - Benign Hyperplasia of prostate - Varicocele	- Surgery on prostate - Surgery for Hydrocele/ Rectocele
Eye	- Cataract - Retinal detachment - Glaucoma	Nil
Others	Nil	Surgery of varicose veins and varicose ulcers
General (Applicable to all organ systems /organs)	Benign tumors of Non infectious etiologie. eg. cysts, nodules, polyps, lump, growth, etc	Nil

iii. Pre-Existing Diseases

- a) Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the insured person is continuously covered without any break as defined under the portability/migration norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 36 months for any

B. General exclusions

We will not pay for any claim in respect of any Insured Person, caused by, arising from or attributable to:

Non-Medical Exclusions	1) War or similar situations: Treatment arising from or consequent upon war or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind. 2) Intentional self-injury or attempted suicide. 3) Breach of law: Code - Excl10 Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. 4) Hazardous or Adventure sports: Code - Excl09 Expenses related to any treatment necessitated due to participation as a professional in Hazardous or Adventure Sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. 5. Any Insured Person's participation or involvement in naval, military or air force operation.
Medical Exclusions	6. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof - Code - Excl12 7. Prosthetic and other devices which are self-detachable /removable without surgery involving anaesthesia 8. Treatment availed outside India 9. Treatment at a healthcare facility which is NOT a Hospital. 10. Obesity/ Weight Control: Code - Excl06

pre-existing disease is subject to the same being declared at the time of application and accepted by insurer.

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
- 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.

PI Note: Coverage under the policy for any past illness/condition or surgery is subject to the same being declared at the time of application and accepted by us without any exclusion.

Medical Exclusions	Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: i. Surgery to be conducted is upon the advice of the Doctor ii. The surgery/Procedure conducted should be supported by clinical protocols iii. The member has to be 18 years of age or older and iv. Body Mass Index (BMI); a) greater than or equal to 40 or b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnoea iv. Uncontrolled Type2 Diabetes 11. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. Code -Excl15 12. Cosmetic or plastic Surgery: Code - Excl08 Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner. 13. Circumcisions (unless necessitated by illness or injury and forming part of treatment) 14. Change-of-Gender treatments: Code -
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	Excl07 Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. 15. Non allopathic treatment. 16. Conditions for which treatment could have been done on an outpatient basis without any Hospitalisation. 17. Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. Code – Excl16 18. Investigation & Evaluation: Code – Excl04 a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. 19. Rest Cure, rehabilitation and respite care: Code – Excl05 a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. 20. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment); 21. Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products. 22. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13 23. Dietary supplements and substances that	can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code – Excl14 24. Sleep-apnoea 25. External congenital diseases, defects or anomalies 26. Maternity: Code – Excl18 i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period. 27. Sterility and Infertility: Code – Excl17 Expenses related to sterility and infertility. This includes: i. Any type of contraception, sterilization ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy iv. Reversal of sterilization 28. The expense incurred by the insured on organ donation. 29. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities. 30. Any non-medical expenses mentioned in Annexure I. 31. Excluded Providers: Code – Excl11 Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim. 32. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.
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	33. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover. 34. Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. 35. Drugs or treatments which are not supported by a prescription.
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	36. Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured. 37. Admission for administration of Intra-articular or Intra-lesional injections, Supplementary medications like Zolendronic acid (Trade name Zometa, Reclast, etc) or IV immunoglobulin infusion
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What if I don't pay premiums?

Protection:

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:

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

Health-

Premium Payment in Instalments

If the Insured Person has opted for payment of Premium on an installment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy):

- Grace Period as mentioned in the table below would be given to pay the installment premium due for the Policy

Options	Instalment Premium Option	Grace Period applicable
Option 1	Multi-Year / Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 days

- During such Grace Period, coverage will not be available from the due date of installment premium till the date of receipt of premium by Company

- The Insured Person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated Grace Period
- No interest will be charged If the installment premium is not paid on due date
- In case of installment premium due not received within the Grace Period, the Policy will get cancelled
- In the event of a claim, all subsequent premium installments shall immediately become due and payable
- The Company has the right to recover and deduct all the pending installments from the claim amount due under the Policy.

Terms of Renewal:

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- The Company shall endeavour to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.
- Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years.
- Request for Renewal along with requisite premium shall be received by the Company before the end of the policy period.
- At the end of the policy period, the Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period.
- No loading shall apply on renewals based on individual claims experience.

- Basic Sum Insured Enhancement** - Basic sum insured can be enhanced only at the time of renewal subject to the underwriting norms and acceptability criteria of the policy. If the insured enhances the basic sum insured one grid up, no fresh medicals shall be required. In cases where the basic sum insured enhanced is more than one grid up, the case may be subject to medicals. In case of enhancement in the basic sum insured waiting period will apply afresh in relation to the amount by which the basic sum insured has been enhanced. However the quantum of increase shall be at the discretion of the company.

- Any Insured Person in the Click 2 Protect Optima Restore has the option to discontinue this policy and take an individual policy with the respective Insurer subject to terms and conditions of that policy and guidelines issued by IRDAI**

Can I surrender any policy?

Protection:

Unexpired Risk Premium Value (Surrender Value) gets acquired immediately upon payment of premium in case of SP and upon payment of premiums for 2 years in case of LP or RP. Unexpired Risk Premium Value will be calculated as follows:

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), payable subject to the policy acquiring Unexpired Risk Premium Value.

Where,

$GSV = GSV \text{ Factor}\% \times \text{Total Premiums Paid} - \text{survival Benefits or ROP instalment Already Paid}$

The GSV will be floored to 0.

Where Income Plus Option has been selected:

$SSV = (($

$SSV F1 \text{ factor}\% \times \text{Basic Sum Assured}) + (SSV F2 \text{ Factor}\% \times \text{Sum Assured on Maturity})) \times \text{Total Premiums Paid} \div \text{Total Premiums Payable}$

And where ROP option has been selected:

$SSV = SSV F2 \text{ Factor}\% \times \text{Total Premiums Paid}$

For details on GSV and SSV factors, please consult your financial advisor.

For Life Protect Option (Whole Life):

$50\% \times \text{Total Premiums Paid} \times \frac{\text{Max}(100 - \text{Age at Surrender}, 0)}{100 - \text{Age at Entry}}$

Other than Income Plus Option, Life Protect Option (Whole Life) and Return of Premium Option:

Unexpired Risk Premium Value for LP/SP1 =

$50\% \times \text{Total Premiums Paid} \times \frac{\text{Unexpired Policy Term}}{\text{Original Policy Term}}$

Surrender Value for RP = Nil

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:

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

Health (Cancellation Other than free look cancellation)

- The Policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Month	1 Year	2 Year	3 Year
Up to 1 month	85.0%	92.5%	95.0%
Up to 3 month	70.0%	85.0%	90.0%
Up to 6 month	45.0%	70.0%	80.0%
Up to 12 month	0.0%	45.0%	65.0%
Up to 15 month	Not Applicable	30.0%	55.0%
Up to 18 month	Not Applicable	20.0%	45.0%
Up to 24 month	Not Applicable	0.0%	30.0%
Up to 27 month	Not Applicable	Not Applicable	20.0%
Up to 30 month	Not Applicable	Not Applicable	15.0%
Up to 36 month	Not Applicable	Not Applicable	0.0%

For **Policies** where premium is paid by instalment, the following additional conditions will be applicable:

- Where yearly payment option is in force under the **Policy**, cancellation grid as per 1-Year Tenure policies will be applicable.
- For all other payment options, 50% of current instalment premium will be refunded when the current period elapsed is less than 6 months from the commencement of the **Policy Year**. For instalment after 6 months, no refund will be payable.
- In case of admissible claim under the Policy, future instalment for the current **Policy Year** will be adjusted in the claim amount and no refund of any premium will be applicable during the **Policy Year**.
Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the **Insured Person** under the **Policy**.
- The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

Please Note: Customer can continue with either part of the policy discontinuing the other during the policy term.

Please Note- HDFC Life Insurance Company Limited will process all claims for Protection policy and HDFC ERGO General Insurance Company Limited will process all claims for Health policy.

The following is a list of Critical Illnesses covered:

Critical Illnesses covered
1. Cancer of Specified Severity
2. Myocardial infarction - First heart attack of specific severity
3. Open Heart Replacement or Repair of Heart Valves
4. Kidney Failure Requiring Regular Dialysis
5. Major Organ/ Bone Marrow Transplant
6. Coronary Artery Bypass Graft (Open, Keyhole or minimally invasive or Robotic Cardiac CABG)
7. Multiple Sclerosis with persisting symptoms
8. Stroke resulting in permanent symptoms
9. Coma of specific severity
10. Permanent Paralysis of Limbs

Critical Illnesses covered
11. Motor Neuron Disease with Permanent Symptoms
12. Benign Brain Tumor
13. Blindness
14. Deafness
15. End stage lung failure
16. End stage liver failure
17. Loss of Speech
18. Loss of Limbs
19. Major Head Trauma
20. Primary (idiopathic) pulmonary hypertension
21. Third Degree Burns
22. Alzheimer's Disease
23. Aplastic Anaemia

Can I surrender any policy?

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:

Critical Illnesses covered
24. Medullary Cystic Kidney Disease
25. Parkinson's Disease
26. Systemic Lupus Erythematosus (SLE) with Lupus Nephritis
27. Apallic Syndrome
28. Major Surgery of Aorta
29. Brain Surgery
30. Fulminant Viral Hepatitis
31. Cardiomyopathy
32. Muscular dystrophy
33. Poliomyelitis
34. Pneumonectomy
35. Severe Rheumatoid Arthritis
36. Progressive Scleroderma

- 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.

Other causes of neurological damage such as SLE are 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 Catheterization. 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, multifactorial, 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:** Mesangial 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 at least 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 cerebrospinal 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);
- Eosinophilic fasciitis; 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 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 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.

Annexure II

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.

Rider Options (Protection)

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	101B013V03	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 Critical Illness Plus Rider	101B014V02	A lump sum benefit equal to the Rider Sum Assured shall be payable in case you are diagnosed with any of the 19 Critical Illnesses and survive for a period of 30 days following the diagnosis. There is no maturity benefit available under this rider.
HDFC Life Protect Plus Rider	101B016V01	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

Annexure III

List of Non-Medical Expenses

S. No.	Item	S. No.	Item
1	Baby food	35	Oxygen cylinder (for usage outside the hospital)
2	Baby utilities charges	36	Spacer
3	Beauty services	37	Spirometre
4	Belts/ braces	38	Nebulizer kit
5	Buds	39	Steam inhaler
6	Cold pack/hot pack	40	Armsling
7	Carry bags	41	Thermometer
8	Email / internet charges	42	Cervical collar
9	Food charges (other than patient's diet provided by hospital)	43	Splint
10	Leggings	44	Diabetic foot wear
11	Laundry charges	45	Knee braces (long/ short/ hinged)
12	Mineral water	46	Knee immobilizer/shoulder immobilizer
13	Sanitary pad	47	Lumbo sacral belt
14	Telephone charges	48	Nimbus bed or water or air bed charges
15	Guest services	49	Ambulance collar
16	Crepe bandage	50	Ambulance equipment
17	Diaper of any type	51	Abdominal binder
18	Eyelet collar	52	Private nurses charges- special nursing charges
19	Slings	53	sugar free tablets
20	Blood grouping and cross matching of donors samples	54	Creams powders lotions (toiletries are not payable, only prescribed medical pharmaceuticals payable)
21	Service charges where nursing charge also charged	55	Ecg electrodes
22	Television charges	56	Gloves
23	Surcharges	57	Nebulisation kit
24	Attendant charges	58	Any kit with no details mentioned [delivery kit, orthokit, recovery kit, etc]
25	Extra diet of patient (other than that which forms part of bed charge)	59	Kidney tray
26	Birth certificate	60	Mask
27	Certificate charges	61	Ounce glass
28	Courier charges	62	Oxygen mask
29	Conveyance charges	63	Pelvic traction belt
30	Medical certificate	64	Pan can
31	Medical records	65	Trolley cover
32	Photocopies charges	66	Urometer, urine jug
33	Mortuary charges	67	Ambulance
34	Walking aids charges	68	Vasofix safety

List II-Items that are to be subsumed into Room Charges

S. No.	Item	S. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	11	TISSUE PAPER
2	HAND WASH	12	TOOTH PASTE
3	SHOE COVER	13	TOOTH BRUSH
4	CAPS	14	BED PAN
5	CRADLE CHARGES	15	FACE MASK
6	COMB	16	FLEXI MASK
7	EAU-DE-COLOGNE / ROOM FRESHNERS	17	HAND HOLDER
8	FOOT COVER	18	SPUTUM CUP
9	GOWN	19	DISINFECTANT LOTIONS
10	SLIPPERS	20	LUXURY TAX

S. No.	Item	S. No.	Item
21	HVAC	30	DISCHARGE PROCEDURE CHARGES
22	HOUSE KEEPING CHARGES	31	DAILY CHART CHARGES
23	AIR CONDITIONER CHARGES	32	ENTRANCE PASS / VISITORS PASS CHARGES
24	IM IV INJECTION CHARGES	33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
25	CLEAN SHEET	34	FILE OPENING CHARGES
26	BLANKET/WARMER BLANKET	35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
27	ADMISSION KIT	36	PATIENT IDENTIFICATION BAND / NAME TAG
28	DIABETIC CHART CHARGES	37	PULSEOXYMETER CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES		

List III-Items that are to be subsumed into Procedure Charges

S. No.	Item	S. No.	Item
1	HAIR REMOVAL CREAM	13	SURGICAL DRILL
2	DISPOSABLES RAZORS CHARGES (for site preparations)	14	EYE KIT
3	EYE PAD	15	EYE DRAPE
4	EYE SHEILD	16	X-RAY FILM
5	CAMERA COVER	17	BOYLES APPARATUS CHARGES
6	DVD, CD CHARGES	18	COTTON
7	GAUSE SOFT	19	COTTON BANDAGE
8	GAUZE	20	SURGICAL TAPE
9	WARD AND THEATRE BOOKING CHARGES	21	APRON
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	22	TORNIQUET
11	MICROSCOPE COVER	23	ORTHOBUNDLE, GYNAEC BUNDLE
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER		

List III-Items that are to be subsumed into Procedure Charges

S. No.	Item	S. No.	Item
1	ADMISSION/REGISTRATION CHARGES	10	HIV KIT
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	11	ANTISEPTIC MOUTHWASH
3	URINE CONTAINER	12	LOZENGES
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	13	MOUTH PAINT
5	BIPAP MACHINE	14	VACCINATION CHARGES
6	CPAP/ CAPD EQUIPMENTS	15	ALCOHOL SWABES
7	INFUSION PUMP- COST	16	SCRUB SOLUTION/STERILLIUM
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	17	Glucometer& Strips
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	18	URINE BAG

Premium Computation Illustration

Illustration 1

■ Plan Name - Optima Restore

■ Tenure - 1 Year

■ Location - Delhi - Tier 1

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)			
	Premium (Rs.)	Sum Insured in Lakhs (Rs.)	Premium (Rs.)	Family Discount of 10%	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)
5	8,527	10	8,527	853	7,674	10
25	12,261	10	12,261	1226	11,035	10
37	14,153	10	14,153	1415	12,737	10
47	20,888	10	20,888	2089	18,799	10
57	34,242	10	34,242	3424	30,818	10
63	45,906	10	45,906	4591	41,315	10
	1,22,379		Total Premium (exclusive of taxes)		1,22,379	
	Total premium (exclusive of taxes) for all members of the family is INR 1,35,976, when each member is covered separately (at a single point in time).		Total premium (exclusive of taxes) for all members of the family is INR 1,22,379, when they are covered under a single policy (Sum Insured is available for each member of the family). Sum Insured available for each			
	Sum Insured available for each individual is INR 10 Lakhs.		individual is INR 10 Lakhs.			

Illustration 2

■ Plan Name - Optima Restore

■ Tenure - 1 Year

■ Location - Lucknow - Tier 2

Age of the members insured (in Years)	Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium or consolidated premium for all family members of the family (Rs.)	Floater discount of 55% applied on all the members except the oldest member	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)
8	6,671	3,669	3,002	5
19	8,290	4,559	3,730	5
37	9,741	5,358	4,384	5
42	13,721	0	13,721	5
		Total Premium (exclusive of taxes)	24,837	
	Total premium (exclusive of taxes) when policy is opted on floater basis is INR 24,837. Sum Insured of Rs. 5 Lakhs is available for the entire family.			

2 year & 3 year Premium Calculation

7.5% Discount on premium if Insured Person is paying premium of 2 years in advance & 10% Discount on premium if Insured Person is paying premium of 3 years in advance
Example

- 1) Proposed Insured Age 32 years from Delhi opting for Optima Restore Individual 2 year policy with Sum Insured of 5 Lac
Calculation - $9753 \times 2 \times 92.5\%$ = Rs. 18043.05/- plus taxes.
- 2) Proposed Insured Age 45 years from Lucknow opting for Optima Restore Individual 3 year policy with Sum Insured of 15 Lac
Calculation - $(14818+21496+21496) \times 90\%$ = Rs. 52029/- plus taxes.

Gross Premium Tables (Exclusive of Taxes)

Optima Restore - Gross Premium (Excl. GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)								
Age Band	Sum Insured							
	3,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000
0 - 17	6,726	7,849	8,527	9,796	10,683	11,377	13,931	17,274
18 - 35	8,715	9,753	12,261	13,873	14,746	15,704	19,230	23,845
36 - 45	9,863	11,460	14,153	16,284	17,018	18,126	22,195	27,522
46 - 50	14,939	16,142	20,888	23,622	25,323	26,968	33,023	40,949
51 - 55	18,241	20,411	26,112	31,039	32,440	34,548	42,303	52,456
56 - 60	23,550	26,350	34,242	40,703	42,540	45,305	55,476	68,790
61 - 65	29,223	33,776	45,906	53,586	60,007	63,905	78,252	97,032
66 - 70 *	40,325	46,608	63,797	74,472	83,394	88,814	1,08,752	1,34,852
71 - 75 *	48,717	56,306	77,840	90,867	1,01,752	1,08,363	1,32,691	1,64,537
76 - 80 *	58,460	67,567	94,443	1,10,245	1,23,451	1,31,475	1,60,988	1,99,625
> 80 *	67,229	77,702	1,10,832	1,29,379	1,44,879	1,54,292	1,88,931	2,34,274

*Only for Renewal Purposes

Optima Restore Gross Premium (Excl. GST) - Tier 2 (Rest of India)								
Age Band	Sum Insured							
	3,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000
0 - 17	5,717	6,671	7,589	8,914	10,149	10,808	13,234	16,411
18 - 35	7,408	8,290	10,913	12,625	14,008	14,919	18,269	22,653
36 - 45	8,384	9,741	12,596	14,818	16,167	17,220	21,085	26,146
46 - 50	12,698	13,721	18,590	21,496	24,056	25,620	31,372	38,901
51 - 55	15,505	17,350	23,240	28,246	30,818	32,821	40,188	49,833
56 - 60	20,017	22,397	30,475	37,040	40,413	43,040	52,702	65,351
61 - 65	24,840	28,710	40,856	48,764	57,006	60,710	74,339	92,181
66 - 70 *	34,276	39,617	56,780	67,770	79,224	84,374	1,03,314	1,28,110
71 - 75 *	41,409	47,860	69,278	82,689	96,664	1,02,945	1,26,056	1,56,310
76 - 80 *	49,691	57,432	84,054	1,00,323	1,17,279	1,24,901	1,52,939	1,89,644
> 80 *	57,144	66,047	98,641	1,17,735	1,37,635	1,46,578	1,79,484	2,22,561

*Only for Renewal Purposes

Note : Above illustrated rates are exclusive of combi discount.
Premium for Unlimited Restore Benefit (Optional benefit) : 0.50% will be applied on the Final Policy Premium in respect of all the base/in-built coverages under this product

Terms & Conditions

A. Tax Benefits: Protection-

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, 1961, as amended from time to time.

You are requested to consult your tax advisor for advice on Tax Benefits.

Health -

The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act.

B. Cancellation in a free-look period:

Protection :

The free-look period for policies purchased through distance marketing/Online (specified below) will be 30 days.

Protection & Health

In case you are not agreeable to the any policy terms and conditions, you have the option of returning the policy to us stating the reasons thereof, within 15 days from the date of receipt of the policy. On receipt of your letter along with the original policy documents, we shall arrange to refund you the premium, subject to deduction of the proportionate risk premium for the period on cover, the expenses incurred by us on medical examination if any and stamp duty.

Distance Marketing refers to insurance policies sold over the telephone or the internet or any other method that does not involve face-to-face selling.

C. Revival:

Protection:

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.

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

Protection

- (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.

Health-

The Policyholder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the Policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case

Condition Precedent to admission of Liability

The terms and conditions of the Policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the Policy.

Protection & Health

E. 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 thereof 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 D (Nomination) and E (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 Insurance Laws (Amendment) Act, 2015.

F. Policy Loan: No policy loans are available.

G. 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.

H. 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.

I. Taxes:

Indirect Taxes

Taxes and levies as applicable shall be levied . 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.

- J. For Policies purchased through online channel, a discount of 5.5% on premiums paid towards both Life & Health will be offered as compared to the individual policy purchased under Life & Health. For Policies purchased through other than online channel, a discount of 5% on premiums paid towards Life & Health will be offered as compared to the individual policy purchased under Life & Health. At any time during the validity of the policy, the Customer decides to opt out of the insurance coverage of one of the Insurer, the discount, if any, being offered to such Customer under the Combi-Product(s) shall not be available to the Customer going forward.

- K. Where the risk is not accepted by one of the Parties, the Combi-Product(s) shall not be issued and the other Insurer shall be free to issue their respective policy individually to the Customers, if the Customer so desires, as if the business was done by that respective Insurer individually without any obligation of confirmation being taken from the other Insurer. Provided that if the Customer desires to take a policy individually from either of the Parties; the Customer shall not be entitled to the discount, if any,

being offered under the Combi-Product(s) and would be governed by the terms and conditions of the individual policy being offered by either of the Parties.

- L. Any insurer may terminate this tie up wholly or in part only with cause and after making a joint application for the requisite approval from IRDAI. The insurers agree that upon receipt of such approval from IRDAI, the insurers may terminate this tie up within a period of 90 (ninety) days from the date of such approval. The insurers may mutually decide to terminate the Agreement and intimate the same to you ninety (90) day prior to the termination of the relationship.. However, Your Policy will continue until the expiry or termination of the coverage in accordance with the policy wordings for respective coverage.
- M. Upon termination of the arrangement, each insurer has equal rights over the Customers sourced under this arrangement and it shall be at the sole discretion of the Customer with whom she/ he would like to continue his/ her insurance. However, both the insurer shall also mutually agree for Customer engagement/ servicing programme post termination of the arrangement. Each insurer shall remain liable for its respective portion of Click 2 Protect Optima Restore for all policies in force at the time of termination of the tie up until their expiry or lapsation.
- N. The legal/ quasi legal disputes, if any, are dealt by the respective insurers for respective benefits. For protection benefits all the legal disputes will be handled by HDFC Life Insurance Company Limited and for health benefits all the legal disputes will be handled by HDFC ERGO General Insurance.
- O. All policy servicing requests pertaining to Click 2 Protect Optima Restore shall be received by either of the insurer. Other than the requests impacting premium or terms and conditions of the policy towards the policy of the respective Insurer all other requests shall be serviced by the receiving insurer. All requests impacting premium or policy terms towards the policy of a respective Insurer shall be serviced by the respective Insurer and the receiving Insurer shall only facilitate in receiving such requests. Both Insurers will fulfill servicing request received by them as per Protection of Policyholders' Interests Regulations, 2002. Both the Parties are responsible for the pro-active and speedy settlement of claims and other obligations in accordance with the terms and conditions of their respective line of business - health or life coverage/ plan of Click 2 Protect Optima Restore. Claim process is available on the website of both the companies.
- P. Customer can lodge a grievance for either or both products at branches of both Insurers.
Complaint belonging to any product shall be routed to the respective insurer who shall then respond / address to the Customer directly. Complaints shall be forwarded by the receiving Insurer to the respective Insurer within T+ 2 days, T being the complaint receivable date. In case the Customer is not satisfied with the resolution offered, Customer can also approach the Insurance Ombudsman in his region. Please refer relevant grievance redressal mechanism section mentioned under each policy document.
- Q. It is advised to familiarize with the policy benefits and policy service structure of the 'Combi Product' before deciding to purchase the policy.
- R. Premium Component of both the products is separate and at the time of renewal customer can discontinue either part of the policy during the policy term and migrate into a similar individual policy with the respective insurer. The terms and conditions of the portion will be similar to the terms and conditions of the product, if it would have been sold in isolation.

- S. According to Guidelines on Insurance repositories and electronic issuance of insurance policies issued by IRDAI dated 29th April, 2011, a policyholder can now have his life insurance policies in dematerialized form through a password protected online account called an electronic Insurance Account (eIA). This eIA can hold insurance policies issued from any insurer in dematerialized form, thereby facilitating the policy holder to access his policies on a common online platform. Facilities such as online premium payment, changes in address are available through the eIA. Furthermore, you would not be required to provide any KYC documents for any future policy purchase with any insurer. For more information on eIA visit <http://www.hdfclife.com/customer-service/life-insurance-policy-dematerialization>

Other Terms & Conditions (Health) :-

Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

Complete Discharge

Any payment to the Policyholder, Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

Moratorium Period

After completion of eight continuous years under the policy, no look back to be applied. This period of eight years is called as Moratorium Period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract Possibility of Revision of terms of the Policy including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are effected.

Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as Cumulative Bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who have made that particular claim,

who shall be jointly and severally liable for such repayment to the Insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer.

Instalment premium payment through Auto Debit/ECS Facility

- a. If Option of Premium payment by instalment is opted through auto Debit/ECS facility, Electronic Clearing Service (ECS) Mandate form needs to be completely filled & signed by the Insured Person.
- b. The Premium amount which would be auto debited & frequency of instalment should be duly filled in the ECS Mandate form.
- c. New ECS Mandate Form is required to be filled in case of any change in the Premium due to change of Sum Insured / age / plan / coverages/revision in premium.
- d. The Company should be informed at least 15 days prior to the due date of instalment premium if the Insured Person wishes to discontinue the ECS facility.

Non-payment of premium on due date as opted by the Insured Person in the mandate form subject to an additional 15 days of relaxation period will lead to termination of the Policy.

Multiple Policies

- i. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.
- ii. Insured Person having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this Policy.
- iii. If the amount to be claimed exceeds the Sum Insured under a single Policy, the Insured Person shall have the right to choose Insurer from whom he/she wants to claim the balance amount.
- iv. Where an Insured Person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen Policy.

Contact us today



1800-266-9777 (Toll free)
(Available all days 10am to 7pm)
OR
0120-6234-6234



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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.

Email: service@hdfclife.com, Tel. No: 1860 267 9999 (Mon-Sat 10 am to 7 pm) Local charges apply. Do NOT prefix any country code. e.g. +91 or 00. Website: www.hdfclife.com
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HDFC ERGO General Insurance Company Limited. CIN: U66030MH2007PLC177117. IRDAI Reg. No.146.

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Email id: care@hdfcergo.com, Customer Care: 0120 6234 6234 / 022 6234 6234.

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- 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.