

Annexure – A

Customer Information Sheet/Know Your Policy

This document provides key information about your policy. You are also advised to go through your policy document.

Sr.No	TITLE	DESCRIPTION	Policy Clause Number										
1	Name of Insurance Product/Policy	HDFC Life Cancer Care	NA										
2	Policy number	<Policy number>	NA										
3	Type of insurance Product /Policy	Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event)	NA										
4	Sum Insured (Basis) (Along with amount)	Rs. <Sum Assured>	NA										
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	Silver Under this Option the following benefit is payable	Part C Clause 1										
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Particulars</th> <th style="text-align: left;">% of Applicable Sum Insured</th> </tr> </thead> <tbody> <tr> <td colspan="2"><i>Cancer Diagnosis Benefit</i></td> </tr> <tr> <td style="padding-left: 20px;">Early Stage cancer or Carcinoma-in-situ (CIS)</td> <td style="text-align: center;">25%</td> </tr> <tr> <td style="padding-left: 20px;">Major Cancer</td> <td style="text-align: center;">100% Less Early Stage Cancer or CIS claims if any</td> </tr> <tr> <td><i>Waiver on Premium</i></td> <td> <i>On a valid claim of Early Stage Cancer or Carcinoma-in-situ (CIS) diagnosis, premiums will be waived for a period of three policy years. In case the outstanding term is less than three years then premiums for the outstanding term would be waived. In case the outstanding term is more than three years then the premiums will be waived only for a period of three years. The policyholder will need to resume payment of premiums thereafter.</i> </td> </tr> </tbody> </table>		Particulars	% of Applicable Sum Insured	<i>Cancer Diagnosis Benefit</i>		Early Stage cancer or Carcinoma-in-situ (CIS)	25%	Major Cancer	100% Less Early Stage Cancer or CIS claims if any	<i>Waiver on Premium</i>	<i>On a valid claim of Early Stage Cancer or Carcinoma-in-situ (CIS) diagnosis, premiums will be waived for a period of three policy years. In case the outstanding term is less than three years then premiums for the outstanding term would be waived. In case the outstanding term is more than three years then the premiums will be waived only for a period of three years. The policyholder will need to resume payment of premiums thereafter.</i>
Particulars		% of Applicable Sum Insured											
<i>Cancer Diagnosis Benefit</i>													
Early Stage cancer or Carcinoma-in-situ (CIS)		25%											
Major Cancer	100% Less Early Stage Cancer or CIS claims if any												
<i>Waiver on Premium</i>	<i>On a valid claim of Early Stage Cancer or Carcinoma-in-situ (CIS) diagnosis, premiums will be waived for a period of three policy years. In case the outstanding term is less than three years then premiums for the outstanding term would be waived. In case the outstanding term is more than three years then the premiums will be waived only for a period of three years. The policyholder will need to resume payment of premiums thereafter.</i>												
	Gold												

		<p>Under this option the policyholder receives the benefits as per the Silver plan plus an Increased benefit.</p> <p>Under Increased benefit, the Sum Insured will increase at a rate of 10% of the Initial Sum Insured per annum starting from the first policy anniversary. This Increased will continue till the earlier of: Increased sum Insured becomes 200% of the Initial Sum Insured and Any claim event Once the claim is made, all future claims shall be based on the Increased Sum Insured at the time of first claim. Further increases to the Increased Sum Insured shall not be applicable</p> <p>Platinum Under this option the policyholder receives the benefits as per the Gold plan option and an Income Benefit.</p> <p><u>Income Benefit</u> Upon the diagnosis of the listed major cancers, a monthly income equal to 1% of the Applicable Sum Insured will be payable for a fixed period of 5 years.</p> <p>Applicable Sum Insured is the initial Sum Insured plus any accruals under the Increased benefits defined above as on the date of first monthly income payout.</p>	
6	Exclusions (What the policy does not cover) :	<p>No benefit shall be payable under the policy in respect of any Major Stage Cancer, Carcinoma-in-situ or Early Stage Cancer resulting directly or indirectly from or caused or contributed by (in whole or in part) :</p> <p>Any congenital conditions Any pre-existing disease (as defined below) Intoxication by alcohol or narcotics or voluntarily taking or using any drug, medication or sedative unless it is an "over the counter" drug, medication or sedative taken according to package directions; Nuclear, biological or chemical contamination (NBC)</p>	Part F Clause 1
7	Waiting period Time period during which specified diseases /treatments are not covered It is counted from beginning of the policy coverage	<p>A 180-day waiting period is applicable from the date of commencement On revival: If the policy is revived within 60 days, only the remaining part of waiting period will apply. If the policy is revived after 60 days, full 180 day waiting period will apply afresh</p>	Part F Clause 3 (1)

8	Financial limits of coverage i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit) ii. Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder /insured). iii. Deductible (It is a specified amount: up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount) iv. Any other limit (as applicable)	Particulars	% of Applicable Sum Insured	Part C Clause 1
		<i>Cancer Diagnosis Benefit</i>		
		Early Stage cancer or Carcinoma-in-situ (CIS)	25%	
		Major Cancer	100% Less Early Stage Cancer or CIS if any	
		<i>Waiver on Premium</i>	<i>On a valid claim of Early Stage Cancer or Carcinoma-in-situ (CIS) diagnosis, premiums will be waived for a period of three policy years. In case the outstanding term is less than three years then premiums for the outstanding term would be waived. In case the outstanding term is more than three years then the premiums will be waived only for a period of three years. The policyholder will need to resume payment of premiums thereafter.</i>	
9	Claims/Claims Procedure	<p>The Benefits under this Policy will be payable if and only if (1) Waiting period is not applicable at the time of the claim, <u>Waiting Period:</u> A waiting period of 180 days will apply from the date of commencement of cover. On revival: a) If the Policy is revived within 60 days, only the remaining part of waiting period will apply. b) If the</p>		Part F Clause 3

		<p>Policy is revived after 60 days, full 180 day waiting period will apply afresh.</p> <p>The Policy shall terminate and no benefit shall be payable under the Policy if the diagnosis or signs or symptoms (related to the diagnosed Cancer) first occurred during the waiting period. (2) The Life Assured survives for a period of 7 days from the date of diagnosis of the condition, (3) The condition is intimated to us before the Maturity Date (4) The standard Policy provisions specified in Part F Clause 1 (Exclusions) and Clause 7 (Incorrect Information and Non Disclosure) are not attracted, (5) The Policy has not been discontinued or surrendered or cancelled or terminated; and (6) All relevant documents in support of the claim have been provided to the Company. These would normally include the following:</p> <p>a. Fully completed claim form (including NEFT details), b. Original Policy document , c. Claimant's identity and residence proof, d. Advance discharge voucher, e. A copy of medical records for diagnosis & treatment attested by treating doctor f. A copy of past medical records attested by self, g. Attending physician statement, h. Usual family doctor certificate, i. Employer certificate (if applicable), and j. Depending on the circumstances, further documents may be called for as we deem fit.</p> <p>(7)The claim is required to be intimated to us along with all necessary claim documents required within 60 days from the date of diagnosis of the condition. However, we may condone the delay in claim intimation, if any, where the delay is proved to be for reasons beyond the control of the claimant</p> <p>(8) The Company shall settle the claim within 30 days from the date of receipt of last necessary document. In case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% (or such rate as may be notified by the Authority, from time to time) above the bank rate.</p>	
10	Policy Servicing	<p>Email ID: service@hdfclife.com Helpline number: 022-68446530 (charges apply)</p>	Part G (i)
11	Grievances/ Complaints	<p>(i) The customer can contact us on the below mentioned address or at any of our branches in case of any complaint/ grievance: Grievance Redressal Officer HDFC Life Insurance Company Limited 11th Floor, LodhaExcelus, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai, Maharashtra - 400011 Help line: 022-68446530 (STD charges apply) E-mail: service@hdfclife.com</p>	Part G

Our senior citizen customers can now avail of a privileged service to have their query/grievance addressed by simply giving a missed call on 8000006607 from their registered phone number. One of our specialists will call back to assist further.

- (ii) All grievances (Service and sales) received by the Company will be responded to within the prescribed regulatory Turn Around Time (TAT) of 15 days.
- (iii) Written request or email from the registered email id is mandatory.
- (iv) If required, we will investigate the complaints by taking inputs from the customer over the telephone or through personal meetings.
- (v) We will issue an acknowledgement letter to the customer within 3 working days of the receipt of complaint.
- (vi) The acknowledgement that is sent to the customer has the details of the complaint number, the Policy number and the Grievance Redressal Officer's name who will be handling the complaint of the customer.
- (vii) If the customer's complaint is addressed within 3 days, the resolution communication will also act as the acknowledgment of the complaint.
- (viii) The final letter of resolution will offer redressal or rejection of the complaint along with the appropriate reason for the same.
- (ix) In case the customer is not satisfied with the decision sent to him or her, he or she may contact our Grievance Redressal Officer within 8 weeks of the receipt of the communication at any of the touch points mentioned in the document, failing which, we will consider the complaint to be satisfactorily resolved.
- (x) The following is the escalation matrix in case there is no response within the prescribed timelines or if you are not satisfied with the response. The number of days specified in the below- mentioned escalation matrix will be applicable from the date of escalation.

Level	Designation	Response Time	Email ID	Addresses
1st Level	Sr. Manager OR Associate Vice President – Customer	10 working days	escalation1@hdfclife.in	11 th Floor, LodhaExcelus, Apollo Mills Compound, N

	r Relation s			M Joshi Marg , Mahala kshmi, Mumba i 400011
2nd Level (for response not received from Level 1)	Vice Presiden t OR Sr. Vice Presiden t – Custome r Relation s	7 wor king day s	escalation2 @hdfclife.in	

You are requested to follow the aforementioned matrix to receive satisfactory response from us.

(xi) If you are not satisfied with the response or do not receive a response from us within 15 days, you may approach the Grievance Cell of IRDAI on the following contact details:

IRDAI Grievance Call Centre (IGCC) TOLL FREE NO:
155255/ 18004254732

Email ID: complaints@irdai.gov.in

Online- You can register your complaint online at
<http://www.igms.irdai.gov.in/>

Address for communication for complaints by fax/paper:
General Manager

Consumer Affairs Department – Grievance Redressal Cell
Insurance Regulatory and Development Authority of India
Sy No. 115/1, Financial District,
Nanakramguda, Gachibowli,
Hyderabad – 500 032

In the event you are dissatisfied with the response provided by us, you may approach the Insurance Ombudsman in your region. The details of the existing offices of the Insurance Ombudsman are provided below. You are requested to refer to the IRDAI website at “www.irdai.gov.in” for the updated details.

a. Details and addresses of Insurance Ombudsman

List of Ombudsman

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001.	Gujarat, Dadra & Nagar Haveli, Daman and Diu.

			Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ciains.co.in		
		BHOPAL	Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ciains.co.in	Madhya Pradesh Chattisgarh.	
		BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ciains.co.in	Orissa.	
		BENGALURU	Office of the Insurance Ombudsman, JeevanSoudhaBuilding,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ciains.co.in	Karnataka.	
		CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ciains.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh& Chandigarh.	
		CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ciains.co.in	Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).	
		DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ciains.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat&Bahadurgarh.	
		GUWAHATI	Office of the Insurance	Assam,	

			Ombudsman, JeevanNivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioi ns.co.in	Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
		HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ci oins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
		JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins. co.in	Rajasthan.
		ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ci oins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
		KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins .co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
		LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioin s.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur,Varanasi , Gazipur, Jalaun, Kanpur, Lucknow, Unnao Sitapur, Lakhimpur, Bahraich, Barabanki,

			Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabinagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	
	MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, JeevanSeva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/ 29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioin s.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	
	NOIDA	Office of the Insurance Ombudsman, BhagwanSahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: GautamBuddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins. co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhana gar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	
	PATNA	Office of the Insurance Ombudsman, 2nd Floor, LalitBhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins. co.in	Bihar, Jharkhand.	
	PUNE	Office of the Insurance Ombudsman,	Maharashtra, Area of Navi	

		<p>JeevanDarshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.c o.in</p>	<p>Mumbai and Thane excluding Mumbai Metropolitan Region.</p>		
<p>b. Insurance Ombudsman-</p> <p>1) The Ombudsman shall receive and consider complaints alleging deficiency in performance required of an insurer (including its agents and intermediaries) or an insurance broker, on any of the following grounds—</p> <p>(a) delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999;</p> <p>(b) any partial or total repudiation of claims by the life insurer, general insurer or the health insurer;</p> <p>(c) disputes over Premium paid or payable in terms of insurance Policy;</p> <p>(d) misrepresentation of Policy terms and conditions at any time in the Policy document or Policy contract;</p> <p>(e) legal construction of insurance policies in so far as the dispute relates to claim;</p> <p>(f) Policy servicing related grievances against insurers and their agents and intermediaries;</p> <p>(g) issuance of life insurance Policy, general insurance Policy including health insurance Policy which is not in conformity with the proposal form submitted by the proposer;</p> <p>(h) non-issuance of insurance Policy after receipt of Premium in life insurance and general insurance including health insurance; and</p> <p>(i) any other matter arising from non-observance of or non-adherence to the provisions of any regulations made by the Authority with regard to protection of policyholders' interests or otherwise, or of any circular, guideline or instruction issued by the Authority, or of the terms and conditions of the policy contract, insofar as such matter relates to issues referred to in clauses (a) to (h).</p> <p>c. Manner in which complaint is to be made -</p> <p>1) Any person who has a grievance against an insurer or insurance broker, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer or the insurance broker, as the case may be, complained against or the residential address or place of residence of the complainant is located. The complaint shall be in writing, duly signed or made by way of electronic mail or online through the website of the Council for Insurance Ombudsmen, by the complainant or</p>					

	<p>through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman</p> <p>2) No complaint to the Insurance Ombudsman shall lie unless—</p> <p>(a) the complainant has made a representation in writing or through electronic mail or online through website of the insurer or insurance broker concerned to the insurer or insurance broker, as the case may be, named in the complaint and—</p> <ol style="list-style-type: none"> i. either the insurer or insurance broker, as the case may be, had rejected the complaint; or ii. the complainant had not received any reply within a period of one month after the insurer or insurance broker, as the case may be, received his representation; or iii. the complainant is not satisfied with the reply given to him by the insurer or insurance broker, as the case may be; <p>(b) The complaint is made within one year—</p> <ol style="list-style-type: none"> i. after the order of the insurer or insurance broker, as the case may be, rejecting the representation is received; or ii. after receipt of decision of the insurer or insurance broker, as the case may be, which is not to the satisfaction of the complainant; iii. after expiry of a period of one month from the date of sending the written representation to the insurer or insurance broker, as the case may be, if the insurer named fails to furnish reply to the complainant. <p>3) The Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer or insurance broker, as the case may be, against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules.</p> <p>4) No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.</p> <p>5) The Council for Insurance Ombudsmen shall develop a complaints management system, which shall include an online platform developed for the purpose of online submission and tracking of the status of complaints made under rule 14 of Insurance Ombudsman Rules, 2017.</p>	
--	--	--

12	Things to remember	<p>Free look Cancellation: In case the Policyholder is not agreeable to any of the provisions stated in the Policy, the Policyholder has an option to return the Policy to the Company stating the reasons thereof, within 15 days from the date of receipt of the Policy. If the Policy has been purchased through Distance Marketing mode, this period will be 30 days. On receipt of the Policyholder's letter along with the original Policy document, the Company shall arrange to refund the Premium paid by the Policyholder, subject to deduction of the expenses incurred by the Company for medical examination (if any) and stamp duty, (if any).</p>	Part D Clause 6
		<p>Portability : This policy is portable as per IRDAI (Health Insurance) Regulation, 2016 and you should initiate action to approach another insurer, to take advantage of portability, well before the renewal date to avoid any break in the policy coverage due to delay in acceptance of the proposal by the other insurer</p>	Part D Clause 7
		<p>Grace Period : A grace period of 30 days, where the mode of payment of Premium is other than monthly pay policies, and 15 days in case of monthly mode, is allowed for the payment of each renewal Premium after the first Premium. The policy is considered to be in-force with the risk cover during the grace period without any interruption</p>	Part C Clause 2 (5)
		<p>Premium Guarantee: The Premiums shall remain unchanged for a period of three years from the date of issuance of Policy. Upon the completion of three Policy years, the Premiums may be revised by us subject to IRDAI's approval. Any revision in the Premium rates shall be notified to you at least three months prior to the date of such revision and you will be given a period of 30 days from Premium Due Date (on or after the effective date of change) to renew the Policy. If you are not willing to continue the Policy with the revised Premium rates, the Policy will lapse. All terms and conditions applicable to a lapsed Policy as outlined in Part D Clause 1 shall apply. Premium rates, if and when revised, shall be guaranteed for a subsequent block of three years.</p>	Part C Clause 3
		<p>Lapsed Policies : (1) If any Premium remains unpaid after the expiry of the grace period, the Policy shall lapse without any value. (2) No Benefits shall be payable under a lapsed Policy. (3) No paid up Benefits shall be payable under the Policy.</p>	Part D Clause 1
		<p>Revival of the Policy : (1) If your Policy has been lapsed, it may be revived subject to the terms and conditions that we may specify from time to time. Currently, the application for the revival should be made within five years from the due date of the first unpaid Premium and before the expiry of the Policy Term. The revival will be subject to satisfactory evidence of good health being provided by the Life Assured</p>	Part D Clause 2

		and payment of outstanding Premiums with interest. The current rate of interest for revival is 9.5% p.a. Once the Policy is revived, you are entitled to receive all contractual Benefits. (2) Reinstatement request will attract the following: (a) A waiting period of 180 days will apply from date of commencement. (b) If the policy is revived within 60 days of lapse, only the remaining part of waiting period, will apply. (c) If the policy is revived after 60 days of lapse, full 180 day waiting period will apply afresh.	
		Alterations : No alterations are permissible under the Policy except: Change in Frequency of Premium Payment	Part D Clause 3
		Loans : No loans shall be granted by the Company under the Policy.	Part D Clause 5
13	Your Obligations	<p>Before buying this policy, please disclose all material information such as any Pre-existing Disease, smoking habits, adverse family history, any past or present hospitalization /surgery/treatment taken/medical investigations done, current health status as it has a direct bearing on the risk being undertaken in this policy.</p> <p>Please note that non-disclosure of above may affect the claim settlement.</p>	

Declaration by the Policy Holder;

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

(LEGALDISCLAIMER)NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict the terms and conditions mentioned in the policy document shall prevail.