Secure your business dreams from uncertainties of life!

HDFC Life

Group Credit Protect Plus Insurance

A Non Linked Non Participating Pure Risk Group Life Insurance Product

Sar utha ke jiyo!

The HDFC Life Group Credit Protect Plus Insurance Plan is a tailor made insurance policy for members of financial institutions. In event of death, disability or illness of the insured member(s), it will protect their families from the burden of repaying the outstanding loan to the financial institution.

HDFC Life Group Credit Protect Plus Insurance Plan

- A comprehensive group product offering combination of plan options
- Has no lengthy underwriting procedure
- Is simple to administer

The key features of the Plan:

- A comprehensive benefit plan which offers financial protection in event of death, disability and critical illnesses.
- Flexibility to choose plan options. Option of decreasing and level cover.
- Flexibility to choose loan cover term subject to a maximum of 30 years.
- Just pay one time with single premium.
- Coverage available on Single and Joint life basis.
- A moratorium of 1 to 7 years wherein level cover is offered during the moratorium period.
- Member can opt for coverage term lesser than loan tenures.
- We offer to cover top-up loans through separate repayment schedule.

Benefits for your members

Death Benefit

The life insurance is arranged on a group basis and you will be the master policyholder. In order for a customer to be covered under the policy they must join the group insurance scheme, thus becoming a Scheme Member.

The main benefit is of following two types:

- Level: The sum assured stays at same level as at inception of the policy during the individual's membership term.
- Decreasing: The sum assured decreases as per the repayment schedule selected by you during the individual's membership term.

The repayment schedule will depend on the underlying interest rate, any moratorium period etc. At the outset, therefore, a repayment schedule will be agreed with the master policyholder where the Sum Assured will be reduced based on an underlying interest rate or as per the chosen cover schedule. Such repayment schedule will define the benefits offered under the product. We will pay the benefits exactly as per the repayment schedule selected at inception, irrespective of the actual outstanding loan as of the date of death.

The plan can be taken on single life or joint life basis where we will cover the death, disability or illness of either of joint insured members, whichever occurs first. There has to be insurable interest between the joint lives. Individual borrowers and investors/co-borrowers/co-investors of the institution can be covered under this plan.

On death or disability of the scheme member or upon the scheme member being diagnosed with any of the specified critical illnesses or terminal illness, a lump sum as sum assured will be payable as per the plan option chosen by the member at inception of the cover.

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

Plan options available under the product are as follows:

Plan Options	Cover
Life Option	Death benefit
Extra Life Option	Additional Death Benefit upon Accidental Death
Terminal Life Option	Acceleration of Death Benefit upon diagnosis with Terminal Illness
Critical Life Option 1	Acceleration of Death Benefit upon diagnosis with one of the specified Critical Illnesses (with the CI benefit term equal to main benefit term or 5 years whichever is lower)
Critical Life Option 2	Acceleration of Death Benefit upon diagnosis with one of the specified Critical Illnesses (with the CI benefit term equal to main benefit term or 10 years whichever is lower)
Critical Life Option 3	Acceleration of Death Benefit upon diagnosis with one of the specified Critical Illnesses (with the CI benefit term equal to main benefit terms or 15 years whichever is lower)
Critical Life Option 4	Acceleration of Death Benefit upon diagnosis with one of the specified Critical Illnesses (with the CI benefit term equal to main benefit term or 20 years whichever is lower)
Life Disability Option	Acceleration of Death Benefit upon Total and Permanent Disability
Wellness	Health and Wellness benefits as detailed in subsequent section

The policyholder can choose multiple options along with Life Option. However, only 1 out of 4 Critical life option can be chosen by a policyholder.

Benefit Type*	Description
Death benefit	In event of the death of the member, the benefit payable shall be: • the sum assured, if the level term assurance is selected • the decreasing sum assured as per the agreed repayment schedule, if the decreasing term assurance is selected
Accelerated Terminal Illness benefit	In event of member being diagnosed with a terminal illness, the benefit payable shall be: • the sum assured, if the level term assurance is selected • the decreasing sum assured as per the agreed repayment schedule, if the decreasing term assurance is selected The risk cover will cease.
Additional Accidental Death Benefit	In event of the member's death due to accident, an additional death benefit equalthe following shall be: • the sum assured, if the level term assurance is selected • the decreasing sum assured as per the agreed repayment schedule, if the decreasing term assurance is selected This is in addition to the death benefit mentioned above.
Benefit under Accelerated Critical Illness Option 1	In the event of member being diagnosed with any of the covered critical illnesses within the CI benefit term, the benefit payable shall be: • the sum assured, if the level term assurance is selected • the decreasing sum assured as per the agreed repayment schedule, if the decreasing term assurance is selected The risk cover will cease. The CI benefit term shall be equal to main benefit term or 5 years, whichever is lower.

Benefit under Accelerated Critical Illness Option 2	In the event of member being diagnosed with any of the covered critical illnesses within the CI benefit term, the benefit payable shall be: • the sum assured, if the level term assurance is selected • the decreasing sum assured as per the agreed repayment schedule, if the decreasing term assurance is selected The risk cover will cease. The CI benefit term shall be equal to main benefit term or 10 years, whichever is lower.
Benefit under Accelerated Critical Illness Option 3	In the event of member being diagnosed with any of the covered critical illnesses within the CI benefit term, the benefit payable shall be: • the sum assured, if the level term assurance is selected • the decreasing sum assured as per the agreed repayment schedule, if the decreasing term assurance is selecte The risk cover will cease. The CI benefit term shall be equal to main benefit term or 15 years, whichever is lower.
Benefit under Accelerated Critical Illness Option 4	In the event of member being diagnosed with any of the covered critical illnesses within the CI benefit term, the benefit payable shall be: • the sum assured, if the level term assurance is selected • the decreasing sum assured as per the agreed repayment schedule, if the decreasing term assurance is selected The risk cover will cease. The CI benefit term shall be equal to main benefit term or 20 years, whichever is lower.
Benefit under Wellness	Health and Wellness benefits as detailed in subsequent section

*In case of joint life the benefit payable is on a first-claim basis and upon the payment of benefit in respect of the first claimant, the coverage for the other life will terminate. For the avoidance of doubt, it is clarified that in respect of Critical Life Option 1 or Critical Life Option 2 or Critical Life Option 3 or Critical Life Option 4, if the critical illness claim has been made in respect of one of the lives, the critical illness coverage as well as death benefit coverage will terminate for both the lives..

This product also offers Health & Wellbeing Management Services, under Wellness Benefit, across the member coverage term such as Virtual Consultations (Instant Teleconsultations), Out Patient Consultations, Doctor Prescribed Diagnostics, Preventive Health Check-Up Benefit, Network Discounts etc. All the benefits under Wellness benefit will be offered through a third party vendor. The detailed description of the list of all benefits and terms & conditions applicable to this benefit are provided in the Certificate of Insurance. The utilization of these services by the member does not impact the other benefits in the product. If the policy gets terminated due to reason including surrender or death, the benefits under Health & Wellbeing Management Services also stands terminated.

After the death benefit or acceleration of the death benefit, the coverage shall cease and policy shall terminate..

After the expiry of the CI benefit term, the critical illness benefit shall expire but the main death benefit and any other option if chosen shall continue for the remainder of its coverage term.

Moratorium Benefit

Member may take a home, mortgage or education loan which may be disbursed in two or more payments. In such cases, we would provide coverage during the moratorium period which is equal to the initial sum assured. Insured member can choose a moratorium period of 1 to 7 years. The term of the cover must be equal to the term of the moratorium period plus the term of the reducing cover. After moratorium period the death benefit follows the reducing cover as per the repayment schedule. This is available with decreasing cover option only.

Surrender Benefit

The main policy cannot be surrendered. At the member level, surrender value shall be available in circumstances where the need for the risk cover has ceased to exist such as full prepayment of the loan. Surrender benefit is available and will be calculated for each option as follows:

$$70\% \times \text{Single Premium} \times \frac{\text{Unexpired Coverage Term (in complete months)}}{\text{Original Coverage Term (in months)}} \times \frac{\text{Current Sum Assured}}{\text{Initial Sum Assured}}$$

Premiums used in the above formulae will be excluding any statutory levies and any underwriting extra premium. On surrender of cover, all benefits shall cease.

Maturity Benefits

No maturity benefit is payable under this product.

Member Eligibility

The following is not an exhaustive list and depends on the scheme being underwritten successfully by HDFC Life but it is intended to cover the main terms and conditions:

- Cover Term: 1 month to 30 years
- Minimum age at entry: 14 years
- Maximum age at entry: 70 years
- Maximum cover ceasing age: 75 years
- Minimum premium per member: Rs.0.16
- Minimum Sum Assured : Rs 10,000

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

Scheme members can join the scheme at anytime, subject to fulfilling the eligibility conditions. The cover will start on acceptance of the duly completed member information form. Scheme Members will be issued with individual certificates of insurance.
Plan options have to be chosen at the time of joining the scheme. These cannot be changed later.

Group Size

Minimum group size is 50 members.

Premium

The premium for each member is calculated as a single premium. The actual premium depends on a number of parameters such as:

- Plan option chosen
- Amount of sum assured
- Cover term
- Cover type(level or decreasing)
- Age of the member
- Underwriting
- Mortality class

Terms and Conditions

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

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.
Non-Disclosure: In accordance with Section 45 of the Insurance Act, 1938 as a mended 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 Risk Commencement Date 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.
6) In case of fraud or misstatement including non-disclosure of any material facts, the Policy shall be cancelled immediately and the Surrender Value shall be payable, subject to the fraud or misstatement being established in accordance with Section 45 of the Insurance Act, 1938, as amended from time to time.
7) This is not a comprehensive list of amendments of Insurance Laws (Amendment) Ordinance,2014 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Ordinance Gazette Notification dated December 26 , 2014 for complete and accurate details

Grievance Redressal Mechanism:

You can contact us at any of the below touchpoints in case of any concern:
Helpline number: 022-68446530 (Call Charges apply) | NRI Helpline number +91 89166 94100 (Call Charges apply)
E-mail Address: service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only)
You can let us know of your concerns/grievances through any of below options:
• Option 1: Written letter duly signed by the policyholder at any HDFC Life Branch. There is a Grievance Redressal Officer at the respective branch to address the customer's complaint.
To know more about branch address and timing's you can visit this link:
https://www.hdfclife.com/contact-us#BranchLocator . Please note, branches are closed on Sundays, national holidays and region-specific public holidays.
• Option 2: Write to us from your registered email ID at service@hdfclife.com.
• Option 3: Visit us at our website https://www.hdfclife.com/customer-service/grievance-redressal
You may refer to the escalation matrix in case there is no response to a grievance within the prescribed timelines
If you still not satisfied with our response, you may approach the Insurance Ombudsman located in your region.
For more information on our Grievance Redressal Mechanism and the detailed address of the Insurance Ombudsman, please refer Part G of the policy document given to you.

Payments to group policyholder

We may leverage the existing infrastructure of the group master policyholder for better

administration of the scheme with respect to services such as data management, collection of premiums, issuance of Certificates of Insurance and claims settlement.

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.

Nominations per Sec 39 of insurance Act 1938 as amended from time to time

1) The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death

2) Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer

3) Nomination can be made at any time before the maturity of the policy

4) Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy

5) Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be

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

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

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

9) The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment), Bill 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.

Critical Illness Benefit, Exclusions & Definitions

1. Critical Illness includes 19 critical illnesses as following:

1. Apallic Syndrome 11. Loss of Limbs	11. Loss of Limbs
2. Benign Brain Tumour	12. Blindness
3. Cancer of Specified Severity	13. Loss of Independent Existence
4. Coma Of Specified Severity	14. Third Degree Burns
5. Open Chest CABG	15. Major Head Trauma
6. End Stage Liver Failure	16. Major Organ Transplant (as recipient)
7. End Stage Lung Failure	17. Permanent Paralysis Of Limbs
8. Myocardial Infarction	18. Stroke Resulting In Permanent Symptoms
9. Open Heart Replacement Or Repair Of Heart Valves	19. Surgery of Aorta
10. Kidney Failure Requiring Regular Dialysis	

The benefit will be payable only on survival of 30 days from first diagnosis of the critical illness. <Waiting period of 90 days from the Risk Commencement Date or reinstatement whichever is later will apply.>

2. Specific Exclusions for this benefit are listed below:
We shall not be liable to pay any benefit if the critical illness is caused directly or indirectly by the following:

• Any of the listed critical illness conditions where death occurs within 30 days of the diagnosis
• <Any sickness related condition manifesting itself within 90 days of the commencement of the policy/ Risk Commencement Date or reinstatement, whichever is later.>
• Intentionally self-inflicted injury or attempted suicide, irrespective of mental condition.
• Alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner.
• War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
• Service in any military, police, paramilitary or similar organisation.
• Taking part in any act with a criminal intent.
• <Any Pre-existing medical condition.>
• Unreasonable failure to seek medical advice
• Radioactive contamination due to nuclear accident
• Diagnosis or treatment outside India

<u>Conditions under which claims will not be payable</u>

• Only one claim will be payable and no more than one claim will be paid in respect of Critical Illness benefit.

3. Definitions of covered critical illnesses are listed below:

1) Apallic Syndrome

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

2) Benign Brain Tumour

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist:
i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded:
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

(3)Cancerof Specified Severity

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –
i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;
iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukaemia less than RAI stage 3
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
viii.All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

(4) Coma Of Specified Severity

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:
i. No response to external stimuli continuously for at least 96 hours;
ii. Life support measures are necessary to sustain life; and
iii. 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.

(5) Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via asternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by acoronary angiography and the realization of surgery has to be confirmed by a cardiologist.
The following are excluded:
i. Angioplasty and/or any other intra-arterial procedures

(6) End Stage Liver Failure

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
i. Permanent jaundice; and
ii. Ascites; and
iii. Hepatic encephalopathy.

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

(7) End Stage Lung Failure

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO_2 < 55mmHg); and
iv. Dyspnea at rest.

(8) Myocardial Infarction

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
ii. New characteristic electrocardiogram changes
iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:
i. Other acute Coronary Syndromes
ii. Any type of angina pectoris
iii. A rise in cardiac biomarkers or Troponin T or I in absence of overtischemic heart disease OR following an intra-arterial cardiac procedurel.

9)Open Heart Replacement Or Repair Of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

(10)Kidney Failure Requiring Regular Dialysis

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

(11) Loss of 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.

(12)Blindness

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

The Blindness is evidenced by:
i. corrected visual acuity being 3/60 or less in both eyes or ;
ii. the field of vision being less than 10 degrees in both eyes.
The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

(13) Loss of Independent Existence

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

(14) 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.

(15) Major Head Trauma

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging,
Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
The Accidental Head injury must result in an inability to perform at least three (3)of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.
The following are excluded:
i. Spinal cord injury

(16)Major Organ Transplant (as recipient)

The actual undergoing of a transplant of:
i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
The following are excluded:
i. Other stem-cell transplants
ii. Where only islets of langerhans are transplanted

(17) Permanent Paralysis Of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

(18)StrokeResulting 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:
i. Transient ischemic attacks (TIA)
ii. Traumatic injury of the brain
iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

(19) Surgery of Aorta

The actual undergoing of surgery (including key-hole type) for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft.
The term “aorta” means the thoracic and abdominal aorta but not its branches. Stent-grafting is not covered.
The following are excluded:
i. Transient ischemic attacks (TIA)
ii. Traumatic injury of the brain
iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

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

Accidental Death Benefit, Exclusions & Definitions

Accidental Death Benefit, Exclusions & Definitions
1.The specified benefit will be payable on an accidental death. Accidental Death shall be defined as a bodily injury leading to death caused solely and directly by outward, violent and visible means and independent of all other causes of death. Death due to an accident must be caused within 90 days of any bodily injury.

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

• Infection : Death or Disability caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained
• Drug Abuse: Member under the influence of Alcohol or solvent abuse or use of drugs except under the direction of a registered medical practitioner
• Self-inflicted Injury: Intentional self- Inflicted injury.
• Criminal acts: Member involvement in Criminal and/or unlawful acts.
• War and Civil Commotion: War, invasion, hostilities, (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
• Nuclear Contamination: The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
• Aviation: Member participation in any flying activity, other than as a passenger in a commercially licensed aircraft.
• Hazardous sports and pastimes: Taking part or practicing for any hazardous hobby, pursuit or any race not previously declared and accepted by the Company.
• Poison: Taking or absorbing, accidentally or otherwise, any poison.
• Toxic Gases: Inhaling any gas or fumes, accidentally or otherwise, except accidentally in the course of duty.
• Physical Infirmity: Body or mental infirmity or any disease.

Accelerated Total Permanent Disability Definition & Exclusions

1. Total Permanent Disability means disablement of the life assured which meets the definitions in any of parts A & B as defined below

Part A: Unable to work:
The life assured suffers an injury/accident and:
• The injury causes the insured person to be unable to engage in any occupation or employment or business for remuneration or profit for an uninterrupted period of at least six months; and
• The injury means that the insured person is unlikely to ever be able to engage in any occupation or employment or business for remuneration or profit

Part B: Physical Impairments:
The life assured suffers an injury/accident and the insured person suffers from total and irrecoverable loss of:
1. The use of two limbs; or
2. The sight of both eyes; or
3. The use of one limb and the sight of one eye; or
4. Loss by severance of two or more limbs at or above wrists or ankles; or
5. The total and irrecoverable loss of sight of one eye and loss by severance of one limb at or above wrist or ankle.

Disability should occur within 90 days of the occurrence of such accident, but before the expiry of the cover. The above disabilities for loss of use of limb/s or sight (as defined in point 1 to 3 above) must have lasted, without interruption, for at least six consecutive months and must, in the opinion of an appropriate medical practitioner appointed by the Company, be deemed permanent. For disabilities defined in point 4 and 5 above the claim will be paid immediately.

2. Specific Exclusions for this benefit are listed below:
Total Permanent Disability benefit will be paid only if the disability has persisted for at least 6 consecutive months and must, in the opinion of a registered medical practitioner appointed by us, deemed to be permanent.

The Total Permanent Disability benefit will not be paid due to:
• Pre-existing injuries
• Taking part in any hazardous sport or pastimes (including hunting, mountaineering, racing, steeple chasing, bungee jumping, etc)
• Self-inflicted injury or attempted suicide-whether sane or insane
• Service in any military, air force, naval, police, paramilitary or similar organisation
• Nuclear reaction, radiation or nuclear or chemical contamination

- Life Assured flying in any kind of aircraft, other than as a bona fide passenger (whether fare – paying or not) on an aircraft of a licensed airline
- Under influence or abuse of drugs, alcohol, narcotics or psychotropic substance not prescribed by a registered medical practitioner
- War , civil commotion, invasion, terrorism , hostilities (whether war be declared or not)
- The Life Assured taking part in any strike, industrial dispute , riot etc
- The Life assured taking part in any criminal or illegal activity or committing any breach of law.

Accelerated Terminal illness Definition & Exclusions

1. Terminal illness is defined as a condition, which in the opinion of two practicing medical consultants specializing in the relevant field of medicine, is highly likely to lead to death within six months. The member should no longer be receiving treatment other than that for symptomatic relief.

2. No terminal illness benefit is payable if it is caused directly or indirectly by any of the following:
- Intentionally self-inflicted injury or attempted suicide, irrespective of mental condition.
- Alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner.
- War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
- Taking part in any flying activity, other than as a passenger in a commercially licensed aircraft.
- Taking part in any act with a criminal intent.

Wellness Benefit:

Below listed benefits will be made available under wellness benefit program

1.	Virtual Consultations (Instant Telecommunications)
2.	Out Patient Consultations
3.	Doctor Prescribed Diagnostics
4.	Preventive Health Check Up Benefit
5.	Network Discounts
6.	Diet & Nutritionist Consultations
7.	Mental Wellness Consultations
8.	Prescribed Pharmacy Discount
9.	Gym & Fitness Benefit
10.	Chronic Care Management
11.	Personal Health Concierge

Here MPH has an option choose any one out of 7 options mentioned below as provided by our service provider:

Benefits	Speciality	Utilization Mode	Capping (If Any)	Option 1	Option 2	Option 3
Teleconsultations	All Specialities	Cashless	2 per month	✓	✓	✓
	Psychologists & Psychiatrists		2 per month	✗	✗	✓
	Dieticians & Nutritionists		2 per month	✗	✗	✓
Preventive Health Check Up	Includes up to 68 Tests	Cashless	1 Annually	✓	✗	✗
	Includes up to 82 Tests			✗	✓	✓

Combined Wellness Benefit	OPD In-Clinic Benefit	Cashless/ Re-imbursement	-	₹ 1,000	₹ 2,000	₹ 5,000
	Prescribed lab & radiology	Cashless	-			
Prescribed Pharmacy Benefit		Cashless	-	Up to 10%	Up to 10%	Up to 10%
Network Discounts		In-App services	-	Up to 10%	Up to 10%	Up to 10%
Chronic Care Management (Diabetes, Thyroid, Cardiac, Obesity)		In-App services	-	Included	Included	Included
Personal Health Concierge		On-Demand Service	-	✗	✗	1 per Quarter
Members Covered				1 Adult	1 Adult	1 Adult

Benefits	Option 4	Option 5	Option 6	Option 7
Health Benefits	0.4% of Sum Assured	50% of Premiu by tenure	50% of Premium by tenure	0.8% of Sum Assured
Doctor – Tele	24 Tele Consultations P.A.	25% of Premium by tenure	25% of Premium by tenure	TeleConsultation P.A.
Doctor – OPD	✗			0.4% of Sum Assured P.A
Prescribed Lab & Radiology	0.4% of Sum Assured P.A.	25% of Premiu by tenure	25% of Premium by tenure	0.4% of Sum Assured P.A
Wellness Benefits	-	50% of Premium by tenure	50% of Premium by tenure	-
Health Check-up Voucher	✗	25% of Premium by tenure	25% of Premium by tenure	1 Voucher P.A.
Mental Wellbeing	✗	25% of Premium by tenure	25% of Premium by tenure	✗
Fitness Benefits	-	-	50% of Premium by tenure	✗
Gym & Fitness	✗	✗	25% of Premium by tenure	✗
Diet & Nutrition Management	✗	✗	25% of Premium by tenure	12 sessions P.A.
Care Circle	✗	✓	✓	✗
Additional Benefits				
Network Discount	✗	✓	✓	✓
Pharmacy Discount	✗	✗	✗	✓
Health Camps	✗	✗	✗	✗
Perceived Value	-	1X of Premium	1.5X of Premium	-
Members Covered	1 Adult	up to 2	up to 2	1 Adult

Above benefit options can be offered up to the policy tenure. In case of multi-year policies, all un-utilized benefits will lapse at the policy anniversary and all valid benefits will be re-instated for next year.

Benefits Inclusions and Exclusions:

1. Virtual Consultations (Insta Tele Consultation) <Twice per month/24 p.a.>

Coverage:

If the Insured member/s is suffering from any illness or injury he/she can consult Medical Practitioner listed on the Life Rewards mobile app via, audio, video, or chat channel, where the Insured Member will be able to select the speciality of Doctor and will be able to consult the Doctor available at the time of call. This service shall be in compliance with the Telemedicine Practice Guidelines dated 25th of March 2020, as amended from time to time. This is a cashless service.

Exclusion:

i. Reimbursement of tele-consultation benefit is excluded.
ii. Only 1 active Doctor consultation is allowed at any given time and the Insured Member can book/utilize next consultation post completion of ongoing consultation.

2. Outpatient Consultations (OPD In-Clinic Doctor Consultation)

Coverage:

If the Assured member/s is suffering from any illness or injury he/she can consult Doctor/Medical Practitioner in person from prescribed network centres of concerned service providers up to the limit as specified in the Policy Schedule. This service can be availed on cashless/re-imbursement basis.
If there is no facility of cashless Doctor Consultation in insured's location, then Insured Beneficiary/s can consult the Doctor/Medical Practitioner of their choice and claim the charges/consultation fees by way of reimbursement process as defined under claim process.

Exclusion:

I. Investigations, medicines, surgical or non-surgical procedures or any medical, non-medical items are not covered under this section.
II. All applicable doctor specialties mentioned below.
III. Only 1 (one) active Doctor Consultation is allowed at any given time and the Insured Beneficiary can book/utilize next consultation post completion of ongoing consultation.
IV. Maximum doctor consultation fees applicable as below,
i. General Physician - ₹ 500/-
ii. Specialist/Super Specialist - ₹ 1,000/-

Below is the doctor specialties covered:

• General Physician: General Physician, Homeopathy, Ayurveda
• Specialist: Gynaecologist & Obstetrician, Homeopath, Dentist, Dermatologist, Orthopaedic, Paediatrician, Unani, Ophthalmologist, Ayurveda, ENT, General Surgeon, Anaesthesiologist, Radiologist, Pathologist, Sexologist, Dermatologist, ENT Surgeon, Haematologist, Preventive medicine specialist
• Super Specialist: Paediatric surgeon, Dental Surgeon, Cardiologist, Pulmonologist, Diabetologist, Oncologist, Neurologist, Gastroenterologist, Nephrologist, Urologist, Orthodontic, Orthopaedics & Joint Replacement, Rheumatologist, Endocrinologist, Laparoscopic

3. Doctor Prescribed Diagnostics (Doctor Prescribed Lab & Radiology) <0.4% of Sum Assured p.a.>

Coverage:

The Insured member/s can avail the cashless service for investigations prescribed by the Medical Practitioner for pathology or radiology from network provider/ health service provider up to the limit as specified.

Exclusion:

I. Claims without prescription shall not be covered.
II. Preventive health tests shall not be covered under this benefit.

4. Preventive Health Check-Up (82 Tests Packages/62 Tests Packages)

Coverage:

One voucher for Preventive Health Check-Up (List of tests mentioned below) is provided per year. The Assured member/s can avail the voucher on cashless basis only in the network centres of our Service Provider. The list of tests covered may vary subject to availability with service provider.

82 components Tests Package:

Test Name
Haemogram (CBC + ESR) (27)
Kidney Function Test (KFT) (11)
Lipid Profile (9)
Liver Function Test (LFT) (12)
Urine Routine & Microscopic Examination (23)

68 components Tests Package:

Test Name
Haemogram (CBC + ESR) (26)
Kidney Function Test (KFT) (7)
Lipid Profile (2)
Liver Function Test (LFT) (10)
Urine Routine & Microscopic Examination (23)

Exclusion:

I. The complete list of tests as given above has to be completed in a single appointment.
II. Reimbursement of preventive health check-up expenses is excluded from the scope of the Policy. This rule shall be by-passed on exception scenarios to provide reimbursement up to defined limits for customers residing in locations where the services could not be provided.

5. Network Discounts

Coverage:

The Assured member can opt for discounts on in-clinic doctor consultations and Lab & radiology bookings with partners listed on the Life Rewards app.

Exclusion:

I. Multiple benefits cannot be clubbed at any given point of time.
II. Reimbursement under benefit is excluded from scope of cover.

6. Diet & Nutrition Consultations

Coverage:

The Assured member can consult with dietician and nutritionist for health coaching and diet chart preparation.

Exclusion:

Reimbursement under benefit is excluded from scope of cover.

7. Mental Wellness Consultation

Coverage:

If the Assured member is witnessing some emotional issues, the assured member can consult psychologists and maintain a consult for a healthier life and emotional wellness.

Exclusion:

Reimbursement under benefit is excluded from scope of cover.

8. Prescribed Pharmacy Discounts

Coverage:

The Assured member can order prescribed pharmacy up to the discount amount mentioned under plan with partners listed on the Life Rewards app.

Exclusion:

I. Minimum order value ₹ 250.
II. Reimbursement under benefit is excluded from scope of cover.

9. Gym & Fitness

Coverage:

The Assured member can book and visit gyms, yoga and fitness centers listed on the Life Rewards app.

Exclusion:

I. Reimbursement under benefit is excluded from scope of cover.
II. Services are subject to availability of network.

10. Chronic Care Management

Coverage:

The Assured member can sign up for chronic care management programs available on Life Rewards app namely: Diabetes care, Cardiac care, Weight management, Thyroid care. The assured can log their vitals and track progress on application.

Exclusion:

Reimbursement under benefit is excluded from scope of cover.

11. Personal Health Concierge

Coverage:

The Assured member can connect over call through dedicated contact number with concierge to avail/claim services, book appointments and place orders with network partners and healthcare providers available. Healthcare services will be arranged for and coordinated by the concierge for Assured member.

Exclusion:

I. The dedicated concierge facility can be availed for services only by the members covered under the plan.
II. The concierge service can be utilized only once per quarter.
III. Appointment requests received shall be dependent on availability and sole discretion of service provider as per policy coverage.
Iv. Emergency support is discouraged, if requested, concierge will be able to support basis availability, and the company shall not be liable for any liability for loss or damage of whatso-ever nature.
v. Reimbursement under this benefit is excluded from scope of cover.

12. Care Circle

Coverage:

The Assured member can add and compete with their family & friends under step tracker. Also, the Assured member can add close family members in their inner circle which helps them keep motivated to track & maintain their health, diet and vitals.

Exclusion:

Reimbursement under benefit is excluded from scope of cover.

General Exclusions for all Benefits:

1. All benefits provided under this option are subject to
- Terms and conditions stated under each benefit;
- Exclusions stated under the benefit;
- Availability of the Sum Insured/limits; and
- Availability of appointment (for availing cashless services)

2. Any unutilized benefit(s) availed during the Policy Year shall not be carried forward.
3. All the benefits under this option are non-transferable in nature, therefore the benefit(s) must necessarily be availed only by and pertain only to member Insured under this option
4. The services provided under the various benefits are assisted by Service Provider and we are not responsible for any kind of liability arising out of them. Thus, benefits availed under this option shall not be valid for any medico-legal cases.
5. We do not represent correctness of consultations, laboratory & radiology tests and shall not assume or deem to assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner whether from or outside service provider's network.
6. Choosing the services under this option is purely upon the Insured member's own discretion and at own risk. The services provided under the various covers are via service provider's network and the Insurer is not responsible for liability arising out of the services provided by these third parties.
7. Benefits under this option can be availed on cashless basis via Life Rewards mobile app and are subject to the terms, conditions, waiting periods and exclusions.
8. All other general terms & conditions, exclusions, clauses and definitions applicable to the Base Product will apply to this option unless specifically stated otherwise in this document.
9. All necessary documents as required on Life Rewards mobile app need to be submitted by assured member for reimbursement claims, wherever applicable.
10. 30-day Waiting Period from the Risk Commencement Date is applicable.

As part of the policy, Members can avail Wellness benefits that can be accessed seamlessly via HDFC Life LifeRewards mobile app. All benefits adhere to the specific terms, conditions, exclusions, and waiting period outlined under each benefit.

Pre-existing disease (PED)

PED means any condition, ailment, injury or disease:
a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy

Cancellation in the Free-Look period

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

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

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

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

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

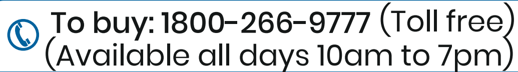
Alterations

Members would not be allowed to alter or amend benefits once their Certificate of Insurance has been issued except to correct any error. If the purpose for which the risk cover is provided changes (for example if the member repays a loan for which he had then taken life cover) then the scheme member would be entitled to the surrender benefits as per the specified surrender value formula.

Taxes

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

Contact us



Sar utha ke jiyo!

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