

Part A

< _ _____ >>
<<Master Policyholder's Name>>
<< Master Policyholder's Address>>
<< Master Policyholder's Contact Number>>

Dear << Master Policyholder's Name>>,

**Sub: Your Rider no. << >>
Master Policy No.<< >>**

We are glad to inform you that your proposal for Rider has been accepted and the HDFC Life Group Critical Illness Plus Rider ("Rider") being this Rider document, has been issued. We have made every effort to design your Rider document in a simple format. We have highlighted items of importance so that you may recognise them easily.

Rider Document:

As an evidence of the insurance contract between HDFC Life Insurance Company Limited and you, the Rider document is enclosed herewith. A copy of your proposal form and other relevant documents submitted by you are also enclosed for your information and record.

Cancellation in the Free-Look Period:

In case any of the Scheme Member or the Master Policy holder is not agreeable to any of the terms and conditions stated in the Rider, the Scheme Member/the Master Policy Holder has the option to return the Rider document to us for cancellation stating the reasons thereof, within 30 days from the date of receipt of the Rider document, whether received electronically or otherwise. The Rider can be cancelled in the free-look period even if the Main Policy to which it is attached, is continued. The Rider shall automatically be cancelled if the Base Policy to which it is attached, is cancelled. On receipt of your letter for cancellation of the rider along with the original Rider document (original Rider Document is not required for policies in dematerialised form or where policy is issued in electronic form), we shall arrange to

- a) Refund the Premium paid by you, subject to deduction of the expenses incurred by us for medical examination (if any) and stamp duty charges(if any);
- b) Deduct the proportionate risk premium for the period on cover;

The terms and conditions mentioned above are only for the Rider document. For terms and conditions related to refund under the Base Policy please refer to your Base Policy.

A Rider once cancelled shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new rider.

Contacting us:

In case you wish to contact us, our correspondence address is specified below. We kindly request you to quote your Policy number as it helps us serve you better. If you are keen to know more about our products and services, you may reach out to our Certified Financial Consultant (Insurance Agent) who has advised you while taking this Policy. The details of your Certified Financial Consultant including contact details are also listed below. Or you may call us on our toll-free number 1800 266 9777 or email us @ onlinequery@hdfclife.in. You can also get in touch with us via social media:

<https://www.youtube.com/user/hdfclife10>

<http://www.linkedin.com/company/19117>

<https://twitter.com/HDFCLife>

<https://www.facebook.com/HDFCLife>

To contact us in case of any grievance, please refer to Part G. In case you are not satisfied with our response, you can also approach the Insurance Ombudsman in your region. Thanking you for choosing HDFC Life Insurance Company Limited and looking forward to serving you in the years ahead

Yours sincerely,

<< Designation of the Authorised Signatory >>

Branch Address: <<Branch Address>>

Agency/Intermediary Code: <<Agency/Intermediary Code>>

Agency/Intermediary Name: <<Agency/Intermediary Name>>

Agency/Intermediary Telephone Number: <<Agency/Intermediary mobile & landline number>>

Agency/Intermediary Contact Details: <<Agency/Intermediary address>>

Address for Correspondence: HDFC Life Insurance Company Limited, 11th Floor Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai-400011.

Registered Office: HDFC Life Insurance Company Limited, Lodha Excelus, 13th Floor, Apollo Mills Compound, Mahalaxmi, Mumbai-400011. Help line: 022-68446530 (STD charges apply) Available Mon-Sat 10 am to 7 pm IST. DO NOT prefix any country code e.g. +91 or 00. | Website: www.hdfclife.com. | Email – service@hdfclife.com | NRIservice@hdfclife.com (For NRI customers only)

CIN: L65110MH2000PLC128245.

Help line: 022-68446530 (STD charges apply)

RIDER- HDFC LIFE GROUP CRITICAL ILLNESS PLUS RIDER

Unique Identification Number: << 101B015V04 >>

Your Rider is a Non-participating, Non linked, Health, Group, Pure Risk rider and can be availed only at the inception or renewal of the Master Policy. In addition to the Master Policy terms and conditions, the terms of this Rider shall apply when selected by the Master Policyholder. It is the evidence of a contract between HDFC Life Insurance Company Limited ('We'/'Company') and the Master Policyholder ('You') as described in the Rider Schedule given below who shall hold the same and all Benefits payable thereunder upon trust for the benefit of the persons to whom the said Benefits are payable (i.e. Scheme Members, or their Nominees). The Rider document is issued pursuant to a proposal made to the Insurer by the Master Policyholder on the date shown in the Rider Schedule for the benefit of Scheme Members ("Proposal"). Upon and subject to timely receipt of Premium by the Insurer from the Master Policyholder, the Insurer shall pay to the Master Policyholder, the Benefits described in this Rider, subject to the terms of this Rider.

Notwithstanding the date of the Proposal and the date on which the Rider is signed, the Rider shall have effect or be deemed to be effective from the date shown in the Rider Schedule as the Effective Date. This Rider is written under and will be governed by the applicable laws in force in India and all Premiums and Benefits are expressed and payable in Indian Rupees.

In witness whereof, this Rider is signed at the end of the Rider Schedule by a person duly authorised by the Insurer.

SAMPLE

RIDER SCHEDULE

Master Policy Number<<>>
Rider number: <<>>
Client ID: <<>>

Master Policyholder Details

Name	<< >>
Address	<< >>

Master Policy Details

Product name	<<insert name>>
Date of Commencement of Master Policy	<<Date>>
Date of Risk Commencement	<< RCD >>
Sum Assured	Rs.<<>>
Annual Premium	Rs. <<>>
Minimum Group Size	Employer- Employee – 10; Non Employer – Employee - 50

Rider Document Details

Date of Risk Commencement	<< RCD >>
Date of Issue/Inception of Rider	<< First Issue Date>>
Rider Sum Assured	Rs.<< >>
Rider Premium	Rs.<<>>
Rider Term	<< 1 >> year
Premium Paying Term	<< 1 >> year
Minimum Entry Age	18 years
Maximum Entry Age	74 years
Minimum Sum Assured	Rs 5000 per Scheme Member
Maximum Maturity Age	75 years
Nomination	As per the Nomination under the Master Policy
Frequency of Premium Payment	<< Annual/Half-yearly/ Quarterly/ Monthly >>

The Premium amount is excluding any Taxes and levies leviable on the Premium. Amount of Taxes and levies will be charged at actual as per prevalent rate.

NOMINATION SCHEDULE

Nomination for this Rider shall be as per the Nomination Schedule under the Master Policy.

Signed at Mumbai on <<>>
For HDFC Life Insurance Company Limited

Authorised Signatory

In case you notice any mistake, you may return the Rider to us for necessary correction.

SPACE FOR ENDORSEMENTS

Part B
Definitions

In this Rider document, the following definitions shall be applicable:

- 1) *Assignee*—means the person to whom the rights and benefits under this Policy are transferred by virtue of assignment under section 38 of the Insurance Act, 1938; as amended from time to time
- 2) *Assignment*- means a provision wherein the Policyholder can assign or transfer a Policy in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time;
- 3) *Authority/IRDAI*— means Insurance Regulatory and Development Authority of India;
- 4) *Benefit* - means the Critical Illness Benefit provided as per terms and conditions mentioned under this Rider document;
- 5) *Company, company, Insurer, Us, us, We, we, Our, our* - means or refers to HDFC Life Insurance Company Limited;
- 6) *Critical Illness(es)* - The Critical Illnesses covered under this Rider document are as follows:

S. No	Name of Disease	<u>Definitions of Critical Illnesses</u>
1	Cancer of specified severity	<p>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.</p> <p>The following are excluded –</p> <ol style="list-style-type: none"> 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;
2	Open Chest CABG	<p>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 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.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • i. Angioplasty and/or any other intra-arterial procedures
3	Myocardial Infarction (First Heart Attack of specific severity)	<p>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:</p> <ol style="list-style-type: none"> 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. <p>The following are excluded:</p> <ol style="list-style-type: none"> i. Other acute Coronary Syndromes ii. Any type of angina pectoris • iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.
4	Kidney Failure requiring regular dialysis	<p>I. 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.</p>
5	Major Organ/ Bone Marrow Transplant	<p>I. The actual undergoing of a transplant of:</p> <ul style="list-style-type: none"> • 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. <p>II. The following are excluded:</p> <ul style="list-style-type: none"> • Other stem-cell transplants • Where only islets of langerhans are transplanted
6	Stroke resulting in permanent symptoms	<p>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.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • Transient ischemic attacks (TIA) • Traumatic injury of the brain • Vascular disease affecting only the eye or optic nerve or vestibular functions.
7	Apallic Syndrome	<p>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.</p>

8	Benign Brain Tumour	<p>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:</p> <p>i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or</p> <p>ii. Undergone surgical resection or radiation therapy to treat the brain tumor.</p> <p>The following conditions are excluded:</p> <ul style="list-style-type: none"> • 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.
9	Coma of specified severity	<p>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:</p> <ul style="list-style-type: none"> • 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. <p>The condition has to be confirmed by a specialist Medical Practitioner. Coma resulting directly from alcohol or drug abuse is excluded.</p>
10	End Stage Liver Failure	<p>Permanent and irreversible failure of liver function that has resulted in all three of the following:</p> <p>i. Permanent jaundice; and</p> <p>ii. Ascites; and</p> <p>iii. Hepatic encephalopathy.</p> <p>II. Liver failure secondary to drug or alcohol abuse is excluded.</p>
11	End Stage Lung Failure	<p>End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:</p> <p>i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and</p> <p>ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and</p> <p>iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and</p> <p>iv. Dyspnea at rest.</p>
12	Open Heart Replacement or repair of heart valves	<p>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</p>

		valvotomy/valvuloplasty are excluded.
13	Loss of Independent Existence	<p>Confirmation by a consultant physician acceptable to the Company of the loss of independent existence due to illness or trauma, which has lasted for a minimum period of 6 months and results in a permanent inability to perform at least three (3) of the Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons). For the purpose of this benefit, the word “permanent”, shall mean beyond the hope of recovery with current medical knowledge and technology.</p> <p>Activities of Daily Living are:-</p> <p>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;</p> <p>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;</p> <p>iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;</p> <p>iv. Mobility: the ability to move indoors from room to room on level surfaces;</p> <p>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;</p> <p>vi. Feeding: the ability to feed oneself once food has been prepared and made available.</p> <p>The following is excluded: Any injury or loss as a result of War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion</p>
14	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.
15	Blindness	<p>Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.</p> <p>The Blindness is evidenced by:</p> <p>i. corrected visual acuity being 3/60 or less in both eyes or ;</p> <p>ii. the field of vision being less than 10 degrees in both eyes.</p> <p>The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.</p>
16	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.
17	Major Head Trauma	<p>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,</p> <p>Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and</p>

		<p>independently of all other causes.</p> <p>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.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • i. Spinal cord injury
18	Permanent Paralysis of Limbs	<p>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.</p>
19	Surgery of Aorta	<p>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.</p> <p>The term “aorta” means the thoracic and abdominal aorta but not its branches. Stent-grafting is not covered.</p>

7) *Grace Period*-means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

8) .

9) *Free Look period* – means the period specified under Part D clause 5 from the receipt of the Rider Document during which Master Policyholder/Scheme Member can review the terms and conditions of this Rider and where if the Master Policyholder/Scheme Member is not agreeable to any of the provisions stated in the Rider Document, he/ she has the option to return this Rider Document .

10) *Master Policy* - means or refers to the Master Policy to which this Rider document is annexed/ attached thereto;

Medical Practitioner -

means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the licence.

11) *Master Policyholder, You, you, your* - means or refers to the Master Policyholder stated in the Rider Schedule;

12) *Minor* – means for purpose of this Policy any person who is below 18 years of age.

13) *Nomination* - is the process of nominating a person(s) who is (are) named as “Nominee(s)” in the proposal form or subsequently included/ changed by an endorsement. Nomination should be in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

- 14) *Nominee*—means the person named by the Policyholder (who is also the Life Assured) under this policy and registered with us in accordance with the Nomination Schedule, who is authorized to receive the Death Benefit under this Policy, on the death of the Life Assured;
- 15) *Pre-existing disease (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 its reinstatement, 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, or its reinstatement
- 15) *Rider Sum Assured*- means the Rider Sum Assured specified in the Rider Schedule and payable in accordance with the terms and conditions of Part C – Benefits.
- 16) *Rider Term* – means the term of the Rider as stated in the Rider Schedule;
- 17) *Revival period* - means the period of five consecutive complete years from the date of first unpaid premium
- 18) *Scheme Member* – means the individual identified as Scheme Member under the Master Policy;
Surrender - means complete withdrawal or termination of the entire policy contract.
- 19) Every Eligible Person desiring to become a Scheme Member may do so at any well defined date during the currency of the Policy and, provided the application is accepted by the Insurer, the insurance cover on such a Scheme Member shall be in force from the entry date till the terminal date;
- 20) The terms, conditions and provisions of the Master Policy document shall apply to this document also. Capitalized terms not defined under this document shall have the same meaning assigned to them under the Master Policy document.

Part C

1. Benefits:

(1) Benefits on Critical Illness

The following options are available under this Rider. At the time of Rider inception the Master Policyholder must choose one of the two available options:

- a. Additional Critical Illness Benefit
 - i. If the Scheme Member is diagnosed with any of the specified Critical Illnesses listed as per Part B of this Rider document, a lump sum benefit equal to the Rider Sum Assured shall be payable;
 - ii. The Scheme Member must be alive for a period of 30 days from the date of diagnosis of any of the specified Critical Illnesses.
 - iii. The Rider benefits shall cease once the Rider Sum Assured has been paid out or on completion of the Rider Term, whichever is earlier.
 - iv. A claim shall not be denied on the ground that the Rider was not in force during the 30 days survival period provided that the diagnosis of the specified Critical Illness(es) was made within the Rider Term.
- b. Accelerated Critical Illness Benefit
 - i. The Sum Assured payable under the Master Policy, to the extent of the Rider Sum Assured, is accelerated and paid out as a lump sum to the Scheme Member upon diagnosis of any of the Critical Illnesses as listed in Part B of this Rider document.
 - ii. If this option is chosen, the Sum Assured payable on death under the Master Policy will be reduced by the extent of Rider Sum Assured already paid to that Scheme Member.
 - iii. The Rider benefits shall cease once the Rider Sum Assured has been paid out or on completion of the Rider Term, whichever is earlier.

Waiting Period - A waiting period of 90 days will apply for the Rider cover from the date of the Scheme Member first being covered for a group critical illness benefit with any insurer (assuming an unbroken period of cover). If the cover period is broken then the 90 days period applies from the date critical illness cover re-commences in respect of the Scheme Member. This requirement shall apply for all schemes.

- A. The Master Policy to which this Rider document is attached continues to be in-force after a claim for Critical Illness is made under this Rider document subject to other terms and conditions as applicable on the Master Policy and payment of Premiums due under the same.
- B. If the diagnosis is made within the Rider term, even if the survival period crosses the end point of Rider Term then a valid claim arising as a result of such a diagnosis shall not be denied.

(2) Benefits on Death

No benefit is payable on death under this Rider.

(3) Benefits on Maturity

No benefit is payable on maturity under this Rider.

2. Premium

- A. Scheme Members can opt for the Rider during the Policy Year. However this shall be subject to the condition that such Scheme Member shall pay the Premium in advance proportionate to the duration of unexpired Rider Term.
 - B. In cases where the Premium has been collected/ deducted by you but the Premium is not received by the insurer due to administrative delays within the Grace Period, the insurer will be responsible for any valid claims arising out of such Rider.
3. **Cover during Grace Period**
- A. Grace period allowed for renewal: If the Premium is not received at the Rider renewal date and the Rider expires, the company will consider requests from the Master Policyholder to reinstate the Rider. Such reinstatement shall be as per the BAUP. Reinstatements will be allowed only within 30 days of the Rider renewal date.
 - B. Grace period allowed for payment of Premiums in installments: . The Grace Period is the period starting from and including the Premium due date. If a Premium is not paid within the Grace Period then all benefits will lapse. The policy is considered to be in-force with the risk cover during the grace period without any interruption.

SAMPLE

Part D

Policy Servicing

1. Paid-Up Benefits of Rider document

If the Premium under the Rider is discontinued during the Premium Paying Term, the Rider will lapse without any value. For the avoidance of doubt, no Paid-up Benefits will be payable under this Rider.

2. Renewal of the Rider document

The Rider cannot be renewed independent of the Master Policy. The Rider can be renewed by paying the Rider Premium subject to the following conditions:

- the Premium due on the Master Policy is paid, and
- satisfactory evidence of health is provided as per the Board Approved Underwriting Policy (BAUP).

Revival of the Rider In case of lapsed Rider, the same can be revived in accordance to the procedure laid under the Master Policy. However, this Rider document cannot be revived independent of the Master Policy.

3.

4. Surrender of Rider

On Surrender of the Rider, an amount equal to the Premium for the unexpired term of the discontinuing Scheme Members, less appropriate deduction for expenses, commission and taxes, as applicable, would be payable.

5. Cancellation in the Free-Look Period:

- (1) In case the Member is not satisfied with the terms and conditions specified in the Certificate of Insurance, the Member has the option to cancel the policy and has the option of returning the Certificate of Insurance to us stating the reasons thereof, within a period of 30 days (from the date of receipt of the Certificate of Insurance) whether received electronically or otherwise.
- (2) 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

There can be two scenario in such Free-Look cancellation as mentioned below:

a. Rider document cancelled with the Master Policy

If the Rider document is cancelled with the Master Policy, the Company shall arrange to refund the total (Master Policy + Rider document) Premium paid, subject to deduction of the proportionate risk Premium for the period on cover and the expenses incurred for medical examination (if any) and stamp duty, (if any). A Rider once cancelled shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new Rider document.

The Rider will be cancelled automatically if the Master Policy to which it is attached is cancelled in the free-look period.

b. Rider cancelled without the Master Policy

If the Rider is cancelled independently of the Master Policy then the Rider Premium will be returned after adjusting proportionate rider risk Premium for the period of cover and the expenses incurred for medical examination (if any) and stamp duty (if any).

6. Cancellation of Rider:

Master Policyholder may choose to cancel the Rider without the cancellation of the Master Policy by discontinuing Rider Premium payment. On cancellation, Rider shall terminate and Master Policy shall continue.

7. Termination

Notwithstanding anything contained herein or in the Master Policy, this Rider shall automatically terminate on occurrence of the earliest of the following:

- a) Completion of the Rider Term;
- b) Termination of the Master Policy;
- c) Complete withdrawal/surrender of the Master Policy;
- d) On Master Policyholder's/ request for cancellation at anytime during the Rider Term;
- e) Free-look cancellation; or

Termination or cancellation of the Rider document shall be without prejudice to any claim arising prior to such termination or cancellation unless otherwise specified.

SAMPLE

Part E

Charges

No charges are applicable under the Rider

SAMPLE

Part F

General Terms & Conditions

1. Exclusions

No critical illness benefit will be paid out if the critical illness has occurred directly or indirectly as a result of any of the following.

- Any of the critical illness conditions herewith where death occurs within 30 days of the diagnosis in case of Additional CI Benefit option.
- Any sickness related condition manifesting itself within 90 days of the date of the scheme member first being covered for a group critical illness benefit with any insurer (assuming an unbroken period of cover). If the cover period is broken then the 90 days period applies from the date critical illness cover re-commences in respect of the scheme member.
- Intentionally self-inflicted injury or attempted suicide, irrespective of mental condition.
- Alcohol or solvent abuse, or voluntarily (without the prescription of a medical practitioner) taking or using any drug, medication or sedative unless it is an "over the counter" drug, medication or sedative taken according to package directions
- Taking part in any act of a criminal nature with criminal intent.
- Any Pre-existing disease * (as defined below).
- Failure to seek or follow medical advice (as recommended by a Medical Practitioner^).
- Radioactive contamination due to nuclear accident

2. Claim Procedure

The documents usually required for processing a claim are:

- a) Completed claim form (including NEFT details and bank account proof as specified in the claim form; and
- b) Original Rider document; and
- c) Medical reports or special reports by registered physician/doctor relevant to the Critical Illness and its treatment which may be further validated by a physician/doctor appointed by the Company; and
- d) A cancelled personalised cheque with account no. and IFSC code. Where the cheque is not personalised, a latest bank statement (not more than 3 months old) or copy of passbook (where account number and IFSC code is mentioned).
- e) Any other document/ information that the Insurer may decide in the circumstances of a particular case.

The claim is required to be intimated to us along with all necessary claim documents within a period of 60 days from the date of diagnosis. 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 as per the provisions of Authority's Circular No. IRDA/HLTH/MISC/CIR/216/09/2011, dated 20/09/2011.

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.

3. Assignment and Transfer

. This Rider can be assigned as per Section 38 of the Insurance Act, 1938 as amended from time to time. However, this Rider cannot be assigned independently. The Rider can be assigned jointly with the Main/Base Policy. The simplified version of the provisions of Section 38 is enclosed in Annexure I for your reference

4. Nomination

Nomination for this Rider document shall be as per the Nomination Schedule under the Master Policy as per Section 39 of the Insurance Act, 1938 as amended from time to time. The simplified version of the provisions of Section 39 is enclosed in Annexure II for your reference.

5. Incorrect Information and Non-Disclosure

. Fraud and misstatement would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time. Please refer the Main Policy document for the same. The simplified version of the provisions of Section 45 is enclosed in Annexure III for your reference. In addition to the above mentioned terms, the terms and conditions mentioned under Part F of the Main Policy document shall also apply. Further, the disclosure to information norm under Master Circular on Standardization of Health Insurance Products stating that 'the policy shall be void and all premiums paid thereon shall be forfeited to the company in the event of misrepresentation, mis – description or non – disclosure of any material fact' shall also apply.

6. Restrictions on travel outside India

The terms and conditions applicable to this Rider while you are travelling outside India shall be as per the BAUP. A list of countries with any travel restrictions is attached herewith as Annexure IV for your reference. This is an indicative list and may change from time to time.

SAMPLE

Part G
Grievance Redress Mechanism

The terms & conditions under Part G of the Master Policy shall apply to this Rider.

SAMPLE

Annexure I

Section 38 - Assignment or Transfer of Insurance Policies

Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015. The extant provisions in this regard are as follows:

- (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 authorised 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) If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.
 - (9) 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.
 - (10) Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.
 - (11) 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.
 - (12) The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
 - (13) Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
 - a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR
 - b. where the transfer or assignment is made upon condition that
 - i. the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
 - ii. the insured surviving the term of the policy
- Such conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.
- (14) In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
 - a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
 - b. may institute any proceedings in relation to the policy
 - c. obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings.

- (15) Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by this section.

Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 for complete and accurate details.

SAMPLE

Annexure II

Section 39 - Nomination by policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015. The extant provisions in this regard are as follows:

- (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) On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
- (9) 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.
- (10) The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
- (11) In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
- (12) In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
- (13) Where the policyholder whose life is insured nominates his
 - a. parents or
 - b. spouse or
 - c. children or
 - d. spouse and children
 - e. or any of themthe nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.
- (14) If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
- (15) The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Act, 2015 (i.e 23.03.2015).
- (16) If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.

(17) 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.

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SAMPLE

Annexure III

Section 45 – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 are as follows:

- (1) No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 yrs from
 - a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policywhichever is later.
- (2) On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
 - a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policywhichever is later.
For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.
- (3) Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
 - a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - b. The active concealment of a fact by the insured having knowledge or belief of the fact;
 - c. Any other act fitted to deceive; and
 - d. Any such act or omission as the law specifically declares to be fraudulent.
- (4) Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
- (5) No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / 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 mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
- (6) Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.
- (7) In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
- (8) Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.
- (9) The insurer can call 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 of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

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Annexure IV

Table 1: List of Declined Countries
Country
Afghanistan
Angola
Burkina Faso
Burma (Myanmar)
Burundi
Casamance
Central African Republic
Chechan Republic
Colombia
Congo (Republic of
Cote d'Ivoire
Democratic Republic of Congo
East Timor
Gaza
Georgia
Ghana
Haiti
Iran
Iraq
Israel
Ivory Coast
Lebanon
Liberia
Niger
Nigeria
Pakistan
Rwanda
Syria
Timor-Leste
Uganda
West Bank & Gaza
Western Sahara
Yemen
Zimbabwe

Table 2: List of Declined Countries except in place mentioned	
Country	Accepted only in City
Armenia	Yerevan
Azerbaijan	Baku
Chad	N'djamena
Egypt	Cairo
Eritrea	Asmara
Ethiopia	Addis Ababa
Guinea	Conakry
Guinea-Bissau	Bissau
Indonesia	Jakarta / Bali / Lombok
Kazakhstan	Astana
Kyrgyzstan Republic	Bishkek
Libya	Tripoli
Mali	Bamako
Panama	Panama City
Paraguay	Asuncion
Peru	Lima
Philippines	Manila
Russia	Moscow
Senegal	Dakar
Sri Lanka	Colombo
Tajikistan	Dushanbe
Tanzania	Dar es Salaam
Thailand	Bangkok
Turkmenistan	Ashgabat
Uzbekistan	Tashkent
Venezuela	Caracas