

## Part A

< Date >>

<<Policyholder's Name>>

<<Policyholder's Address>>

<<Policyholder's Contact Number>>



Dear <<Policyholder's Name>>,

### Sub: Your Rider document no. << >>

We are glad to inform you that your proposal for Rider has been accepted and the HDFC Life LiveWell 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. Please preserve this document safely and also inform your Nominees about the same. A copy of your proposal form and other relevant documents submitted by you are also enclosed for your information and record, along with Customer Information Sheet.

### Cancellation in the Free-Look Period:

In case you are not agreeable to any of the terms and conditions stated in the Rider, you have 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 Base 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 Rider policies in dematerialised form or where Rider policy is issued only in electronic form), we shall arrange to refund the Premium paid by you, subject only to deduction of the proportionate risk Premium for the period of cover and the expenses if any incurred by us on medical examination of the proposer and stamp duty charges.:

The terms and conditions mentioned above are only for the Rider. 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:

The address for correspondence is specified below. To enable us to serve you better, you are requested to quote your Rider number in all future correspondence. In case you are keen to know more about our products and services, we would request you to talk to our Certified Financial Consultant (Insurance Agent) who has advised you while taking this Rider. The details of your Certified Financial Consultant including contact details are listed below. In case you are keen to know more about our products and services, please call us on our toll-free number 1800 266 9777 or email us @ [onlinequery@hdfclife.in](mailto:onlinequery@hdfclife.in). You can also get in touch with us via social media:

<https://plus.google.com/+hdfclife/>

<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, 11<sup>th</sup> Floor Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai-400011.

Registered Office: HDFC Life Insurance Company Limited, Lodha Excelus, 13<sup>th</sup> Floor, Apollo Mills Compound, Mahalaxmi, Mumbai - 400011. Call 022-68446530 (Call charges apply). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm | Email – [service@hdfclife.com](mailto:service@hdfclife.com) | [NRIservice@hdfclife.com](mailto:NRIservice@hdfclife.com) (For NRI customers only) NRI Helpline number +91 89166 94100 (Call charges apply) Available Mon-Sat 10 am to 9 pm IST Visit – [www.hdfclife.com](http://www.hdfclife.com). CIN: L65110MH2000PLC128245.

**RIDER DOCUMENT- HDFC LIFE << LIVEWELL RIDER – LINKED>>**

**Unique Identification Number: << 101A036V01 >>**

Your Rider is a Linked, Non-Participating, Individual, <<Pure Risk Premium/ Savings (where Return of Premium additional option is selected)>>, Life/Health insurance Rider and can be availed only at the inception or on any premium due date of the base plan chosen. In addition to the Base Policy terms and conditions, the terms of this Rider Document shall apply when selected by the Policyholder. This document is the evidence of a contract between HDFC Life Insurance Company Limited ('We'/ 'Company') and the Policyholder ('You') as described in the Rider Schedule given below. This Rider is based on the Proposal made by the within named Policyholder and submitted to the Company along with the required documents, declarations, statements, any response given in the proposal form by the Life Assured, applicable medical evidence and other information received by the Company from the Policyholder, Life Assured or on behalf of the Policyholder. This Rider is effective upon receipt and realisation, by the Company, of the consideration payable as First Premium under the Rider. 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.

**RIDER SCHEDULE**

**Rider number: << >>**

**Client ID: << >>**

**Policyholder Details**

<b>Name</b>	<< >>
<b>Gender</b>	
<b>Address</b>	<< >>
<b>Date of Birth</b>	<<dd/mm/yyyy>>
<b>Age on the Risk Commencement Date</b>	<< >> years
<b>Age Admitted</b>	<<Yes/No>>

**Life Assured Details**

<b>Name</b>	<< >>
<b>Gender</b>	<< >>
<b>Address</b>	<< >>
<b>Date of Birth</b>	<< dd/mm/yyyy >>
<b>Age on the Risk Commencement Date</b>	<< >> years
<b>Age Admitted</b>	<<Yes/No>>

**Second Life Assured Details (In case of Joint Life Coverage)**

<b>Name</b>	<< >>
<b>Gender</b>	<< >>
<b>Address</b>	<< >>
<b>Date of Birth</b>	<< dd/mm/yyyy >>
<b>Age on the Risk Commencement Date</b>	<< >> years
<b>Age Admitted</b>	<<Yes/No>>

**Rider Details**

<b>Type of Coverage</b>	<<Single Life Coverage / Joint Life Coverage>>
<b>Risk Commencement Date</b>	<< RCD >>
<b>Rider Commencement Date</b>	<< RCD >>
<b>Rider Option Chosen</b>	<<Option A: Death Cover>> <<Option B: Accidental Death Cover>> <<Option C: Personal Accident Cover>> <<Option D: Daily Hospitalisation Cash & Surgical Care Cover >>
<b>Rider Sum Assured : Life Assured</b>	<<Option A: Death Cover: >> <<Option B: Accidental Death Cover: >> <<Option C: Personal Accident Cover: >> <<Option D: Daily Hospitalisation Cash & Surgical Care Cover >>
<b>Rider Sum Assured : Second Life Assured</b>	<<Option A: Death Cover: >> <<Option B: Accidental Death Cover: >> <<Option C: Personal Accident Cover: >> <<Option D: Daily Hospitalisation Cash & Surgical Care Cover >>
<b>Optional Benefits Opted</b>	<<Return of Premium >>

	<<Double Benefit >> <<Accident Plus>>
<b>Rider Premium</b>	Rs. << >>
<b>Rider Term</b>	<<Option A: Death Cover:    years >> <<Option B: Accidental Death Cover:    years >> <<Option C: Personal Accident Cover:    years >> <<Option D: Daily Hospitalisation Cash & Surgical Care Cover:    years >>
<b>Premium Paying Term</b>	<<Option A: Death Cover:    years >> <<Option B: Accidental Death Cover:    years >> <<Option C: Personal Accident Cover:    years >> <<Option D: Daily Hospitalisation Cash & Surgical Care Cover:    years >>
<b>Frequency of Premium Payment</b>	<< Single/Annual/Half-yearly/ Quarterly/ Monthly >>
<b>Premium per Frequency of Premium Payment</b>	<<>>
<b>Grace Period</b>	<< 15 (for monthly mode) / 30 (for other modes) >> Days

The Premium amount is excluding any applicable taxes and levies on the Premium. Amount of taxes and levies will be charged at actuals as per prevalent rate.

#### **NOMINATION SCHEDULE**

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

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

Authorised Signatory

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

**SPACE FOR ENDORSEMENTS**

SAMPLE

## Wellness Journey:



### Your Wellness Journey Starts Here!

Welcome to our Wellness Program, designed to help you meet your goals to adopt healthier lifestyle. As part of your Rider you and your family can enjoy built-in benefits that can be accessed seamlessly via our easy-to-use mobile app.

Remember, all benefits adhere to the specific terms, conditions, and exclusions outlined in this Rider document.

### Convenience at Your Fingertips

All services are provided through our carefully selected Health Service Providers, in order to ensure quality and availability when you book your appointments. However, please note that any unused consultations, tele-consultations, vouchers, health coins, or sessions should be utilized in the same benefit year that they are incurred and will not be carried forward to next policy year. You have the freedom to choose which services to use, depending on what best meets the needs of you and your family (if eligible).

### Seamless Access & Updates

Stay updated and informed! Our mobile app will keep you in the loop on all service offerings and any changes.

### Autonomy and Responsibility

Your health decisions are in your hands. While we provide the platform and connections to top-notch health service providers, the final choice and risk are yours. We are happy to facilitate access, however, please keep in mind that we are not liable for the services provided by the third parties. For ongoing health concerns, we always recommend consulting directly with a Medical Practitioner.

Make your health a priority—start exploring the benefits and services available under our Wellness Program today!

### Reward yourself for achieving health milestones.

You and your family members can uplift your mind, body, soul and make Healthy choices through our HDFC Life's Wellness mobile app.

Scan the QR code to download the app

#### 1. For Android Users



#### 2. For IOS Users



#### WANT TO KNOW MORE ON WELLNESS PROGRAM?

To find out more about our wellness program, you may reach the nearest HDFC Life branch or call at <<020-66847360>> or Visit Company's website or on HDFC Life's Wellness mobile app

### Know about wellness benefits

To lead a healthy lifestyle, you can avail the following benefits with a wellness program:

Benefit Type	Regular & Limited Pay	Single Pay
OPD Cover - In-Clinic Consultations	50% of Annual Premium (AP) per annum until end of Rider premium payment term	10% of Single Premium per annum until end of the first 5 years of the Rider Term

<b>Prescribed Lab &amp; Radiology Services</b>	50% of Annual Premium (AP) per annum until end of Rider premium payment term	10% of Single Premium per annum until end of for the first 5 years of the Rider Term
<b>Tele-consultations</b>	24 sessions/year (2/month) until end of Rider premium payment term	24 sessions/year (2/month) for the first 5 years
<b>Preventive Health Check-Up</b>	1 voucher annually until end of Rider premium payment term	1 voucher annually for the first 5 years
<b>Healthy Living Program</b>	Regular Pay: Until end of Rider Term; Limited Pay: Premium payment term + 5 years	Applicable for the first 10 years
<b>Waiting Period</b>	30 days from Risk Commencement Date	30 days from Risk Commencement Date

**Please note:**

1. In case of Single Pay, any benefit post the above mentioned period shall be as per prevalent terms and conditions.
2. Annual Premium in the above table refers to Total Annualised Premium of the Rider plus any underwriting extra Premiums and loadings for modal Premiums.



## Part B

In this Rider, the following definitions shall be applicable:

- 1) *Accident*- means a sudden, unforeseen and involuntary event caused by external, visible and violent means;
- 2) *Accidental Death*- means death by or due to a bodily Injury caused by an accident, independent of all other causes of death;
- 3) *Accidental Partial Permanent Disability*- means when the Life Assured is partially and permanently disabled and meets either of definitions mentioned in Part C – Benefits;
- 4) *Accidental Total Permanent Disability*- means when the Life Assured is totally, continuously and permanently disabled and meets either of the two definitions below:

### **Part A: Unable to work:**

Disability as a result of Injury or Accident and the Life Assured is thereby rendered totally incapable of being engaged in any work or any occupation or employment for any compensation, remuneration or profit and he/she is unlikely to ever be able to do so.

The above disabilities must have lasted, without interruption, for at least six consecutive months and must, in the opinion of a Medical Practitioner, be deemed permanent. The benefit will commence upon the completion of this uninterrupted period of 6 months. These disabilities as stated above must also be verified by a Medical Practitioner appointed by the Insurer.

### **Part B: Physical Impairments:**

The Life Assured suffers an Injury/Accident and the Life Assured suffers from total and irrecoverable loss of:

- a) The use of two limbs; or
- b) The sight of both eyes; or
- c) The use of one limb and the sight of one eye; or
- d) Loss by severance of two or more limbs at or above wrists or ankles; or
- e) The total and irrecoverable loss of sight of one eye and loss by severance of one limb at or above wrist or ankle.

The above disabilities must have lasted, without interruption, for at least six consecutive months and must, in the opinion of a Medical Practitioner, be deemed permanent. For disabilities defined in point d) and e) of Part B above such 6 months period would not be applicable and the benefit will commence immediately. These disabilities as stated above must also be verified by a Medical Practitioner appointed by the Insurer;

- 5) *Annualised Premium*—means the Premium amount payable in a year, excluding taxes, underwriting extra Premiums and loadings for modal Premiums;
- 6) *Appointee*—means the person named by you and registered with us in accordance with the Nomination Schedule, who is authorized to receive the Death Benefit under this Rider on the death of the Life Assured while the Nominee is a minor;
- 7) *Assignee*—means the person to whom the rights and benefits under this Rider are transferred by virtue of Assignment under Section 38 of the Insurance Act, 1938; as amended from time to time
- 8) *Assignment*- means a provision wherein the Policyholder can assign or transfer a Rider in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time;
- 9) *Authority*— means Insurance Regulatory and Development Authority of India established under the provisions of section 3 of the Insurance Regulatory and Development Authority Act, 1999;
- 10) *Company, company, Insurer, Us, us, We, we, Our, our* - means or refers to HDFC Life Insurance Company Limited;
- 11) *Free Look Period* - means the period specified under Part D clause 8 from the receipt of the Rider during which Policyholder can review the terms and conditions of this Rider and where if the

- Policyholder is not agreeable to any of the provisions stated in the Rider, he/ she has the option to return this Rider;
- 12) *Grace Period for other than single premium policies* – means the time granted by the insurer from the due date of payment of premium, without any penalty or late fee, during which time the Rider is considered to be in-force with the risk cover without any interruption, as per the terms & conditions of the Rider. The grace period for payment of the premium for all types of life insurance policies shall be fifteen days, where the policyholder pays the premium on a monthly basis and 30 days in all other cases;
  - 13) *Hospital*- means any institution established for in-patient care and day care treatment of Illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:
    - i. has qualified nursing staff under its employment round the clock;
    - ii. has at least 10 inpatient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
    - iii. has qualified Medical Practitioner (s) in charge round the clock;
    - iv. has a fully equipped operation theatre of its own where Surgical Procedures are carried out
    - v. maintains daily records of patients and shall make these accessible to the Company's authorized personnel;
  - 14) *Hospitalisation*- means admission in a Hospital for a minimum period of twenty-four (24) consecutive 'In-patient care' hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty-four (24) consecutive hours;
  - 15) *Illness* - means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifest itself during the Rider Term and requires medical treatment;
  - 16) *Injury*- means accidental physical bodily harm excluding illness and disease. It must be solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner;
  - 17) *Inpatient Care*- means treatment for which the Life Assured has to stay in a Hospital for more than 24 hours for a covered event;
  - 18) *Intensive Care Unit (ICU)* - means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards;
  - 19) *Main/Base Policy*- means or refers to the Policy to which this Rider is annexed/attached thereto;
  - 20) *Major Surgery* - means any surgery of Life Assured that directly involve his/her brain, heart (including arteries), liver or lung as per the list provided

S. No.	Organ / System	Surgery/Procedure
1	Operations on Blood Vessels	Surgery of the Aorta
2		Proximal Aortic Aneurysmal repair by coronary artery transplantation
3		Repair of Cerebral or Spinal Arterio- Venous Malformations or aneurysms
4		Surgery of Carotid Artery
5		Major vein repair with or without grafting for traumatic & nontraumatic lesions
6		CABG (two or more coronary arteries) via open thoracotomy

7	Operations on the Heart	Prosthetic replacement of Heart Valve
8		Coronary Angioplasty with Stent implantation
9		Pericardiectomy / Pericardectomy
10		Implantation of Cardioverter Defibrillator
11		Permanent pacemaker Implantation in heart
12		Mitral valve repair
13		Aortic valve repair
14		Tricuspid valve repair
15	Operations on Lung and Bronchus	Pneumonectomy
16		Pleurectomy or Pleural decortication
17		Open Lobectomy of Lung
18		Partial Extirpation of Bronchus
19	Operations on the skull, brain and meninges	Craniotomy for malignant Cerebral tumors
20		Craniotomy for non malignant space occupying lesions
21		Operations on Subarachnoid space of brain
22		Craniotomy- Surgery on meninges of Brain
23		Other operations on the meninges of the Brain
24		Micro vascular decompression of cranial nerves/nervectomy
25		Craniotomy for Drainage of Extradural, subdural or intracerebral space
26		Therapeutic Burr Hole on skull- Drainage of Extra-Dural, intraDural or intracerebral space
27		Pineal Gland excision
28		Pituitary Gland excision
29	Operations on Liver	Partial Resection of Liver
30		TIPS procedure for portal Hypertension

- 21) *Maturity benefit* - means sum assured on maturity, any additional and accrued benefit, which is payable on maturity in accordance with the terms and conditions of the Rider;
- 22) *Medical Practitioner* - means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of his license but excluding the Medical Practitioner who is:
- a) Life Assured/Policyholder himself or an agent of the Life Assured;
  - b) Insurance Agent, business partner(s) or employer/employee of the Life Assured or;
  - c) A member of the Life Assured's immediate family;
- 23) *Medically Necessary Treatment* - means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which
- i. is required for the medical management of the Illness or Injury suffered by the Life Assured;
  - ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - iii. must have been prescribed by a Medical Practitioner;
  - iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India;
- 24) *Minor Surgery* - means any other valid surgery of the Life Assured which is not categorized as Major Surgery;
- 25) *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;
- 26) *Nominee*—means the person named by the Policyholder under this Rider and registered with us in accordance with the Nomination Schedule, who is authorized to receive the Death Benefit under this Rider, on the death of the Life Assured;

- 27) *Non-par products or Products without participation in profits* - means products where policies are not entitled for any share in surplus (profits) during the term of the policy;
- 28) *Pre-existing Disease* - means any condition, ailment, Injury or disease:
  - (a) That is/are diagnosed by a Medical Practitioner not more than 36 months prior to the Risk Commencement Date of the Rider issued by the insurer or its reinstatement or
  - (b) For which medical advice or treatment was recommended by, or received from, a Medical Practitioner not more than 36 months prior to the Risk Commencement Date of the Rider issued by the insurer or its reinstatement;
- 29) *Policyholder, You, you, your* – means or refers to the Policyholder stated in the Rider Schedule;
- 30) *Premium(s)*- means an amount stated in the Rider Schedule, payable by you to us for every Rider Year by the due dates, and in the manner stated in the Rider Schedule, to secure the benefits under this Rider, excluding applicable taxes and levies;
- 31) *Premium Paying Term* – means the period as stated in the Rider Schedule, in years, over which Premiums are payable;
- 32) *Pure risk products* - means insurance products (without any savings element) where the payment of agreed amount is assured on the happening of death of life assured or on happening of insured health related contingency within the term of the policy;
- 33) *Revival of a Rider* - means restoration of the Rider, which was discontinued due to the non-payment of Premium, by the Company with all the benefits mentioned in the Rider document, with or without Rider Benefits, if any, upon the receipt of all the Premiums due and other charges/late fee, if any, as per the terms and conditions of the Rider, upon being satisfied as to the continued insurability of the Life Assured/Policyholder on the basis of the information, documents and reports furnished by the Policyholder; in accordance with Board approved Underwriting Policy;
- 34) *Revival Period* - means the period of three consecutive complete years from the date of first unpaid Premium;
- 35) *Rider* - means the insurance cover(s) added to a base product for additional premium or charge;
- 36) *Rider Anniversary*- means the annual anniversary of the Risk Commencement Date;
- 37) *Rider benefits* - means an amount of benefit payable on occurrence of a specified event covered under the Rider, and is an additional benefit to the benefit under the base product, and may include waiver of premium benefit on other applicable Riders;
- 38) *Rider Premiums Paid* - means total of all the premiums paid under the Rider, excluding any extra premium and taxes, if collected explicitly. This shall be defined separately for each option
- 39) *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. For Annuity and Pension products, the Rider Sum Assured will be equal to the Total Premiums Paid under the base product. The Rider Sum Assured will increase as and when premiums are paid under the base product. For Option C & D, the increase in Rider Sum Assured would continue until the first claim under the rider;
- 40) *Rider Term* - means the term of the Rider as stated in the Rider Schedule;
- 41) *Savings products* - means those products other than Pure risk products;
- 42) *Sum assured on death* - means an absolute amount of benefit which is guaranteed to become payable on death of the life assured in accordance with the terms and conditions of the policy;
- 43) *Sum assured on maturity* - means an absolute amount of benefit which is guaranteed to become payable at the end of the Rider term i.e. on maturity of the Rider in accordance with the terms and conditions of the Rider.
- 44) *Surgery or Surgical Procedure* - means manual and/or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, Diagnosis and cure of

diseases, relief from suffering or prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner;

- 45) *Surrender* - means complete withdrawal/ termination of the entire Rider;
- 46) *Surrender Value*- means an amount, if any, that becomes payable on Surrender of the Rider during its term, in accordance with the terms and conditions of the Rider.
- 47) *Terminal Illness* – means an advanced or rapidly progressing incurable disease where, in the opinion of two appropriate independent Medical Practitioners, life expectancy is no greater than six (6) months from the date of notification of claim. The Terminal Illness must be diagnosed and confirmed by Medical Practitioners registered with the Indian Medical Association and approved by the Company. The Company reserves the right for independent assessment. The Life Assured must no longer be receiving active treatment other than that of the pain relief.
- 48) *Waiting Period for Daily Hospitalisation Cash & Surgical Care Cover* means a waiting period of 90 days effective from the Risk Commencement Date or Policy Revival date for Daily Hospitalisation Cash & Surgical Care Cover claims relating to Illness;

The terms, conditions and provisions of the Base 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 Base Policy document.



## Part C

### I. Main Benefits:

There are three benefit options available under the Rider:

**Option A - Death Cover:** Coverage for death & diagnosis of Terminal Illness of the Life Assured, up to the Rider Sum Assured.

**Option B - Accidental Death Cover:** Coverage for death of the Life Assured, arising out of an accident, equal to the Rider Sum Assured.

**Option C - Personal Accident Cover:** Coverage for death or Disability of the Life Assured, arising out of an accident, up to the Rider Sum Assured.

**Option D - Daily Hospitalisation Cash & Surgical Care Cover:** Coverage for all medical expenses associated with hospitalisation & surgical treatments, up to the Rider Sum Assured.

The Policyholder can:

- Choose any or a combination of the above benefit options; however, Option B and Option C cannot be selected together.
- Opt for this Rider for self and/or Second Life Assured. All benefits and conditions as mentioned below shall apply to the Second Life Assured as well.
- Opt for this Rider at inception of the Base Policy or at any Base Policy premium due date. Any Rider coverage terminates as soon as the Base Policy terminates.

#### A. Death Cover

##### • Death Benefit

On death of the Life Assured, Rider Sum Assured on Death is paid, to the Nominee or beneficiary.

Rider Sum Assured on Death is defined as Highest of:

- Rider Sum Assured or
- 10 times the Annualized Rider Premiums in case of Limited/Regular Pay & 1.25 times the Rider Premium in case of Single Pay or
- 105% of the Total Rider Premiums Paid.

In lieu of lump sum benefit amount for Death Benefit, the Nominee may opt to receive benefit as:

- Regular monthly income payable for 10 years, or
- Part of benefit amount as lump sum immediately on Death and the balance benefit amount as regular monthly income for 10 years.

The choice of benefit pay-out as lump sum or income or combination thereof can be exercised on or before the date the claim is made.

##### • Terminal Illness Benefit

Rider Sum Assured will be accelerated in case the Life Assured is of 80 years of age or below and is diagnosed with Terminal Illness. However, the maximum amount of Rider Sum Assured that can be accelerated under this benefit is Rs 2 crore. This amount of Rs 2 crore is an upper limit that has been set by the Company for acceleration of Rider Sum Assured in case of diagnosis of Terminal Illness. The Terminal Illness Benefit is not applicable to a Life Assured who is above 80 years of age.

Please note that acceleration of Rider Sum Assured is not an additional benefit; it only facilitates an earlier payout of the Rider Sum Assured on diagnosis of Terminal Illness.

Upon payment of Terminal Illness benefit:

- a) If Rider Sum Assured at the time of claim is equal to Terminal Illness benefit, the Rider will terminate. Or,
- b) If Rider Sum Assured at the time of claim is greater than Terminal Illness benefit, the Rider will continue for the balance Rider Sum Assured.

- **Maturity Benefit**

If you have chosen the Return of Premium option (Clause II. A), an amount equal to 100% of the Rider Premiums Paid under this option will be payable, if the Life Assured is alive at the end of the Rider Term. There is no Maturity Benefit applicable where Return of Premium is not selected.

**B. Accidental Death Cover**

- **Accidental Death Benefit**

Rider Sum Assured is paid on death of the Life Assured to the Nominee or beneficiary provided the Accidental Death must be caused within 180 days of any bodily Injury.

If the bodily Injury occurred within the Rider Term and the Accidental Death happens after the end of Rider Term but within 180 days of occurrence of the bodily Injury, a valid claim arising as a result of such Accidental Death shall not be denied.

Rider Sum Assured for Option B shall be a lump sum benefit which is the highest of:

- Rider Sum Assured
- 7 times the Annualized Rider Premium for Limited/Regular pay and 1.25 times for Single Pay
- 105% of the Rider Premiums Paid

Once the benefit amount is claimed, the coverage under Option B shall terminate.

In lieu of lump sum benefit amount for Accidental Death, the Nominee may opt to receive benefit as:

- (i) Regular monthly income payable for 10 years, or
- (ii) Part of benefit amount as lump sum immediately on Accidental Death and the balance benefit amount as regular monthly income for 10 years.

The choice of benefit pay-out as lump sum or income or combination thereof can be exercised on or before the date the claim is made.

- **Maturity Benefit**

If you have chosen the Return of Premium option (Clause II. A), an amount equal to 100% of the Rider Premiums Paid under this option will be payable, if the Life Assured is alive at the end of the Rider Term. There is no Maturity Benefit applicable where Return of Premium is not selected.

**C. Personal Accident Cover**

- **Accidental Death Benefit**

Rider Sum Assured is paid on death of the Life Assured to the Nominee or beneficiary provided the Accidental Death must be caused within 180 days of any bodily Injury.

If the bodily Injury occurred within the Rider Term and the Accidental Death happens after the end of Rider Term but within 180 days of occurrence of the bodily Injury, a valid claim arising as a result of such Accidental Death shall not be denied.

Rider Sum Assured for Option C (Accidental Death Benefit) shall be a lump sum benefit which is the highest of:

- Rider Sum Assured
- 7 times the Annualized Rider Premium for Limited/Regular pay and 1.25 times for Single Pay

- 105% of the Rider Premiums Paid

Once the benefit amount is claimed, the coverage under Option C shall terminate.

In lieu of lump sum benefit amount for Accidental Death, the Nominee may opt to receive benefit as:

- Regular monthly income payable for 10 years, or
- Part of benefit amount as lump sum immediately on Accidental Death and the balance benefit amount as regular monthly income for 10 years.

The choice of benefit pay-out as lump sum or income or combination thereof can be exercised on or before the date the claim is made.

• **Income Benefit on Accidental Disability**

**a) Accidental Total Permanent Disability**

On the Total Permanent Disability of the Life Assured due to an Accident during the Rider Term, a regular monthly benefit equal to 1% of Rider Sum Assured, is payable to the Life Assured for a fixed period of 10 years, upon receipt of a valid claim.

**b) Accidental Partial Permanent Disability**

On Life Assured sustaining any bodily Injury during the Rider Term resulting solely and directly from an Accident, the following benefit shall be payable to the Life Assured:

- 50% of the Rider Sum Assured shall be payable, if such Injury shall, within 12 months of its occurrence be the sole and direct cause of the total and irrecoverable loss by physical separation of one entire hand or of one entire foot.
- If such Injury shall, within 12 months of its occurrence be the sole and direct cause of the total and / or partial and irrecoverable loss of use or of the actual loss by physical separation of the following, then the percentage of the Rider Sum Assured as indicated below shall be payable:

Sr. No.	Disability	Benefit %
(i)	Permanent total loss of hearing in both ears	75
(ii)	Permanent total loss of use of one limb other than by physical separation or Permanent total loss of sight of one eye	50
(iii)	Permanent total loss of use of four fingers and thumb of either hand	40
(iv)	Permanent total loss of hearing in one ear or Permanent total loss of the lens in one eye	25
(v)	Permanent total loss of use of four fingers of either hand or Permanent total loss of use of one thumb of either hand or Ankyloses of the elbow, hip or knee	20
(vi)	Permanent total loss of use of all toes	15
(vii)	Permanent total loss of one finger of either hand or established non-union of fractured leg or kneecap	10

Benefit payable towards any claim shall not exceed the balance Rider Sum Assured under the Option. Once the maximum benefit is claimed, the coverage under Option C shall terminate. The disabilities as stated above must have lasted, without interruption, for at least 6 consecutive months and must, in the opinion of a Medical Practitioner, be deemed permanent. However, for the disability mentioned in Clause (a) above, such 6 months period would not be applicable.

In lieu of lump sum benefit amount for Accidental Partial Permanent Disability, the Life Assured may receive benefit as:

- Regular monthly Income for 10 years from the date of claim, or



- b) Part of Benefit amount as lump sum and the balance benefit amount as a regular monthly income for 10 years

The choice of benefit pay-out as lump sum or income or combination thereof can be exercised on or before the claim is made.

If Accidental Total Permanent Disability occurs after Accidental Partial Permanent Disability, then 1% of the remaining amount (100% of Rider Sum Assured applicable for Option C less Accidental Partial Permanent Disability claims paid) shall be paid as a regular monthly income for 10 years.

If Accidental Death happens after Accidental Partial Permanent Disability, then the remaining amount (100% of Rider Sum Assured applicable for Option C less Accidental Partial Permanent Disability claims paid) shall be paid as lump sum or income or a combination thereof as mentioned above.

No benefit shall be payable for Accidental Death and Accidental Partial Permanent Disability following Accidental Total Permanent Disability claim.

- **Maturity Benefit**

If you have chosen the Return of Premium option (Clause II. A), an amount equal to 100% of the Rider Premiums Paid under this option will be payable, if the Life Assured is alive at the end of the Rider Term. There is no Maturity Benefit applicable where Return of Premium is not selected.

**D. Daily Hospitalisation Cash & Surgical Care Cover**

The option offers daily hospitalisation cash and surgical care benefits, subject to total benefit up to a maximum of 100% of Rider Sum Assured. The benefits offered and applicable conditions are as defined below:

- **Daily Hospitalisation Cash Benefit**

Subject to the conditions as specified below, if the Life Assured is hospitalised during the Rider Term for a minimum, continuous and complete period of 24 hours, We will pay the following Daily Hospitalisation Cash Cover amount for each day of Hospitalisation from the first day of Hospitalisation, provided all due Premiums have been paid:

- a. Hospitalization Benefit (Non-ICU): Benefit amount shall be equal to 1% of the Rider Sum Assured for each day of Hospitalisation
- b. Hospitalization Benefit (ICU): Benefit amount shall be equal to 2% of the Sum Assured for each day of Hospitalisation in the Intensive Care Unit (ICU)

**Conditions applicable for Daily Hospitalisation Cash Cover:**

- a. The Daily Hospitalisation Cash Cover amount per day shall be 1% percentage of the Rider Sum Assured as on the Date of Commencement of the Risk, and shall remain constant throughout the Rider Term.
- b. Daily Hospitalisation Cash Cover is payable with a maximum limit of 20 days per Policy Year.
- c. The specified number of days per Policy Year is inclusive of days hospitalised in non-ICU and ICU.
- d. The Daily Hospitalisation Cash Cover will cease on the earlier of (i) claiming total of 100 days of Hospitalization or (ii) at the end of Rider Term.
- e. This Daily Hospitalisation Cash Cover shall be payable subject to the following:
  - i. This Benefit is payable only after a continuous and complete 24 hours of Hospitalization during Rider Term for Life Assured for each claim.
  - ii. The Hospitalization must be for the Medically Necessary Treatment for an Illness/Accident and is commenced and continued on the written advice of the treating Medical Practitioner.

- iii. We will not pay the Daily Hospitalisation Cash Cover amount for more than the maximum number of days as specified, during the Rider Term.
- iv. A Waiting Period for Daily Hospitalisation Cash Cover has been completed prior to the Hospitalization related to Illness. No benefit shall be payable for any Hospitalisation due to Illness during the Waiting Period for Daily Hospitalisation Cash Cover. Such a Waiting Period for Daily Hospitalisation Cash Cover is not applicable to claims arising due to Accident provided the Accident occurs after the Risk Commencement Date or Revival date as the case may be.
- v. More than one claim can be considered in respect of the Life Assured under the Daily Hospitalisation Cash Cover during Rider Term, subject to the maximum number of days specified. On exhaustion of the maximum number of days allowed, the cover under the Daily Hospitalisation Cash Cover will terminate in relation to such Life Assured.
- vi. Once claim is considered admissible as per the terms and condition under the Hospitalisation Cash Cover, You will be eligible for the fixed daily amount from the first day of Hospitalisation, provided that the Life Assured is hospitalised for a continuous period of 24 hours.
- vii. Daily Hospitalisation Cash Cover amount is a fixed per-day Cover and will be calculated on the basis of the number of continuous and completed days of Hospitalization. Daily Hospitalisation Cash Cover will be paid as a lumpsum amount, irrespective of actual Hospitalisation expenses.
- viii. Any procedure / treatment which leads to Hospitalisation of less than 24 hours is not covered.

#### • Surgical Care Benefit

Subject to the conditions as specified below, if the Life Assured's Hospitalisation for a minimum continuous and complete period of 24 hours for undergoing Medically Necessary Treatment through surgery in India and actually undergoing that surgery while Hospitalised during the Rider Term, We will pay the following Surgical Care Benefit amount to You for the following types of surgery, provided all due Premiums have been paid:

Surgery Type	Limit
Minor Surgeries	5% of Sum Assured on each surgery
Major Surgeries	10% of Sum Assured on each surgery

This Surgical Care Benefit shall be payable subject to the following:

- a. You can claim multiple times under this Policy during the Rider Term irrespective of any previous claims paid by Us. However, in no circumstance shall We pay more than the following limits:
  - 20% of Rider Sum Assured in any one Policy Year; and
  - 100% of Rider Sum Assured during the Rider Term.
- b. Surgical Care Benefit will cease to be available on the earlier of (i) claiming 100% of the Rider Sum Assured; or (ii) claiming 100% of the Base Sum Assured; or (iii) at the end of Rider Term.
- c. Liability to make any payment under the Surgical Care Benefit shall commence only after a continuous and completed 24 hours of Hospitalization of the Life Assured for each claim.
- d. The surgery must be for Medically Necessary Treatment of any Illness or Injury due to an Accident and is commenced and continued on the written advice of the treating Medical Practitioner.
- e. We will not pay the Surgical Care Benefit amount more than the maximum limit as specified, during the Rider Term
- f. A Waiting Period for Surgical Care Benefit has been completed prior to the Hospitalization for surgery related to Illness. No benefit shall be payable for any Surgical Care Benefit claim due to Illness during the Waiting Period for Surgical Care

Benefit. The Waiting Period for Surgical Care Benefit will not be applicable to claims arising due to Accident provided the Accident occurs after the Date of Commencement of Risk of the Policy or Policy Revival date, as the case may be.

- g. More than one claim can be considered in respect of the Life Assured under this Surgical Care Benefit during the Rider Term, subject to the maximum limit specified. On exhaustion of the maximum limit allowed, the cover under the Surgical Care Benefit will terminate in relation to such Life Assured.
- h. The Surgical Care Benefit amount shall be paid based on the surgery resulting in highest claim amount in case of more than one surgery is performed on the Life Assured during the same Hospitalisation.
- i. The Surgical Care Benefit is a fixed lumpsum benefit, irrespective of actual surgery expenses.
- j. Any procedure / treatment which leads to Hospitalisation of less than 24 hours is not covered.

- **Maturity Benefit**

If you have chosen the Return of Premium option (Clause II. A), an amount equal to 100% of the Rider Premiums Paid under this option will be payable, if the Life Assured is alive at the end of the Rider Term. There is no Maturity Benefit applicable where Return of Premium is not selected.

**II. Optional Benefits:** On choosing any of the below options, as the Policyholder, you will have to pay an additional Premium over and above the Premium amount payable for the Rider

**A. Return of Premium:** You will receive a return of 100% of the Total Rider Premiums Paid as lump sum, upon your survival till maturity of your Rider. This option can be chosen only at Rider inception. Once chosen, the Policyholder cannot opt out of this option.

This option is available only where:

- Rider Term is between 10 and 40 years for Premium Paying Term - Single, Regular and 5 years;
- Rider Term is between 15 and 40 years for Premium Paying Term - 8, 10 and 12 years

Note:

- a. Any benefits already paid out shall be deducted from the benefit payable at maturity.

**B. Double Benefit:** Double Benefit means the benefit payable under Option B & Option C will be doubled if the Accidental Death or Accidental Partial Permanent Disability or Accidental Total Permanent Disability occurs under any of the following circumstances:

- i. While the Life Assured is riding as a fare paying passenger on commercially licensed public land transportation over an established route such as a bus, tram or train. A taxi or any form of transport chartered for private travel is excluded.
- ii. While the Life Assured is in an elevator car (elevators in mines, rigs and on construction sites are excluded) duly certified to carry passengers; or
- iii. When the Life Assured is on a commercial passenger airline on a regular scheduled passenger trip over its established passenger route.
- iv. As a direct result of the burning of the following public buildings only: theatre, cinema, public auditorium, hotel, school and hospital.

Note: This optional benefit is only available if Option B or Option C has been opted.

**C. Accident Plus:** If opted, the following benefits will be payable:

1. **Vehicle/Home Modification Benefit:** If a claim has been accepted and paid for Option C for Accidental Total Permanent Disability or Accidental Partial Permanent Disability then an additional 10% of the Option C sum assured shall be payable for modifications of Life Assured's vehicle or home to adjust to the disablement.
2. **Physical/Occupational Therapist benefit:** If a claim has been accepted and paid for Option C for Accidental Total Permanent Disability or Accidental Partial Permanent Disability then an additional 10% of the Option C sum assured shall be payable for the cost of physical/occupational therapist, if prescribed by a medical practitioner.

Note: This optional benefit is only available if Option C has been opted.

### III. Wellness Program:

#### A. Definitions for Wellness Program:

##### **Medical Practitioner/Doctor/General Physician/General Practitioner:**

A registered health professional entitled to practice medicine within the jurisdiction of any State or the Medical Council of India, including those in Indian Medicine or Homeopathy.

##### **Specialist Consultant:**

A medical professional with a post-graduate or higher degree in a specific treatment area under Allopathic medicine.

##### **Service Providers**

The health service entities engaged by us to provide the coverage detailed in this Rider.

##### **Step Tracking**

Our Mobile app integrates with Google Fit and Apple Health APIs to track your daily steps, providing visual graphs of your activity levels.

##### **Marketplace**

Enjoy discounted rates on medications ordered online through our platform, with prices adjusted based on the reward points you accumulate.

##### **Rewards Program**

Engage in predefined health-related activities and goals to earn rewards, which can be redeemed from our digital platform.

##### **Health Monitoring/Vital Tracking**

Update and track your vital signs within the app to earn health points. This tool helps you monitor health fluctuations and take necessary action.

#### B. Extend health benefits to your family (Add 1 Spouse & upto 2 Children)

Embrace a brighter, secure future for you and your loved ones. Our plan is crafted with your family's well-being in mind, allowing you to easily include up to two adults, including yourself, and two children under the age of 25.

With the HDFC Life's Wellness mobile app, adding your family members is as simple as a few taps. Check the steps mentioned below:

- Download HDFC Life's Wellness mobile app
- Sign-up with registered mobile number
- Click on 'LiveWell Rider'

- Select the purchased Product/Plan/Rider
- Click on 'Plan Overview'
- Under 'Members Covered' section, click on 'Add Dependent'
- Enter the details of the family member to be added
- Click on 'Add'

### C. Introduction to Healthy Living

#### Unlock Health Rewards: Live Well, Earn Big!

With our Healthy Living Program, you can improve your health, while earning health coins as rewards that can benefit you and your family.

Every step you take towards wellness helps you accumulate coins that translate into significant health benefits.

**Ready to start? Let's dive in!**

#### How It Works:

##### 1. Join & Assess

- Complete Your First Health Assessment: Earn initial points simply by completing an online health assessment.

##### 2. Engage & Earn

Get active and earn rewards with our engaging health activities. Here's your guide to the key motivators that will help you stay fit and happy while you earn!

Activity	Frequency	Points per Event	Max Points per Year
Health Risk Assessment	Quarterly	250	1000
Heart Age calculator	Quarterly	250	1000
Mental Health Survey	Quarterly	250	1000
Read an Article/Blog	Quarterly	50	1000
Health Quiz	Quarterly	50	1000
Annual Health Checkup	Yearly	5000	5000
Vitals within Range	Yearly	500	5000
Steps per day 7,999-9,999	Daily	50	7500
Steps per day Above 10,000	Daily	100	7500

#### Health Coins for Physical Screening and Vitals

Sr No	Test Type	Healthy Range	Points Earned if Within Range
1	Total Cholesterol (Heart)	Less than 200 mg/dL	500
2	HDL Cholesterol (Good)	Greater than 40 mg/dL	500
3	LDL Cholesterol (Bad)	Less than 100 mg/dL	500
4	HDL/LDL Cholesterol Ratio	0.5 - 3.0	500
5	Fasting Blood Sugar	70 - 100 mg/dL	500
6	Blood Urea (Kidney Function)	19 - 44 mg/dL	500
7	Uric Acid (Kidney Health)	3.5 - 7.2 mg/dL	500
8	SGOT/ AST- Liver	5-34	500
9	Bilirubin Total- Liver	0.2-1.2 mg/dL	500
10	SGOT/ALT- Liver	0-55	500

### 3. Achieve & Redeem

As you engage in healthy activities, you'll gather points that elevate your status and boost your benefits. Reach new tiers and convert your hard-earned points into valuable health coins. Reward conversion would be as illustrated in below figure. Rewards percentage mentioned are percentage of Annual Premium (AP).



#### Redemption Options:

You and your family can use your health coins at any of our service provider networks for the following health benefits:

- Additional Preventive Health Check-Ups
- Dental Procedures
- Online Physiotherapy Sessions
- Chronic Care Management Plans
- Pharmacy Vouchers
- Psychiatrist/Psychologist Consultations

Unutilised health coins will not get carried forward. Health coins will be credited every year basis the reward points earned in the preceding year as shown above

#### Disclaimer:

Participation in the program is entirely optional and at the discretion and risk of the Life Assured. The program is designed to promote well-being and healthier habits, but it does not serve as medical advice or replace the Life Assured's consultation with an independent Medical Practitioner. We reserve the right to deduct or remove points if they are obtained through unfair means or manipulation. Utilizing services offered by our Health Service Providers/Network Provider is solely at the discretion of the Life Assured, and we shall not be held liable or responsible for any discrepancies in the information, services or advice provided by the healthcare providers

#### Wellness Benefits

Reduce your medical expenses with wellness benefits

#### Flexible and Adaptive Service Options

Our wellness offerings are designed to adapt to your needs, allowing for the addition or removal of services based on availability from our service provider network of trusted healthcare providers.

By providing these tailored wellness benefits, we empower you to proactively manage your health, ensuring peace of mind and promoting a healthier future.

#### Deep Dive into your Wellness Benefits



Unlock the full potential of your health with our comprehensive Wellness Benefits included in your Rider. From expert consultations to essential diagnostic tests, we ensure you and your family maintain optimal health.

**a. Out-Patient Consultations (OPD)**

Easily access top medical professionals either through direct, cashless consultations or via reimbursement if our service provider network doctors are unavailable near you.

- General Consultation Cap: Mentioned in table below
- Specialist Consultation Cap: Mentioned in table below
- Exclusions: Excludes investigations, medications, or any treatments

**b. Prescribed Lab & Radiology Services**

Get necessary diagnostic tests prescribed by registered practitioners, with the convenience of home sample collection or through our assisted lab booking.

- Cashless Service: Initially offered, with an alternative to claim reimbursements if unavailable
- Coverage Cap : Mentioned in table below
- Reimbursement Conditions: Contact customer service of service provider and raise a request for lab booking. If service provider network is unavailable then the team unlocks re-imbursement option as an exception. Customer must have a prescription, lab invoices and lab reports with services rendered by registered labs. Re-imbursement will be processed up to the maximum fees for the test available on our App
- Exclusions: Non-prescriptive and preventive health checks are not covered

**c. Annual Preventive Health Check-Up**

Claim your comprehensive health check-up voucher annually to assess your health status through our service provider network centres, ensuring you stay one step ahead of health issues.

- Inclusions: Tests like CBC, KFT, LFT, and more
- Coverage Cap: Up to ₹2,000 for non-network location services, ensuring widespread accessibility. Contact customer service of service provider and raise a request for booking. If network unavailable the team unlocks re-imbursement option as an exception.
- Booking: Seamless scheduling via our app or customer service for assisted bookings

**d. Tele-consultations**

Connect with healthcare specialists from anywhere, at any time, via video, audio, or chat following the latest Telemedicine Practice Guidelines.

- Service Mode: Entirely cashless
- Exclusions: No reimbursements; one active session at a time

**\*Conditions for Utilization of Benefits/Coverage Caps per incidence:**

Max. Coverage Caps	Claim Type	Rider Annual/Single premium (excluding taxes)) =< 5000	Rider Annual/Single premium (excluding taxes) > 5000
Doctor Consultations (General Physician)	Cashless	Up to available benefits	₹ 500 per consultation
Doctor Consultations (Specialist)	Cashless	Up to available benefits	₹ 1000 per consultation

Doctor Consultations (General Physician)	Re-Imbursement	₹ 500 per consultation	₹ 500 per consultation
Doctor Consultations (Specialist)	Re-Imbursement	₹ 1000 per consultation	₹ 1000 per consultation
Prescribed Lab & Radiology Services	Cashless	Up to available benefits	₹ 1000 per incident

**Please note that:**

- These services are optional services offered to the Policyholder/Life Assured and their family (Spouse and 2 children). The Policyholder/Life Assured should exercise his/her own discretion:
  - To avail the services and/or
  - To follow the course of treatment suggested by the service provider.
- These services shall be directly provided by the service providers with no participation of the company.
- The services are being provided by third-party service provider/s, and the company shall not be liable for any liability.
- The company reserve the right to change the service/s or change the service provider/s at any time.

**D. General Terms & Conditions**

All Wellness Terms and Conditions and General conditions to be read with Rider Schedule are applicable mutatis mutandis, to all Coverage under these Products.

**1. Withdrawal of Product:**

If Rider is withdrawn by Company, then Wellness shall also stand withdrawn automatically without any separate notice/intimation.

**2. Fraudulent Activity:**

- Your use of the Wellness benefits under the Plan shall be with good intent and integrity. You shall not encourage, indulge or act in connivance with any person involved in any fraudulent activity regarding the use of the benefits under the Plan, whether directly or indirectly, for generating personal revenue. You agree to not use the Platform or the services provided therein for generating personal gain or any commercial/public purpose, directly or indirectly, whatsoever.
- An act may be defined as a fraudulent activity as per service provider's internal policies subject to extant laws. Such acts may include without limitation misrepresentation, concealment of facts and furnishing of incorrect information.
- In the event of any fraudulent activity being carried out, service provider shall also be entitled to seek any and all remedies available under law, equity or tort. Additionally, Service Provider shall permanently suspend the use of the benefits under the Plan and not honour any claims under the Plan, including pending claims. .
- Any fraud or misrepresentation identified will cease coverage and Rider will be void ab-initio.

**3. Reimbursement Process for Outpatient Consultations:**

- Start by downloading HDFC Life's Wellness mobile app
- Sign-up using the registered mobile number
- Click on "LiveWell Rider"
- Select the purchased Product/Plan/Rider.
- Click on the doctor benefit.



- f. Click on 'Raise a claim'.
- g. Submit all the required documents along with the details of the doctor visit.

**List of Documents required (Not limited to):**

- o Valid doctor prescription
- o Doctor Invoice
- o Doctor should have a valid MRN and should not be blacklisted.

Your claim will be processed within 7 working days from the date of raising the claim request

Examples:

- For reimbursement claim of General Physician of INR. 300/- a pay-out of INR. 300/- will be processed.
- For reimbursement claim of General Physician of INR. 600/- a pay-out of INR. 500/- will be processed.

The policyholder can claim reimbursement within 180 days from the date of invoice.

**4. Claim validity of benefit**

Service Provider shall honour claims raised for the valid expenses incurred by the Life Assured before expiry/cancellation of policy. The claims will also be honoured in case of claims raised by the Life Assured for the period when policy was suspended/lapsed due to non-payment of policy premium but subject to assured reviving the policy by completing the due payment.

**IV. Cover during Grace Period**

A Rider is considered to be in-force with risk cover without any interruption during the Grace Period. Should a valid claim arise under the Rider during the Grace Period, but before the payment of due premium, the claim shall be honoured as per the terms of the Rider post deduction of the due and unpaid premium for the Rider year from any benefit payable.

## Part D

### 1) Benefits on Discontinuance of Premiums:

#### *If you have opted for Return of Premium Option:*

On cessation of premiums during the premium paying term the policy will become paid-up subject to the conditions mentioned below in Part D (3). If the policyholder opts to surrender, the surrender value shall be payable as defined below in Part D (2).

#### *If you have not opted for Return of Premium Option:*

On cessation of premiums during the premium paying term the Rider cover cease immediately and if not revived within the applicable revival period, the Rider will terminate post payment of surrender value (if any).

### 2) Surrender Value

Surrender value shall be payable subject to following conditions:

#### *If you have opted for Return of Premium Option:*

Surrender Value will be the higher of Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV), less any benefits already paid out, payable subject to the conditions below:

Where,

$$GSV = GSV \text{ Factor}\% \times \text{Rider Premiums Paid}$$

The policy shall acquire a GSV immediately on the payment of Single Premium and upon the payment of at least two years premium in case of a Limited/Regular premium policy. SSV shall become payable after completion of first policy year provided one full year premium has been received for Limited/Regular Pay and immediately on the receipt of single premium for Single Pay.

SSV shall be calculated as the expected present value of:

- Paid-up guaranteed future benefits on death/disability, survival/maturity and
- accrued / vested benefits, duly allowing for survival benefits already paid, if any

The discount rate used to calculate the expected present value shall be equal to the yield on 10 Year G-Sec plus 50 basis points. Currently, the interest rate used for calculating the expected present value is 7.75% p.a.

The applicable SSV shall be reviewed annually based on the prevailing yield on 10 Year G Sec and the underlying experience. The revised discount rates shall apply to all policies including the policies already sold.

#### *If you have not opted for Return of Premium Option:*

The amount payable will be as given below, subject to Policy Cancellation Value (PCV) being acquired:

$PCV \text{ Factor}\% \times \text{Rider Premiums Paid} \times \text{Unexpired Rider Term} \div \text{Original Rider Term}$ , less any benefits already paid out.

Where, acquisition of Policy Cancellation Value and PCV Factors shall be as given in table below:

Premium Payment Term	Policy Cancellation Value Acquired	PCV Factor%
Single Pay (SP)	Immediately upon payment of premium	50%
Limited Pay (LP)	After the end of first policy year, provided at least one full year premium is paid	30%, if less than two annual premiums are paid 50%, if at least two annual premiums are paid

Regular Pay (RP)	No Policy Cancellation value is payable.	Not Applicable
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### 3) Lapsed Policies

#### ***If you have opted for Return of Premium Option:***

Your Rider will acquire a paid-up value only:

- Where Return of Premium option is selected with Limited Pay/Regular Pay, and
- When Premiums are paid for 1 year and after completion of first policy year

If the Rider has acquired paid-up value and the Policyholder stops paying Premiums:

- Death benefit shall be the highest of:
  - $\text{Rider Sum Assured} \times (\text{Total Rider Premiums Paid} \div \text{Total Rider Premiums Payable})$
  - 10 times the Annualized Rider Premiums in case of Limited/Regular Pay
  - 105% of Total Rider Premiums Paid
- Accidental Death benefit (where applicable) shall be calculated as  
 $\text{Rider Sum Assured} \times (\text{Total Rider Premiums Paid} \div \text{Total Rider Premiums Payable})$
- Maturity Benefit (where applicable) shall be calculated as:  
 $\text{Maturity Benefit} \times (\text{Total Rider Premiums Paid} \div \text{Total Rider Premiums Payable})$
- Surrender benefit shall be calculated as per Part (D) (2) above.

#### ***If you have not opted for Return of Premium Option:***

The policy lapses on premium discontinuance without any paid-up value.

### 4) Revival of the Rider

The Rider can be revived within the Revival Period as defined under Part B above. The revival shall be subject to the Board Approved Underwriting Policy of the Company (“BAUP”) and payment of unpaid premiums with interest and a revival fee of Rs 250.

In case the Rider is not revived within the Revival Period as mentioned under the Base Policy, the Rider shall terminate and surrender value, if any, shall be paid to the Policyholder

### 5) Renewal of Rider

As this is a Rider benefit, as long as the premium due is paid along with the base premium, the Rider benefit is renewed.

### 6) Switching of Options

In case the policyholder wants to switch from one Rider option to another, he/she may do so at any premium due date and revised Rider premium shall be calculated as below:

- Regular Pay – The policyholder shall pay revised Rider premium corresponding to the option chosen for the outstanding premium payment term. The cover under the old Rider option expires on the day he switches to the new option.
- Limited Pay / Single Pay – The revised Rider premium shall be calculated based on the outstanding Rider term on the date of adding the new Rider. In addition, in respect of the Rider premiums already paid, there will be a refund of premiums equal to the Total Rider Premiums Paid until the date of switch less the premiums payable under Regular Pay for the covered duration.

### 7) Alterations

No alterations are permissible under the Rider except change in Frequency of Premium Payment and addition/ removal of Benefit Option.

- If not opted at inception of the Base Policy, the Policyholder may opt for the Rider or any additional Rider option at any Base Policy premium due date. The additional premium for the new option shall be calculated based on the outstanding term on the date of adding the new Rider
- At any Base Policy premium due date, the Policyholder can remove their existing Rider option and choose the other option. For example, if the Policyholder has opted for Option A at inception, he/she may remove Option A and choose Option B at any Base Policy premium due date.

## 8) Loans

No loans are permissible under this Rider.

## 9) Free Look Cancellation

### a) Cancellation in the Free Look Period

- The Policyholder shall have the option of cancelling the Rider, stating the reasons thereof, by returning the Rider Document to the Company, within 30 days from the date of receipt of the Rider Document in case Policyholder is not agreeable to any Rider terms and conditions.
- The Rider can be cancelled in the free-look period even if the Base Policy to which it is attached is continued.
- The Rider shall be automatically cancelled if the Base Policy to which it is attached is cancelled.
- If Rider is cancelled along with the Base Policy, on receipt of letter along with original Rider Document, the Company shall arrange to refund the Rider Premiums paid by Policyholder, subject to deduction of the proportionate risk premium for the period on cover and the expenses incurred for medical examination of the proposer (if any) and stamp duty, (if any). This would be in addition to the refund under the Base Policy (if any) as per applicable terms and conditions.
- If Rider is cancelled independently of the Base Policy, then the Rider Premium will be returned, subject to deduction of the proportionate risk premium for the period on cover and the expenses incurred for medical examination of the proposer (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.

### b) Cancellation after the Free Look Period

- The Rider can be cancelled at any time during the Rider Term. Upon such a cancellation, the Rider will lapse and the surrender value (if any) will be payable as per Part D (Surrender Value) above.
- The Rider shall be automatically cancelled if the Base Policy to which it is attached is cancelled.

## **Part E**

No charges are applicable under the Rider

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## Part F

### 1) Exclusions

#### Option A: Death Cover

##### i. Suicide Exclusion

In case of death due to suicide within 12 months from the Risk Commencement Date of the Rider or from the date of revival of the Rider, as applicable, the Nominee or beneficiary of the Policyholder shall be entitled to at least 80% of the Total Rider Premiums Paid till the date of death or the Surrender Value available as on the date of death whichever is higher, provided the Rider is in force.

##### ii. Age Admitted

The Company has calculated the Premiums under the Rider on the basis of the age of the Life Assured as declared in the Proposal. In case You have not provided proof of age of the Life Assured with the Proposal, you will be required to furnish such proof of age of the Life Assured as is acceptable to us and have the age admitted. In the event the age so admitted (“Correct Age”) during the Rider Term is found to be different from the age declared in the Proposal, without prejudice to our rights and remedies including those under the Insurance Act, 1938, as amended from time to time we shall take one of the following actions (i) if the Correct Age makes the Life Assured ineligible for this Rider, we will offer him suitable plan as per our underwriting norms. If you do not wish to opt for the alternative plan or if it is not possible for us to grant any other plan, the Rider will stand cancelled from the date of issuance and the Premiums paid under the Rider will be returned subject to the deduction of expenses incurred by the Company and the Rider will terminate thereafter; or (ii) if the Correct Age makes the Life Assured eligible for the Rider, the difference between the revised Premium, as per the Correct Age and the original Premium, with interest, will be due on the next Rider Anniversary date and the revised Premium will continue for the rest of the Premium Payment Term. The provisions of Section 45 of the Insurance Act, 1938 as amended from time to time shall be applicable.

#### Option B: Accidental Death Cover & Option C: Personal Accident Cover

We shall not be liable to make any payment for any claim in respect of the Life Assured, under this Rider for, caused by, arising from or in any way attributable to any of the following unless otherwise stated in the Policy:

- i. Any Pre-existing condition or Disability arising out of a Pre-existing Diseases or any complication arising therefrom.

Pre-existing Disease means any condition, ailment, injury or disease / critical illness / disability:

- a. That is/are diagnosed by a Physician within 36 months prior to the Risk Commencement date of the Rider issued by the insurer or its reinstatement; or
- b. For which medical advice or treatment was recommended by, or received from, a Physician 36 months Prior to the Risk Commencement date of the Rider issued by the insurer or its reinstatement

In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. Coverage under the Rider after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

- ii. Any payment in case of one or more claim under the Rider during the Rider Term by which our maximum liability in the Rider Term would exceed the Sum Assured.
- iii. Death or Disability caused due to treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- iv. Death or Disability caused due to intentional self-injury, suicide or attempted suicide, whether the person is medically sane or insane.

- v. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
- vi. Death or Disability arising out of or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
- vii. Death or Disability caused by or associated with any venereal disease, sexually transmitted disease.
- viii. Congenital External diseases, defects or Anomalies or in consequence thereof.
- ix. Death or Disability caused by or arising from Bacterial / Viral infections (except pyogenic infection which occurs through an Accidental cut or wound)
- x. Death or Disability caused by or arising from Medical or surgical treatment except as necessary solely and directly because of an Accident.
- xi. Death or Disability caused by treatment directly arising from or consequent upon any Life Assured committing or attempting to commit a breach of law with criminal intent.
- xii. Death or Disability, caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any death or disability due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the Rider Term.
- xiii. Death or Disability caused by participation of the Life Assured in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- xiv. Death or Disability caused whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation and is specifically specified in the Rider Schedule.
- xv. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as race jockeys or circus personnel.
- xvi. Death or Disability arising from ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
  - a. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
  - b. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death
- xvii. Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy.

#### **Option D: Daily Hospitalisation Cash & Surgical Care Cover**

##### **i. Exclusions for Daily Hospitalisation Cash Benefit:**



No Cover shall be payable for any claim under Daily Hospitalisation Cash Benefit in respect of a Life Assured, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any Illness, or Accident causing the Injury leading to the Hospitalization, which has occurred prior to the Date of Commencement of Risk under the Policy.
2. Any Hospitalization for treatment of Pre-Existing Diseases or its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the Date of Commencement of Risk in the Policy. In case of enhancement of Sum Assured the exclusion shall apply afresh to the extent of Sum Assured increase. Coverage under the Policy after the expiry of 36 months for any Pre-Existing Diseases is subject to the same being declared in the Proposal Form and accepted by Us.
3. Any procedure/ treatment which is carried out as a day care treatment, or which requires less than 24 continuous hours of Hospitalization.
4. Any admission for treatment arising from or traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except surgical management of ectopic pregnancy. Any admission for treatment arising from or traceable to miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Rider Term.
5. Any treatment performed solely due to cosmetic or aesthetic reasons, weight reduction, change of sex, and lasik Surgery unless not for cosmetic purpose.
6. Any admission for any dental treatment except any dental Surgery or facial reconstruction being performed under emergency care due to an Accident.
7. Hospitalization for the sole purpose of traction, physiotherapy or any ailment for which Hospitalization is not warranted due to advancement in medical technology.
8. Treatment by a family member and self-medication or any treatment that is not scientifically recognized.
9. Any unproven/experimental treatment: Hospitalization for or due to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
10. Any alternative treatments except treatment taken under Ayurveda, Unani, Sidha and Homoeopathy in a Government Hospital or any institute recognized by the Government and/or accredited by Quality Council of India / National Accreditation Board for Hospitals and healthcare providers.
11. Any treatment received outside India unless specifically covered and specified in the Policy.
12. Routine medical, dental, eye and ear examinations are not covered unless specifically covered and specified in the Policy.
13. Circumcision unless medically necessary.
14. Any Hospitalization primarily for diagnostics and evaluation purposes only are excluded.
15. Any Hospitalization necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving
16. Any Hospitalization directly arising from or consequent upon any Life Assured committing or attempting to commit a breach of law with criminal intent.
17. Hospitalization in any Hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in its website / notified to You are not admissible. However, in case of life-threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.
18. Any Hospitalization for treatment of Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
19. Any Hospitalization for treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
20. Any Hospitalization due to intentional self-injury, suicide or attempted suicide.



21. Any Hospitalization due to participation by the Life Assured in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
22. Any Hospitalization arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or airforce operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
23. Any Hospitalization arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
  - a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
  - b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
  - c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
24. Any Hospitalization outside India.
25. Any Hospitalization related to donor treatment, including screening, surgery to remove organs from the donor, in case of transplant surgery.
26. Any Hospitalization for treatment of congenital external anomalies or any complications or conditions arising therefrom including any developmental conditions of the Life Assured.
27. Any Hospitalization for Diagnosis or treatment related to sleep disorder or sleep apnea syndrome or general debility convalescence.
28. Any Hospitalization due to deliberate exposure to exceptional danger (except in an attempt to save human life).

## **ii. Exclusions for Surgical Care Benefit**

No Cover shall be payable for any claim under the Surgical Care Cover in respect of a Life Assured, directly or indirectly caused by, arising from or in any way attributable to any of the following:

1. Pre-Existing Diseases
  - a) Expenses related to the treatment of a Pre-Existing Diseases (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the Date of Commencement of Risk under the Policy.
  - b) If the Life Assured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Insurance Product) Regulations, 2024 as amended from time to time then Waiting Period for the Fixed Surgical Care Cover same would be reduced to the extent of prior coverage.
  - c) Coverage under the Policy after the expiry of 36 months for any Pre-Existing Diseases is subject to the same being declared at the time of Proposal Form and accepted by Insurer.
2. Specified disease/procedure waiting period
  - a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24/36 months of continuous coverage, as may be the case after the Date of Commencement of Risk under the

Policy or Revival of the Policy. This exclusion shall not be applicable for claims arising due to an Accident.

- b) If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing Diseases, then the longer of the two waiting periods shall apply.
- c) The waiting period for listed conditions shall apply even if contracted after the Date of Commencement of Risk under the Policy or declared and accepted without a specific exclusion.
  - I. 24 Months waiting period for:
    1. Benign ENT disorders
    2. Tonsillectomy
    3. Adenoidectomy
    4. Mastoidectomy
    5. Tympanoplasty
    6. Hysterectomy
    7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
    8. Benign prostate hypertrophy
    9. Cataract and age-related eye ailments
    10. Gastric/ Duodenal Ulcer
    11. Gout and Rheumatism
    12. Hernia of all types
    13. Hydrocele
    14. Non-Infective Arthritis
    15. Piles, Fissures and Fistula in anus
    16. Pilonidal sinus, Sinusitis and related disorders
    17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from Accident
    18. Calculi in urinary system, Gall Bladder, biliary and pancreatic system and salivary duct excluding malignancy.
    19. Varicose Veins and Varicose Ulcers
    20. Internal Congenital Anomalies
  - II. 36 Months waiting period for:
    1. Treatment for joint replacement unless arising from Accident
    2. Age-related Osteoarthritis & Osteoporosis leading to any surgery including joint replacement
3. Investigation & Evaluation
  - a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
  - b) Any diagnostic expenses which are not related or not incidental to the current Diagnosis and treatment are excluded.
4. Rest cure, rehabilitation and respite care  
Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
  - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
  - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
5. Obesity/ Weight Control  
Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
  - 1) Surgery to be conducted is upon the advice of the Medical Practitioner
  - 2) The Surgery/procedure conducted should be supported by clinical protocols
  - 3) The Life Assured has to be 18 years of Age or older; and
  - 4) Body Mass Index (BMI):

- a) greater than or equal to 40 or
- b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
  - i. Obesity-related cardiomyopathy
  - ii. Coronary heart disease
  - iii. Severe Sleep Apnea
  - iv. Uncontrolled Type2 Diabetes
6. Change-of-gender treatments:  
Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
7. Cosmetic or plastic Surgery:  
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the Assured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
8. Hazardous or Adventure sports:  
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
9. Breach of law  
Expenses for treatment directly arising from or consequent upon any Life Assured committing or attempting to commit a breach of law with criminal intent.
10. Excluded Providers  
Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in its website / notified to You are not admissible. However, in case of life-threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim
11. Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
12. Any treatment in an establishment that is not a Hospital. This includes:
  - a. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.
  - b. Out-patient treatment.
  - c. Domiciliary hospitalization or treatment.
  - d. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.
13. Refractive Error: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
14. Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
15. Any Surgery arising under alternative treatments except treatment taken under Ayurveda, Unani, Sidha and Homoeopathy in a Government Hospital or any institute recognized by the Government and/or accredited by Quality Council of India / National Accreditation Board for Hospitals and Healthcare Providers.
16. Sterility and Infertility  
Expenses related to sterility and infertility. This includes:
  - a) Any type of contraception, sterilization
  - b) Assisted reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
  - c) Gestational surrogacy

- d) Reversal of sterilization
- 17. Maternity
  - a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
  - b) Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Rider Term.
- 18. Any expenses related to intentional self-injury, suicide or attempted suicide.
- 19. Participation by the Life Assured in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- 20. Expenses arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or airforce operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power
- 21. Expenses arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
  - a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
  - b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
  - c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
- 22. Treatment taken outside India
- 23. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- 24. All expenses related to donor treatment, including screening, surgery to remove organs from the donor, in case of transplant surgery.
- 25. Congenital external anomalies or any complications or conditions arising therefrom including any developmental conditions of the Life Assured.
- 26. Non-allopathic treatment or treatment related to any unrecognized systems of medicine.
- 27. Any treatment related to sleep disorder or sleep apnea syndrome or general debility convalescence.
- 28. Deliberate exposure to exceptional danger (except in an attempt to save human life).
- 29. All preventive care, vaccination including inoculation and immunizations (except in case of post bite treatment) and tonics.
- 30. Expenses related to any admission, Surgery and treatment primarily due to hormone replacement therapy and any complications arising therefrom
- 31. Dental, orthodontics, periodontics, endodontics or any preventative dentistry no matter who gives the treatment.
- 32. Ear or body piercing and tattooing or treatment needed as a result of any of these.

## 2) Claim Procedure

### a. Claim Payout in Income (Applicable for Option A, Option B & Option C)

- The monthly income will be paid in advance. The income amount will be calculated in such a way that the present value of the incomes, using a given interest rate, equals the amount of benefit chosen to be taken as incomes under the Rider. This amount shall be a level amount, i.e., a constant amount, and shall remain fixed over the income period.
- The interest rate used to compute the income amount shall be equal to the annualized yield on 10-year G-Sec (over last 6 months & rounded down to nearest 25bps) less 25 basis points. The interest rate shall be reviewed half-yearly and any change in the interest rate shall be effective from 25th February and 25th August each year. The interest rate shall be revised every time there is a change, as per the above formula. In case of a revision in interest rate, the same shall apply until next revision. The source of 10-year benchmark G-sec yield shall be RBI Negotiated Dealing System-Order Matching segment (NDS-OM).
- For Option C, Accidental Total Permanent Disability and any claim payout taken as an income; At any time during the income payment phase, the Life Assured/Nominee can choose to terminate the income payment in exchange for a lump-sum, in which case, the lump-sum payable shall be equal to the discounted value of all the future income due. The interest rate used to compute the income amount shall be equal to the annualized yield on 10-year G-Sec (over last 6 months & rounded down to nearest 25bps) plus 25 basis points. The interest rate shall be reviewed half-yearly and any change in the interest rate shall be effective from 25th February and 25th August each year. The interest rate shall be revised every time there is a change, as per the above formula. In case of a revision in interest rate, the same shall apply until next revision. The source of 10-year benchmark G-sec yield shall be RBI Negotiated Dealing System-Order Matching segment (NDS-OM).

**b. Document/ Information to be submitted in support of claim**

The documents usually required for processing a claim (For death benefit due to natural causes)

- a) Completed claim form, (including NEFT details and bank account proof as specified in the claim form);
- b) Original Base Policy Document and Rider Document;
- c) Original or copy Death Certificate issued by Municipal Authority/ Gram Panchayat / Tehsildar (attested by issuing Authority);
- d) Claimant's identity and residence proof.

The documents usually required for processing a claim (For death benefit due to Accidental Death and death due to un-natural causes)

- a) Claim form
- b) Original Base Policy Document and Rider Document
- c) Documents which can be considered as proof of Death are:
  - i. Death Certificate of the Scheme Member issued by the Municipal Committee/ Corporation/ Govt. hospital/recognized hospital where the Scheme Member was receiving treatment, cremation/ burial ground; or
  - ii. Gram Panchayat certificate / Tehsildar certificate, Certified copy of village death records, or
  - iii. Certified copy of relevant extracts of Register of Births and Deaths,
  - iv. Original First Information Report or Police Panchanama or Police Inquest Report or Post-Mortem Report, if the death occurs due to an accident
  - v. Certified copy of Discharge Summary, consultation papers, Investigation reports (If Applicable)
  - vi. Certified copy of Medical Records (Indoor Case Papers, OT notes, etc. (If Applicable)



- d) Any other document/ information that the Insurer may decide in the circumstances of a particular case.

The documents considered for processing a claim (For Accidental Total Permanent Disability & Accidental Partial Permanent Disability):

- a) Claim form
- b) Original Base Policy Document and Rider Document
- c) Certified copy of Discharge Summary, consultation papers, Investigation reports (If Applicable)
- d) Certified copy of Medical Records (Indoor Case Papers, OT notes, etc. (If Applicable)
- e) Certified copy of disability
- f) Certified copies of MLC/FIR Report (If Applicable)
- g) Any medical reports by the family Medical Practitioner/doctor relevant to the Accidental Disability related cover and its treatment, or
- h) Any other document that the Insurer may decide in the circumstances of a particular case.

The documents considered for processing a claim (Daily Hospitalization Cash Cover & Surgical Cover)

- a) Claim form
- b) Original Base Policy Document and Rider Document
- c) Certified copy of Discharge Summary, consultation papers, Investigation reports (If Applicable)
- d) Certified copy of Medical Records (Indoor Case Papers, OT notes, first consultation paper and Hospital registration certificate etc. (If Applicable)
- e) Copy of Hospitalisation claim settlement letter (from other insurer) (If available);
- f) Copy of Hospital bill receipt;
- g) Any other document that the Insurer may decide in
- h) the circumstances of a particular case.

The documents usually required for processing a claim (For maturity benefit)

- a) Original Base Policy Document and Rider Document
- b) NEFT mandate / discharge voucher
- c) Bank Account Proof
- d) KYC documents

The Insurer will not accept the aforesaid documents unless it is issued by a person duly authorized to issue the same.

Note:

- o In case original documents are submitted, attestation on the document by authorities is not required.
- o Depending on the circumstances of the death, further documents may be called for as we deem fit.
- o The claim is required to be intimated to us within a period of 90 days from the date of death. However, we may condone the delay in claim intimation, if any, where the claim is genuine and the delay is proved to be for reasons beyond the control of the claimant.

The Company shall settle the claim in accordance with the Master Circular on Protection of Policyholders' Interests, 2024 as amended from time to time.

### 3) Assignment and Transfer

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

**4) Nomination**

Nomination for this Rider shall be as per the Nomination Schedule under the Base 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, misrepresentation and forfeiture 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 Base 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 Base Policy document shall also apply.

### **Part G**

The terms & conditions under Part G of the Base 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 there of 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
- 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
  - may institute any proceedings in relation to the policy
  - 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.

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## 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 them,

The 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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### 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. 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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