

Protect your future by waiving off uncertainty

NEW

HDFC Life Waiver of Premium Rider – Linked

A Linked, Non- Participating, Individual Pure Risk Premium,
Life / Health rider



Child's future uninterrupted!



Benefits continue
with no premiums
during uncertainty



Cover against
60 critical illnesses



Sar utha ke jiyo!

In this policy, the investment risk in investment portfolio is borne by the policyholder.

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A Linked, Non- Participating, Individual Pure Risk Premium, Life / Health rider

You always want to provide the best to your loved ones, be it your child’s higher education, planning a family holiday or a secure retirement.

By opting for a life insurance policy, you have already taken the first step towards the wellbeing of your family to safeguard their present and ensure that their future is financially secure.

However, what if you are unable to earn and pay your premiums because of unexpected events. This Rider ensures your insurance benefits continue even if you are unable to pay the premiums in the event of any unforeseen calamities.

This Rider offers the following benefits

- Continue to receive the benefits of the base policy without paying future premium
- Comprehensive protection against
 - Death of Life Assured
 - Disability
 - Diagnosis of 60 Critical Illnesses

This rider can be opted at inception or subsequently on any premium due date of the base plan subject to limits specified below:

Parameters	Details
Entry Age	Minimum: 18 years Maximum: 65 years
Maturity Age	Minimum: 23 years Maximum: 85 years
Rider Policy Term	Minimum: 5 years Maximum: 1. Waiver of Premium on death – Same as base policy outstanding premium payment term 2. Waiver of Premium on Disability and Critical illness – 15 years
Rider Premium Payment Term	Same as Rider Policy Term
Rider Sum Assured	Sum of all future premiums due and payable under the Base Policy, including the premiums for optional benefits and all other riders attached to the base policy at inception of this rider, subject to Board Approved Underwriting Policy

All ages are age last birthday

Note:

1. Life Assured under the Rider shall mean the Policyholder under the Base policy.
2. Rider will not be offered if the term of the rider exceeds outstanding term under the base policy.

What is the premium payable under this rider?

- The rider premium shall be collected in addition to the premium payable under the Base Policy.
- The premium payment frequency for the rider shall be same as the base policy.

How does the plan work?

There are two benefit options available under the Rider Policy:

Option A: Waiver of Premium on Death***Option B: Waiver of Premium on Disability & Critical Illness**

*Available only if life assured under the base policy is different from the policyholder under the base policy. Subject to the conditions stated below, this rider can be opted for by the policyholder under the base policy:

- a) Any or all of the above benefit options can be chosen.
- b) This Rider can be opted at inception of the Base Policy or at any Base Policy premium due date.
- c) This Rider shall stand terminated and the coverage under it shall cease as soon as the Base Policy is terminated/cancelled.

Option A: Waiver of Premium on Death

The Company shall waive off all outstanding premiums of the Base Policy and all other riders attached to the base policy at inception of this rider, on the death of Life Assured, subject to exclusions.

Option B: Waiver of Premium on Disability & Critical Illness

The Company shall waive off all outstanding premiums of the Base Policy and all other riders attached to the base policy at inception of this rider, on the first occurrence of either of the following events:

- On the Life Assured being diagnosed with any of the Disability, subject to exclusions.
- On the Life Assured being diagnosed with any of the Critical Illness listed below, subject to exclusions.

Sr No.	Name of CI/Surgery
1	Alzheimer's Disease
2	Parkinson's disease
3	Aorta Graft Surgery
4	Amputation of Feet due to Complications from Diabetes
5	Apallic Syndrome
6	Aplastic Anaemia
7	Bacterial Meningitis
8	Brain Surgery
9	Cardiomyopathy
10	Chronic Adrenal Insufficiency (Addison's Disease)
11	Chronic Relapsing Pancreatitis
12	Severe Crohn's Disease
13	Dissecting Aortic Aneurysm
14	Ebola
15	Elephantiasis
16	Encephalitis
17	Fulminant Hepatitis
18	Loss of Independent Existence (cover up to Insurance Age 74)
19	Medullary Cystic Disease
20	Muscular Dystrophy
21	Myasthenia Gravis
22	Other Serious Coronary Artery Disease
23	Poliomyelitis
24	Progressive Scleroderma
25	Progressive Supranuclear Palsy
26	Severe Rheumatoid Arthritis
27	Severe Ulcerative Colitis
28	Systemic Lupus Erythematosus with Lupus Nephritis
29	Pneumonectomy
30	Third Degree Burns
31	Stroke resulting in permanent symptoms
32	Primary (Idiopathic) Pulmonary Hypertension

Sr No.	Name of CI/Surgery
33	Permanent Paralysis of Limbs
34	Open Heart Replacement or Repair of Heart Valves
35	Open Chest CABG
36	Multiple Sclerosis with Persisting Symptoms
37	Motor Neuron Disease with Permanent Symptoms
38	Major Organ /Bone Marrow Transplant
39	Major Head Trauma
40	Benign Brain Tumor
41	Blindness
42	Deafness
43	End Stage Lung Failure
44	End Stage Liver Failure
45	Loss of Speech
46	Loss of Limbs
47	Kidney Failure Requiring Regular Dialysis
48	Infective Endocarditis
49	Coma of specified Severity
50	Cancer of Specified Severity
51	Myocardial Infarction (First Heart Attack of Specific Severity)
52	Creutzfeldt-Jacob Disease (CJD)
53	Multiple System Atrophy
54	Loss of One Limb and One Eye
55	Necrotising Fasciitis
56	Hemiplegia
57	Tuberculosis Meningitis
58	Myelofibrosis
59	Pheochromocytoma
60	Eisenmenger's Syndrome

Please note, on waiver of the premium, the Base Policy, including the optional benefits and attached riders, shall continue as per applicable terms and conditions and the Rider coverage shall terminate.

Which products can this Rider be offered with?

The rider will be available to policyholders of withdrawn/current/subsequently modified, versions of below base products:

Sr. No.	Product	UIN
1.	HDFC Life Sampoorn Nivesh	101L103V03
2.	HDFC Life Smart Protect Plan	101L175V04
3.	HDFC Life Click 2 Invest	101L100V05
4.	HDFC Life Click 2 Wealth	101L133V03

Is there any Maturity benefit?

There is no maturity benefit available under this rider.

What is the grace period?

Grace Period of 30 days, where the mode of payment of Premium is annual, half-yearly, quarterly and 15 days in case of monthly mode, is allowed for the payment of each renewal premium after the first premium. The rider is considered to be in-force with the risk cover during the grace period without any interruption. 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 policy year from any benefit payable.

What is the Paid Up Benefit available?

No Paid-Up benefit is payable.

What is the Surrender Benefit available?

No Surrender value is payable.

What are the revival conditions?

Revival period shall be the same as that of base plan. The revival shall be subject to the BAUP and payment of unpaid premiums with interest and a revival fee of Rs 250.

Definitions

1. Critical Illnesses covered are :

1.1. Alzheimer's Disease

Alzheimer's (presenile dementia) disease is a progressive degenerative disease of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.

Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Life Assured. The diagnosis must be supported by the clinical confirmation of a Neurologist and supported by Our appointed Medical Practitioner.

The disease must result in a permanent inability to perform three or more Activities of daily living with "Loss of Independent Living" or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days.

The following conditions are however not covered:

- a) neurosis or neuropsychiatric symptoms without imaging evidence of Alzheimer's Disease
- b) alcohol related brain damage; and
- c) any other type of irreversible organic disorder/dementia not associated with Alzheimer's Disease

The Activities of Daily Living are:

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

1.2. Parkinson's disease

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to us.

The diagnosis must be supported by all of the following conditions:

- a) the disease cannot be controlled with medication;

- b) signs of progressive impairment; and
- c) inability of the Life Assured to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

The Activities of Daily Living are:

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

1.3. Aorta Graft Surgery

The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.

The Life Assured understands and agrees that we will not cover:

- a) Surgery performed using only minimally invasive or intra-arterial techniques.
- b) Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.

Aorta graft surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.

1.4. Amputation of Feet due to Complications from Diabetes

Diabetic neuropathy and vasculitis resulting in the amputation of both feet at or above ankle as advised by a Registered Medical Practitioner who is a specialist as the only means to maintain life. Amputation of toe or toes, or any other causes for amputation shall not be covered.

1.5. Apallic Syndrome

Apallic Syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a Universal necrosis of the brain cortex with the brainstem remaining

intact. The diagnosis must be confirmed by a Neurologist acceptable to us and the patient should be documented to be in a vegetative state for a minimum of at least one month in order to be classified as UWS, PVS, Apallic Syndrome.

1.6. Aplastic Anaemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- a) Blood product transfusion;
- b) Marrow stimulating agents;
- c) Immunosuppressive agents; or
- d) Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:

- a) Absolute neutrophil count of less than $500/\text{mm}^3$ or less
 - b) Platelets count less than $20,000/\text{mm}^3$ or less
 - c) Reticulocyte count of less than $20,000/\text{mm}^3$ or less
- Temporary or reversible Aplastic Anaemia is excluded.

1.7. Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities of daily Living.

This diagnosis must be confirmed by:

- a) The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- b) A consultant neurologist.

The Activities of Daily Living are:

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

vi. Feeding: the ability to feed oneself once food has been prepared and made available.

1.8. Brain Surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are all excluded. Brain surgery as a result of an Accident is also excluded. The procedure must be considered medically necessary by a Medical Practitioner who is a qualified specialist.

1.9. Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:

- NYHA Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

The Diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance.

Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

1.10. Chronic Adrenal Insufficiency (Addison's Disease)

An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a Registered Medical Practitioner who is a specialist in endocrinology through one of the following:

- a) ACTH simulation tests;
- b) insulin-induced hypoglycemia test;
- c) plasma ACTH level measurement;
- d) Plasma Renin Activity (PRA) level measurement.

Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

1.11. Chronic Relapsing Pancreatitis

An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Medical Practitioner who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.

Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

1.12. Severe Crohn's Disease

Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:

- a) Stricture formation causing intestinal obstruction requiring admission to hospital, and
- b) Fistula formation between loops of bowel, and
- c) At least one bowel segment resection.

The diagnosis must be made by a Registered Medical Practitioner who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

1.13. Dissecting Aortic Aneurysm

A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a Registered Medical Practitioner who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.

1.14. Ebola

Infection with the Ebola virus where the following conditions are met:

- a) presence of the Ebola virus has been confirmed by laboratory testing;
- b) there are ongoing complications of the infection persisting beyond thirty (30) days from the onset of symptoms; and
- c) the infection does not result in death.

1.15. Elephantiasis

Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal diagnosis of elephantiasis must be confirmed by a Registered Medical Practitioner who is a specialist physician. There must be clinical evidence of permanent massive swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection.

Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

1.16. Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a Registered Medical Practitioner who is a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks. The

permanent deficit should result in permanent inability to perform three or more Activities for Daily Living (listed below).

Activities of daily living are:

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

1.17. Fulminant Hepatitis

A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- a) Rapid decreasing of liver size;
- b) Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- c) Rapid deterioration of liver function tests;
- d) Deepening jaundice; and
- e) Hepatic encephalopathy.

Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

1.18. Loss of Independent Existence (cover up to Insurance Age 74)

The Life Assured is physically incapable of performing at least three (3) of the "Activities of Daily Living" as defined below (either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons) for a continuous period of at least six (6) months and leading to a permanent inability to perform the same. For the purpose of this definition, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology. The Diagnosis of Loss of Independent Existence must be confirmed by a Registered Medical Practitioner who is a specialist.

Only Life Assured with Insurance Age between 18 and 74 on first diagnosis is eligible to receive a benefit under this illness.

Activities of daily living:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder

- functions so as to maintain a satisfactory level of personal hygiene;
- v. Feeding: the ability to feed oneself once food has been prepared and made available;
- vi. Mobility: The ability to move indoors from room to room on level surfaces.

1.19. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

- a) the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- b) clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- c) the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. Isolated or benign kidney cysts are specifically excluded from this benefit.

1.20. Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered Medical Practitioner who is a consultant neurologist. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.

Activities of daily living:

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

1.21. Myasthenia Gravis

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:

- a) Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification given below; and
- b) The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Registered Medical Practitioner who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification:

- Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.
- Class II: Eye muscle weakness of any severity, mild weakness of other muscles.
- Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.
- Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.

- Class V: Intubation needed to maintain airway.

1.22. Other Serious Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary angiography, regardless of whether or not any form of coronary artery intervention or surgery has been performed. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery (but not including their branches).

1.23. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- a) Poliovirus is identified as the cause,
- b) Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

1.24. Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

- a) Localised scleroderma (linear scleroderma or morphea);
- b) Eosinophilic fasciitis; and
- c) CREST syndrome.

1.25. Progressive Supranuclear Palsy

Confirmed by a Registered Medical Practitioner who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

1.26. Severe Rheumatoid Arthritis

Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:

- a) Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
- b) Permanent inability to perform at least two (2) "Activities of Daily Living";
- c) Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
- d) The foregoing conditions have been present for at least six (6) months.

The Activities of Daily Living are:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

1.27. Severe Ulcerative Colitis

Acute fulminant ulcerative colitis with life threatening electrolyte disturbances. All of the following criteria must be met:

- a) the entire colon is affected, with severe bloody diarrhoea; and
- b) the necessary treatment is total colectomy and ileostomy; and
- c) the diagnosis must be based on histopathological features and confirmed by a Registered Medical Practitioner who is a specialist in gastroenterology.

1.28. Systemic Lupus Erythematosus with Lupus Nephritis

A multi-system autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of this Policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered Medical Practitioner specialising in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

- Class I Minimal Change Lupus Glomerulonephritis
- Class II Mesangial Lupus Glomerulonephritis
- Class III Focal Segmental Proliferative Lupus Glomerulonephritis
- Class IV Diffuse Proliferative Lupus Glomerulonephritis
- Class V Membranous Lupus Glomerulonephritis

1.29. Pneumonectomy

The undergoing of surgery on the advice of an appropriate Medical Specialist to remove an entire lung for disease or traumatic injury suffered by the Life Assured.

The following conditions are excluded:

- a) Removal of a lobe of lungs (lobectomy)
- b) Lung resection or incision

1.30. Third Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

1.31. Stroke resulting in permanent symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes

infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- a) Transient ischemic attacks (TIA)
- b) Traumatic injury of the brain
- c) Vascular disease affecting only the eye or optic nerve or vestibular functions.

1.32. Primary (Idiopathic) Pulmonary Hypertension

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

1.33. Permanent Paralysis of Limbs

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

1.34. Open Heart Replacement or Repair of Heart Valves

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

1.35. Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures.

The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

- a) Angioplasty and/or any other intra-arterial procedures

1.36. Multiple Sclerosis with Persisting Symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- a) investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- b) there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Other causes of neurological damage such as SLE are excluded.

1.37. Motor Neuron Disease with Permanent Symptoms

Motor neuron disease diagnosed by a Specialist Medical Practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

1.38. Major Organ /Bone Marrow Transplant

The actual undergoing of a transplant of:

- a) One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- b) Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- a) Other stem-cell transplants
- b) Where only Islets of Langerhans are transplanted

1.39. Major Head Trauma

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

The Activities of Daily Living are:

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

The following is excluded:

- a) Spinal cord injury.

1.40. Benign Brain Tumor

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or

meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist:

- a) Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- b) Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded:

- a) Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

1.41. Blindness

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

The Blindness is evidenced by:

- a) corrected visual acuity being 3/60 or less in both eyes or;
- b) the field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

1.42. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose

and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing” in both ears.

1.43. End Stage Lung Failure

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- a) FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- b) Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- c) Arterial blood gas analysis with partial oxygen pressures of 55mmHg or less ($\text{PaO}_2 < 55$ mmHg); and
- d) Dyspnea at rest.

1.44. End Stage Liver Failure

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- a) permanent jaundice; and
- b) ascites; and
- c) hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

1.45. Loss of Speech

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

1.46. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self- inflicted injury, alcohol or drug abuse is excluded.

1.47. Kidney Failure Requiring Regular Dialysis

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

1.48. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- a) Positive result of the blood culture proving presence of the infectious organism(s);

- b) Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
- c) The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Medical Practitioner who is a cardiologist.

1.49. Coma of specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- d) No response to external stimuli continuously for at least 96 hours;
- e) Life support measures are necessary to sustain life; and
- f) Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting from alcohol or drug abuse is excluded.

1.50. Cancer of Specified Severity

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

The following are excluded –

- a) All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
- b) Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- c) Malignant melanoma that has not caused invasion beyond the epidermis;
- d) All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- e) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- f) Chronic lymphocytic leukaemia less than RAI stage 3
- g) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- h) All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

1.51. Myocardial Infarction (First Heart Attack of Specific Severity)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- a) A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- b) New characteristic electrocardiogram changes

- c) Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- a) Other acute Coronary Syndromes
- b) Any type of angina pectoris
- c) A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

1.52. Creutzfeldt-Jacob Disease (CJD)

Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A Registered Medical Practitioner who is a neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.

1.53. Multiple System Atrophy

A diagnosis of multiple system atrophy by a Specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of 30 days of either:

- a) Motor function with associated rigidity of movement; or
- b) The ability to coordinate muscle movement; or
- c) Bladder control and postural hypotension

1.54. Loss of One Limb and One Eye

Total, permanent and irrecoverable loss of sight of one eye and loss by severance of one limb at or above the elbow or knee.

The loss of sight of one eye must be clinically confirmed by a Registered Medical Practitioner who is an eye specialist, and must not be correctable by aides or surgical procedures.

1.55. Necrotising Fasciitis

Necrotizing fasciitis is a progressive, rapidly spreading, infection located in the deep fascia causing necrosis of the subcutaneous tissues. An unequivocal diagnosis of necrotizing fasciitis must be made by a Registered Medical Practitioner who is a specialist and the diagnosis must be supported with laboratory evidence of the presence of a bacteria that is a known cause of necrotising fasciitis. There must also be widespread destruction of muscle and other soft tissues that results in a total and permanent loss or function of the affected body part.

1.56. Hemiplegia

The total and permanent loss of the use of one side of the body through paralysis persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery caused by illness or injury, except when such injury is self-inflicted.

1.57. Tuberculosis Meningitis

Meningitis caused by tubercle bacilli, resulting in permanent neurological deficit persisting for at least 180 consecutive days. Such a diagnosis must be confirmed by a Registered Medical Practitioner who is a specialist in neurology. Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are not present on clinical examination and expected to last throughout the lifetime of life assured.

1.58. Myelofibrosis

A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anaemia, low levels of white blood cells and platelets and enlargement of the spleen. The condition must have progressed to the point that it is permanent and the severity is such that the Life Assured requires a blood transfusion at least monthly. The diagnosis of myelofibrosis must be supported by bone marrow biopsy and confirmed by a Registered Medical Practitioner who is a specialist.

1.59. Pheochromocytoma

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour.

The Diagnosis of Pheochromocytoma must be confirmed by a Registered Medical Practitioner who is an endocrinologist.

1.60. Eisenmenger's Syndrome

Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a Registered Medical Practitioner who is a specialist with echocardiography and cardiac catheterisation and supported by the following criteria:

- a) Mean pulmonary artery pressure > 40 mm Hg;
- b) Pulmonary vascular resistance > 3mm/L/min (Wood units); and
- c) Normal pulmonary wedge pressure < 15 mm Hg.

2. Disability:

Disability shall include Permanent Disability and Physical Impairment as mentioned below:

Disability shall mean the occurrence of any of the following conditions as a result of an Accidental Injury, sickness or disease:

2.1. Permanent Disability

Disability means inability of the Life Assured to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months.

The Activities of Daily Living are:

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

2.2. Physical Impairment

- a) Total and irrecoverable loss of sight of both eyes. The blindness must be confirmed by an Ophthalmologist, OR
- b) Loss of use or loss by severance of two or more limbs at or above wrists or ankles; OR
- c) The total and irrecoverable loss of sight of one eye and loss of use or loss by severance of one limb at or above wrist or ankle.

The above disability must have lasted, without interruption, for at least six consecutive months from the date of diagnosis or accident and must, in the opinion of a qualified medical practitioner appointed by the Company, be deemed permanent.

“Accidental Injury” means bodily injury of the Life Assured caused solely, directly and independently of any other intervening causes from an accident {i.e. a traumatic event of violent, unexpected, external and visible nature}.

The loss of use of a limb is considered as a loss of use when such loss of use involves total and permanent loss of function of the limb affected as determined by a registered medical practitioner nominated by the Company.

Exclusions

Applicable for Waiver of Premium on Death:

i. Suicide Exclusion

In case of death due to suicide within 12 months from the Risk commencement date of under 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, 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 Policy 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 Policy, 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 Policy will stand cancelled from the date of issuance and the Premiums paid under the Policy will be returned subject to the deduction of expenses incurred by the Company and the Policy will terminate thereafter; or (ii) if the Correct Age makes the Life Assured eligible for the Policy, the difference between the revised Premium, as per the Correct Age and the original Premium, with interest, will be due on the next Policy 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.

Applicable for Waiver of Premium on Critical Illness

- i. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;
- ii. Any Pre-existing Disease or any complication arising therefrom. Pre-existing Disease (PED) means any condition, ailment, injury or disease: a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer or its reinstatement, or; b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy, or its reinstatement.
- iii. 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 us.
- iv. Any Critical Illness caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- v. Narcotics used by the Life Assured unless taken as prescribed by a registered Medical Practitioner,
- vi. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide
- vii. Any Critical Illness caused by or arising from 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), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;
- viii. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- ix. Congenital External Anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured;
- x. Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, 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
- xi. 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.
- xii. Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- xiii. Any Critical Illness caused by any unproven/ experimental treatment, service and

supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

- xiv. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.
- xv. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
- xvi. Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the 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 Life Assured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
- xvii. Any Critical Illness caused due to surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the Medical Practitioner
 - b. The Surgery / Procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and
 - d. Body Mass Index (BMI):
 - greater than or equal to 40 or
 - 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:
 1. Obesity related cardiomyopathy
 2. Coronary heart disease
 3. Severe Sleep Apnea
 4. Uncontrolled Type 2 Diabetes
- xviii. Any Critical Illness caused due to 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 reason.
- xix. Any Critical Illness caused by treatment directly arising from or consequent upon any Life Assured committing or attempting to commit a breach of law with criminal intent.
- xx. In the event of the death of the Life Assured within the stipulated survival period as set out below.
- xxi. Any Critical Illness caused by sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
- xxii. Waiting Period
An initial waiting period of 90 days applies from the risk commencement date, or policy revival date, as the case may be. No waiting period applies for Critical Illness claims arising solely due to an accident.
- xxiii. Survival Period

A 15-day survival period is applicable. This refers to the period from the diagnosis and fulfillment of the definition of the conditions covered which the Life Assured must survive

before the benefit will be paid.

Claim payment will only be made with confirmatory diagnosis of the conditions covered while the insured is alive (i.e., a claim would not be admitted if the diagnosis is made post-mortem).

Applicable for Waiver of Premium on Disability (For Permanent Disability & Physical Impairment)

We shall not be liable to make any payment under this Policy towards the Disability benefit, directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

- i. Pre-existing Disease (PED) means any condition, ailment, injury or disease: a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer or its reinstatement, or; b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy, or its reinstatement.
- ii. 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.
- iii. Any disability caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- iv. Narcotics used by the Life Assured unless taken as prescribed by a registered Medical Practitioner.
- v. Any disability caused due to intentional self-injury, suicide or attempted suicide, whether the person is medically sane or insane.
- vi. Any disability, caused by or arising from 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), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
- vii. Service in any military, air-force, naval, paramilitary or similar organization.
- viii. Any disability caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- ix. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as race jockeys or circus personnel.
- x. Congenital External Anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured.
- xi. Any disability caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, 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 and selfie accidents.
- xii. 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.
- xiii. Any disability, caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except

ectopic pregnancy.

- xiv. Any disability due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- xv. Any disability, caused by any unproven / experimental treatment, service and supplies for or in connection with any treatment. Unproven / experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- xvi. Any disability based on certification/diagnosis/treatment from persons not registered as Medical Practitioners or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.
- xvii. Any disability, caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
- xviii. Any disability caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
- xix. Any disability, caused due to surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the Doctor
 - b. The Surgery / Procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and
 - d. Body Mass Index (BMI):
 - greater than or equal to 40 or
 - 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:
 1. Obesity related cardiomyopathy
 2. Coronary heart disease
 3. Severe Sleep Apnea
 4. Uncontrolled Type 2 Diabetes despite optimal therapy
- xx. Any disability caused due to 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 reason.
- xxi. Any 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.
- xxii. Any disability, caused by sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization

xxiii. Waiting Period

There is a waiting period of 90 days from the risk commencement date or revival of cover. In case the insured event happens during this period, no benefit shall be payable.

Waiting period is not applicable for claims occurring solely due to an accident. However, the permanency of the disability needs to be established for the claim to be payable.

1) 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 company, within 30 days from the date of receipt of the rider (whether received electronically or otherwise) 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.
- The rider shall be cancelled, on receipt of letter along with original policy documents., Pursuant to which 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 (if any) and stamp duty, (if any).
- The terms and conditions mentioned above are only for the Rider Policy. 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.

b) Cancellation after the free look period

- The rider shall be automatically cancelled if the base policy to which it is attached is cancelled.
- The rider can be cancelled at any Policy Anniversary. Upon such a cancellation, the rider will lapse and no benefits will be payable.

2) Rider Addition/Deletion

If not opted at inception of the Base Policy, the Policyholder(s) may opt for the rider at any base policy premium due date, subject to Board Approved Underwriting Policy (BAUP).

3) Alterations

No alterations are permissible under the Rider Policy.

4) Assignment and Transfer

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

5) Nomination

Nomination for this Rider Policy 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 Rider Policy Document for your reference.

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

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

7) Non-Disclosure: In accordance with Section 45 of the Insurance Act, 1938 as amended from time to time

1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
2. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.
3. Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.
4. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.
5. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that to

1. age of the life insured was incorrectly stated in the proposal.

This is not a comprehensive list of amendments of Insurance Laws (Amendment) Ordinance, 2014 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Ordinance Gazette Notification dated December 26, 2014 for complete and accurate details.

8) Taxes

Taxes and levies as applicable will be charged. Any taxes, statutory levy becoming applicable in future may become payable by you by any method including by levy of an additional monetary amount in addition to premium and/or charges.

9) Grievance Redressal Mechanism:

You can contact us at any of the below touchpoints in case of any concern:

Helpline number: 022-68446530 (Call Charges apply) | NRI Helpline number +91 89166 94100 (Call Charges apply)

E-mail Address: service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only)

You can let us know of your concerns/grievances through any of below options:

- **Option 1:** Written letter duly signed by the policyholder at any HDFC Life Branch. There is a Grievance Redressal Officer at the respective branch to address the customer's complaint.

To know more about branch address and timing's you can visit this link: <https://www.hdfclife.com/contact-us#BranchLocator>. Please note, branches are closed on Sundays, national holidays and region-specific public holidays.

- **Option 2:** Write to us from your registered email ID at service@hdfclife.com.

- **Option 3:** Visit us at our website <https://www.hdfclife.com/customer-service/grievance-redressal>

You may refer to the escalation matrix in case there is no response to a grievance within the prescribed timelines. If you still not satisfied with our response, you may approach the Insurance Ombudsman located in your region.

For more information on our Grievance Redressal Mechanism and the detailed address of the Insurance Ombudsman, please refer Part G of the policy document given to you.

This rider shall be available for sale on the company's website.

Contact us today



To buy: 1800-266-9777 (Toll free)
(Available all days 10am to 7pm)



Visit us at www.hdfclife.com



Sar utha ke jiyoo!

The Linked Insurance products do not offer any liquidity during the first five years of the contract. The policyholder will not be able to surrender/withdraw the monies invested in Linked Insurance Products completely or partially till the end of fifth year. Linked insurance products are different from the traditional insurance products and are subject to the risk factors. HDFC Life Insurance Company Ltd. is only the name of the Life Insurance Company and HDFC Life Waiver of Premium Rider - Linked is only the name of the linked insurance contract and does not in any way indicate the quality of the contract, its future prospects or returns

HDFC Life Insurance Company Limited (“HDFC Life”). CIN: L65110MH2000PLC128245.
IRDAI Registration No. 101.

Registered Office: HDFC Life Insurance Company Limited, Lodha Excelus, 13th Floor, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai-400 011.

Email: service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only), Tel No: 022-6844-6530 (Call charges apply) (Mon-Sat 10 am to 7 pm). Website: www.hdfclife.com

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Life Insurance coverage is available in this product. For more details on risk factors, associated terms and conditions and exclusions please read sales brochure carefully before concluding a sale.

ARN: PP/10/24/17096.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS

- IRDAI or its officials do not involve in any activities of insurance business like selling insurance policies, announcing bonus or investment of premiums, refund of amounts.

Policyholders or the prospects receiving such phone calls are requested to lodge a police complaint