Annexure – A

Customer Information Sheet/Know Your Policy

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

<table>
<tr><th>Sr. No.</th><th>TITLE</th><th>DESCRIPTION</th><th>Policy Clause Number</th></tr>
<tr><td>1</td><td>Name of Insurance Product/ Policy</td><td>HDFC Life Easy Health</td><td>NA</td></tr>
<tr><td>2</td><td>Policy number</td><td><Policy number></td><td>NA</td></tr>
<tr><td>3</td><td>Type of insurance Product /Policy</td><td>Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event)</td><td>NA</td></tr>
<tr><td>4</td><td>Sum Inured (Basis) (Along with amount)</td><td>Rs.<Sum Insured></td><td>NA</td></tr>
<tr><td>5</td><td>Policy Coverage (What the policy covers?) (Policy Clause Number/s)</td><td>HDFC Life Easy Health is a Fixed Benefit, health insurance product that provides coverage against Daily Hospital Cash Benefit, Surgical Benefit and/or Critical Illness Benefit.
The product offers you the flexibility to choose any 1,2 or all 3 of the following benefit option(s) -
• Daily Hospital Cash Benefit Option
• Surgical Benefit Option
• Critical Illness Benefit Option
The Product offers 7 Plan Options to choose from as mentioned below:
<table><tr><th>Plan Option</th><th>Benefits covered</th></tr><tr><td>A</td><td>Daily Hospital Cash Benefit</td></tr><tr><td>B</td><td>Surgical Benefit</td></tr><tr><td>C</td><td>Critical Illness Benefit</td></tr><tr><td>D</td><td>Daily Hospital Cash Benefit + Surgical Benefit</td></tr><tr><td>E</td><td>Surgical Benefit + Critical Illness Benefit</td></tr><tr><td>F</td><td>Daily Hospital Cash Benefit + Critical Illness Benefit</td></tr><tr><td>G</td><td>Daily Hospital Cash Benefit + Surgical Benefit + Critical Illness Benefit</td></tr></table></td><td>Part C Clause 1</td></tr>
</table>

Daily Hospital Cash Benefit:

- In case of hospitalization, due to any injury, sickness or disease, you will receive **1% of Sum Insured** as Daily Hospital Cash Benefit if admitted in Non ICU room and **2% of Sum Insured** if admitted in ICU room
- The benefit will be payable as a lump sum amount at the end of stay in the Hospital for each and every completed and continuous hospitalization for more than 24 hours as a result of injury, sickness or disease. The benefit amount payable will be calculated as mentioned below:
  - **Daily Hospital Cash Benefit * (Number of Days admitted – 1)**
- Daily Hospital Cash Benefit will be payable for a maximum of 20 days per year in case the Life Assured is admitted in Non ICU room and Twice the Daily Hospital Cash Benefit will be payable for a maximum of 10 days per year if admitted in ICU room
- Daily Hospital Cash Benefit will be payable subject to a maximum of 60 and 30 days if admitted in Non ICU and ICU rooms, respectively during the entire policy term
- The ICU and Non ICU benefits will be independent and subject to their respective limits (as stated above)
- In case the maximum benefit limits applicable during the policy term have been used up, the cover for Daily Hospital Cash Benefit shall cease for the remaining policy term. However, other benefits (such as Surgical Benefit or Critical Illness Benefit), if applicable shall continue to be in force
- There is a **waiting period of 60 days** from the date of commencement or reinstatement of the cover whichever occurs later, except where such expenses are incurred for treatment of a condition caused by an Accident

Surgical Benefit

- Surgical Benefit will be payable if you have to undergo any of the **138 surgeries** mentioned in Annexure 2 of the Sales Literature, provided the surgery is done:
  - by a qualified surgeon for a surgical operation and
  - performed at a hospital due to a injury or sickness for surgical procedures advised by an independent medical practitioner and the policy is inforce
  - during the policy term
- In case you have to undergo a surgery during the policy term, then the benefit payable shall be ascertained on the basis of the Category of the Surgery as shown below:
-

Category***	Sum Insured (%)
1	100%
2	60%
3	40%
4	20%

*** Surgeries are listed in Annexure 2 of the Sales Literature

- You are entitled to make multiple claims up to maximum of **100% of Sum Insured** during the policy term
- You are not allowed to claim for the same surgery more than once. However, multiple claims from the same category can be made
- In case **100%** of the Sum Insured has been used up, the cover for Surgical Benefit will cease for the remaining policy term. However, other benefits (such as Daily Hospital Cash Benefit and Critical Illness Benefit), if applicable will continue to be in force
- There is a waiting period of **60 days** from the date of commencement / reinstatement of the cover whichever occurs later, except where such expenses are incurred for treatment of a condition caused by an Accident

Critical Illness Benefit

- In case you are diagnosed with any of the **18 Critical Illness**, a lump sum benefit equal to **100% of Sum Insured** will be payable, provided you survive a period of 30 days following the diagnosis of any of the below mentioned Critical Illness

Critical Illness	
Cancer of specified severity	Kidney Failure requiring regular dialysis
Myocardial Infarction	Stroke resulting in permanent symptoms
Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders	Apallic Syndrome
Benign Brain Tumour	Coma of Specified Severity
End Stage Liver Failure	End Stage Lung Failure
Loss of Independent Existence	Blindness
Third Degree Burns	Major Head Trauma
Motor Neurone Disease With Permanent Symptoms	Multiple Sclerosis with persisting symptoms
Permanent Paralysis of	Parkinson's Disease

		Limbs | ➢ Please refer to Annexure 3 of the Sales Literature for definitions of Critical Illness ➢ Critical Illness Benefit will be payable only once during the entire policy term ➢ If the diagnosis is made within the policy term and the survival period crosses the end point of policy term, a valid claim arising as a result of such a diagnosis shall be considered ➢ Once the Critical Illness Benefit is paid, the benefit will cease for the Life Assured for the remaining policy term. However, other benefits (such as Daily Hospital Cash Benefit and Surgical Benefit), if applicable will continue to be in force There is a waiting period of **90 days** for Critical Illness Benefit from the date of commencement/ reinstatement of the cover whichever occurs later, except in cases where the Critical Illness occurs as a result of an accident (e.g., Major Head Trauma)	
6	Exclusions (What the policy does not cover) :	Unless expressly stated to the contrary in this Policy, we will not make any payment for any claim in respect of any Life Assured if it is directly or indirectly caused by, arises from or is in any way attributable to any of the following: (1) Treatment for congenital disease or deformity, including physical defects present from birth will not be covered by the policy. (2) Hospitalization and/or surgery is/are not in accordance with the diagnosis and treatment of the condition for which the hospital confinement or surgery was required; (3) Any condition with respect to the covered benefits, for which the insured had signs or symptoms, and/or was diagnosed, and/or received medical advice/treatment within the waiting period (4) Elective surgery or treatment which is not medically necessary; (5) Weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition; (6) Study and treatment of sleep apnoea; (7) Routine eye tests, any dental treatment or surgery of cosmetic nature, extraction of impacted tooth/teeth, orthodontics or orthognathic surgery, or tempero-mandibular joint disorder except as necessitated by an accidental injury and warranting hospitalization (8) Outpatient treatment (9) Hospitalization and/or surgery relating to infertility or impotency, sex change or any treatment related to it, abortion, sterilization and contraception including any complications relating thereto; (10) Hospitalization and/or surgery for treatment arising from pregnancy and it's complications which shall include	Part F Clause 2

		childbirth or miscarriage; (11) Hospitalization primarily for any purpose which in routine could have been carried out on an out-patient basis and which is not followed by an active treatment or intervention during the period of hospitalization. (12) Experimental or unproven procedures or treatments, devices or pharmacological regimens of any description (not recognized by Indian Medical Council) or hospitalization for treatment under any system other than allopathy; (13) Convalescence, rest cure, sanatorium treatment, rehabilitation measures, respite care, long term nursing care or custodial care and general debility or exhaustion (run down condition) (14) Directly or indirectly arising from alcohol, drug unless taken in accordance to the dosage and duration as prescribed by the independent medical practitioner or substance abuse and any illness or accidental physical injury which may be suffered after consumption of intoxicating substances, liquors or drugs; (15) Directly or indirectly arising from or consequent upon war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, terrorism, rebellion, active participation in strikes, riots or civil commotion, revolution, insurrection or military or usurped power, (16) Cosmetic or plastic surgery except to the extent that such surgery is necessary for the repair of damage caused solely by accidental injuries, cancer or burns. (17) Treatment of xanthelesema, acne and alopecia; circumcision unless necessary for treatment of a disease or necessitated due to an accident (18) Nuclear disaster, radioactive contamination and/or release of nuclear or atomic energy; (19) Injury or illness caused by intentionally self-inflicted injuries; or any attempts of suicide while sane or insane; or deliberate exposure to exceptional danger (except in an attempt to save human life); (20) Injury or illness caused by violation or attempted violation of the law, or resistance to arrest; or by active participation in an act with criminal intent. (21) Injury or illness caused by professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, and any other hazardous activities or sports unless agreed by special endorsement; (22) Hospitalization where the Life Assured is a donor for any organ transplant; (23) Any injury, sickness or disease occuring as a result of aviation, gliding or any form of aerial flight other than other than on a scheduled commercial airline as a bona fide passenger (whether fare paying or not), pilot or crew member (24) Treatment to relieve symptoms caused by ageing,	

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<td>puberty, or other natural physiological cause, such as menopause and hearing loss caused by maturing or ageing.
(25) Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
(26) Treatment of abnormalities, deformities, or Illnesses present only because they have been passed down through the generations of the family.

In addition to the above, no Critical Illness Benefit will be payable for any of the following:

➢ Date of diagnosis within 90 days from date of commencement or reinstatement of cover
➢ Critical Illness Benefit, where death occurs within 30 days of the date of diagnosis
➢ Policy in the lapsed condition as on the date of diagnosis
➢ More than one claim in respect of Critical Illness Benefit
➢ Non-fulfilment of eligibility criteria for Critical Illness Benefit covered under the policy</td>
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<tr>
<td>7</td>
<td>Waiting period
• Time period during which specified diseases /treatments are not covered
• It is counted from beginning of policy coverage</td>
<td>Waiting Period and Exclusions:

➢ 60 Days Waiting Period
We will not pay any Daily Hospital Cash Benefit or Surgical Benefit within 60 days from date of commencement or reinstatement of cover whichever occurs later, except where such expenses are incurred for treatment of a condition caused by an Accident

➢ 90 Days Waiting Period
We will not pay any benefit in case the Life Assured is diagnosed with any of the listed 18 Critical Illnesses within 90 days from the date of commencement or reinstatement of cover whichever occurs later, except in cases where the Critical Illness occurs as a result of an Accident (e.g. Major Head Trauma)

➢ 1 or 2 Years Waiting Period
In case of hospitalization or treatment of any of the following injury, sickness, diseases or surgical procedure and any complications arising out of them during a period of 1 or 2 years from the date of commencement of cover, the Daily Hospital Cash Benefit or Surgical Benefit will not be payable.

<table>
<tr><td>Sr. No.</td><td>Injury / Sickness / Disease / Surgical Procedure (1 year Waiting List)</td></tr>
<tr><td>1</td><td>Tonsillitis / Adenoiditis</td></tr>
<tr><td>2</td><td>Hernia (Inguinal / Ventral / Umbilical / Incisional)</td></tr>
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<td>Part F
Clause 1</td>
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		3 | Hydrocoele / Varicocoele / Spermatocoele 4 | Piles / Fissure / Fistula / Rectal prolapsed 5 | Benign Enlargement of Prostrate 6 | Degenerative joint conditions 7 | Lumps, nodules, cysts and polyps Sr. No. | Injury / Sickness / Disease / Surgical Procedure (2 year Waiting List) 1 | Cataract 2 | Menstrual irregularities 3 | Hysterectomy or Myomectomy for benign conditions 4 | Deviated Nasal Septum /Sinusitis 5 | Thyroid Nodule / Multi Nodular Goitre 6 | Cholecystitis or stones of the gall bladder / pancreatic system 7 | Stones of the urinary tract 8 | Treatment of Prolapsed Inter Vertebral Disc 9 | Diabetes and it's complications On Revival, • If the policy is revived within 60 days, only the remaining part of waiting period will apply. • If the policy is revived after 60 days, full waiting period will apply afresh.	
8	Financial limits of coverage i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit) ii. Co-payment (It is a specified amount/ percentag	(1) **Daily Hospital Cash Benefit Option:** i. In the event of Hospitalization of Life Assured due to any injury, sickness or disease, the Daily Hospital Cash Benefit shall be payable. ii. In case of admission in non ICU rooms, 1% of the Sum Insured will be payable for a maximum period of 20 days in a Policy Year subject to a maximum limit of 60 days during the entire Policy Term. iii. In case of admission in ICU Rooms, 2% of the Sum Insured will be payable for a maximum period of 10 days in a Policy Year subject to a maximum limit of 30 days during the entire Policy Term. iv. The ICU and non ICU benefits will be independent and subject to their respective limits as mentioned above. v. A waiting period of 60 days as mentioned under Part F (Clause 1) is applicable for availing the DHCB failing which we will not pay any benefit to the Life Assured. vi. The benefit will be payable as a lump sum amount after the completion of each continuous Hospitalization for more than 24 hours as a result of injury, sickness or disease subject to the limits specified above. The benefit amount payable will be calculated as mentioned below:	**Part C Clause 1**

e of the admissible claim amount to be paid by policyholder /insured).
iii.Deductible (It is a specified amount:

- up to which an insurance company will not pay any claim, and
- which will be deducted from total claim amount (if claim amount is more than the specified amount)

iv. Any other limit (as applicable)

Daily Hospital Cash Benefit * (Number of Days admitted - 1)
vii. In case the maximum benefit limits applicable during the Policy Term, as described above, have been used up, the cover for Daily Hospital Cash Benefit shall cease for the Life Assured for the remaining Policy Term. However, the Surgical Benefit and Critical Illness Benefit, (if applicable and subject to conditions mentioned under the respective benefits) will continue to be in force.

(2) **Surgical Benefit:**
i. Surgical Benefit shall be payable, provided the all following conditions are satisfied:
a) The Life Assured has undergone any of the 138 Surgeries listed in Annexure I;
b) The Surgery is performed by a qualified surgeon for a surgical operation;
c) The Surgery is performed at a Hospital due to injury or sickness for the covered Surgical Procedures, advised by an independent Medical Practitioner and the Policy is in force; and
d) During the Policy Term.
ii. In case the Life Assured has to undergo a Surgery during the Policy Term, then the benefit payable (a fixed % of Sum Insured) shall be ascertained on the basis of the Category of the Surgery as shown below.

Category 1	Category 2	Category 3	Category 4
100% of the Sum Insured	60% of the Sum Insured	40% of the Sum Insured	20% of the Sum Insured

iii. The Policyholder is allowed to make multiple claims up to maximum of 100% of the Sum Insured during the Policy Term.
iv. The Policyholder shall not be allowed to claim for the same Surgery more than once. However, multiple claims from the same category can be made.
v. In case 100% of the Sum Insured has been used up, the cover for Surgical Benefit will cease for the Life Assured for remaining Policy Term. However, the Daily Hospital Cash Benefit and Critical Illness Benefit (if applicable and subject to conditions mentioned under the respective benefits) will continue to be in force.
vi. A waiting period of 60 days as mentioned under Part F (Clause 1) is applicable for availing the Surgical Benefit failing which we will not pay any benefit to the Life Assured.

		3) **Critical Illness Benefit:** i. A lump sum benefit equal to the 100% of the Sum Insured shall be payable, if the Life Assured survives for 30 days following the diagnosis of any of the specified Critical Illnesses mentioned under Part B of this Policy and the Policy is in force on the date of the diagnosis.. ii. If the diagnosis of the Critical Illness is made within the Policy Term and the 30 days survival period crosses the Policy Term, a valid claim arising as a result of such a diagnosis within the Policy Term shall not be denied. iii. Critical Illness Benefit will be payable only once during the Policy Term. iv. A waiting period of 90 days as mentioned under Part F (Clause 1) is applicable for availing the Critical Illness Benefit failing which we will not pay any benefit to the Life Assured. v. In case Critical Illness occurs due to an Injury caused due to Accident (such as Major Head Trauma) waiting period will not be applicable. (4) Upon the payment of Critical Illness Benefit, the benefit shall terminate for the remaining Policy Term. However the Daily Hospital Cash Benefit and Surgical Benefit (if applicable and subject to conditions mentioned under the respective benefits) will continue to be in force.	
9	Claims/ Claims Procedure	You have the option to claim under the Policy subject to Policy Terms, conditions and exclusions mentioned herein. (1) Documents Required The claims must be submitted along with following documents in original: • Duly filled and signed claim form in original • Copy of Policy document (self attested copy) • Claimant's residence and identity proof (For all claims • greater than Rs. 1 lakh) • Cancelled personalized cheque or copy of first page of • passbook in case of non personalized cheque • Discharge Summary (self attested copy) • Final Hospital Bill (self attested copy) • Medical records (self attested copies) - Consultation notes - Laboratory reports - X- Ray and MRI films • Self declaration of 30 day survival • Operating Theatre Notes (for Surgical Cash benefit) Please note that above is an indicative list of required documents and we reserve the right to call for additional documents or raise further requirements. The claim is required to be intimated to us along with all necessary claim documents required within 60 days from the date of diagnosis of the condition. However, we may condone	Part D Clause 1

		the delay in claim intimation, if any, provided valid reasons are given for the delay. (2) Right to call for second opinion In the event of any doubt regarding the appropriateness or correctness of the claimed diagnosis and/or treatment, the Company shall have the right to call for a medical examination by a Medical Practitioner appointed by the Company. The expenses incurred for the medical examination for the purpose of this Clause shall be borne by the Company. The evidence used from such examination, and the opinion of the Medical Practitioner as to the diagnosis and/or treatment shall be considered final and binding on the Policyholder. (3) Right to verify the claim i. In the event of any doubt regarding the appropriateness or correctness of the claimed diagnosis and/or treatment and/or amount being claimed and/or incidence of Hospitalization itself, the Company shall have the right to inspect and verify Life Assured's medical and Hospital records and other facts to establish veracity of the claim. ii. If the results of the investigation suggest inappropriateness or differences in the claimed diagnosis and/or treatment and/or amount being claimed and/or incidence of Hospitalization itself then the Company will decline the claim. iii. Where the results of such investigation suggest fraud or foul play, then the Company will act in accordance with provisions of Clause 9 of Part F. (4) Penal Interest Upon acceptance of a claim, if the payment of the amount due is not made within 30 days from the date of receipt of all requirements by us, for any delay exceeding 30 days we will pay interest on the amount due at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by us.	
10	Policy Servicing	Email ID: service@hdfclife.com Helpline number: 022-68446530 (charges apply)	Part G (i)
11	Grievances/ Complaints	(i) The customer can contact us on the below mentioned address or at any of our branches in case of any complaint/ grievance: Grievance Redressal Officer HDFC Life Insurance Company Limited 11th Floor, LodhaExcelus, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai, Maharashtra - 400011 Help line: 022-68446530 (STD charges apply) E-mail: service@hdfclife.com Our senior citizen customers can now avail of a privileged service to have their query/grievance addressed by simply giving a missed call on 8000006607 from their registered phone number. One of our specialists will call back to assist further.	Part G

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

Level	Designation	Response Time	Email ID	Address
1st Level	Sr. Manager OR Associate Vice President – Customer Relations	10 working days	escalation1@hdfclife.in	11th Floor, LodhaExcelus, Apollo Mills Compound, N M Joshi Marg , Mahalakshmi, Mumbai 400011
2nd Level (for response not received	Vice President OR Sr. Vice President	7 working days	escalation2@hdfclife.in	

from Level 1)	– Customer Relations				

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

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

- IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255/ 18004254732
- Email ID: complaints@irdai.gov.in
- Online- You can register your complaint online at http://www.igms.irdai.gov.in/
- Address for communication for complaints by fax/paper:
  General Manager
  Consumer Affairs Department – Grievance Redressal Cell
  Insurance Regulatory and Development Authority of India
  Sy No. 115/1, Financial District,
  Nanakramguda, Gachibowli,
  Hyderabad – 500 032

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

a. Details and addresses of Insurance Ombudsman

List of Ombudsman

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BHOPAL	Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203	Madhya Pradesh Chattisgarh.

				Email: bimalokpal.bhopal@cioins.co.in			
			BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.		
			BENGALURU	Office of the Insurance Ombudsman, Jeevan SoudhaBuilding,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.		
			CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.		
			CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).		
			DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat& Bahadurgarh.		
			GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.		
			HYDERABAD	Office of the Insurance Ombudsman,	Andhra Pradesh, Telangana,		

				6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Yanam and part of Union Territory of Puducherry.		
			JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.		
			ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.		
			KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.		
			LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar,		

		Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

		b. Insurance Ombudsman- 1) The Ombudsman shall receive and consider complaints alleging deficiency in performance required of an insurer (including its agents and intermediaries) or an insurance broker, on any of the following grounds— (a) delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999; (b) any partial or total repudiation of claims by the life insurer, general insurer or the health insurer; (c) disputes over Premium paid or payable in terms of insurance Policy; (d) misrepresentation of Policy terms and conditions at any time in the Policy document or Policy contract; (e) legal construction of insurance policies in so far as the dispute relates to claim; (f) Policy servicing related grievances against insurers and their agents and intermediaries; (g) issuance of life insurance Policy, general insurance Policy including health insurance Policy which is not in conformity with the proposal form submitted by the proposer; (h) non-issuance of insurance Policy after receipt of Premium in life insurance and general insurance including health insurance; and (i) any other matter arising from non-observance of or non-adherence to the provisions of any regulations made by the Authority with regard to protection of policyholders' interests or otherwise, or of any circular, guideline or instruction issued by the Authority, or of the terms and conditions of the policy contract, insofar as such matter relates to issues referred to in clauses (a) to (h). **c. Manner in which complaint is to be made -** 1) Any person who has a grievance against an insurer or insurance broker, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer or the insurance broker, as the case may be, complained against or the residential address or place of residence of the complainant is located. The complaint shall be in writing, duly signed or made by way of electronic mail or online through the website of the Council for Insurance Ombudsmen, by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman	

		2) No complaint to the Insurance Ombudsman shall lie unless— (a) the complainant has made a representation in writing or through electronic mail or online through website of the insurer or insurance broker concerned to the insurer or insurance broker, as the case may be, named in the complaint and— i. either the insurer or insurance broker, as the case may be, had rejected the complaint; or ii. the complainant had not received any reply within a period of one month after the insurer or insurance broker, as the case may be, received his representation; or iii. the complainant is not satisfied with the reply given to him by the insurer or insurance broker, as the case may be; (b) The complaint is made within one year— i. after the order of the insurer or insurance broker, as the case may be, rejecting the representation is received; or ii. after receipt of decision of the insurer or insurance broker, as the case may be, which is not to the satisfaction of the complainant; iii. after expiry of a period of one month from the date of sending the written representation to the insurer or insurance broker, as the case may be, if the insurer named fails to furnish reply to the complainant. 3) The Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer or insurance broker, as the case may be, against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules. 4) No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator. 5) The Council for Insurance Ombudsmen shall develop a complaints management system, which shall include an online platform developed for the purpose of online submission and tracking of the status of complaints made under rule 14 of Insurance Ombudsman Rules, 2017.	
12	Things remember to	**Free look Cancellation**: In case you are not agreeable to any of the provisions stated in the Policy, you have the option to return the Policy to us stating the reasons thereof, within 15 days from the date of receipt of the Policy. If you have purchased your Policy through Distance Marketing mode, this period will be 30 days. On receipt of your letter along with the original Policy, we shall arrange to refund the Premium paid by you, subject to deduction of	Part D Clause 6

		the proportionate risk Premium for the period on cover and the expenses incurred by us for medical examination (if any) and stamp duty (if any).	
		Policy Renewal: No renewability to this Policy is allowed after the expiry of the Policy Term	Part D Clause 4
		Grace Period : • Single Pay Policy - Not Applicable • Regular Pay Policy- A Grace Period of not more than 30 days is allowed for the payment of each renewal Premium after the first Premium. We will not accept part payment of the Premium. The policy is considered to be in-force with the risk cover during the grace period without any interruption.	Part C Clause 7 (5)
		Premium Guarantee: • Single Pay Policy - Not Applicable • Regular Pay Policy – o HDFC Life Easy Health is a Fixed Benefit, health insurance product. The premiums once accepted are guaranteed for a period of 3 years, post which it may be reviewed. o In case, the premium is modified, you will be notified of the change in premium rates 3 months before the change is effected.	Part C Clause 8
		Lapsed Policies: • Single Pay Policy - Not Applicable • Regular Pay Policy - If you do not pay due regular premium before the expiry of grace period, the policy will lapse with effect from the premium due date All benefits under this policy will cease.	Part D Clause 2
		Revival of the Policy: • Single Pay Policy - Not Applicable • Regular Pay Policy – o A lapsed Policy can be revived within 5 years from the subject to the terms and conditions we may specify from time to time. o All pending Premium should be immediately paid along with any interest that is advised by us. The current interest used for revival is 9.5% o Any agreement to revive or reinstate would be subject to satisfactory evidence of good health o If the Policy is revived within 60 days, only the remaining part of all time bound exclusions and waiting period will apply o If the Policy is revived after 60 days, all time bound exclusions and waiting period will be applied afresh o The reinstatement request is required to be made for the Life Assured originally covered under the lapsed Policy	Part D Clause 3

		Alterations : • No alterations to the Policy will be allowed during the Policy Term	Part D Clause 5
13	Your Obligations	Before buying this policy, please disclose all material information such as any Pre-existing Disease, smoking habits, adverse family history, any past or present hospitalization /surgery/treatment taken/medical investigations done, current health status as it has a direct bearing on the risk being undertaken in this policy. Please note that non-disclosure of above may affect the claim settlement.	NA

Declaration by the Policy Holder;

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

Place:

Date: (Signature of the Policyholder)

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