

## CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

| Sr. No | Title                                                                | Description<br>(Please refer to applicable Policy Clause Number in next column)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Policy Clause Number                           |
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| 1      | Name of the Insurance Product and Unique Identification Number (UIN) | HDFC Life Easy Protect<br>UIN: 101N190V01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | – Part A –<br>Welcome Letter & Policy Schedule |
| 2      | Policy number/Application number                                     | <<Policy Number /Application Number>><br>(please refer to your policy document for your policy number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | – Part A –<br>Welcome Letter & Policy Schedule |
| 3      | Type of Insurance Product/ Policy                                    | Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NA                                             |
| 4      | Sum Insured (Basis)<br>(Along with amount)                           | <ul style="list-style-type: none"> <li>➤ Terminal Illness with Protection Cover– Rs. &lt;&lt; &gt;&gt;</li> <li>➤ Accident Total &amp; Partial Permanent Disability– Rs. &lt;&lt; &gt;&gt;</li> <li>➤ Accidental Death Benefit: – Rs. &lt;&lt; &gt;&gt;</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part C                                         |
| 5      | Policy Coverage (What the policy covers)<br>(Policy Clause Number/s) | <p><b>Plan option 1: Terminal Illness with Protection Cover</b></p> <ul style="list-style-type: none"> <li>• <b>Death Benefit</b><br/>In the unfortunate event of death of the Life Assured during the policy term, a lump sum amount is payable as Death Benefit.<br/>The death benefit is highest of: <ul style="list-style-type: none"> <li>• Sum Assured of this plan option</li> <li>• 10 times the Annualized Premium for Limited/Regular pay and 1.25 times for Single Pay</li> <li>• 105% of the Total Premiums Paid under this plan option</li> </ul> </li> </ul> <p>In lieu of lump sum benefit amount for Death Benefit, the Nominee may opt to receive benefit as:<br/>(i) Regular monthly income payable for 10 years, or<br/>(ii) Part of benefit amount as lump sum immediately on Death and the balance benefit amount as regular monthly income for 10 years.<br/>The choice of benefit pay-out as lump sum or income or combination thereof can be exercised on the date the claim is made.</p> | Part C                                         |

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|  |  | <p>Upon payment of Death Benefit, the policy shall terminate.</p> <ul style="list-style-type: none"> <li> <b>Terminal Illness Benefit</b><br/> On diagnosis of specified terminal illnesses, the death benefit, up to a maximum limit as per Board Approved Underwriting Policy, would be accelerated. In case of diagnosis of terminal illness at ages greater than 80 years, death benefit will not be accelerated. </li> </ul> <p>Upon payment of Terminal Illness benefit:</p> <ol style="list-style-type: none"> <li>If Death Benefit at the time of claim is equal to Terminal Illness benefit, the policy will terminate.</li> <li>If Death Benefit at the time of claim is greater than Terminal Illness benefit, the policy will continue for the balance Death Benefit.</li> </ol> <p>The acceleration of Death Benefit is not an additional benefit; it only facilitates an earlier payment of Death Benefit on diagnosis of Terminal Illness.</p> <p><b>Plan option 2: Accident Total &amp; Partial Permanent Disability</b></p> <ol style="list-style-type: none"> <li> <b>Accidental Total &amp; Permanent Disability (ATPD)</b><br/> Accidental Total &amp; Permanent Disability means, disability of the Life assured as a result of bodily injury caused by an Accident and such injury shall within 180 days of its occurrence solely, directly and independently of any other cause, result in the Life Assured's disability which must be permanent and total and must result in one of the following: <ol style="list-style-type: none"> <li>Complete and irrecoverable loss of vision in both eyes</li> <li>Loss of both arms or both hands</li> <li>Loss of one arm and one leg</li> <li>Loss of one arm and one foot</li> <li>Loss of one hand and one foot</li> <li>Loss of one hand and one leg</li> <li>Loss of both legs</li> <li>Loss of both feet</li> <li>Loss of one limb, and complete and irrecoverable loss of vision in one eye</li> </ol> </li> </ol> <p>The disability must have lasted, without interruption,</p> |  |
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|  |  | <p>for at least six consecutive months and must, in the opinion of a qualified &amp; registered Medical Practitioner, be deemed permanent and if required, the Company shall subject the insured to an independent medical assessment.</p> <p>On the Total &amp; Permanent Disability of the Life Assured due to an Accident i.e. Accidental Total &amp; Permanent Disability (ATPD) during the coverage period and subject to the definitions and exclusions, the benefit payable shall be highest of:</p> <ul style="list-style-type: none"> <li>• Sum Assured of this plan option</li> <li>• 7 times the Annualized Premium for Limited/Regular pay and 1.25 times for Single Pay</li> <li>• 105% of Total Premiums Paid under this plan option</li> </ul> <p>This benefit will be payable as Regular monthly income equal to 1% for a fixed period of 10 years.</p> <p>If Accidental Total &amp; Permanent Disability (ATPD) occurs after Accidental Partial &amp; Permanent Disability (APPD), then 1% of the remaining amount (100% of ATPD benefit for the plan option less APPD benefit) shall be paid as a regular monthly income for 10 years.</p> <p><b>b) Accidental Partial &amp; Permanent Disability (APPD)</b></p> <p>Accidental Partial &amp; Permanent Disability means, disability of the Life assured as a result of bodily injury caused by an Accident and such injury shall within 180 days of its occurrence solely, directly and independently of any other cause, result in the Life Assured's disability which must be permanent and must result in one of the following:</p> <ul style="list-style-type: none"> <li>(i) Complete and irrecoverable loss of vision in one eye</li> <li>(ii) Loss of one leg</li> <li>(iii) Loss of one foot</li> <li>(iv) Loss of one arm</li> <li>(v) Loss of one hand</li> <li>(vi) Complete and irrecoverable loss of hearing in both ears</li> <li>(vii) Amputation of 4 or more fingers in one hand or Metacarpal Amputation in one hand</li> </ul> <p>The disability must have lasted, without interruption, for at least six consecutive months and must, in the</p> |  |
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|  |  | <p>opinion of a qualified &amp; registered Medical Practitioner, be deemed permanent; and if required, the Company shall subject the insured to an independent medical assessment.</p> <p>In case of Partial &amp; Permanent Disability caused by an accident, the benefit amount shall be a specified percentage of the ATPD benefit.</p> <p>In lieu of lump sum benefit amount for Accidental Partial &amp; Permanent Disability, the Life Assured may receive benefit as:</p> <ul style="list-style-type: none"> <li>(i) Regular monthly income for 10 years, or</li> <li>(ii) Part of Benefit amount as lump sum and the balance benefit amount as a regular monthly income for 10 years</li> </ul> <p>The choice of benefit pay-out as lump sum or income or combination thereof can be exercised on or before the claim is made.</p> <p>50% of Sum assured will be payable on Accidental Partial &amp; Permanent Disability, only one Accidental Partial &amp; Permanent Disability (APPD) claim will be payable.</p> <p>Once the maximum benefit is claimed, the coverage shall terminate.</p> <p><b>Plan option 3: Accidental Death Benefit</b></p> <p>In the event of death due to accident, a lump sum benefit which is the highest of below shall be payable:</p> <ul style="list-style-type: none"> <li>• Sum Assured of this Plan Option</li> <li>• 7 times the Annualized Premium for Limited/Regular pay and 1.25 times for Single Pay</li> <li>• 105% of the Premiums Paid under this plan option</li> </ul> <p>“Accidental Death” means a death due to an Accident, and such an Accident shall within 180 (one hundred and eighty) days of its occurrence, solely, directly and independently of any other cause, results in the Life Assured’s death.</p> <p>In lieu of lump sum benefit amount for Accidental Death, the Nominee may opt to receive benefit as:</p> <ul style="list-style-type: none"> <li>i. Regular monthly income payable for 10 years, or</li> </ul> |  |
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|  |  | <p>ii. Part of benefit amount as lump sum immediately on Accidental Death and the balance benefit amount as regular monthly income for 10 years. The choice of benefit pay-out as lump sum or income or combination thereof can be exercised on or before the claim is made.</p> <p>Upon payment of Accidental Death Benefit, the policy will terminate.<br/>Upon payment of Accidental Death Benefit, the policy will terminate.</p> <p><b>Optional Benefits:</b> On choosing any of the below options, as the Policyholder, you will have to pay an additional Premium over and above the Premium amount payable for the Policy.</p> <p><b>A. Double Benefit:</b><br/>This option is only available for Accident Total &amp; Partial Permanent Disability &amp; Accidental Death Benefit.</p> <p>If this cover is opted, the benefit payable under Accidental Total &amp; Permanent Disability Benefit (ATPD) or Accidental Death Benefit will be doubled if the death or disability due to accident occurs under any of the following circumstances:</p> <ul style="list-style-type: none"> <li>i) Train Accident</li> <li>ii) Airplane Accident</li> <li>iii) Stampede/Fire</li> </ul> <p><u>Train Accident</u></p> <p>Double Benefit on Accidental Total and Permanent Disability or Accidental Death due to Train Accident will be payable only if the policyholder is travelling as a bona fide fare-paying passenger on a reserved ticket in any passenger carrying train of Indian Railways. The passenger's name must be there in the Reserved Ticket List/Chart prepared by Indian Railways. Train Accident, herein, means an "accident" of the nature described in Section 124 of Indian Railways Act, 1989.</p> |  |
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|  |  | <p><u>Airplane Accident</u></p> <p>Double Benefit on Accidental Total &amp; Permanent disability or Accidental Death due to airplane accident will be payable only if the policyholder is travelling in an airplane as a bona fide fare-paying passenger of a recognized airline flying on regular routes and on a scheduled timetable. Apart from airplane, any other mode of air travel is excluded.</p> <p><u>Double Benefit on Stampede/ Fire</u></p> <p>Stampede or fire at large public places</p> <ul style="list-style-type: none"> <li>• Double Benefit on Accidental Total &amp; Permanent Disability or Accidental Death due to stampede or fire at large public places will be payable subject to satisfying all of the below conditions.</li> <li>• ATPD or ADB is caused directly, solely, and independently (of any other cause) by a stampede or fire Public Places will be limited only to hospitals, malls/shopping complexes, cinema halls, multiplexes, bus stations, railway stations, airports, sports complex/stadiums.</li> <li>• The Public Place must be in India and must have been authorised by appropriate government authority for public use.</li> <li>• The Public Place must have a valid license for public use at the time of the event.</li> <li>• The occurrence of the event (Stampede or Fire) must be recognised and acknowledged by the appropriate government department/authority.</li> <li>• The insured's name must be present in the disabled persons' list published by the appropriate government department/authority following a stampede or fire at large public places.</li> <li>• Failure to satisfy any one of the above conditions shall render the claim for Double Benefit inadmissible.</li> </ul> <p>Stampede or fire at public religious gatherings</p> <ul style="list-style-type: none"> <li>• Double Benefit on Accidental Total &amp; Permanent Disability or Accidental Death due to stampede or</li> </ul> |  |
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|  |  | <p>fire at public religious gatherings will be payable subject to satisfying all of the below conditions.</p> <ul style="list-style-type: none"> <li>• ATPD or ADB is caused directly, solely, and independently (of any other cause) by a stampede or fire o Public Religious gathering must have valid written permission from appropriate government authority.</li> <li>• Public Religious gathering must have been conducted/supervised/monitored by appropriate government department/authority throughout its duration.</li> <li>• Any kind of private/personal religious gathering is excluded.</li> <li>• The occurrence of the event (Stampede or Fire) must be recognised and acknowledged by the appropriate government department/authority.</li> <li>• . The insured's name must be present in the disabled persons' list published by the appropriate government department/authority following a stampede or fire at public religious gatherings.</li> </ul> <p>Failure to satisfy any one of the above conditions shall render the claim for Double Benefit inadmissible.</p> <p><b>B. Accident Plus:</b> If opted, the following benefits will be payable:</p> <ol style="list-style-type: none"> <li>1. <b>Vehicle/Home Modification Benefit:</b> If a claim has been accepted and paid for Accidental Total &amp; Permanent Disability or Accidental Partial &amp; Permanent Disability then an additional 10% of the ATPD/APPD claim amount shall be payable for modifications of Life Assured's vehicle or home to adjust to the disablement.</li> <li>2. <b>Physical/Occupational Therapist benefit:</b> If a claim has been accepted and paid for Accident Total &amp; Partial Permanent Disability Benefit for Accidental Total &amp; Permanent Disability or Accidental Partial &amp; Permanent Disability then an additional 10% of the ATPD/APPD claim amount shall be payable for the cost of physical/occupational therapist, if prescribed by a medical practitioner.</li> </ol> |  |
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|   |                                                              | <ul style="list-style-type: none"> <li>Note: This optional benefit is only available if Accident Total &amp; Partial Permanent Disability has been opted.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |
| 6 | <b>Exclusions</b><br><b>(What the policy does not cover)</b> | <p><b>Terminal Illness with Protection Cover</b></p> <p><b>Suicide Exclusion</b><br/> In case of death due to suicide within 12 months from the date of commencement of risk under the Policy or from the date of revival of the Policy, as applicable, the Nominee or beneficiary of the Policyholder shall be entitled to at least 80% of the Total Premiums Paid till the date of death or the Policy Cancellation Value available as on the date of death whichever is higher, provided the Policy is in force.</p> <p><b>Accident Total &amp; Partial Permanent Disability &amp; Accidental Death Benefit</b></p> <p>The Accident Total &amp; Partial Permanent Disability will not be payable in the following situations:</p> <ol style="list-style-type: none"> <li>Disability as a result of any pre-existing condition.</li> <li>Disability occurs as a result of participation by the insured person in a criminal or unlawful act</li> <li>Disability occurs as a consequence of the insured person being under the influence of alcohol, drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a qualified &amp; registered medical practitioner.</li> <li>Disability occurs as a result of self-inflicted injuries or attempted suicide; while sane or insane</li> <li>Disability occurs as a result of taking part in any naval, military or air force operation during peace time or during service in any police, paramilitary or any similar organisation.</li> <li>Disability occurs as a result of the person engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to any kind of race; diving or underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping etc.</li> <li>Disability occurs as a result of participation by the insured person in any flying activity, except as a bona</li> </ol> | Part F<br>Clause 1 |

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|  |  | <p>fide fare-paying passenger of a recognized airline flying on regular routes and on a scheduled timetable.</p> <p>h) Disability occurs as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.</p> <p>i) Disability occurs as a result of nuclear or radio-active contamination.</p> <p>The Accidental Death Benefit will not be payable in the following situations:</p> <p>a) Death occurs as a result of participation by the insured person in a criminal or unlawful act</p> <p>b) Death occurs as a consequence of the insured person being under the influence of alcohol, drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a qualified &amp; registered medical practitioner.</p> <p>c) Death occurs as a result of self-inflicted injuries or attempted suicide; while sane or insane</p> <p>d) Death occurs as a result of taking part in any naval, military or air force operation during peace time or during service in any police, paramilitary or any similar organisation.</p> <p>e) Death occurs as a result of the person engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to any kind of race; diving or underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping etc.</p> <p>f) Death occurs as a result of participation by the insured person in any flying activity, except as a bona fide fare-paying passenger of a recognized airline flying on regular routes and on a scheduled timetable.</p> <p>g) Death occurs as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.</p> <p>h) Death occurs as a result of nuclear or radio-active contamination.</p> |  |
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| 7  | <b>Waiting Period</b><br>>Time period during which specified diseases/treatments are not covered.<br>>It is counted from the beginning of the policy coverage. | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part F             |
| 8  | <b>Financial limits of coverage</b><br>i. Sub-limit<br>ii. Co-payment<br>iii. Deductible<br>iv. Any other limit (as applicable)                                | <ul style="list-style-type: none"> <li>• NA</li> <li>• NA</li> <li>• NA</li> <li>• NA</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part C             |
| 9  | <b>Claims/Claims Procedure</b>                                                                                                                                 | <ul style="list-style-type: none"> <li>• Turn Around Time (TAT) for claims settlement and brief procedure:<br/> <a href="https://www.hdfclife.com/content/dam/hdfclifeinsurancecompany/customer-services/pdf/TAT-Poster.pdf">https://www.hdfclife.com/content/dam/hdfclifeinsurancecompany/customer-services/pdf/TAT-Poster.pdf</a></li> <li>• Helpline/Call Centre number: 022-68446530 (Call Charges apply)   NRI Helpline number: +91 89166 94100 (Call charges apply)</li> <li>• Contact details of the insurer: You can email us at <a href="mailto:service@hdfclife.com">service@hdfclife.com</a>   <a href="mailto:nriservice@hdfclife.com">nriservice@hdfclife.com</a> (For NRI customers only)</li> <li>• Link for downloading claim form and list of documents required including bank account details:<br/> <a href="https://www.hdfclife.com/customer-service/claims">https://www.hdfclife.com/customer-service/claims</a></li> </ul> | Part F<br>Clause 2 |
| 10 | <b>Policy Servicing</b>                                                                                                                                        | <ul style="list-style-type: none"> <li>• Turn Around Time (TAT):<br/> <a href="https://www.hdfclife.com/content/dam/hdfclifeinsurancecompany/customer-services/pdf/TAT-Poster.pdf">https://www.hdfclife.com/content/dam/hdfclifeinsurancecompany/customer-services/pdf/TAT-Poster.pdf</a></li> <li>• Helpline/Call Centre number: 022-68446530 (Call Charges apply)   NRI Helpline number: +91 89166 94100 (Call charges apply)</li> <li>• Contact details of the insurer: You can email us at <a href="mailto:service@hdfclife.com">service@hdfclife.com</a>   <a href="mailto:nriservice@hdfclife.com">nriservice@hdfclife.com</a> (For NRI customers only)</li> <li>• Link for downloading applicable forms and list of documents required including bank account details:<br/> <a href="https://www.hdfclife.com/customer-service/forms-and-download">https://www.hdfclife.com/customer-service/forms-and-download</a></li> </ul>             | Part G             |
| 11 | <b>Grievances/Complaints</b>                                                                                                                                   | <ul style="list-style-type: none"> <li>• Contact details of Grievance Redressal Officer of the insurer: Tel: 022-67516666, Helpline number: 022-68446530 (Call charges apply)   NRI Helpline number +91 89166 94100 (Call charges apply)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Part G             |

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|    |                    | <p>E-mail: <a href="mailto:service@hdfclife.com">service@hdfclife.com</a>   <a href="mailto:nriservice@hdfclife.com">nriservice@hdfclife.com</a> (For NRI customers only)</p> <ul style="list-style-type: none"> <li>• Link for registering the grievance with the insurer's portal: <a href="https://www.hdfclife.com/customer-service/grievance-redressal">https://www.hdfclife.com/customer-service/grievance-redressal</a></li> <li>• Contact details of Ombudsman: <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |
| 12 | Things to remember | <p><b>Free Look Cancellation</b></p> <p><b>a) Cancellation in the Free Look Period</b></p> <p>In case, as the Policyholder, you disagree to any Policy terms and conditions under this product, you have the option of returning the Policy to us stating the reasons thereof, within 30 days from the date of receipt of the Policy, whether received electronically or otherwise. On receipt of the letter along with the original Policy document (original Policy Document is not required for policies in dematerialised or where policy is issued only in electronic form), we shall refund the Premium, subject to deduction of the proportionate risk Premium for the period of cover, expenses, if any incurred by us on medical examination of the proposer and stamp duty charges.</p> <p>A Policy 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 Policy.</p> <p><b>b) Cancellation after the Free Look Period</b></p> <p>The policy can be cancelled at any time during the policy Term. Upon such a cancellation, the policy will terminate and the surrender value (if any) will be payable.</p> <p><b>Incorrect Information and Non-Disclosure</b></p> <p>Fraud, misrepresentation and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time. The simplified version of the provisions of Section 45 is enclosed in Annexure III for your reference.</p> | <p>Part D<br/>Clause 7</p> <p>Part F<br/>Clause 5</p> |

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| 13 | <b>Your Obligations</b> | <p>Please disclose all pre-existing disease/s or condition/s before buying a policy.</p> <p>Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.</p> <p>Insurer to specify the material information</p> | NA |
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Declaration by the Policy Holder

I have read the above and confirm having noted the details, by way of an OTP consent.

Place:

Date:

(Signature of the Policyholder)

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(LEGAL DISCLAIMER) 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.