## KEY FEATURES DOCUMENT

This is a document that will help you to understand the key features of this Product and is not the Policy Document. This information must be read in conjunction with the product brochure and Policy Document. In case of any discrepancy in the Key Features Document (KFD) and Policy Document, the terms and conditions mentioned in the Policy Document shall prevail.

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Plan Name & UIN	HDFC Life Easy Health UIN: 101N110V03 HDFC Life Easy Health is a non linked non participating protection plan that provides:
Plan Description	Daily Hospital Cash Benefit and/or     Critical Illness Benefit
Plan Options	There are 7 Plan Options available under HDFC Life Easy Health as mentioned below:
	Plan Option Benefits covered
	A Daily Hospital Cash Benefit
	B         Surgical Benefit           C         Critical Illness Benefit
	D Daily Hospital Cash Benefit + Surgical Benefit
	E Surgical Benefit + Critical Illness Benefit
	F         Daily Hospital Cash Benefit + Critical Illness Benefit           G         Daily Hospital Cash Benefit + Surgical Benefit + Critical Illness Benefit
	The plan option chosen by you is mentioned in the Policy Schedule.
Benefit Offered	The benefit payout under Daily Hospital Cash Benefit, Surgical Benefit & Critical Illness Benefit is mentioned below. The plan option chosen by you is mentioned in the Policy Schedule and the benefit payable will depend on the option chosen.
	A. Daily Hospital Cash Benefit (DHCB)
	<ul> <li>In case of hospitalisation, you will receive 1% of Sum Insured as DHCB if admitted in Non-ICU room and 2% of Sum Insured if admitted in ICU room for a maximum of 20 days per year in case you are 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</li> <li>DHCB 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</li> <li>B. Surgical Benefit (SB)</li> <li>Surgical Benefit will be payable if you have to undergo any of the 138 surgeries mentioned in Annexure 1 of the Policy Document</li> </ul>
Denent Offereu	Category*     1     2     3     4
	Sum Insured (%)         100%         60%         40%         20%           *Surgeries are listed in Annexure 1
	<ul> <li>Multiple claims up to a maximum of 100% of Sum Insured can be made during the Policy term and you are not allowed to claim for the same surgery more than once</li> <li><u>Critical Illness Benefit (CIB)</u> In case you are diagnosed with any of the 18 Critical Illnesses as mentioned in Part B of Policy Document, 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 18 Critical Illnesses</li> </ul>
Maturity Benefit	No maturity benefit is payable under this plan
Death Benefit	No death benefit is payable under this plan
Surrender Benefit	Surrender Value is not applicable under Regular Premium policies
Paid Up Benefit	Paid Up Benefit is not applicable under this plan
Grace Period	In case you miss paying your premium due to any reason, you have a grace period of <b>30 days</b> after the premium due date within which you can pay the due premium. If you pay within the grace period, the Policy will continue without any break. The policy is considered to be in-force with the risk cover during the grace period without any interruption. In case of any claims during this period, the benefit will be payable after deducting the unpaid premium.
Lapsation	If you do not pay due regular premiums before the expiry of the grace period, the Policy will lapse with effect from the premium due date. All benefits under this Policy will cease.
Revival	<ul> <li>If your Policy is lapsed, you may request us in writing to revive your Policy within 5 consecutive years from the date of first unpaid premium by paying all the pending premium immediately along with interest</li> <li>All pending premiums should be immediately paid that is advised by us. The current interest rate used for revival is 9.5% p.a.</li> <li>Any agreement to revive or reinstate would be subject to satisfactory evidence of good health</li> <li>Reinstatement request will attract the following : <ul> <li>a. If the Policy is revived within 60 days, only the remaining part of the waiting period will apply</li> <li>b. If the Policy is revived after 60 days, full waiting period will be applied afresh</li> </ul> </li> </ul>
Free Look in period	<ul> <li>In case you do not agree to any of the terms and conditions, 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 document</li> <li>The Free - Look period for policies purchased through Distance Marketing (as defined by IRDAI) will be 30 days from the date of receipt of the Policy document</li> </ul>
Pre Existing Conditions	Pre-existing Disease means any condition, ailment, injury or disease: a) That is/are diagnosed by a physician within 48 months prior to the effective date 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 within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement
Premium Guarantee	The premiums will be guaranteed for a period of three years from the date of issue. Upon the completion of three Policy years, the premiums may be revised subject to IRDAI's approval. Any revision in the tabular premium rates will be notified to you at least three months prior to the date of such revision. Premium rates, if and when revised, shall be guaranteed to the Policyholder for a subsequent block of three years.
	subject to IRDAI's approval. Any revision in the tabular premium rates will be notified to you at least three months prior to the date of such revision. Premium