Part A

< Date >>
<<Policyholder's Name>>
<<Policyholder's Address>>
<<Policyholder's Contact Number>>

Sub: Your Policy no. << >> HDFC Life Easy Protect

Dear <<Policyholder's Name>>
We are glad to inform you that your Proposal has been accepted and HDFC Life Easy Protect Policy("Policy") being this Policy, has been issued. We have made every effort to design your Policy in a simple format. We have highlighted items of importance so that you may recognise them easily.

Policy document:

As evidence of the insurance contract between HDFC Life Insurance Company Limited and you, the Policy is enclosed herewith. Please preserve this document safely and also inform your Nominees about the same. A copy of your proposal form and other relevant documents submitted by you are also enclosed for your information and record.

Cancellation in the Free-Look Period:
In case you are not agreeable to any of the terms and conditions stated in the Policy, you have the option to return the Policy to us for cancellation stating the reasons thereof, within 30 days from the date of receipt of the Policy, whether received electronically or otherwise. On receipt of your letter along with the original Policy (original Policy Document is not required for policies in dematerialised form or where policy is issued only in electronic form), we shall arrange to refund the Premium paid by you, subject to deduction of the proportionate risk Premium for the period of cover and the expenses incurred by us on medical examination (if any) and stamp duty charges.

Contacting us

In case you wish to contact us, our correspondence address is specified below. We kindly request you to quote your Policy number as it helps us serve you better. If you are keen to know more about our products and services, you may reach out to our Certified Financial Consultant (Insurance Agent) who has advised you while taking this Policy. The details of your Certified Financial Consultant including contact details are also listed below. Or you may call us on our toll-free number **1800 266 9777** or email us @ **onlinequery@hdfclife.in**. You can also get in touch with us via social media:

https://www.youtube.com/user/hdfclife10
http://www.linkedin.com/company/19117
https://twitter.com/HDFClife
https://www.facebook.com/HDFClife

To contact us in case of any grievance, please refer to Part G. In case you are not satisfied with our response, you can also approach the Insurance Ombudsman in your region. Thanking you for choosing us. Your trust means the world to us and we look forward to serving you in the years ahead.

Yours sincerely,

<< Designation of the Authorised Signatory >>

Branch Address: <<Branch Address>>
Agency/Intermediary Code: <<Agency/Intermediary Code>>
Agency/Intermediary Name: <<Agency/Intermediary Name>>
Agency/Intermediary Telephone Number: <<Agency/Intermediary mobile & landline number>>
Agency/Intermediary Contact Details: <<Agency/Intermediary address>>

Address for Correspondence: HDFC Life Insurance Company Limited, 11th Floor Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai-400011.
Regd. Off: Lodha Excelus, 13th Floor, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.
Call 1860-267-9999 (local charges apply). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm | Email – service@hdfclife.com | NRIservice@hdfclife.com (For NRI customers only) Visit – www.hdfclife.com. CIN: U99999MH2000PLC128245
Registered Office: HDFC Life Insurance Company Limited, Lodha Excelus, 13th Floor, Apollo Mills Compound, Mahalaxmi, Mumbai - 400011. Call 022-68446530 (Call charges apply). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm | Email – service@hdfclife.com | NRIservice@hdfclife.com (For NRI customers only) NRI Helpline number +91 89166 94100 (Call charges apply) Available Mon-Sat 10 am to 9 pm IST Visit – www.hdfclife.com.
CIN: L65110MH2000PLC128245.

TABLE OF CONTENT

POLICY DOCUMENT- HDFC Life Easy Protect

Unique Identification Number: 101N190V01

Your Policy is a non-linked non-participating individual pure risk health product. This Policy document is the evidence of a contract between HDFC Life Insurance Company Limited and the Policyholder as described in the Policy Schedule given below. This Policy is based on the Proposal made by the Policyholder and submitted to the Company along with the required documents, declarations, statements, any response given to the Health Questionnaire by the Life Assured, applicable medical evidence and other information received by the Company from the Policyholder, Life Assured or on behalf of the Policyholder ("Proposal"). This Policy is effective upon receipt and realisation, by the Company, of the consideration payable as first Premium under the Policy. This Policy is written under and will be governed by the applicable laws in force in India and all Premiums and benefits are expressed and payable in Indian Rupees only.

POLICY SCHEDULE

Policy number: << >>

Client ID: << >>

Policyholder Details

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

Life Assured Details

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

Policy Details

Policy Commencement Date	<< >>
Risk Commencement Date	<< RCD >>
Premium Due Date(s)	<<dd /month>>
Optional Benefit (if chosen)	<<Double Benefit >> <<Accident Plus>>
Basic Sum Assured	**Terminal Illness with Protection Cover** Rs. <<>> **Accident Total & Partial Permanent Disability** Rs. <<>> **Accidental Death Benefit Rs.** <<>>
Maturity Benefit	**Not Applicable**
Annualized/ Single Premium	Rs. <<>>>
Policy Term	<<___ months/ years>>

Premium Paying Term	<<Limited <> years/ Regular <> years/ Single Pay>>
Frequency of Premium Payment	<<Single/ Annual/Half-yearly/ Quarterly/ Monthly >>
Premium per Frequency of Premium Payment	Rs. <<>>
Underwriting Extra Premium per Frequency of Premium Payment	Rs. <<>>
Total Premium per Frequency of Premium Payment (For First Year)	Rs. <<>>
Total Premium per Frequency of Premium Payment (Second Year onwards)	Rs. <<>>
Grace Period	<< 15 (for Monthly mode) / 30 (for other modes) >> Days
Final Premium Due Date	<<dd/mm/yyyy>>

The Premium amount is excluding any taxes, levies and underwriting extra premium, if any.

Taxes and levies as applicable shall be collected over and above the Premium. Amount of taxes and any other levies will be charged at actuals as per rates prevalent at the time of payment.

NOMINATION SCHEDULE

Nominee's Name	<<Nominee-1 >>	<<Nominee-2 >>	<<Nominee-3 >>
Gender	<<Male/Female/Transgender>>	<<Male/Female/Transgender>>	<<Male/Female/Transgender>>
Nominee's Relationship with the Life Assured	<< >>	<< >>	<< >>
Date of Birth of Nominee	<< dd/mm/yyyy >>	<< dd/mm/yyyy >>	<< dd/mm/yyyy >>
Nominee's Age	<< >> years	<< >> years	<< >> years
Nomination Percentage	<< >> %	<< >> %	<< >> %
Nominee's Address	<< >>	<< >>	<< >>
Appointee's Name (Applicable where the Nominee is a minor)	<< >>		
Appointee's Gender	<< Male / Female / Transgender>>		
Appointee's relationship with the Nominee	**<< >>**		
Date of Birth of Appointee	<< dd/mm/yyyy >>		
Appointee's Address	**<< >>**		

Address for Communication	**<< >>**

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

Authorised Signatory

Stamp Duty of Rs. _____/- is paid as provided under Article 47D(iii) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No. (_____Validity Period Dt._____ To Dt.31/03/2022 (O/w. No.____)/Date: ___).

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

SPACE FOR ENDORSEMENTS

Part B

DEFINITIONS

1. Accident- means a sudden, unforeseen and involuntary event caused by external, visible and violent means which occurs after the Risk Commencement Date of policy and before the termination of policy.;
2. 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, result in the Life Assured's death.
3. Accidental Partial & Permanent Disability (APPD)-Accidental Partial & 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 partial permanent and must result in one of the following:

- Complete and irrecoverable loss of vision in one eye
- Loss of one leg
- Loss of one foot
- Loss of one arm
- Loss of one hand
- Complete and irrecoverable loss of hearing in both ears
- Amputation of 4 or more fingers in one hand OR Metacarpal Amputation in one hand

The disability must have lasted, without interruption, for at least six consecutive months and must, in the opinion of a qualified & registered Medical Practitioner, be deemed permanent; and if required, the Company shall subject the insured to an independent medical assessment;

4. Accidental Total & Permanent Disability (ATPD)- 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:

- Complete and irrecoverable loss of vision in both eyes
- Loss of both arms or both hands
- Loss of one arm and one leg
- Loss of one arm and one foot
- Loss of one hand and one foot
- Loss of one hand and one leg
- Loss of both legs
- Loss of both feet
- Loss of one limb, and complete and irrecoverable loss of vision in one eye

The disability must have lasted, without interruption, for at least six consecutive months and must, in the opinion of a qualified & registered Medical Practitioner, be deemed permanent and if required, the Company shall subject the insured to an independent medical assessment.

5. Act - means the Insurance Act, 1938
6. Annualized Premium- means the premium amount payable in a year excluding taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any.
7. Appointee- means the person named by You and registered with Us in accordance with the Nomination Schedule, who is authorized to receive the Sum Assured under this Policy on the death of the Life Assured while the Nominee is a Minor:
8. Assignee- means the person to whom the rights and benefits under this Policy are transferred by virtue of Assignment under section 38 of the Insurance Act, 1938 as amended from time to time;
9. Assignment- means a provision wherein the Policyholder can assign or transfer a Policy in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time;
10. Authority/IRDAI– means Insurance Regulatory and Development Authority of India established under the provisions of section 3 of the Insurance Regulatory and Development Authority Act, 1999;
11. BAUP- Board Approved Underwriting Policy

12. Beneficiary- Refers to the Policyholder, Life Assured, Nominee, Assignee, or the legal heir of the Policyholder entitled to receive proceeds under the Policy.
13. Bodily Injury- means Injury that is evidenced by external signs such as contusion, bruise and wound except in cases of drowning and internal Injury
14. Company, company, Insurer, Us, us, We, we, Our, our- means or refers to HDFC Life Insurance Company Limited;
15. Coverage Term- means the term under the chosen benefit option as specified in the Schedule;
16. Date of Commencement of Risk- means the date, as stated in the Policy Schedule, on which the insurance coverage under this Policy commences and as mentioned in the Policy Schedule;
17. Date of Payment of Premium- means the date on which premium payment is received by the Insurer in accordance with the provisions of Section 64 VB (2) of The Insurance Act, 1938.
18. Frequency of Premium Payment– means the period, as stated in the Policy Schedule, between two consecutive Premium due dates for the Policy;
19. Grace period- means the time granted by the Insurer from the due date for the payment of Premium, without any penalty / late fee, during which time the Policy is considered to be in force with the risk cover without any interruption as per the terms & conditions of this Policy. The grace period for payment of the premium for all types of life insurance policies shall be fifteen days, where the policyholder pays the premium on a monthly basis and 30 days in all other cases;
20. Hospitalisation- means admission in a hospital for a minimum period of twenty-four (24) consecutive 'In-patient care' hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty-four (24) consecutive hours;
21. Illness - means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifest itself during the Policy Term and requires medical treatment;
22. Injury- means accidental physical bodily harm excluding illness and disease. It must be solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner;
23. Life Assured- shall mean the person assured under the respective benefit option as specified in the Schedule;
24. Maturity Benefit - means the sum assured on maturity, any additional and accrued benefit, which is payable on the Maturity Date in accordance with the terms and conditions of the policy;
25. Registered Medical Practitioner - means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of his license but excluding the Medical Practitioner who is:
    a) Life Assured/Policyholder himself or an agent of the Life Assured;
    b) Insurance Agent, business partner(s) or employer/employee of the Life Assured or;
    c) A member of the Life Assured's immediate family;
26. Minor- means a person who has not attained the age of 18 years.
27. Nominee- means the person named in the Policy Schedule who has been nominated in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time.
28. Nomination- is the process of nominating a person(s) who is (are) named as "Nominee(s)" in the proposal form or subsequently included/ changed by an endorsement. Nomination should be in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.
29. Non-Linked products - are the products other than Linked insurance products;
30. Non-par products or Products without participation in profits - means products where policies are not entitled for any share in surplus (profits) during the term of the policy;
31. Pre-existing Disease - means any condition, ailment, Injury or disease:
    - That is/are diagnosed by a Medical Practitioner not more than 36 months prior to the Risk Commencement Date of the Policy issued by the insurer or its reinstatement or
    - For which medical advice or treatment was recommended by, or received from, a Medical Practitioner not more than 36 months prior to the Risk Commencement Date of the Policy issued by the insurer or its reinstatement;
32. Policyholder, You, you, your – means or refers to the Policyholder stated in the Policy Schedule;

33. Premium(s)- means an amount stated in the Policy Schedule, payable by you to us for every Policy Year by the due dates, and in the manner stated in the Policy Schedule, to secure the benefits under this Policy, excluding applicable taxes and levies;
34. Premium Paying Term – means the period as stated in the Policy Schedule, in years, over which Premiums are payable;
35. Pure risk products - means insurance products (without any savings element) where the payment of agreed amount is assured on the happening of death of life assured or on happening of insured health related contingency within the term of the policy;
36. Policy- means this contract of insurance entered into between You and Us as evidenced by this document, the Proposal Form, the Policy Schedule and any endorsement issued by Us.
37. Revival- means restoration of the Policy, which was discontinued due to the non-payment of Premium, by the Insurer with all the benefits mentioned in the Policy document, with or without rider benefits, if any, upon the receipt of all the Premiums due and other charges/late fee, if any, during the revival period, as per the terms and conditions of the Policy, upon being satisfied as to the continued insurability of the insured/Policyholder on the basis of the information, documents and reports furnished by the Policyholder; in accordance with Board approved Underwriting Policy.
38. Revival period- means the period of five consecutive complete years from the date of first unpaid Premium;
39. Service Providers: The health service entities empanelled with Us to render Wellness Services.
40. Specialist Consultant: A Medical Practitioner possessing a post graduate or higher qualification in a recognized branch of allopathic medicine and providing consultation within such area of specialization.
41. Sum assured on death - means an absolute amount of benefit which is guaranteed to become payable on death of the Life Assured in accordance with the terms and conditions of the policy;
42. Schedule- means the Policy schedule and any endorsements attached to and forming part of the Policy and if any, updated Schedule is issued by the Insurer, then, the Schedule latest in time;
43. Surrender - means complete withdrawal/ termination of the entire policy contract;
44. Surrender Value- means an amount, if any, that becomes payable on Surrender of the policy during its term, in accordance with the terms and conditions of the policy.
45. Terminal Illness- means an advanced or rapidly progressing incurable disease where, in the opinion of two appropriate independent Medical Practitioners, life expectancy is no greater than six (6) months from the date of notification of claim. The Terminal Illness must be diagnosed and confirmed by Medical Practitioners registered with the Indian Medical Association and approved by the Company. The Company reserves the right for independent assessment. The Life Assured must no longer be receiving active treatment other than that of the pain relief.
46. Total Premiums Paid - Total of all the premiums received, excluding any extra premium, and taxes. This shall be defined separately for each plan option.
47. Waiting Period- means a waiting period of 30 days effective from the Risk Commencement Date for Wellness benefits.

Part C

1. Base Benefits

Plan Option 1: Terminal Illness with Protection Cover: Coverage for diagnosis of Terminal Illness & death of the Life Assured, up to the Sum Assured opted under this benefit.

Plan Option 2: Accident Total & Partial Permanent Disability: Coverage of Disability of Life Assured, as described in definition section above, up to the Sum Assured opted under this benefit.

Plan Option 3: Accidental Death Benefit: Coverage of death of the Life Assured, as described in definition section above, equal to the Sum Assured opted under this benefit.
Accidental Death Benefit can only be opted if the policyholder opts for either Plan Option 1 or Plan Option 2.
One or more plan options can be selected at policy inception.

2. Optional Benefits -

A. Double Benefit: Benefit amount will be doubled if the Accidental Death or Accidental Total & Permanent Disability occurs under any of the defined terms in Policy.

B. Accident Plus: This benefit can be opted only with Accident Total & Partial Permanent Disability, if opted, the following benefits will be payable:
Vehicle/Home Modification Benefit
Physical/Occupational Therapist benefit

3. Wellness Program

Welcome to our Wellness Program, designed to help you meet your goals to adopt healthier lifestyle. As part of your policy, you can enjoy built-in benefits that can be accessed seamlessly via our easy-to-use mobile app.
Please note: All the benefits adhere to specific terms, conditions, and exclusions outlined in this Policy document.

1. Base Benefits

Plan Option 1: Terminal Illness with Protection Cover

- **Death Benefit**

In the unfortunate event of death of the Life Assured during the policy term, a lump sum amount is payable as Death Benefit. The death benefit is highest of:

- Sum Assured of this plan option or
- 10 times the Annualized Premium for Limited/Regular pay and 1.25 times for Single Pay or
- 105% of the Total Premiums Paid under this plan option

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

(i) Regular monthly income payable for 10 years, or
(ii) Part of benefit amount as lump sum immediately on 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 the date the claim is made.
Upon payment of Death Benefit, the policy shall terminate.

- **Terminal Illness Benefit:**

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.

Upon payment of Terminal Illness benefit:

- If Death Benefit at the time of claim is equal to Terminal Illness benefit, the policy will terminate.
- If Death Benefit at the time of claim is greater than Terminal Illness benefit, the policy will continue for the balance Death Benefit.

The acceleration of Death Benefit is not an additional benefit; it only facilitates an earlier payment of Death Benefit on diagnosis of terminal illness.

Plan Option 2: Accident Total & Partial Permanent Disability

The following benefits are covered under this Plan Option:

a) **Accidental Total & Permanent Disability (ATPD)**

Accidental Total & 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:

(i) Complete and irrecoverable loss of vision in both eyes
(ii) Loss of both arms or both hands
(iii) Loss of one arm and one leg
(iv) Loss of one arm and one foot
(v) Loss of one hand and one foot
(vi) Loss of one hand and one leg
(vii) Loss of both legs
(viii) Loss of both feet
(ix) Loss of one limb, and complete and irrecoverable loss of vision in one eye

The disability must have lasted, without interruption, for at least six consecutive months and must, in the opinion of a qualified & registered Medical Practitioner, be deemed permanent and if required, the Company shall subject the insured to an independent medical assessment.

On the Total & Permanent Disability of the Life Assured due to an Accident i.e. Accidental Total & Permanent Disability (ATPD) during the coverage period and subject to the definitions and exclusions, the benefit payable shall be highest of:

- Sum Assured of this plan option or
- 7 times the Annualized Premium for Limited/Regular pay and 1.25 times for Single Pay or
- 105% of Total Premiums Paid under this plan option

This benefit will be payable as Regular monthly income equal to 1% for a fixed period of 10 years.

If Accidental Total & Permanent Disability (ATPD) occurs after Accidental Partial & 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.

b) Accidental Partial & Permanent Disability (APPD)

Accidental Partial & 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:

(i) Complete and irrecoverable loss of vision in one eye
(ii) Loss of one leg
(iii) Loss of one foot
(iv) Loss of one arm
(v) Loss of one hand
(vi) Complete and irrecoverable loss of hearing in both ears
(vii) Amputation of 4 or more fingers in one hand OR Metacarpal Amputation in one hand

The disability must have lasted, without interruption, for at least six consecutive months and must, in the opinion of a qualified & registered Medical Practitioner, be deemed permanent; and if required, the Company shall subject the insured to an independent medical assessment.

In case of Partial & Permanent Disability caused by an accident, the benefit amount shall be 50% of the ATPD benefit.

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

- Regular monthly income for 10 years, or
- Part of Benefit amount as lump sum and the balance benefit amount as a regular monthly income for 10 years.

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

50% of Sum assured will be payable on Accidental Partial Permanent Disability, only one Accidental Partial & Permanent Disability (APPD) claim will be payable during the policy term.
Once the maximum benefit (100% Sum Assured of Plan option 2) is claimed, the coverage shall terminate.

Plan Option 3: Accidental Death Benefit

In the event of death due to accident, a lump sum benefit which is the highest of below shall be payable:

- Sum Assured of this Plan Option or
- 7 times the Annualized Premium for Limited/Regular pay and 1.25 times for Single Pay or
- 105% of the Premiums Paid under this plan option

"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.

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

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

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

Upon payment of Accidental Death Benefit, the policy will terminate.

2. Optional Benefits:

On choosing any of the below options, as the Policyholder, you will have to pay an additional Premium over and above the Premium amount payable for the base benefit/s

A. Double Benefit:

This option is only available for Accident Total & Partial Permanent Disability & Accidental Death Benefit.

If this cover is opted, the benefit payable under Accidental Total & Permanent Disability (ATPD) or Accidental Death Benefit will be doubled if the death or disability due to accident occurs under any of the following circumstances:

i) Train Accident
ii) Airplane Accident
iii) Stampede/Fire

Train Accident

Double Benefit on Accidental & Total Permanent Disability or Accidental Death due to Train Accident will be payable only if the Life Assured 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.

Airplane Accident

Double Benefit on Accidental Total & Permanent Disability or Accidental Death due to airplane accident will be payable only if the Life Assured 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.

Double Benefit on Stampede/ Fire

Stampede or fire at large public places

- Double Benefit on Accidental Total & 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.
- 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.

- The Public Place must be in India and must have been authorised by appropriate government authority for public use.
- The Public Place must have a valid license for public use at the time of the event.
- The occurrence of the event (Stampede or Fire) must be recognised and acknowledged by the appropriate government department/authority.
- 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.
- Failure to satisfy any one of the above conditions shall render the claim for Double Benefit inadmissible.

Stampede or fire at public religious gatherings

- Double Benefit on Accidental Total & Permanent Disability or Accidental Death due to stampede or fire at public religious gatherings will be payable subject to satisfying all of the below conditions.
- ATPD or ADB is caused directly, solely, and independently (of any other cause) by a stampede or fire.
- Public Religious gathering must have valid written permission from appropriate government authority.
- Public Religious gathering must have been conducted/supervised/monitored by appropriate government department/authority throughout its duration.
- Any kind of private/personal religious gathering is excluded.
- The occurrence of the event (Stampede or Fire) must be recognised and acknowledged by the appropriate government department/authority.
- 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.

Failure to satisfy any one of the above conditions shall render the claim for Double Benefit inadmissible.

Note: This optional benefit is only available if, Accident Total & Partial Permanent Disability or/and Accidental Death Benefit has been opted.

B. Accident Plus:

If opted, the following benefits will be payable:

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

Note: This optional benefit is only available if Accident Total & Partial Permanent Disability has been opted.

3. Wellness Program

This program is intended to help reduce out-of-pocket medical expenses and support you in maintaining a healthier lifestyle. It provides access to benefits such as expert consultations, prescribed diagnostic tests, preventive care, and a range of wellness services, aimed at promoting overall well-being.

The benefits under this program are subject to the availability of services within the empaneled service providers' network.

Seamless Access & Updates

The services shall be provided through our designated digital platform, enabling seamless access and convenience at the life assured's fingertips.

The digital platform shall keep the life assured informed of all available service offerings and any updates thereto, ensuring continuous access to the latest information.

Autonomy and Responsibility

All health-related decisions remain solely with the life assured. While we facilitate access to reputed service providers through the digital platform, the selection of such providers and all risks associated with their services rest exclusively with the life assured.

All services are facilitated through our carefully selected service providers to ensure quality and availability at the time of booking. However, any unused consultations, tele-consultations, vouchers, or sessions must be utilised within the same benefit year in which they are accrued and shall not be carried forward to the next policy year. The life assured retains full discretion to choose which services to avail, based on individual needs and preferences.

We are pleased to enable such access; however, we shall not be liable for any services rendered by third-party providers. For any ongoing or persistent health concerns, consultation with a qualified Medical Practitioner is strongly recommended.

Please note: All the benefits adhere to the specific terms, conditions, and exclusions outlined in this policy document.

Scan the QR code to download the application

1. For Android Users

2. For IOS Users

Want to know more about your wellness program?

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

Know your wellness benefits

Benefit Type	Regular and Limited Pay	Single Pay

Health Wallet	100% of Annual Premium (AP) per annum until the end of premium payment term	20% of Single Premium per annum until the end of the first 5 years of the Policy Term
Fixed Wellness Benefits	Available until the end of premium payment term	Available until the end of first 5 years of the Policy Terms
360-degree Wellness		
Digital Health Benefits		
Waiting period	30 days from Risk Commencement Date	

These benefits are specified below:

1. **Health Wallet**

The premium paid by the policy holder under this product is allocated to a dedicated health wallet for utilisation towards the eligible services specified below.

a.) OPD (In-clinic consultation) Cover

Under this benefit, we shall cover expenses incurred towards consultations with medical professionals, which may be availed either on a cashless basis through service providers or, where such providers are not available within the vicinity, on a reimbursement basis.
General Consultation Cap: Mentioned in the table below

- Specialist Consultation Cap: Mentioned in the table below
- This benefit excludes investigations, medications, and any minor procedures or treatment.

b.) Prescribed Lab & Radiology Services

Under this benefit, we shall cover necessary diagnostic tests prescribed by registered medical practitioners, either through home sample collection or assisted lab booking facilitated by the service provider network.
Coverage Cap: Mentioned in the table below

- Cashless Service: The service shall be availed on a fully cashless basis through empanelled network partners, exceptional reimbursement shall be permitted only where the network is unavailable.
- Reimbursement Conditions: The life assured shall contact the service provider's customer support to initiate a booking request. Where the network is unavailable, reimbursement shall be unlocked as an exception.
- A valid prescription, lab invoices, and lab reports from registered laboratories shall be required.
- This benefit excludes non-prescriptive diagnostic tests and preventive health checkups.

c.) Fitness Support Benefit

The life assured may access curated fitness programs, including gym memberships, Zumba classes, and yoga sessions, through the empanelled service provider network.
Coverage Cap and Access: Mentioned in the table below

- The coverage excludes personal training, sports coaching, fitness equipment, merchandise, and non-health-related subscriptions.

d.) Prescribed Vaccination Cover

The life assured shall be entitled to prescribed vaccinations and travel only vaccinations (yellow fever, Japanese encephalitis, Meningococcal vaccine) recommended by a registered medical practitioner and approved by WHO.

Coverage Cap and Access: Mentioned in table below

- Services shall be availed on a cashless basis through network providers; reimbursement shall be permitted where network access is unavailable.
- Reimbursement Conditions: The life assured shall contact the service provider's customer support to raise a vaccination booking request. In the event the service provider network is unavailable, reimbursement shall be enabled as an exception. A valid prescription shall be required.
- The coverage excludes non-prescribed vaccines, unless medically indicated, and administration fees beyond prescribed limits.

e.) Prescribed Pharmacy Cover

The Life Assured may order prescribed medicines through the empanelled pharmacy network, based on a valid prescription issued by a registered medical practitioner.

Coverage Cap and Access: Mentioned in table below

- Mode of Access: Services shall be availed entirely on a cashless basis through network pharmacies.
- The coverage excludes OTC products, supplements, cosmetics, alternative medicines unless prescribed, and non-medical consumables.

Care Booster

Upon the diagnosis of a terminal illness or the occurrence of an accidental permanent disability, the existing Health Wallet allocation shall be enhanced to ten (10) times to support increased healthcare needs. This enhanced allocation shall be available for a period of three (3) years, subject to the Policy remaining in force. In the event the Policy terminates earlier, the enhanced benefit shall also cease. Upon completion of the three (3) year enhancement period, the Health Wallet allocation shall revert to its normal value.

Coverage Cap: Limits applicable under the standard health wallet shall apply.

- Mode of Access: Mode of access shall remain the same as the health wallet.
- Exclusions: The benefit amount shall not be convertible into cash and shall not be utilised for any non-medical purpose.

Coverage Caps	Claim Type	Benefit Cap	Transaction Cap
OPD (In-clinic consultation) Cover	Cashless	Up to Health Wallet Balance available	No cap
	Reimbursement		Rs 1000 per consultation
Prescribed Lab & Radiology Services	Cashless		No cap
	Exceptional Reimbursement		₹1,000 per transaction
Fitness Support Benefit (Gym/Yoga /Zumba)	Cashless		1 session per day
Prescribed Vaccination cover	Cashless	Up to 20% of Health Wallet Balance available	No cap
	Reimbursement		₹1,000 per vaccination
Prescribed Pharmacy Cover	Cashless	Up to 20% of Health Wallet Balance available	₹1000 per transaction

2. Fixed Wellness Benefits:

These benefits provide access to the services specified below, spanning preventive wellness, lifestyle support, and targeted care for specific conditions, thereby helping the life assured maintain overall well-being and proactively manage health needs.

a) Preventive Health Counselling

The life assured may avail preventive health counselling, wellness guidance, lifestyle and risk-factor awareness counselling, and general health advisory session services provided by registered medical practitioners on our digital platform.
Mode of Access: Entirely cashless through empanelled network service providers.
The Preventive Health Counselling Benefit is non-transferable and may be availed only by Covered Member. If the benefit is not utilised during the Policy Year, it shall lapse and shall not be carried forward.
Diagnostic tests, medicines, procedures, or treatment-related services are excluded from the scope of this benefit.

b) Tele-consultations

The life assured may avail virtual consultations with medical practitioners across multiple specialities~~,~~ in accordance with the Telemedicine Practice Guidelines, 2020.
Mode of Access: Consultations shall be availed entirely on a cashless basis.
Coverage Cap: Unlimited consultations annually; Only one tele-consultation session permitted at a time, maximum of 3 per day.

c) Diet & Nutrition Consultation

The life assured shall be entitled to virtual consultations with certified dieticians and nutritionists to support dietary and wellness goals.
Mode of Access: Services shall be availed entirely on a cashless basis.
Coverage Cap: Unlimited consultations annually

d) Mental Wellness

The life assured may avail consultations with qualified psychologists for mental-wellness support.
Mode of Access: Services shall be availed entirely on a cashless basis.
Coverage Cap: Unlimited consultations annually
The benefit excludes medications, hospitalisation-related services, and non-clinical coaching services.

e) Annual Preventive Health Check-Up

The life assured may avail comprehensive health check-up vouchers annually for tests including but not limited to CBC, KFT, LFT, and other preventive health parameters.
• Coverage Cap: One voucher shall be available annually.
• Mode of Access: Services shall be availed on a cashless basis through network service providers; exceptional reimbursement may be permitted where network access is unavailable.
• Reimbursement Conditions: Reimbursement of up to ₹2,000 shall be permitted for non-network location services to ensure accessibility. The life assured shall contact customer service and raise a request for booking. In case the network is unavailable, reimbursement shall be enabled as an exception.

f) Cancer Screening

The life assured may avail preventive cancer screening tests (with PSA, CA 19.9 and CEA available for males, and CA 125, CEA and CA 19.9 available for females).
- Coverage Cap: One voucher shall be available once every two years.
  Mode of Access: Services shall be availed entirely on a cashless basis through empanelled

network partners; exceptional reimbursement may be permitted where network access is not available.

- Reimbursement Conditions: Reimbursement of up to ₹2,500 shall be permitted for services availed at non-network locations to ensure accessibility. The life assured shall contact the service provider's customer service team to raise a booking request. In the event of network unavailability, reimbursement shall be unlocked as an exception.
- The benefits exclude diagnostic follow-ups, biopsies, treatment-related services, and hospitalisation.

g) Chronic Care Management

The life assured may avail key health metrics tracking, health-goal assistance, and voluntary interventions to manage chronic health conditions like diabetes, cardiac conditions, thyroid disorders and liver disorders as mentioned in the table below.

•Coverage Cap: An additional Health Wallet unlock amounting to ₹5,000 shall be provided.
• Per Transaction Cap: As applicable under the Health Wallet.
• Mode of Access: As applicable under the Health Wallet.
• Reimbursement Conditions: Reimbursement shall not be permitted under this Benefit.
• Exclusions: Hospitalisation, emergency care, and the cost of medicines or diagnostics unless explicitly covered shall be excluded.

Please log in using your registered mobile number on the HDFC Life digital platform using QR code given in the policy to access details of the Chronic Care Management program.

h) Dental Wellness

The covered beneficiary may consult a medical practitioner of choice and utilise a wallet of up to ₹5,000 for below stated procedures.

Parent Procedure	Procedure Name
Consultation	Consultation
Crown	Heat cure crown
Scaling/Cleaning	Scaling/ Cleaning
Restoration / Filling	GIC (Glass Ionomer Cement)
Extraction	Mobile tooth
Bridge	Bridge
	Re-cementation of crown (excluding crown charges)
	Re-cementation of bridge (excluding crown charges)
IOPA / X-ray	IOPA (Intraoral Peri-Apical Radiograph) Film
	Digital X-ray
Removable Partial Denture	Additional tooth

• Mode of Access: Entirely cashless through network providers.
• Exclusions: If the dental benefit is not availed within the policy year, it shall lapse and cannot be carried forward.
• The benefit is non-transferable.
• The benefit amount is capped at ₹1,000 per transaction.

i) Physiotherapy Services

The life assured may avail digital and in-person physiotherapy sessions prescribed by a registered medical practitioner.

• Coverage Cap: Six digital vouchers and six in-person vouchers.
• Mode of Access: Entirely cashless, through in-clinic or virtual sessions via network providers.

j) Prescribed Vision Care

The life assured may avail prescribed vision care services including standard prescribed spectacles (single vision, bifocal, or basic progressive lenses) and medically prescribed corrective lenses available with the network.
• Coverage Cap: ₹2,500 once every three years starting from the third policy year.
• Mode of Access: Entirely cashless through network partners.

k) Pregnancy Care

Under this benefit, an additional health wallet unlock amounting to ₹5,000 shall be provided to the life assured to-offer care and reassurance through the maternity journey.
• Per Transaction Cap: As applicable under the health wallet.
• Mode of Access: As applicable under the health wallet.
• Reimbursement Conditions: Reimbursement shall not be permitted under this Benefit.
• Exclusions: Hospitalisation, emergency care, and the cost of medicines or diagnostics unless explicitly covered shall be excluded.

3. 360-degree Wellness:

This benefit shall cover network-linked wellness discounts and concierge assistance services aimed at supporting comprehensive, end-to-end wellness.

a) Network Discount

The life assured may avail discounts on doctor consultations, diagnostics, pharmacy, nutritional supplements, smart device and vaccination purchases when services are booked on a cashless basis through network partners after exhaustion of the health wallet.
• Exclusions: Discounts shall not apply to services availed from non-network providers.

Services Available	Discount
Pharmacy Discounts	Up to 10%
Lab and radiology discount	Up to 20%
OPD discount	Up to 10%
Nutritional Supplements	Up to 10%
Smart Device	Up to 10%
Vaccination	Up to 10%

b) **Health Concierge**

Health Concierge Services offer assistance and facilitation to the life assured in accessing select healthcare related services. These services are purely facilitative, and do not include coverage of any service costs. All assistance shall be provided on a best-efforts basis through third-party service providers. The Insurer shall not guarantee availability, quality, timelines, or successful completion of bookings.

Scope of Services under Health Concierge

i.) **Home Nursing Assistance**

This benefit shall provide assistance in identifying and coordinating trained nurses or caregivers for home-based care through telephonic or digital support, with all service fees payable directly by the life assured.
• Exclusions: Nursing fees, medical procedures, consumables, and supervision of care are excluded.

ii.) **Hospitalization Support**

This benefit shall provide non-clinical assistance such as hospital identification, admission coordination and documentation support for planned or emergency hospitalisation, delivered through telephonic or on-ground support wherever available, with all hospital bills and medical expenses payable directly by the life assured. This benefit is available exclusively at network hospitals.
• Exclusions: Medical advice, treatment decisions, and any financial coverage for hospitalization are excluded.

iii.) **Medical Equipment Assistance**
This benefit shall facilitate the rental or purchase of medical equipment such as oxygen concentrators, wheelchairs, and hospital beds through coordination with third-party vendors, with all equipment costs, delivery, installation and maintenance charges payable directly by the life assured.
• Exclusions: The Insurer shall not be responsible for product quality, servicing, warranties, or vendor performance.

iv.) **Assisted Living Support**
This benefit shall provide assistance in identifying assisted-living or elder-care facilities through telephonic or digital coordination, with all admission, accommodation, care and ancillary charges payable directly by the life assured.
• Exclusions: Reservation guarantees, admission approval, and quality assurance of facilities are excluded.

c) Ambulance Cover

• The life assured may avail road ambulance services for medically necessary emergency transportation. This benefit is available exclusively at network hospitals.
• Coverage Cap: ₹2,000 annually.
• Mode of Access: Entirely cashless.
• Exclusions: Air ambulance services and non-emergency transportation shall be excluded.

4**. Digital Health Benefits**: These services provide seamless access to medical records, preventive health information, personalised assessments, and instant wellness indicators ensuring convenience and ease of access at the fingertips of the life assured.

a) AI Face Scan
This benefit shall provide AI-based facial scans through our digital platform to offer wellness-related indicators and screening insights only, and shall not be construed as a diagnostic or medical tool.

b) Digital Health Vault
This benefit shall provide cloud-based storage to the life assured to securely maintain medical records, reports and prescriptions at one place.

c) Health Content & Blogs
This benefit shall provide access to preventive-health articles, blogs and pre-recorded video sessions and yoga sessions through the digital platform, with such content being purely informational and not constituting medical advice.

d) Health Risk Assessment
This benefit shall provide digital questionnaire-based health risk assessments for the life assured, generating a personalised health score with corresponding recommendations, while excluding any diagnostic confirmation.

Please note that:

i. The above services are optional services made available to the life assured. The life assured shall exercise sole discretion with respect to:
a. availing such services; and/or
b. adhering to or following any course of treatment, medical advice, or recommendations provided by the respective service provider.
ii. All such services shall be rendered directly and independently by the designated third-party service providers. The Insurer shall have no role, control, or participation in the delivery, quality, or outcome of these services.
iii. As the services are provided by independent third-party service providers, the Insurer shall not bear, assume, or incur any liability, responsibility, or obligation, whether direct or indirect, arising from or attributable to the provision or non-provision of these services.
iv. The Insurer reserves the absolute right to modify, replace, discontinue, or substitute any Wellness Service and/or change, replace, or discontinue any service provider at any time, without prior notice.
v. In case Life Assured and Policyholder are different, services will be available to Life Assured only.

D. **General Terms & Conditions**

All Wellness program related Terms and Conditions and all General Conditions shall apply mutatis mutandis to all wellness coverage provided under this policy.

i. Withdrawal of Product

In the event the product is withdrawn by the Company, the associated Wellness program shall stand automatically withdrawn without the requirement of any separate notice or intimation to the life assured.

ii. Fraudulent Activity

a. The utilisation of Wellness program shall be undertaken by the life assured with good faith, integrity, and intent. The life assured shall not encourage, engage in, assist, abet, or participate in any activity—directly or indirectly—that may be construed as fraudulent, abusive, or intended for personal or commercial gain. The Wellness Platform and services shall not be used for any commercial, revenue-generating, or public purpose, directly or indirectly.
b. Fraudulent activity shall include, but not be limited to, misrepresentation, suppression or concealment of information, submission of incorrect or fabricated documents, or any other act considered fraudulent as per the internal policies of the service provider, subject to applicable laws.
c. Upon detection of any fraudulent activity, the service provider shall be entitled to pursue all remedies available under law, including equitable and tortious remedies. The service provider may also permanently suspend access to wellness benefits and decline to any wellness benefit related requests under the policy, including pending requests.
d. Any fraud, misrepresentation, or suppression of facts shall result in immediate cessation of coverage, and the policy shall be deemed void ab initio.

iii. Reimbursement Process

a. Download the HDFC Life Wellness digital platform.
b. Sign up using the registered mobile number.
d. Choose the relevant Product/Plan/e. Select the relevant benefit.
f. Click on “Raise a Claim.”
g. Upload all required documents and details pertaining to service.

Mandatory Documents (non-exhaustive):

• Valid Doctor Prescription
• Doctor Invoice

• Doctor must possess a valid MRN (Medical Registration Number) and must not be on the blacklist
Claims shall be processed within 7 working days from the date of raising a claim request.
Illustrations:
• For a reimbursement claim of General Physician consultation costing INR 300, a payout of INR 300 shall be made.
• For a reimbursement claim of General Physician consultation costing INR 1200, a payout of INR 1000 shall be made.
The life assured may submit reimbursement claims within 180 days from the date of invoice.

iv. Claim Validity of Benefit
The service provider shall honour claims related to valid expenses incurred by the life assured prior to the expiry or cancellation of the policy. Claims pertaining to periods during which the policy was suspended/lapsed due to non-payment of premium shall also be honoured, provided the life assured subsequently revives the policy by paying all due premiums.

4. Cover During Grace Period

Grace Period for payment of premium – A Grace Period of 15 days (where the premium is paid on a monthly basis) and 30 days (where the premium is paid in quarterly/half-yearly/annual basis) is available on the premium due date, to pay the Premium. We will not accept part payment of the Premium. During the Grace Period, policy is considered to be in-force with the risk cover without any interruption as per terms and conditions of the Policy.

5. Maturity Benefit: There is no maturity benefit available under this policy.

Part D

1) Benefits on Discontinuance of Premiums:

On cessation of premiums during the premium paying term the policy cover ceases immediately and if not revived within the applicable revival period, the policy will terminate post payment of Policy Cancellation Value (if any).

2) Surrender Value

If you surrender the policy, Policy Cancellation Value shall be payable subject to following conditions:

Single Pay (SP)	Immediately upon payment of premium
Limited Pay (LP))	Upon completion of 1st policy year, provided premiums for at least 1 full year has been paid.

Policy Cancellation Value

Policy cancellation value (PCV) gets acquired immediately upon payment of premium in case of SP and upon payment of premiums for at least 1 full year and after completion of first policy year, in case of LP. In all other cases, the policy lapses on premium discontinuance without any value.

Policy cancellation value (if acquired) shall be payable:

i. Upon death of the life assured during revival period, or
ii. At the end of the revival period if the policy is not revived

The amount payable will be as given below, subject to Policy Cancellation Value (PCV) being acquired:
PCV Factor% ×Total Premiums Paid× Unexpired Policy Term ÷ Original Policy Term, less any benefits already paid out.

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

Premium Payment Term	**Policy Cancellation Value Acquired**	**PCV Factor%**
Single Pay (SP)	Immediately upon payment of premium	50%
Limited Pay (LP)	After the end of first policy year, provided at least one full year premium is paid	30%, if premiums for less than two full years are paid 50%, if at least two full years premiums are paid
Regular Pay (RP)	No Policy Cancellation Value is payable.	Not Applicable

3) Lapse

Your policy lapses on discontinuation of premium payment without any paid-up value.

4) Revival of the Policy

You can revive your lapsed policy within a period of 5 years from first unpaid premium by paying all the outstanding premiums with interest and providing satisfactory evidence of good health.

Revival fee, if any: Rs. 250 plus Penal interest.

Can you revive your Policy?
Yes, If the Policy has been discontinued due to the non-payment of Premium, it may be revived/ restored by the Insurer with all the benefits mentioned in the Policy document, with or without rider benefits, if any, upon the receipt of all the Premiums due and other charges/late fee, if any, during the revival period, as per the terms and conditions of the Policy, upon being satisfied as to the continued insurability of the insured/Policyholder on the basis of the information, documents and reports furnished by the Policyholder; in accordance with Board approved Underwriting Policy. The current compounding rate of interest is 9% p.a.

When should you make the application for Policy revival?
The application for the revival should be made within five years from the due date of the first unpaid Premium and before the expiry of the Policy Term. Once the Policy is revived, you are entitled to receive benefits as per the Policy.

How often does the revival interest rate reviewed?
The revival interest shall be reviewed half-yearly, and it will be reset to: Average Annualized 10-year benchmark* G-Sec Yield (over last 6 months & rounded up to the nearest 50 bps) + 2%. The change in revival rate shall be effective from 25th February and 25th August each year. Any change on basis of determination of interest rate for revival will be done only after prior approval of the Authority.
(*Source: RBI Negotiated Dealing System-Order Matching segment (NDS-OM))

5) Alterations

The Policyholder may change the Frequency of Premium Payment at any time during the Premium Payment Term, subject to the applicable conversion factors.

6) Loans

No loans are permissible under this Policy.

7) Free Look Cancellation

a) Cancellation in the Free Look Period

- 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.

- 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.

b) Cancellation after the Free Look Period

- 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 as per Part D (Surrender Value) above.

8) Renewal

- Since it is a Fixed Benefit product, it does not offer renewability after the expiry of the Policy Term.

Part E

This a Non-Linked Product, hence no charges are applicable under the Policy

Part F

1) Exclusions

Terminal Illness with Protection Cover

Suicide Exclusion

In case of death due to suicide within 12 months from the Risk Commencement Date of 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 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.

Accident Total & Partial Permanent Disability & Accidental Death Benefit

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

The accidental disability benefit will not be payable in the following situations:

- Disability occurs as a result of any pre-existing condition.
- Disability occurs as a result of participation by the insured person in a criminal or unlawful act
- 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 & registered medical practitioner.
- Disability occurs as a result of self-inflicted injuries or attempted suicide; while sane or insane
- 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.
- 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.
- Disability 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.
- 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.
- Disability occurs as a result of nuclear or radio-active contamination.

The accidental death benefit will not be payable in the following situations:

- Death occurs as a result of participation by the insured person in a criminal or unlawful act
- 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 & registered medical practitioner.
- Death occurs as a result of self-inflicted injuries or attempted suicide; while sane or insane
- 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.
- 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.
- 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.

- 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.
- Death occurs as a result of nuclear or radio-active contamination.

Waiting Period: Not Applicable

2) Claim Procedure

a. Claim Payout in Income

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

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

<u>The documents required for processing a claim (For death benefit due to natural causes)</u>

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

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

a) Claim form
b) Original Policy Document
c) Documents which can be considered as proof of Death are:
   i. Death Certificate of the Scheme Member issued by the Municipal Committee/ Corporation/ Govt. hospital/recognized hospital where the Scheme Member was receiving treatment, cremation/ burial ground; or
   ii. Gram Panchayat certificate / Tehsildar certificate, Certified copy of village death records, or
   iii. Certified copy of relevant extracts of Register of Births and Deaths,

iv. Original First Information Report or Police Panchanama or Police Inquest Report or Post-Mortem Report, if the death occurs due to an accident
v. Certified copy of Discharge Summary, consultation papers, Investigation reports (If Applicable)
vi. Certified copy of Medical Records (Indoor Case Papers, OT notes, etc. (If Applicable)

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

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

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

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

Note:

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

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

The Company reserves the right to subject the assured for an Independent Medical Assessment at a medical centre of Company's choice to establish the validity of the claim event.

3) Assignment and Transfer

The Policyholder can assign or transfer of a Policy in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time. Simplified version of the provisions of Section 38 is enclosed in Annexure I for reference.

4) Nomination

Nomination for this Policy as per section 39 of the Insurance Act, 1938 as amended from time to time. The simplified version of the provisions of Section 39 is enclosed in Annexure II for your reference.

5) Incorrect Information and Non-Disclosure

Fraud, misrepresentation and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time. The simplified version of the provisions of Section 45 is enclosed in Annexure III for your reference. In addition to the above-mentioned terms, the terms and conditions mentioned under Part F of the Base Policy document shall also apply.

6) **Issuance of Duplicate Policy:**

The Policyholder can request for a duplicate copy of the Policy at HDFC Life offices or through Certified Financial Consultant (Insurance Agent) who advised you while taking this Policy. While making an application for duplicate Policy the Policyholder is required to submit a notarized original indemnity bond, an affidavit duly stamped along with KYC documents. There will be no additional charges for issuance of the duplicate Policy.

7) Policy on the life of a Minor

This Policy cannot be taken for the benefit of the Life Assured who is a Minor.

8). Taxes

i. Indirect Taxes

Taxes and levies shall be levied as applicable. Any taxes and levies 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.

ii. Direct Taxes

Tax, if any will be deducted at the applicable rate from the payments made under the Policy, as per the provisions of the Income Tax Act, 1961 as amended from time to time.

9). Modification, Amendment, Re-enactment of or to the Insurance laws and rules, Regulations, guidelines, clarifications, circulars etc. thereunder

i. This Policy is subject to-

- The Insurance Act 1938, as amended from time to time.
- Amendments, modifications (including re-enactment) as may be made from time to time, and
- Other such relevant Regulations, Rules, Laws, Guidelines, Circulars, Enactments etc as may be introduced thereunder from time to time.

ii. We reserve the right to change any of these Policy Provisions / terms and conditions in accordance with changes in applicable Regulations or Laws and where required, with IRDAI's approval.

iii. We are required to obtain prior approval from the IRDAI before making any material changes to these provisions, except for changes of regulatory / statutory nature.

iv. We reserve the right to require submission by You of such documents and proof at all life stages of the Policy as may be necessary to meet the requirements under Anti- money Laundering/Know Your Customer norms and as may be laid down by IRDAI and other regulators from time to time.

10). Jurisdiction:

This Policy shall be governed by the laws of India and the Indian Courts shall have jurisdiction to settle any disputes arising under the Policy.

11). Notices

Any notice, direction or instruction given to Us, under the Policy, shall be in writing and delivered by hand, post, facsimile or from registered electronic mail ID to:

HDFC Life Insurance Company Limited ("HDFC Life"), 11th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400011.
Registered Office: Lodha Excelus, 13th Floor, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400011.
Help line: 022-68446530 (STD charges apply) E-mail: service@hdfclife.com
Or such other address as may be informed by Us.
Similarly, any notice, direction or instruction to be given by Us, under the Policy, shall be in writing and delivered by hand, post, courier, facsimile or registered electronic mail ID to the updated address in the records of the Company.
You are requested to communicate any change in address, to the Company supported by the required address proofs to enable the Company to carry out the change of address in its systems. The onus of intimation of change of address lies with the Policyholder. An updated contact detail of the Policyholder will ensure that correspondences from the Company are correctly addressed to the Policyholder at the latest updated address.

12). Age Admitted

The Company has calculated the Premiums under the policy 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.

Part G

(Grievance Redress Mechanism)

1. Complaint Resolution Process

(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 ("HDFC Life")
11th Floor, Lodha Excelus, Apollo Mills Compound,
N. M. Joshi Marg, Mahalaxmi, Mumbai, Maharashtra - 400011
Help line: 022-68446530 (STD charges apply)
E-mail: service@hdfclife.com

(ii) All grievances (Service and sales) received by the Company will be responded to within the prescribed regulatory Turn Around Time (TAT) of 14 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 immediately on 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 Department who will be handling the complaint of the customer.

(vii) If the customer's complaint is addressed before the acknowledgement, 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	Chief Manager OR above – Customer Relations	10 working days	escalation1@hdfclife.in	11th Floor, Lodha Excelus, Apollo Mills Compound, N M Joshi Marg, Mahalakshmi, Mumbai 400011
2nd Level (for response not received from Level 1)	Vice President OR-above – Customer Relations	7 working days	escalation2@hdfclife.in	

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-14 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.bimabharosa.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 http://www.cioins.co.in/Ombudsman and below.

A. Details and addresses of Insurance 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 Email: oio.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BHOPAL	Office of the Insurance Ombudsman, 1st floor, "JeevanShikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: oio.bhopal@cioins.co.in	Madhya Pradesh, Chattisgarh.
BHUBANESWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneswar – 751 009. Tel.: 0674 - 2596461 /2596455 /2596429/2596003 Email: oio.bhubaneswar@cioins.co.in	Odisha.
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road,	Karnataka.

	JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: oio.bengaluru@cioins.co.in	
CHANDIGARH	Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 - 2706468 Email: oio.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 / 24333678 Email: oio.chennai@cioins.co.in	Tamil Nadu, Puducherry Town 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 – 46013992/23213504/23232481 Email: oio.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Pan Bazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: oio.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom ,, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: oio.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor,	Rajasthan.

	Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363 Email: oio.jaipur@cioins.co.in	
KOCHI	Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College, M.G. Road, Kochi - 682 011. Tel.: 0484 – 2358759 Email: oio.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 – 22124339/ 22124341 Email: oio.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 - 4002082 / 3500613 Email: oio.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.: 022 –69038800/27/29/31/32/33 Email: oio.mumbai@cioins.co.in	List of wards under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and

		excluding areas of Navi Mumbai.
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: oio.noida@cioins.co.in	State of Uttarakhandand the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddhnagar, 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: oio.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.: 020-24471175 Email: oio.pune@cioins.co.in	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region
Thane	Office of the Insurance Ombudsman, 2nd Floor,Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: oio.thane@cioins.co.in	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and **wards of Mumbai**, M/East, M/West, N, S and T.

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.
2) 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.
3) 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.
4) 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.

5) 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.
6) 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.

D. Implementation of Ombudsman Award -

The Insurer is required to comply with the award of the Insurance Ombudsman within 30 days of receipt of award by the Insurer. In case the Insurer does not honour the ombudsman award, a penalty of Rs. 5000/- per day shall be payable to the complainant. Such penalty is in addition to the penal interest liable to be paid by the Insurer under the Insurance Ombudsman Rules, 2017. This provision will not be applicable in case insurer chooses to appeal against the award of the Insurance Ombudsman.

Annexure I
Section 38 - Assignment or Transfer of Insurance Policies

Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015. The extant provisions in this regard are as follows:

(1) This policy may be transferred/assigned, wholly or in part, with or without consideration.

(2) An Assignment may be affected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.

(3) The instrument of Assignment should indicate the fact of transfer or Assignment and the reasons for the Assignment or transfer, antecedents of the Assignee and terms on which Assignment is made.

(4) The Assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.

(5) The transfer or Assignment shall not be operative as against an insurer until a notice in writing of the transfer or Assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer.

(6) Fee to be paid for Assignment or transfer can be specified by the Authority through Regulations.

(7) On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.

(8) If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.

(9) The insurer may accept or decline to act upon any transfer or Assignment or endorsement, if it has sufficient reasons to believe that it is
   a. not bonafide or
   b. not in the interest of the policyholder or
   c. not in public interest or
   d. is for the purpose of trading of the insurance policy.

(10) Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or Assignment.

(11) In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.

(12) The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of Assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or Assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.

(13) Every Assignment or transfer shall be deemed to be absolute Assignment or transfer and the Assignee or transferee shall be deemed to be absolute Assignee or transferee, except
   a. where Assignment or transfer is subject to terms and conditions of transfer or Assignment OR
   b. where the transfer or Assignment is made upon condition that
      i. the proceeds under the policy shall become payable to policyholder or Nominee(s) in the event of Assignee or transferee dying before the insured OR
      ii. the insured surviving the term of the policy

Such conditional Assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.

(14) In other cases, the insurer shall, subject to terms and conditions of Assignment, recognize the transferee or Assignee named in the notice as the absolute transferee or Assignee and such person

a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or Assignment and
b. may institute any proceedings in relation to the policy
c. obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings.

(15) Any rights and remedies of an Assignee or transferee of a life insurance policy under an Assignment or transfer effected before commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by this section.

Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 for complete and accurate details.

Annexure II
Section 39 - Nomination by policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015. The extant provisions in this regard are as follows:

(1) The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.

(2) Where the Nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the Nominee. The manner of appointment to be laid down by the insurer.

(3) Nomination can be made at any time before the maturity of the policy.

(4) Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.

(5) Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.

(6) A notice in writing of Change or Cancellation of Nomination must be delivered to the insurer for the insurer to be liable to such Nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.

(7) Fee to be paid to the insurer for registering change or cancellation of a Nomination can be specified by the Authority through Regulations.

(8) On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a Nomination or cancellation or change thereof.

(9) A transfer or Assignment made in accordance with Section 38 shall automatically cancel the Nomination except in case of Assignment to the insurer or other transferee or Assignee for purpose of loan or against security or its reassignment after repayment. In such case, the Nomination will not get cancelled to the extent of insurer's or transferee's or Assignee's interest in the policy. The Nomination will get revived on repayment of the loan.

(10) The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the Nomination.

(11) In case of Nomination by policyholder whose life is insured, if the Nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.

(12) In case Nominee(s) survive the person, whose life is insured, the amount secured by the policy shall be paid to such survivor(s).

(13) Where the policyholder whose life is insured nominates his

a. parents or
b. spouse or
c. children or
d. spouse and children
e. or any of them,

The Nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the Nominee having regard to the nature of his title.

(14) If Nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired Nominee(s) shall be payable to the heirs or legal representative of the Nominee or holder of succession certificate of such Nominee(s).

(15) The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Act, 2015 (i.e.23.03.2015).

(16) If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his Nominee(s) shall be entitled to the proceeds and benefit of the policy.

(17) The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment) Act, 2015, a Nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where Nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 for complete and accurate details.

Annexure III

Section 45 – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.are as follows:

(1) No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 yrs from
a. the date of issuance of policy or
b. the date of commencement of risk or
c. the date of revival of policy or
whichever is later.

(2) On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
a. the date of issuance of policy or
b. the date of commencement of risk or
c. the date of revival of policy or
whichever is later.
For this, the insurer should communicate in writing to the insured or legal representative or Nominee or Assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

(3) Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
b. The active concealment of a fact by the insured having knowledge or belief of the fact;
c. Any other act fitted to deceive; and
d. Any such act or omission as the law specifically declares to be fraudulent.

(4) Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.

(5) No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

(6) Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or Policy issued. For this, the insurer should communicate in writing to the insured or legal representative or Nominee or Assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.

(7) In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or Nominee or Assignees of insured, within a period of 90 days from the date of repudiation.

(8) Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.

(9) The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 for complete and accurate details.