HDFC CRITICAL CARE PLAN
STANDARD POLICY PROVISIONS

Unique Identification Number: 101N035V01

1. General
Your Policy will provide a guaranteed amount on diagnosis of any of the critical illnesses described below, during the term of the Policy. The amount payable is specified in the Policy schedule. Your Policy is non-participating and no bonuses will be added to the benefits.

2. Definitions
Accuracy – means unexpected, unforeseen event not under the control of the insured and resulting in a loss.
Activities of Daily Living – means the date on which the term of the Policy ends and the date when the Critical Illness Benefit cover ceases.
Dignity/Adaptability Date – means the date on which the Policy expires at the end of the policy term.

3. Benefits
Situation 1: If the diagnosed critical illness is covered under Group A (for instance, Cancer), then 100% of the Sum Assured is payable on a valid claim and the policy terminates upon this payment.

4. Exclusions
The critical illnesses covered under the plan are:

Group A:
(1) Cancer
(2) Coronary Artery Bypass Graft Surgery (CABG)
(3) Major Organ Transplant (as recipient)

Group B:
(4) Stroke
(5) Other arterial occlusive disease

Situation 2: If the diagnosed critical illness is covered under Group B (for instance, Cancer), then 50% of the Sum Assured is payable on a valid claim and all future premiums payable under this policy are waived. If the Life Assured is thereafter diagnosed for another critical illness covered under either Group A or Group B during the term of the policy, then the balance Sum Assured is payable on a valid claim and the policy terminates upon this payment.

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Policy schedule. Your Policy is non-participating and no bonuses will be added to the benefits.

Situation 3: If the diagnosed critical illness is covered under Group B, then 50% of the Sum Assured is payable on a valid claim and all future premiums payable under this policy are waived. If the Life Assured is thereafter diagnosed for another critical illness covered under either Group A or Group B during the term of the policy, then the balance Sum Assured is payable on a valid claim and the policy terminates upon this payment.

The critical illnesses covered under the plan are:

Cancer
(1) Non-metastatic invasive malignant melanoma; and
(2) In situ melanoma; and
(3) Any other malignancy.

Coronary Artery Bypass Graft Surgery (CABG)
(1) Occlusion of all three coronary arteries due to atherosclerosis;
(2) Occlusion of any coronary artery in conjunction with other associated arteries.

Major Organ Transplant (as recipient)
(1) Transplantation of heart;
(2) Transplantation of liver;
(3) Transplantation of kidney;
(4) Transplantation of pancreas;
(5) Transplantation of small bowel;
(6) Transplantation of lungs;
(7) Transplantation of intestine.

5. Definitions
Accuracy – means unexpected, unforeseen event not under the control of the insured and resulting in a loss.

Activities of Daily Living – means the date on which the term of the Policy ends and the date when the Critical Illness Benefit cover ceases.

Dignity/Adaptability Date – means the date on which the Policy expires at the end of the policy term.

3. Benefits
Situation 1: If the diagnosed critical illness is covered under Group A (for instance, Cancer), then 100% of the Sum Assured is payable on a valid claim and the policy terminates upon this payment.

4. Exclusions
The critical illnesses covered under the plan are:

Group A:
(1) Cancer
(2) Coronary Artery Bypass Graft Surgery (CABG)
(3) Major Organ Transplant (as recipient)

Group B:
(4) Stroke
(5) Other arterial occlusive disease

Situation 2: If the diagnosed critical illness is covered under Group B (for instance, Cancer), then 50% of the Sum Assured is payable on a valid claim and all future premiums payable under this policy are waived. If the Life Assured is thereafter diagnosed for another critical illness covered under either Group A or Group B during the term of the policy, then the balance Sum Assured is payable on a valid claim and the policy terminates upon this payment.

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Cancer
(1) Non-metastatic invasive malignant melanoma; and
(2) In situ melanoma; and
(3) Any other malignancy.

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(1) Occlusion of all three coronary arteries due to atherosclerosis;
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(1) Transplantation of heart;
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Activities of Daily Living – means the date on which the term of the Policy ends and the date when the Critical Illness Benefit cover ceases.

Dignity/Adaptability Date – means the date on which the Policy expires at the end of the policy term.

3. Benefits
Situation 1: If the diagnosed critical illness is covered under Group A (for instance, Cancer), then 100% of the Sum Assured is payable on a valid claim and the policy terminates upon this payment.

4. Exclusions
The critical illnesses covered under the plan are:

Group A:
(1) Cancer
(2) Coronary Artery Bypass Graft Surgery (CABG)
(3) Major Organ Transplant (as recipient)

Group B:
(4) Stroke
(5) Other arterial occlusive disease

Situation 2: If the diagnosed critical illness is covered under Group B (for instance, Cancer), then 50% of the Sum Assured is payable on a valid claim and all future premiums payable under this policy are waived. If the Life Assured is thereafter diagnosed for another critical illness covered under either Group A or Group B during the term of the policy, then the balance Sum Assured is payable on a valid claim and the policy terminates upon this payment.

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The critical illnesses covered under the plan are:

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(2) In situ melanoma; and
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Activities of Daily Living – means the date on which the term of the Policy ends and the date when the Critical Illness Benefit cover ceases.

Dignity/Adaptability Date – means the date on which the Policy expires at the end of the policy term.
Critical Illnesses where 50% of the sum assured is paid and the policy is continued unless 20% of the sum assured is paid earlier:

(7) Alzheimer’s Disease
Alzheimer’s disease is a progressive degenerative disease of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer’s disease, resulting in progressive significant reduction in mental and social functioning requiring the continuous supervision of the life assured. The diagnosis must be supported by the clinical confirmation of an appropriate consultant neurologist and supported by the Company’s appointed doctor.

The following are excluded:
- Non-organic diseases such as neuritis and psychiatric illnesses;
- Alcohol related brain damage;
- Any other type of irreversible organic disorder / dementia.

(8) Apoplectic Syndrome
Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a neurologist acceptable to the Company and the condition must be documented for at least one month.

(9) Apoplastic Anaemia
Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
- Regular blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents;
- Bone marrow transplantation.

The diagnosis and suggested line of treatment must be confirmed by a haematologist acceptable to the Company using relevant laboratory investigations, including bone marrow biopsy. Two out of the following three values should be present:
- Absolute neutrophil count of 500 per cubic millimetre or less;
- Absolute reticulocyte count of 20,000 per cubic millimetre or less; and
- Platelet count of 20,000 per cubic millimetre or less.

(10) Benign Brain Tumour
A benign tumour in the brain where all of the following conditions are met:
- It is life threatening;
- It has caused damage to the brain;
- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit such as (but not restricted to) characteristic symptoms of increased intracranial pressure such as papilloedema, mental changes and sensory impairment; and
- Its presence must be confirmed by a neurologist or neurosurgeon acceptable to the Company and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging technique.

The following are excluded:
- Cysts;
- Granulomas;
- Vascular malformations;
- Haematomas;
- Tumours of the pituitary gland or spinal cord; and
- Tumours of acoustic nerve (acoustic neuroma).

(11) Cardiomyopathy
The unequivocal diagnosis by a consultant cardiologist acceptable to the Company of Cardiomyopathy causing impaired ventricular function, suspected by ECG abnormalities and confirmed by cardiac echo of variable antilog and resulting in permanent impairments to the degree of at least Class IV of the New York Heart Association (NYHA) classification of cardiac impairment.

The NYHA classification of cardiac impairment (Source: “Current Medical Diagnosis and Treatment – 56th Edition”):
- Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, shortness of breath, or anginal pain.
- Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.
- Class III:Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- Class IV:Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Cardiomyopathy related to alcohol abuse is excluded.

(12) Coma
A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
- Diffuse atrophy of the brainstem continuously for at least 60 hours;
- Life support measures are necessary to sustain life; and
- Requirement for treatment in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. Confirmation by a neurologist acceptable to the Company must be present.

Coma resulting directly from self-inflicted injury, alcohol or drug abuse is excluded.

(13) End Stage Liver Disease
End-stage liver disease of cirrhosis means chronic end-stage liver failure that causes all of the following:
- Uncontrollable ascites;
- Permanently jaundiced;
- Hepatopetal or gastric varices; or
- Hepatic encephalopathy.

User disease secondary to alcohol or drug abuse is excluded.

(14) End Stage Lung Disease
Final or end-stage of lung disease, causing chronic respiratory failure, as demonstrated by all of the following:
- FEV1 test results consistently less than 1 litre;
- Requiring permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO2 < 55mmHg); and
- Dyspnea at rest.

The diagnosis must be confirmed by qualified pulmonologist acceptable to the Company.

(15) Heart Valve Surgery
The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be evidenced by echocardiogram and supported by cardiac catheterization, if done, and the procedure must be considered medically necessary by a consultant cardiologist acceptable to the Company. Balloon procedures are not covered.

(16) Loss of Hearing
Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, and Throat (ENT) specialist acceptable to the Company.

Total means “the loss of at least 80 decibels in all frequencies of hearing” in both ears.

(17) Loss of Independent Existence
Confirmation by a consultant physician acceptable to the Company of the loss of independent existence due to illness or trauma, which has lasted for a minimum period of 6 months and results in a permanent inability to perform at least three (3) of the Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons). For the purpose of this benefit, the word “permanent”, shall mean beyond the hope of recovery with current medical knowledge and technology.

(18) Loss of Limbs
The loss by severance of two or more limbs at or above the wrist or ankle. Loss of limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

(19) Loss of Sight
Total and irreversible loss of sight in both eyes as a result of illness or accident. The blindness must be confirmed by an ophthalmologist acceptable to the Company. The blindness must not be able to be corrected by medical procedure.

(20) Loss of Speech
Total and irreversible loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, and Throat (ENT) specialist acceptable to the Company. All psychiatric or related causes are excluded.

(21) Major Burns
Third degree (full thickness of the skin) burns covering at least 20% of the surface of the life assured’s body. The condition should be confirmed by a consultant physician/specialist acceptable to the Company.
Major Head Trauma

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist acceptable to the Company and be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means, independently of all other causes.

The accidental head injury must result in a permanent inability to perform at least three (3) of the Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for the purpose of this benefit, the word “permanent” shall mean beyond the hope of recovery with current medical knowledge and technology.

The NYHA classification of cardiac impairment (Source: “Current Medical Diagnosis and Treatment – 39th Edition”):

- Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnoea, or anginal pain.
- Class II: Slight limitation of physical activity. Ordinary activity causes symptoms.
- Class III: More than ordinary activity causes symptoms.
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

The following are excluded:
- Spinal cord injury; and
- Head injury due to any other cause.

Motor Neurone Disease

Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells in the motor neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist acceptable to the Company as progressive and resulting in permanent clinical impairment of motor functions.

The condition must result in the inability of the life assured to perform at least 3 of the 6 Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months.

The following are excluded:
- Motor neurone disease due to any other cause.
- Stent-grafting is not covered.

Multiple Sclerosis

The definitive occurrence of multiple sclerosis. This diagnosis must be supported by all the following:

- Investigations which unequivocally confirm the diagnosis to be multiple sclerosis;
- There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months; and
- There must be a well documented history of exacerbations and remissions of said symptoms or neurological deficits.

Other causes of neurological damage, such as SLE and HIV, are excluded.

Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neuromuscular specialist acceptable to the Company, with confirmation of the combination of 3 out of 4 following conditions:

- Familial history of affected individuals;
- Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
- Electromyogram; and
- Clinical suspicion confirmed by muscle biopsy.

The condition must result in the inability of the life assured to perform at least 3 of the 6 Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months.

Paralysis / paraplegia

Complete and permanent loss of the use of two or more limbs, as a result of injury, or disease of the brain or spinal cord. To establish permanence, the paralysis must normally have persisted for at least 6 months from the date of trauma or illness resulting in the life assured being unable to perform his / her usual occupation.

The condition must be confirmed by a consultant neurologist acceptable to the Company.

Parkinson's Disease

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson’s disease by a consultant neurologist acceptable to the Company.

This diagnosis must be supported by all the following conditions:

- The disease cannot be controlled with medication;
- Signs of progressive impairment; and
- Inability of the life assured to perform at least 3 of the 6 Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months.

Drug-induced toxic causes of Parkinsonism are excluded.

Primary Pulmonary Hypertension

Primary pulmonary hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent irreversible physical impairment of at least Class IV of the New York Heart Association (NYHA) classification of cardiac impairment and resulting in the life assured being unable to perform his / her usual occupation.

The NYHA classification of cardiac impairment (Source: “Current Medical Diagnosis and Treatment – 39th Edition”):

- Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnoea, or anginal pain.
- Class II: Limitation of physical activity. Ordinary physical activity results in symptoms.
- Class III: More than ordinary activity causes symptoms.
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Conditions under which claims will not be payable

- Any more than one claim in respect of any single Critical Illness.
- A second partial claim arising out of or consequent to such medical conditions prevailing at the time of the first partial claim, as confirmed by a medical practitioner acceptable to the company.
- The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson’s disease by a consultant neurologist acceptable to the Company.
- Maximum benefit amount for these diseases is capped at Rs. 10,00,000 per life across all policies held with HDFC Standard Life Insurance Company Limited.

Payment and Cessation of Premiums

I. The first premium must be paid along with the submission of your completed application. Subsequent premiums are due in full on the date(s) (called here the “Due Dates”) and at the frequency set out in your Policy schedule. We will not accept part payment of the premium.

<table>
<thead>
<tr>
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<th>Possible scenarios</th>
</tr>
</thead>
<tbody>
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Non-SI/ECS Charge

10% extra of the premium will be charged for non-SI/ECS premium payments.

Note: This information is for educational purposes only and does not constitute professional advice. Always consult a qualified health professional for personalized guidance.
1. In case of any queries, please contact us in any of the following ways:
   • Call us toll free on 1800-228-228 (BSNL/ MTNL) or 1800-209-7777 (Any Phone)
   • Send us a call back request through SMS by messaging SERVICE to 5676727
   • Email us at service@hdfclife.com

2. For any Grievance, you may e-mail us at service@hdfclife.com. Alternatively, you may send a written communication by fax/courier to any one of our office addresses mentioned below:
   A. HDFC Standard Life Insurance Company Limited
      Grievance Redressal Cell
      11th floor, Lodha Excelus
      Apollo Mills Compound, N. M. Joshi Road,
      Mahalaxmi, Mumbai - 400011
      India
      Contact No: +91-022-66682666
      Fax: 022-67517201, 67517202

3. In case you are not satisfied with the decision of the above office or have not received any response within 15 days, you may contact the Chief Grievance Redressal Officer at the following address for resolution:
   HDFC Standard Life Insurance Company Limited
   12th & 13th Floor, Lodha Excelus,
   Apollo Mill Compound,
   N. M. Joshi Road,
   Mahalaxmi,
   Mumbai - 400 011.
   Board line no. +91-022-66682666.

4. In case you are not satisfied with the decision/ resolution of the Company, you may approach the Insurance Ombudsman in your region at the addresses given below:

Ms. Manika Datta
Insurance Ombudsman
Office of the Insurance Ombudsman
Hindusthan Building Annexe,
4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue,
Kolkata-700072
Tel : 033-22214346/40 Fax : 033-2212431
E-mail id : lbombud@bsnl.in

West Bengal, Bihar, Jharkhand & Ut of Andaman
& Nicobar Islands, Sikkim

For any further information kindly visit www.irda.gov.in

6. Large Sum Assured Discount
   Contracts with Sum Assured greater than Rs. 10,00,000 will be entitled to a premium
discount of 15% on the excess of the (undiscounted) premium over the premium
corresponding to a Sum Assured of Rs. 10,00,000 (all other parameters – age, gender,
term, payment method and payment frequency – being the same). Policies that are rated
ever eligible for the large Sum Assured discount.

7. Premium Review and Guarantee
   The premium rate is guaranteed for a period of three years from the date of purchase
   of the plan. We will review the premium rates at the end of three years, and every
   three years thereafter, and the rate can increase or decrease based on our experience.
   In case there is any change in the premium rates, the same will be made
   applicable to the policy from the next policy anniversary immediately following the date of
   review.

8. Free Look in Period
   You will have the option to cancel the contract within fifteen days of receiving the policy
documents.
   HDFC Standard Life will refund the below-mentioned amount:
   • premium amount received
   • less stamp duty paid
   • less cost of cover for the period under cover
   • less medical costs incurred.

9. Revival
   The policy can be revived within two years from the date of lapsation, either by submitting
   a personal health statement by or undergoing a full medical underwriting, if required by
   us, and by paying the applicable premium arrears along with the revival charges.
   No more than one revival will be permitted over the life time of the plan.
   The cost of medicals for underwriting will be borne by you and we will charge a policy
   revival fee at the time of revival.

10. Waiting Period
    This plan has a waiting period of 180 days from the date of inception or issue of policy
    or revival whichever is later. No claim will be paid during this waiting period unless the claim
    arises due to accidental causes.

11. Limit
    There is no liability of loans from us against this contract.

12. Assignments and Nominations
    Any notice of assignment or change in nomination must be notified in writing to us at
    your Correspondence Address noted in your Policy schedule.

13. Exclusions:
    We shall not be liable to pay any benefit indicated in the policy schedule if the critical
    illness is caused directly or indirectly by the following:
    • Any of the listed dread disease conditions where death occurs within 30 days of the
diagnosis
    • Any sickness related condition manifesting itself within 180 days of the commencement
    of the policy/dates of acceptance of risk or reinstatement, whichever is later.
    • Intentionally self-inflicted injury or attempted suicide, irrespective of mental condition.
    • Alcohol or solvent abuse, or the taking of drugs except under the direction of a
      registered medical practitioner.
    • War, invasion, hostilities (whether war is declared or not), civil war, rebellion,
      revolution or taking part in a riot or civil commotion.
    • Service in any military, police, paramilitary or similar organization.
    • Taking part in any of a criminal nature.
    • Any Pre-existing medical condition.
    • HIV or AIDS
    • Unreasonable failure to seek medical advice
    • Radioactive contamination due to nuclear accident
    • Diagnosis or treatment outside India except in case of emergency

   1. The Policyholder has delayed medical treatment in order to evade the waiting period or
      other conditions and restrictions pertaining to the policy.

14. Incorrect Information and Non-disclosure
    Your Policy is based on the application and declaration which you have made to us and
    other information provided by you or on your behalf. However, if any of the information
    provided is incomplete or incorrect, we reserve the right to vary the benefits, which may
    be payable and, further, if there has been non-disclosure of a material fact then we may
    treat your Policy as void from inception.

For your benefit, Section 45 of the Insurance Act, 1938 is reproduced below:
No policy of life insurance effected before the commencement of this Act shall after the
expiration of two years from the date of commencement of this Act and no policy of life
insurance effected after the coming into force of this Act shall, after the expiration of
two years from the date on which it was effected, be called in question by an insurer on the
ground that a statement made in the proposal for insurance or in any report of a medical
officer, or referee, or friend of the insured, or in any other document leading to the issue
of the policy, was inaccurate or false, unless the insurer shows that such statement was an
untrue, material matter or suppressed facts which it was material to disclose and that it was
fraudulently made by the policy-holder and that the policy-holder knew at the time of
making the statement that it was false or that it suppressed facts which it was material to
disclose:
Provided that nothing in this section shall prevent the insurer from calling for proof of age
at any time if he is entitled to do so, and no policy shall be deemed to be called in question
merely because the terms of the policy are adjusted on subsequent proof that the age of
the life insured was incorrectly stated in the proposal.

15. Insurance Legislation
   This Policy is subject to the Insurance Act 1938, as amended by the Insurance Regulatory
   and Development Authority Act, 1999, such amendments, modifications as may be made
   from time to time and such other relevant regulations as may be introduced there under
   from time to time by that Authority.
   It is required to obtain prior approval from the Insurance Regulatory and Development
   Authority or any successor body before making any material changes to these Provisions.