

Part A

< _____ >>

<<Master Policyholder"s Name>>

<<Master Policyholder"s Address>>

<<Master Policyholder"s Contact Number>>

Dear <<Master Policyholders Name> > ,

**Sub: Your Rider name <<
>> for Master Policy No.<<
>>**

We are glad to inform you that your proposal for Rider has been accepted and the HDFC Life Daily Hospi Cash Benefit ("Rider") being this Rider document, has been issued. We have made every effort to design your Rider document in a simple format. We have highlighted items of importance so that you may recognise them easily.

Rider Document:

As an evidence of the insurance contract between HDFC Life Insurance Company Limited and you, the Rider document is enclosed herewith. 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 any of the Scheme Member or the Master Policy holder is not agreeable to any of the terms and conditions stated in the Rider, the Scheme Member/the Master Policy Holder has the option to return the Rider document to us for cancellation stating the reasons thereof, within 30 days from the date of receipt of the Rider document, whether received electronically or otherwise. The Rider can be cancelled in the free-look period even if the Main Policy to which it is attached, is continued. The Rider shall automatically be cancelled if the Base Policy to which it is attached, is cancelled. On receipt of your letter for cancellation of the rider along with the original Rider document (original Rider Document is not required for policies in dematerialised form or where policy is issued in electronic form), we shall arrange to

- a) Refund the Premium paid by you, subject to deduction of the expenses incurred by us for medical examination (if any) and stamp duty charges (if any);
- b) Deduct the proportionate risk premium for the period on cover;

The terms and conditions mentioned above are only for the Rider document. For terms and conditions related to refund under the Base Policy please refer to your Base Policy.

A Rider 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 rider.

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>

A Non Participating Non-Linked Life Group Pure Risk Rider

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 HDFC Life Insurance Company Limited and looking 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.

Registered Office: HDFC Life Insurance Company Limited, Lodha Excelus, 13th Floor, Apollo Mills Compound, Mahalaxmi, Mumbai-400011. Help line: 022-68446530 (STD charges apply) Available Mon-Sat 10 am to 7 pm IST. DO NOT prefix any country code e.g. +91 or 00. | Website: www.hdfclife.com. | Email – service@hdfclife.com | NRIservice@hdfclife.com (For NRI customers only)

CIN: L65110MH2000PLC128245.

Help line: 022-68446530 (STD charges apply)

RIDER – HDFC Life DAILY HOSPI CASH BENEFIT (DHCB)**Unique Identification Number:<< 101B039V01 >>**

Your Rider is a Non-Participating Non-Linked Life Group Pure Risk Rider and can be availed only at the inception or renewal of the Master Policy. In addition to the Master Policy terms and conditions, the terms of this Rider shall apply when selected by the Master Policyholder. It is the evidence of a contract between HDFC Life Insurance Company Limited (“We”/ “Company”) and the Master Policyholder (“You”) as described in the Rider Schedule given below who shall hold the same and all Benefits payable thereunder upon trust for the benefit of the persons to whom the said Benefits are payable (i.e. Scheme Members, or their Nominees). The Rider document is issued pursuant to a proposal made to the Insurer by the Master Policyholder on the date shown in the Rider Schedule for the benefit of Scheme Members (“Proposal”). Upon and subject to timely receipt of Premium by the Insurer from the Master Policyholder, the Insurer shall pay to the Master Policyholder, the Benefits described in this Rider, subject to the terms of this Rider.

Notwithstanding the date of the Proposal and the date on which the Rider is signed, the Rider shall have effect or be deemed to be effective from the date shown in the Rider Schedule as the Effective Date. This Rider 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.

In witness whereof, this Rider is signed at the end of the Rider Schedule by a person duly authorised by the Insurer.

RIDER SCHEDULE

Master Policy Number << >>

Client ID << >>

Master Policyholder Details

Name	<< >>
Address	<< >>

Master Policy Details

Product name	<<insert name>>
Date of Commencement of Master Policy	<< Date>>
Date of Risk Commencement	<< RCD >>
Minimum Group Size	5

Rider Document Details

Date of Risk Commencement	<< RCD >>
Date of Issue/Inception of Rider	<< First Issue Date>>
Rider Term	<< 1 >> year
Premium Paying Term	<< 1 >> year
Minimum Entry Age	As per the Master Policy
Maximum Entry Age	As per the Master Policy
Minimum Sum Assured	Rs. 5000
Nomination	As per the Nomination under the Master Policy
Frequency of Premium Payment	<< Annual/Half-yearly/ Quarterly/ Monthly >>

The Premium amount is excluding any Taxes and levies leviable on the Premium. Amount of Taxes and levies will be charged at actual as per prevalent rate.

NOMINATION SCHEDULE

Nomination for this Rider shall be as per the Nomination Schedule under the Master Policy.

Signed at Mumbai on <<>>

For HDFC Life Insurance Company Limited

Authorised Signatory

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

SPACE FOR ENDORSEMENTS

Part B

Definitions

- 1) **Annualized Premium** is defined as the premium amount payable in a year chosen by the policyholder for a Limited pay policy excluding any extra premium, modal loadings, rider premium and taxes
- 2) **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.
- 3) **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.
- 4) **Authority** – means Insurance Regulatory and Development Authority of India established under the provisions of section 3 of the Insurance Regulatory and Development Authority Act, 1999.
- 5) **BAUP** – means Board Approved Underwriting Policy, basis which underwriting the proposal or other underwriting decisions are taken by the Company
- 6) **Company, Insurer, Us, us, We, we** - means HDFC Standard Life Insurance Company Limited
- 7) **Dental Treatment** - Dental Treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and Surgery excluding any form of cosmetic surgery/implants
- 8) **Free Look** - means the period as specified under Part D clause 8 from the receipt of the Rider during which Policyholder can review the terms and conditions of this Rider and where if the Policyholder is not agreeable to any of the provisions stated in the Rider, he/ she has the option to return this Rider.
- 9) **Grace Period**- means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.
- 10) **Hospital**- means any institution established for Inpatient care and day care treatment of Illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56 (1) of the said Act or complies with all minimum criteria as under:
 - a) has qualified nursing staff under its employment round the clock;
 - b) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - c) has qualified Medical Practitioner(s) in charge round the clock;
 - d) has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
 - e) Maintains daily records of patients and will make these accessible to the Company's authorised personnel;
- 11) **Hospitalisation** - means admission in a Hospital for a minimum period of 24 consecutive Inpatient care hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours
- 12) **Injury** - means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner;
 (35) **Inpatient Care** - means treatment for which the Scheme Member has to stay in a hospital for more than 24 hours for a covered event.
- 13) **Intensive Care Unit (ICU)** - means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards
- 14) **Illness** - means a sickness or a disease or pathological condition leading to the impairment of normal physiological condition which manifests itself during the Cover Term and requires medical treatment.

- i. Acute condition - Acute condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/Illness/Injury which leads to full recovery
 - ii. Chronic condition - A chronic condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics:
 - a) It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - b) It needs ongoing or long-term control or relief of Symptoms
 - c) It requires Scheme Member's rehabilitation or to be specially trained to cope with it
 - d) It continues indefinitely
 - e) It recurs or is likely to recur
- 15) **Life Assured**- means the person as stated in the Rider Schedule on whose life the contingent events have to occur for the Benefits to be payable. The Life Assured may be the Policyholder.
 - 16) **Main/ Base Policy**- means or refers to the Policy to which this Rider is annexed / attached thereto
 - 17) **Master Policy** - means or refers to the Master Policy to which this Rider document is annexed/ attached thereto.
 - 18) **Master Policyholder, You, you, your** - means or refers to the Master Policyholder stated in the Rider Schedule.
 - 19) **Medical Practitioner/ Physician**- shall mean a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. excluding the practitioner who is:
 - a) Insured/ Master Policyholder himself or an agent of the Insured;
 - b) Insurance Agent, business partner(s) or employer/employee of the Insured; or
 - c) A member of the Insured's immediate family
 - 20) **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.
 - 21) **Nominee**- means the person named by the Policyholder under this policy and registered with us in accordance with the Nomination Schedule, who is authorized to receive the Death Benefit under this Policy, on the death of the Life Assured.
 - 22) **Revival period** - means the period of five consecutive complete years from the date of first unpaid premium
 - 23) **Rider**- means the insurance cover(s) added to a base product for additional premium or charge.
 - 24) **Rider Benefits**- means an amount of benefit payable on occurrence of a specified event covered under the rider, and is an additional benefit to the benefit under the base product, and may include waiver of premium benefit on other applicable riders.
 - 25) **Rider Sum Assured** - means the Rider Sum Assured specified in the Rider Schedule and payable in accordance with the terms and conditions of Part C – Benefits.
 - 26) **Rider Term** – means the term of the Rider as stated in the Rider Schedule
 - 27) **Scheme Member** – means the individual identified as Scheme Member under the Master Policy;
 - 28) **Surrender** - means complete withdrawal or termination of the entire policy contract.
 - 29) **Surrender Value**- means an amount, if any, that becomes payable on surrender of a policy during its term, in accordance with the terms and conditions of the policy.
 - 30) **Total Premiums Paid** means Total premiums received excluding any extra premiums, rider premiums and taxes
 - 31) Every Eligible Person desiring to become a Scheme Member may do so at any well-defined date during the currency of the Policy and, provided the application is accepted by the Insurer, the insurance cover on such a Scheme Member shall be in force from the entry date till the terminal date;
 - 32) The terms, conditions and provisions of the Master Policy document shall apply to this document also. Capitalized terms not defined under this document shall have the same meaning assigned to them under the Master Policy document.

PART C

1. Benefit under Daily Hospi Cash Benefit Rider

Daily Hospital Cash will be offered to the member institutions with Micro Products as offered under group by the Insurer. The Benefit under this rider shall be payable as per the amount as specified in the schedule by the Insurer to the Scheme Member in the event of Hospitalisation, during the Cover term when the policy is in-force, due to any Injury, sickness, maternity or disease.

The maximum amount payable in respect of this benefit rider is Rs. 1,00,000

The Daily Hospi Cash Benefit Rider shall be the aggregate of Daily Hospi Cash (as applicable) for each day of medically necessary continuous hospitalization for more than 24 hours as a result of Injury, sickness, disease or maternity subject to the limits specified. Upon hospitalisation, Sum Assured per day as chosen by the Master Policyholder at the time of issuance and will be payable to the Scheme Member.

The Rider has two available plan options and only one can be selected by the Master Policyholder.

Benefit details*	Plan 1- Hospi Cash		Plan 2- Hospi Cash Plus	
	Min	Max	Min	Max
Hospitalization Benefit (per day) (Options- ₹500/₹1000/₹2000/₹5000) (₹)	500	5,000	500	5,000
No. of days (Options-10/20/30 days)	10	30	10	30
Benefit/Sum Assured per life (₹)**	5,000	1,00,000	5,000	1,00,000
Ambulance Benefit (once per policy term.) (50% of per day benefit) (₹)	NA	NA	250	2,500
ICU Benefit*** (200% of per day benefit) (₹) for once per policy term	NA	NA	1,000	10,000

*The Master Policyholder can choose any of the above two options along with HDFC Life Group Suraksha and HDFC Life Group Jeevan Suraksha.

**Under Group Suraksha, if member has opted for Accidental Death Benefit along with Hospi Cash/ Hospi Cash Plus, total Sum Assured including Accidental Death Benefit option cannot exceed ₹2,00,000.

***ICU Benefit and Ambulance Benefit, if applicable in opted plan, will only be paid once per policy term and up to the maximum admissible limit as specified.

There are two plans available to be opted by the Master Policy

Plan 1- Hospi Cash benefit:

In the event of Accidental Bodily Injury or Illness or Maternity first occurring or manifesting itself during the Policy Term and causing the Insured's Hospitalisation within the Policy Period, we will pay the daily fixed benefit for each continuous and completed period of 24 hours of Hospitalisation necessitated

Plan 2- Hospi Cash Plus benefit:

In the event of Accidental Bodily Injury or Illness or Maternity first occurring or manifesting itself during the Policy Term and causing the Insured's Hospitalisation within the Policy Period, we will pay:

- **Hospitalisation Benefit-** The daily fixed benefit for each continuous and completed period of 24 hours of Hospitalisation necessitated.
- **ICU Benefit-** Two times the daily fixed benefit for completed period of 24 hours required to be spent by the Insured in the Intensive Care Unit of a Hospital during any period of Hospitalisation necessitated. This benefit can be availed only once during the entire policy term.
- **Ambulance Benefit-** Additional benefit equal to 50% of per day Hospitalization benefit will be payable to the Member as Ambulance benefit. This benefit can be availed only once during the entire policy term.

2. <Benefit under Health Management Services>

Provided the policy is in-force and all premiums are paid up-to-date, the Members will have the option to take Health Management Services such as medical second opinion, medical case management, medical consultation, etc. from the service providers registered with the company. These wellness services can help the life assured to get correct diagnosis of a medical condition and to procure appropriate illness care.

General Exclusions for all Health Management Services:

1. Any unutilized benefit(s) availed during the Policy Year shall not be carried forward
2. All the benefits under this option are non-transferrable in nature, therefore the benefit(s) must necessarily be availed only by and pertain only to member insured under this option
3. The services provided under the various benefits are assisted by Service Provider and we are not responsible for any kind of liability arising out of them. Thus, benefits availed under this option shall not be valid for any medico-legal cases.
4. We do not represent correctness of consultations, laboratory & radiology tests and shall not assume or deem to assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner whether from or outside service provider's network.
5. Choosing the services under this option is purely upon the Insured member's own discretion and at own risk. The services provided under the various covers are via service provider's network and the Insurer is not responsible for liability arising out of the services provided by these third parties.
6. All other general terms & conditions, exclusions, clauses and definitions applicable to the Base Product will apply to this option unless specifically stated otherwise in this document.

7. **Waiting Period under Daily Hospi Cash Benefit Rider**

General Waiting Period: 30 days (accidents covered immediately)

Maternity related claims: 12 months

8. **Benefits on Death**

No benefit is payable on death under this Rider

9. **Benefits on Maturity**

No benefit is payable on maturity under this Rider

10. **Premium**

- A. Scheme Members can opt for the Rider during the Policy Year. However, this shall be subject to the condition that such Scheme Member shall pay the Premium in advance proportionate to the duration of unexpired Rider Term.
- B. In cases where the Premium has been collected/ deducted by you but the Premium is not received by the insurer due to administrative delays within the Grace Period, the insurer will be responsible for any valid claims arising out of such Rider.

11. **Cover during Grace Period**

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Grace period allowed for renewal: If the Premium is not received at the Rider renewal date and the Rider expires, the company will consider requests from the Master Policyholder to reinstate the Rider. Such reinstatement shall be as per the BAUP. Reinstatements will be allowed only within 30 days of the Rider renewal date.

Grace period allowed for payment of Premiums in instalments. The Grace Period is the period starting from and including the Premium due date. If a Premium is not paid within the Grace Period then all benefits will lapse.

A policy is considered to be in-force with risk cover without any interruption during the Grace Period.

PART D
Policy
Servicing

1. Surrender of Rider

No Surrender value shall be payable with respect to Life Assured for whom valid claims are made during coverage period.

For Single Premium credit linked plan, surrender value as given below shall get immediately acquired-

$$70\% * \text{Single Premium} * (1 - M/P)$$

Where,

M- Elapsed months since coverage inception, any part of month shall be counted as full

P- Policy Term in months

Single Premium will be net of taxes

There will be no surrender benefit for One Year Renewable and Regular Pay policies.

2. Paid-Up Benefits of Rider document

If the Premium under the Rider is discontinued during the Premium Paying Term, the Rider will lapse without any value. For the avoidance of doubt, no Paid-up Benefits will be payable under this Rider.

3. Renewal of the Rider document

The Rider cannot be renewed independent of the Master Policy. The Rider can be renewed by paying the Rider

Premium subject to the following conditions:

- the Premium due on the Master Policy is paid, and
- satisfactory evidence of health is provided as per the Board Approved Underwriting Policy (BAUP).

4. Revival of the Rider In case of lapsed Rider, the same can be revived in accordance to the procedure laid under the Master Policy. However, this Rider document cannot be revived independent of the Master Policy. No amount of the benefit under this rider shall be payable where the date of death of the Scheme Member due to accident is on or after the Lapsing Date.

5. Rider Addition/Deletion

The following Addition/Removal options are available to the Policyholder(s) subject to Board Approved Underwriting Policy (BAUP):

- a) If not opted at inception of the Base Policy, the Policyholder(s) may opt for the rider during the premium paying term of Base Policy.
- b) At any policy anniversary of the Base Policy, the Policyholder(s) can opt out/terminate their existing rider.

6. Alterations

No alterations are permissible under the Rider except change in Frequency of Premium Payment if the Frequency of Premium Payment under the Main Policy is being changed. The Frequency of Premium Payment of the Rider cannot be changed independently from the Main Policy.

7. Loans

No loans are permissible under this Rider

8. Cancellation in the Free-Look Period:

- A. In case the Member is not satisfied with the terms and conditions specified in the Certificate of Insurance, the Member has the option to cancel the policy and has the option of returning the Certificate of Insurance to us stating the reasons thereof, within a period of 30 days (from the date of receipt of the Certificate of Insurance) whether received electronically or otherwise.
- B. Irrespective of the reasons mentioned, the Member shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges

a) Rider document cancelled with the Master Policy

If the Rider document is cancelled with the Master Policy, the Company shall arrange to refund the total (Master Policy + Rider document) Premium paid, subject to deduction of the proportionate risk Premium for the period on cover and the expenses incurred for medical examination (if any) and stamp duty, (if any).

The Rider will be cancelled automatically if the Master Policy to which it is attached is cancelled in the free- look period.

b) Rider cancelled without the Master Policy

If the Rider is cancelled independently of the Master Policy then the Rider Premium will be returned after adjusting proportionate rider risk Premium for the period of cover and the expenses incurred for medical examination (if any) and stamp duty (if any).

9. Cancellation of Rider

Master Policyholder may choose to cancel the Rider without the cancellation of the Master Policy by discontinuing Rider Premium payment. On cancellation, Rider shall terminate and Master Policy shall continue.

10. Termination of the rider benefit

The benefit on the life of a Scheme Member shall immediately terminate upon the happening of any of the following events and no benefits will be payable thereafter:

- (a) Non-payment of the Premium due by the Master Policyholder,
- (b) Completion of the term of the Rider the Scheme Member reaching the term of the rider.
- (c) Termination of the Master Policy;
- (d) Complete withdrawal/surrender of the Master Policy;
- (e) On Master Policyholder's/ request for cancellation at anytime during the Rider Term;
- (f) Free-look cancellation;

Termination or cancellation of the Rider document shall be without prejudice to any claim arising prior to such termination or cancellation unless otherwise specified.

Part E

1. There are no additional charges under the Rider

Sample

Part F

1. Exclusions

- Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof
- Expenses related to sterility and infertility. This includes:
 - a) Any type of contraception, sterilization
 - b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c) Gestational Surrogacy
 - d) Reversal of sterilization
- Treatment for any other system other than modern medicine (also known as Allopathy).
- Dental treatment or Dental surgery of any kind unless as a result of Accidental Injury to natural teeth and also requiring hospitalization
- Pre-natal and post-natal expenses including expenses for the new born baby will be out of the scope of the rider benefit.

2. Nomination

Nomination for this Rider document shall be as per the Nomination Schedule under the Master 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 I for your reference.

3. Incorrect Information and Non-Disclosure

Fraud and misstatement would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time. Please refer the Main Policy document for the same. 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 Main Policy document shall also apply. Further, the disclosure to information norm under Master Circular on Standardization of Health Insurance Products stating that 'the policy shall be void and all premiums paid thereon shall be forfeited to the company in the event of misrepresentation, mis – description or non – disclosure of any material fact' shall also apply.

4. Documents Document/ Information to be submitted in support of claim

Claim form along with the discharge summary should be submitted within 180 days of the claim having occurred. However, we may condone the delay in claim intimation, if any, where the delay is proved to be for reasons beyond the control of the claimant. The following should be undertaken within 180 days to register a claim under this Master Policy. In case of death of the Scheme Member and upon the payment of Death Benefit, the Insurance cover terminates and no further benefits are payable. Any claims under Daily Hospi Cash Benefit rider have to be submitted prior to death claim.

The following documents are required to be mandatorily submitted

- a) Duly filled and signed claim form inclusive of NEFT details. The claim form should have claimant signature along with the MPH stamp and the signature.
- b) Self-attested copy of the Pan card or KYC document of the insured member
- c) Cancelled personalized cheque or the bank statement passbook copy is required. Bank statement passbook should be self-attested by the member
- d) Member Information Form which was submitted at the time of enrolment will be required.
- e) Discharge summary should have the hospital stamp and signature, along with the date & time of admission and discharge.
- f) One discharge summary can't be used again to claim the Daily Hospi Cash Benefit if member has already received the benefit or submitted the claim, under one Loan Account Number.

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5. Assignment and Transfer

This Rider can be assigned as per section 38 of the Insurance Act, 1938 as amended from time to time. However, this Rider cannot be assigned independently. The Rider can be assigned jointly with the Main/Base Policy. The simplified version of the provisions of Section 38 is enclosed in Annexure I for your reference.

6. Nomination

Nomination for this Rider shall be as per the Nomination Schedule under the Main 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.

Sample

Part G
Grievance Redress Mechanism

The terms & conditions under Part G of the Master Policy shall apply to this Rider.

Sample

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 effected 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 thereof 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 policySuch 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.

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Sample

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.

A Non Participating Non-Linked Life Group Pure Risk Rider

(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.

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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 23.03.2015 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
 - d. the date of rider to the policy
- 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
 - d. the date of rider to the policy
- 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 rider 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.

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