

Dual Benefits of Wellness & Protection



With

HDFC Life LiveWell Rider – Linked

A Linked, Non- Participating Individual, Pure Risk Premium/Savings, Life/Health Insurance Rider



Rider with Wellness* Benefits worth 100% premium[^]

- ✓ OPD Consultation¹
- ✓ Annual Preventive Health Check-up²
- ✓ Healthy Living Program³
- ✓ Tele Consultation⁴

Available with

- a **HDFC Life Smart Protect Plan** (101L175V06)
- b **HDFC Life Sampurn Nivesh** (101L103V03)
- c **HDFC Life Sampurn Nivesh Plus** (101L180V01)



Rishabh Pant
Indian Cricketer



Comprehensive Protection⁵ with Life cover



Access to 1L + Doctors, 500+ Hospitals & 362+ Labs⁶



Rewards Healthy life style⁷



Sar utha ke jiyo!

*Can only be availed via Life Rewards app. [^]Get full-value wellness benefits equivalent to 100% of your annual rider premium, redeemable through: i. Outpatient Department (OPD) consultations ii. Prescribed lab and radiology services, along with teleconsultations, annual preventive health check-ups, healthy living programs, and special network discounts ¹ OPD refers to Out-Patient Department, it includes in-clinic consultations. ² Cashless health check-up vouchers. ³ With our Healthy Living Program, you can improve your health, while earning health coins as rewards that can benefit you and your family. It includes additional Preventive Health Check-Ups, Dental Procedures, Online Physiotherapy Sessions etc. ⁴ Connect with healthcare specialists from anywhere, at any time, via video, audio, or chat. ⁵ Comprehensive protection against death, terminal illness and disability. ⁶ 1L+ Doctors available for Tele consultations and OPD, 500+ hospitals for OPD and network discounts, 362+ NABL (National Accreditation Board for Testing and Calibration Laboratories) for preventive health checkup and prescribed diagnostics. ⁷ Refer to policy document for detailed Healthy Living Program.

HDFC Life LiveWell Rider – Linked

A Linked, Non-Participating, Individual, Pure Risk Premium/Savings, Life/Health Insurance Rider

Riders are an additional commitment to your financial well-being, providing a safety net when you need it most. This is more than insurance; this is empowerment through an extra layer of financial security for your loved ones. In the unpredictable journey of life, our HDFC Life LiveWell Rider – Linked stands as a steadfast ally, ensuring that your family's future remains safeguarded. Additionally, we, through our wellness benefit promise to not only safeguard your loved ones but also incentivize your well-being journey.

Discover the peace of mind that comes with comprehensive coverage. It's time for a solution that invests in your present and future.

HDFC Life LiveWell Rider – Linked offers the following benefits

- Comprehensive protection against death, terminal illness and disability.
- Get back all premiums paid on survival till maturity with Return of Premium benefit.
- Get double payout in case of accident occurs under listed circumstances with Double Benefit.
- Get additional benefit in case hospitalisation or undergoing any of the listed surgeries.
- Unlock wellness benefits: Rewarding you for your healthy habits.

PLAN OPTIONS

I. Main Benefits

A. Death Cover

• Death Benefit

On death of the Life Assured during the rider term, Rider Sum Assured on Death is paid to the Nominee or beneficiary. The death benefit is highest of

- Rider Sum Assured or
- 10 times the Annualized Rider Premiums, in case of Limited/Regular Pay & 1.25 times the Rider Premium in case of Single Pay or
- 105% of the Total Rider Premiums Paid

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 or before the date the claim is made.

• Terminal Illness Benefit

Rider Sum Assured will be accelerated in case the Life Assured is of 80 years of age or below and is diagnosed with Terminal Illness. However, the maximum amount of Rider Sum Assured that can be accelerated under this benefit is Rs 2 crore. This amount of Rs 2 crore is an upper limit that has been set by the Company for acceleration of Rider Sum Assured in case of diagnosis of Terminal Illness. The Terminal Illness Benefit is not applicable to a Life Assured who is above 80 years of age.

Please note that acceleration of Rider Sum Assured is not an additional benefit; it only facilitates an earlier payout of the Rider Sum Assured on diagnosis of Terminal Illness.

Upon payment of Terminal Illness benefit:

- a. If Rider Sum Assured at the time of claim is equal to Terminal Illness benefit, the

Rider will terminate. Or,

- b. If Rider Sum Assured at the time of claim is greater than Terminal Illness benefit, the Rider will continue for the balance Rider Sum Assured.

- **Maturity Benefit**

If you have chosen the Return of Premium option (Clause II. A), an amount equal to 100% of the Rider Premiums Paid under this option will be payable, if the Life Assured is alive at the end of the Rider Term. There is no Maturity Benefit applicable where Return of Premium is not selected.

B. Accidental Death Cover

- **Accidental Death Benefit**

Rider Sum Assured is paid on death of the Life Assured to the Nominee or beneficiary provided the Accidental Death must be caused within 180 days of any bodily Injury.

If the bodily Injury occurred within the Rider Term and the Accidental Death happens after the end of Rider Term but within 180 days of occurrence of the bodily Injury, a valid claim arising as a result of such Accidental Death shall not be denied.

Rider Sum Assured for Option B shall be a lump sum benefit which is the highest of:

- Rider Sum Assured
- 7 times the Annualized Rider Premium for Limited/Regular pay and 1.25 times for Single Pay
- 105% of the Rider Premiums Paid

Once the benefit amount is claimed, the coverage under Option B shall terminate.

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 date the claim is made.

- **Maturity Benefit**

If you have chosen the Return of Premium option (Clause II. A), an amount equal to 100% of the Rider Premiums Paid under this option will be payable, if the Life Assured is alive at the end of the Rider Term. There is no Maturity Benefit applicable where Return of Premium is not selected.

C. Personal Accident Cover

- **Accidental Death Benefit**

Rider Sum Assured is paid on death of the Life Assured to the Nominee or beneficiary provided the Accidental Death must be caused within 180 days of any bodily Injury.

If the bodily Injury occurred within the Rider Term and the Accidental Death happens after the end of Rider Term but within 180 days of occurrence of the bodily Injury, a valid claim arising as a result of such Accidental Death shall not be denied.

Rider Sum Assured for Option C (Accidental Death Benefit) shall be a lump sum benefit which is the highest of:

- Rider Sum Assured
- 7 times the Annualized Rider Premium for Limited/Regular pay and 1.25 times for Single Pay
- 105% of the Rider Premiums Paid

Once the benefit amount is claimed, the coverage under Option C shall terminate.

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 date the claim is made.

• **Income Benefit on Accidental Disability**

a. Accidental Total Permanent Disability

On the Total Permanent Disability of the Life Assured due to an Accident during the Rider Term, a regular monthly benefit equal to 1% of Rider Sum Assured, is payable to the Life Assured for a fixed period of 10 years, upon receipt of a valid claim.

b. Accidental Partial Permanent Disability

On Life Assured sustaining any bodily Injury during the Rider Term resulting solely and directly from an Accident, the following benefit shall be payable to the Life Assured:

(a) 50% of the Rider Sum Assured shall be payable, if such Injury shall, within 12 months of its occurrence be the sole and direct cause of the total and irrecoverable loss by physical separation of one entire hand or of one entire foot.

(b) If such Injury shall, within 12 months of its occurrence be the sole and direct cause of the total and / or partial and irrecoverable loss of use or of the actual loss by physical separation of the following, then the percentage of the Rider Sum Assured as indicated below shall be payable:

Sr. No.	Disability	Benefit %
(i)	Permanent total loss of hearing in both ears	75
(ii)	Permanent total loss of use of one limb other than by physical separation or Permanent total loss of sight of one eye	50
(iii)	Permanent total loss of use of four fingers and thumb of either hand	40
(iv)	Permanent total loss of hearing in one ear or Permanent total loss of the lens in one eye	25
(v)	Permanent total loss of use of four fingers of either hand or Permanent total loss of use of one thumb of either hand or Ankyloses of the elbow, hip or knee	20
(vi)	Permanent total loss of use of all toes	15
(vii)	Permanent total loss of one finger of either hand or Established non-union of fractured leg or kneecap	10

Benefit payable towards any claim shall not exceed the balance Rider Sum Assured under the Option. Once the maximum benefit is claimed, the coverage under Option C shall terminate. The disabilities as stated above must have lasted, without interruption, for at least 6 consecutive months and must, in the opinion of a Medical Practitioner, be deemed permanent. However, for the disability mentioned in Clause (a) above, such 6 months period would not be applicable. In lieu of lump sum benefit amount for Accidental Partial Permanent Disability, the Life Assured may receive benefit as:

- a) Regular monthly Income for 10 years from the date of claim, or
- b) 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.

If Accidental Total Permanent Disability occurs after Accidental Partial Permanent Disability, then 1% of the remaining amount (100% of Rider Sum Assured applicable for Option C less Accidental Partial Permanent Disability claims paid) shall be paid as a regular monthly income for 10 years. If Accidental Death happens after Accidental Partial Permanent Disability, then the remaining amount (100% of Rider Sum Assured applicable for Option C less Accidental Partial Permanent Disability claims paid) shall be paid as lump sum or income or a combination thereof as mentioned above.

No benefit shall be payable for Accidental Death and Accidental Partial Permanent Disability following Accidental Total Permanent Disability claim.

- **Maturity Benefit**

If you have chosen the Return of Premium option (Clause II. A), an amount equal to 100% of the Rider Premiums Paid under this option will be payable, if the Life Assured is alive at the end of the Rider Term. There is no Maturity Benefit applicable where Return of Premium is not selected.

D. Daily Hospitalisation Cash & Surgical Care Cover

This option offers daily hospitalisation cash and surgical care benefits, subject to total benefit up to a maximum of 100% of Rider Sum Assured. The benefits offered and applicable conditions are as defined below:

- **Daily Hospitalisation Cash Benefit**

Subject to the conditions as specified below, if the Life Assured is hospitalised during the Rider Term for a minimum, continuous and complete period of 24 hours, we will pay the following Daily Hospitalisation Cash Cover amount for each day of Hospitalisation from the first day of Hospitalisation, provided all due Premiums have been paid:

- a. Hospitalization Benefit (Non-ICU): Benefit amount shall be equal to 1% of the Rider Sum Assured for each day of Hospitalisation
- b. Hospitalization Benefit (ICU): Benefit amount shall be equal to 2% of the Sum Assured for each day of Hospitalisation in the Intensive Care Unit (ICU)

Conditions applicable for Daily Hospitalisation Cash Cover:

- a. The Daily Hospitalisation Cash Cover amount per day shall be 1% percentage of the Rider Sum Assured as on the Date of Commencement of the Risk, and shall remain constant throughout the Rider Term.
- b. Daily Hospitalisation Cash Cover is payable with a maximum limit of 20 days per Policy Year.
- c. The specified number of days per Policy Year is inclusive of days hospitalised in non-ICU and ICU.
- d. The Daily Hospitalisation Cash Cover will cease on the earlier of (i) claiming total of 100 days of Hospitalization or (ii) at the end of Rider Term.
- e. This Daily Hospitalisation Cash Cover shall be payable subject to the following:
 - i. This Benefit is payable only after a continuous and complete 24 hours of Hospitalization during Rider Term for Life Assured for each claim.
 - ii. The Hospitalization must be for the Medically Necessary Treatment for an Illness/Accident and is commenced and continued on the written advice of the treating Medical Practitioner.
 - iii. We will not pay the Daily Hospitalisation Cash Cover amount for more than the maximum number of days as specified, during the Rider Term.
 - iv. A Waiting Period for Daily Hospitalisation Cash Cover has been completed prior to the Hospitalization related to Illness. No benefit shall be payable for any Hospitalisation due to Illness during the Waiting Period for Daily Hospitalisation Cash Cover. Such a Waiting Period for Daily Hospitalisation Cash Cover is not applicable to claims arising due to Accident provided the Accident occurs after the Risk Commencement Date or Revival date as the case may be.
 - v. More than one claim can be considered in respect of the Life Assured under the Daily Hospitalisation Cash Cover during Rider Term, subject to the maximum number of days specified. On exhaustion of the maximum number of days allowed, the cover under the Daily Hospitalisation Cash Cover will terminate in relation to such Life Assured.
 - vi. Once claim is considered admissible as per the terms and condition under the Hospitalisation Cash Cover, you will be eligible for the fixed daily amount from

the first day of Hospitalisation, provided that the Life Assured is hospitalised for a continuous period of 24 hours.

vii. Daily Hospitalisation Cash Cover amount is a fixed per-day Cover and will be calculated on the basis of the number of continuous and completed days of Hospitalization. Daily Hospitalisation Cash Cover will be paid as a lumpsum amount, irrespective of actual Hospitalisation expenses.

viii. Any procedure / treatment which leads to Hospitalisation of less than 24 hours is not covered.

• **Surgical Care Benefit**

Subject to the conditions as specified below, if the Life Assured's Hospitalisation for a minimum continuous and complete period of 24 hours for undergoing Medically Necessary Treatment through surgery in India and actually undergoing that surgery while Hospitalised during the Rider Term, we will pay the following Surgical Care Benefit amount to you for the following types of surgery, provided all due Premiums have been paid:

Surgery Type	Limit
Minor Surgeries	5% of Sum Assured on each surgery
Major Surgeries	10% of Sum Assured on each surgery

This Surgical Care Benefit shall be payable subject to the following:

- You can claim multiple times under this Policy during the Rider Term irrespective of any previous claims paid by Us. However, in no circumstance shall we pay more than the following limits:
 - 20% of Rider Sum Assured in any one Policy Year; and
 - 100% of Rider Sum Assured during the Rider Term.
- Surgical Care Benefit will cease to be available on the earlier of (i) claiming 100% of the Rider Sum Assured; or (ii) claiming 100% of the Base Sum Assured; or (iii) at the end of Rider Term.
- Liability to make any payment under the Surgical Care Benefit shall commence only after a continuous and completed 24 hours of Hospitalization of the Life Assured for each claim.
- The surgery must be for Medically Necessary Treatment of any illness or injury due to an accident and is commenced and continued on the written advice of the treating Medical Practitioner.
- We will not pay the Surgical Care Benefit amount more than the maximum limit as specified, during the Rider Term
- A Waiting Period for Surgical Care Benefit has been completed prior to the Hospitalization for surgery related to illness. No benefit shall be payable for any Surgical Care Benefit claim due to illness during the Waiting Period for Surgical Care Benefit. The Waiting Period for Surgical Care Benefit will not be applicable to claims arising due to accident provided the accident occurs after the date of commencement of risk of the policy or policy revival date, as the case may be.
- More than one claim can be considered in respect of the Life Assured under this Surgical Care Benefit during the Rider Term, subject to the maximum limit specified. On exhaustion of the maximum limit allowed, the cover under the Surgical Care Benefit will terminate in relation to such Life Assured.

- h. The Surgical Care Benefit amount shall be paid based on the surgery resulting in highest claim amount in case of more than one surgery is performed on the Life Assured during the same Hospitalisation.
- i. The Surgical Care Benefit is a fixed lumpsum benefit, irrespective of actual surgery expenses.
- j. Any procedure / treatment which leads to Hospitalisation of less than 24 hours is not covered.

• **Maturity Benefit**

If you have chosen the Return of Premium option (Clause II. A), an amount equal to 100% of the Rider Premiums Paid under this option will be payable, if the Life Assured is alive at the end of the Rider Term. There is no Maturity Benefit applicable where Return of Premium is not selected.

ii. 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 Rider

A. Return of Premium: You will receive a return of 100% of the total Rider Premiums paid as lump sum, upon your survival till maturity of your Rider. This option can be chosen only at Rider inception. Once chosen, the policyholder cannot opt out of this option.

This option is available only where:

- Rider Term is between 10 and 40 years for Premium Paying Term - Single, Regular and 5 years;
- Rider Term is between 15 and 40 years for Premium Paying Term - 8, 10 and 12 years

Note:

a. Any benefits already paid out shall be deducted from the benefit payable at maturity.

B. Double Benefit: Double Benefit means the benefit payable under Option B & Option C will be doubled if the Accidental Death or Accidental Partial Permanent Disability or Accidental Total Permanent Disability occurs under any of the following circumstances:

- i. While the Life Assured is riding as a fare paying passenger on commercially licensed public land transportation over an established route such as a bus, tram or train. A taxi or any form of transport chartered for private travel is excluded.
- ii. While the Life Assured is in an elevator car (elevators in mines, rigs and on construction sites are excluded) duly certified to carry passengers; or
- iii. When the Life Assured is on a commercial passenger airline on a regular scheduled passenger trip over its established passenger route.
- iv. As a direct result of the burning of the following public buildings only: theatre, cinema, public auditorium, hotel, school and hospital.

Note: This optional benefit is only available if Option B or Option C has been opted.

C. Accident Plus: If opted, the following benefits will be payable:

i. Vehicle/Home Modification Benefit: If a claim has been accepted and paid for Option C for Accidental Total Permanent Disability or Accidental Partial Permanent Disability then an additional 10% of the Option C sum assured shall be payable for modifications of Life Assured's vehicle or home to adjust to the disablement.

ii. Physical/Occupational Therapist benefit: If a claim has been accepted and paid for Option C for Accidental Total Permanent Disability or Accidental Partial Permanent Disability then an additional 10% of the Option C sum assured shall be payable for the

cost of physical/occupational therapist, if prescribed by a medical practitioner.

Note: This optional benefit is only available if Option C has been opted.

ELIGIBILITY

This rider can be opted at inception or subsequently on any premium due date of the base plan subject to limits specified below:

Parameters	Minimum	Maximum
Entry Age*	18 years	65 years
Maturity Age*	23 years	Option A: 85 years Option B & C: 75 years Option D: 70 years
Rider Term	5 years	Option A, B & C: Outstanding policy term under the base policy (can be opted in years) Option D: 5 years
Premium Payment Term (PPT)	Single Pay, Regular Pay, Limited Pay less than or equal to remaining PPT of base policy	
Rider Sum Assured#	Option A, B & C – 10,000 Option D – Rs. 1,00,000	Option A, C & D: Up to Base Policy Sum Assured Option B: Up to three times of the Base Policy Sum Assured

*All ages are last birthday

#Maximum Sum Assured is subject to Board Approved Underwriting Policy

How to opt for Plan Options

The rider can be opted under the base policy on an individual basis subject to terms & conditions specified under the plan, in the following ways:

The Policyholder can:

- Choose any or a combination of the above benefit options; however Option B and Option C cannot be selected together.
- Opt for this Rider for self and/or Second Life Assured. All benefits and conditions as mentioned below shall apply to the Second Life Assured as well.
- Opt for this Rider at inception of the Base Policy or at any Base Policy premium due date. Any Rider coverage terminates as soon as the Base Policy terminates.

III. Wellness Program:

Unlock the full potential of your health with our comprehensive Wellness Benefits included in your Rider. From expert consultations to essential diagnostic tests, we ensure you and your family maintain optimal health.

A. Benefits

Get full-value wellness benefits equivalent to 100% of your annual rider premium, redeemable through:

1. Outpatient (OPD) consultations
2. Prescribed lab and radiology services, along with teleconsultations, annual preventive health check-ups, healthy living programs, and special network discounts.

Extend health benefits to your family (Add 1 Spouse & up to 2 Children)

Embrace a brighter, secure future for you and your loved ones. Our plan is crafted with your

Benefit Type	Regular & Limited Pay	Single Pay
OPD Cover – In-Clinic Consultations	50% of Annual Premium (AP) per annum until end of Rider premium payment term	10% of Single Premium (AP) annually for the first 5 years
Prescribed Lab & Radiology Services	50% of Annual Premium (AP) per annum until end of Rider premium payment term	10% of Single Premium (AP) annually for the first 5 years
Tele-consultations	24 sessions/year (2/month) until end of Rider premium payment term	24 sessions/year (2/month) for the first 5 years
Annual Preventive Health Check-Up	1 voucher annually until end of Rider premium payment term	1 voucher annually for the first 5 years
Healthy Living Program	Regular Pay: Until end of Rider Term; Limited Pay: Premium Payment Term + 5 years	Applicable for the first 10 years
Network Discounts	10% discount on doctor consultations and pharmacy order 20% discount on lab bookings	

Waiting Period

- 30 days from Risk Commencement Date

Please note:

1. In case of Single Pay, any benefit post the above mentioned period shall be as per prevalent terms and conditions.
2. Annual Premium in the above table refers to Total Annualised Premium of the Rider plus any underwriting extra Premiums and loadings for modal Premiums.

Deep Dive into your Wellness Benefits

a. OPD Cover – In-Clinic Consultations

Easily access top medical professionals either through direct, cashless consultations or via reimbursement if our service provider network doctors are unavailable near you.

- General Consultation Cap: Mentioned in table below
- Specialist Consultation Cap: Mentioned in table below
- Exclusions: Excludes investigations, medications, or any treatments

b. Prescribed Lab & Radiology Services

Get necessary diagnostic tests prescribed by registered practitioners, with the convenience of home sample collection or through our assisted lab booking.

- Cashless Service: Initially offered, with an alternative to claim reimbursements if unavailable
- Coverage Cap : Mentioned in table below
- Reimbursement Conditions: Contact customer service of service provider and raise a request for lab booking. If service provider network is unavailable then the team unlocks re-imbursement option as an exception. Customer must have a prescription, lab invoices and lab reports with services rendered by registered labs. Re-imbursement will be processed up to the maximum fees for the test available on our App
- Exclusions: Non-prescriptive and preventive health checks are not covered

c. Annual Preventive Health Check-Up

Claim your comprehensive health check-up voucher annually to assess your health status through our service provider network centres, ensuring you stay one step ahead of health issues.

- Inclusions: Tests like CBC, KFT, LFT, and more
- Coverage Cap: Up to ₹2,000 for non-network location services, ensuring widespread accessibility. Contact customer service of service provider and raise a request for booking. If network unavailable the team unlocks re-imbursement option as an exception.
- Booking: Seamless scheduling via our app or customer service for assisted bookings

d. Tele-consultations

Connect with healthcare specialists from anywhere, at any time, via video, audio, or chat following the latest Telemedicine Practice Guidelines.

- Service Mode: Entirely cashless
- Exclusions: No reimbursements; one active session at a time

Max. Coverage Caps	Claim Type	Rider Annual/ Single premium (excluding taxes) ≤ 5000	Rider Annual/ Single premium (excluding taxes) > 5000
Doctor Consultations (General Physician)	Cashless	Up to available benefits	₹ 500 per consultation
Doctor Consultations (Specialist)	Cashless	Up to available benefits	₹ 1000 per consultation
Doctor Consultations (General Physician)	Re-Imbursement	₹ 500 per consultation	₹ 500 per consultation
Doctor Consultations (Specialist)	Re-Imbursement	₹ 1000 per consultation	₹ 1000 per consultation
Prescribed Lab & Diagnostics	Cashless	Up to available benefits	₹ 1000 per incident

Please note that:

- i. These services are optional services offered to the Policyholder/Life Assured and their family (Spouse and 2 children). The Policyholder/Life Assured should exercise his/her own discretion:
 - To avail the services and/or
 - To follow the course of treatment suggested by the service provider.
- ii. These services shall be directly provided by the service providers with no participation of the company.
- iii. The services are being provided by third-party service provider/s, and the company shall not be liable for any liability.
- iv. The company reserve the right to change the service/s or change the service provider/s at any time.

B. Extend health benefits to your family (Add 1 Spouse & up to 2 Children)

Embrace a brighter, secure future for you and your loved ones. Our plan is crafted with your family's well-being in mind, allowing you to easily include up to two adults, including yourself, and two children under the age of 25.

With HDFC Life's Wellness mobile app, add your family members in just a few clicks .

C. Introduction to Healthy Living**Unlock Health Rewards: Live Well, Earn Big!**

With our Healthy Living Program, you can improve your health, while earning health coins as rewards that can benefit you and your family.

Every step you take towards wellness helps you accumulate coins that translate into significant health benefits.

Ready to start? Let's dive in!**How It Works:****1. Join & Assess**

- Complete your first Health Risk Assessment: Earn initial points simply by completing an online health assessment as listed in the below table.

2. Engage & Earn

Get active and earn rewards with our engaging health activities. Here's your guide to the key motivators that will help you stay fit and happy while you earn!

Activity	Frequency	Points per Event	Max Points per Year
Health Risk Assessment	Quarterly	250	1000
Heart Age calculator	Quarterly	250	1000
Mental Health Survey	Quarterly	250	1000
Read an Article/Blog	Quarterly	50	1000
Health Quiz	Quarterly	50	1000
Annual Health Checkup	Yearly	5000	5000
Vitals within Range	Yearly	500	5000
Steps per day 7,999-9,999	Daily	50	7500
Steps per day Above 10,000	Daily	100	7500

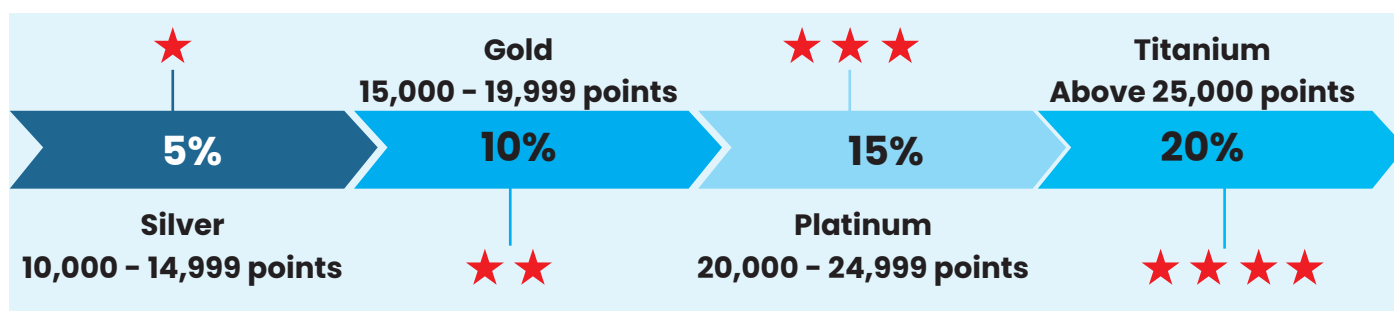
Health Coins for Physical Screening and Vitals

Sr No	Test Type	Healthy Range	Points Earned if Within Range
1	Total Cholesterol (Heart)	Less than 200 mg/dL	500
2	HDL Cholesterol (Good)	Greater than 40 mg/dL	500
3	LDL Cholesterol (Bad)	Less than 100 mg/dL	500
4	HDL/LDL Cholesterol Ratio	0.5 - 3.0	500
5	Fasting Blood Sugar	70 - 100 mg/dL	500
6	Blood Urea (Kidney Function)	19 - 44 mg/dL	500
7	Uric Acid (Kidney Health)	3.5 - 7.2 mg/dL	500
8	SGOT/ AST- Liver	5-34	500
9	Bilirubin Total- Liver	0.2-1.2 mg/dL	500
10	SGOT/ALT- Liver	0-55	500

1. Achieve & Redeem

As you engage in healthy activities, you'll gather points that elevate your status and boost your benefits. Reach new tiers and convert your hard-earned points into valuable health coins.

Reward conversion would be as illustrated in below figure. Rewards percentage mentioned are percentage of Annual Premium (AP)



Redemption Options:

You and your family can use your health coins at any of our service provider networks for the following health benefits:

- Additional Preventive Health Check-Ups
- Dental Procedures
- Online Physiotherapy Sessions
- Chronic Care Management Plans
- Pharmacy Vouchers
- Psychiatrist/Psychologist Consultations

Unutilised health coins will not get carried forward. Health coins will be credited every year basis the reward points earned in the preceding year as shown above

Disclaimer:

Participation in the program is entirely optional and at the discretion and risk of the Life Assured. The program is designed to promote well-being and healthier habits, but it does not serve as medical advice or replace the Life Assured's consultation with an independent Medical Practitioner. We reserve the right to deduct or remove points if they are obtained through unfair means or manipulation. Utilizing services offered by our Health Service Providers/Network Provider is solely at the discretion of the Life Assured, and we shall not be held liable or responsible for any discrepancies in the information, services or advice provided by the healthcare providers

D. General Terms & Conditions

All Wellness Terms and Conditions and General conditions to be read with Rider Schedule are applicable mutatis mutandis, to all Coverage under these Products.

1. Withdrawal of Product:

If Rider is withdrawn by Company, then Wellness shall also stand withdrawn automatically without any separate notice/intimation.

2. Fraudulent Activity:

- a. Your use of the Wellness benefits under the Plan shall be with good intent and integrity. You shall not encourage, indulge or act in connivance with any person involved in any fraudulent activity regarding the use of the benefits under the Plan, whether directly or indirectly, for generating personal revenue. You agree to not use the Platform or the services provided therein for generating personal gain or any commercial/public purpose, directly or indirectly, whatsoever.
- b. An act may be defined as a fraudulent activity as per service provider's internal policies subject to extant laws. Such acts may include without limitation misrepresentation, concealment of facts and furnishing of incorrect information.
- c. In the event of any fraudulent activity being carried out, service provider reserves the right to claim an amount from assured/assured member equivalent to the amount generated from such fraudulent activity. Furthermore, service provider shall also be entitled to seek any and all remedies available under law, equity or tort. Additionally, Service Provider shall permanently suspend the use of the benefits under the Plan and not honour any claims under the Plan, including pending claims. .
- d. Any fraud or misrepresentation identified will cease coverage and Rider will be void ab-initio.

3. Claim validity of benefit

Service Provider shall honour claims raised for the valid expenses incurred by the Life Assured before expiry/cancellation of policy. The claims will also be honoured in case of claims raised by the Life Assured for the period when policy was suspended/lapsed due to non-payment of policy premium but subject to assured reviving the policy by completing the due payment.

4. Cover during Grace Period

A Rider is considered to be in-force with risk cover without any interruption during the Grace Period. Should a valid claim arise under the Rider during the Grace Period, but before the payment of due premium, the claim shall be honoured as per the terms of the Rider post deduction of the due and unpaid premium for the Rider year from any benefit payable.

WHICH PRODUCTS CAN THIS RIDER BE OFFERED WITH?

The rider will be available to policyholders of withdrawn/current/subsequently modified versions of below products.

Sr. No.	Product	UIN
1	HDFC Life Smart Protect Plan	101L175V06
2	HDFC Life Sampooran Nivesh	101L103V03
3	HDFC Life Sampooran Nivesh Plus	101L180V01

WHAT IS THE GRACE PERIOD?

A Grace Period of 30 days, where the mode of payment of Premium is other than monthly mode, and 15 days in case of monthly mode, is allowed for the payment of each renewal Premium after the first Premium. We will not accept part payment of the Premium. A Rider is considered to be in-force with risk cover without any interruption during the Grace Period.

WHAT IS THE SURRENDER BENEFIT?

Surrender Value (Unexpired Risk Premium Value) shall be payable subject to following conditions:

A. If you have opted for Return of Premium Option:

Surrender Value will be the higher of Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV), less any benefits already paid out, payable subject to the conditions below:

Where,

$$\text{GSV} = \text{GSV Factor\%} \times \text{Rider Premiums Paid}$$

The policy shall acquire a GSV immediately on the payment of Single Premium and upon the payment of at least two years premium in case of a Limited/Regular premium policy. SSV shall become payable after completion of first policy year provided one full year premium has been received for Limited/Regular Pay and immediately on the receipt of single premium for Single Pay.

SSV shall be calculated as the expected present value of:

- i) Paid-up guaranteed future benefits on death/disability, survival/maturity and
- ii) accrued / vested benefits, duly allowing for survival benefits already paid, if any

The discount rate used to calculate the expected present value shall be equal to the yield on 10 Year G-Sec plus 50 basis points. Currently, the interest rate used for calculating the expected present value is 7.75% p.a.

The applicable SSV shall be reviewed annually based on the prevailing yield on 10 Year G Sec and the underlying experience. The revised discount rates shall apply to all policies including the policies already sold.

B. If you have not opted for Return of Premium Option:

The amount payable will be as given below, subject to Policy Cancellation Value (PCV) being acquired:

$\text{PCV Factor\%} \times \text{Rider Premiums Paid} \times \text{Unexpired Rider Term} \div \text{Original Rider Term}$, 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 less than two annual premiums are paid 50%, if at least two annual premiums are paid
Regular Pay (RP)	No Policy Cancellation Value is payable.	Not Applicable

WHAT IS THE PAID UP BENEFIT?

A. If you have opted for Return of Premium Option:

Your Rider will acquire a paid-up value only:

- Where Return of Premium option is selected with Limited Pay/Regular Pay, and
- When Premiums are paid for 1 year and after completion of first policy year

If the Rider has acquired paid-up value and the Policyholder stops paying Premiums:

(i) Death benefit shall be the highest of:

- $\text{Rider Sum Assured} \times (\text{Total Rider Premiums Paid} \div \text{Total Rider Premiums Payable})$
- *10 times the Annualized Rider Premiums in case of Limited/Regular Pay*
- *105% of Total Rider Premiums Paid*

(ii) Accidental Death benefit (where applicable) shall be calculated as

$\text{Rider Sum Assured} \times (\text{Total Rider Premiums Paid} \div \text{Total Rider Premiums Payable})$

(iii) Maturity Benefit (where applicable) shall be calculated as:

$\text{Maturity Benefit} \times (\text{Total Rider Premiums Paid} \div \text{Total Rider Premiums Payable})$

(iv) Surrender benefit shall be calculated as per above.

B. If you have not opted for Return of Premium Option:

The policy lapses on premium discontinuance without any paid-up value.

WHAT ARE THE REVIVAL CONDITIONS?

As this is a rider benefit, as long as the premium due is paid along with the base premium, the rider benefit is renewed.

WHAT ARE THE EXCLUSIONS IN THE RIDER?

Option A: Death Cover

i. Suicide Exclusion

In case of death due to suicide within 12 months from the Risk Commencement Date of the Rider or from the date of revival of the Rider, as applicable, the Nominee or beneficiary of the Policyholder shall be entitled to at least 80% of the Total Rider Premiums Paid till the date of death or the Surrender Value available as on the date of death whichever is higher, provided the Rider is in force.

ii. Age Admitted

The Company has calculated the Premiums under the Rider 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 Rider 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 Rider, 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 Rider will stand cancelled from the date of issuance and the Premiums paid under the Rider will be returned subject to the deduction of expenses incurred by the Company and the Rider will terminate thereafter; or (ii) if the Correct Age makes the Life Assured eligible for the Rider, the difference between the revised Premium, as per the Correct Age and the original Premium, with interest, will be due on the next Rider 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.

Option B: Accidental Death Cover & Option C: Personal Accident Cover

We shall not be liable to make any payment for any claim in respect of the Life Assured, under

this Rider for, caused by, arising from or in any way attributable to any of the following, unless otherwise stated in the Policy

- i. Any Pre-existing condition or Disability arising out of a Pre-existing Diseases or any complication arising therefrom.

Pre-existing Disease means any condition, ailment, injury or disease / critical illness / disability:

- a. That is/are diagnosed by a Physician within 36 months prior to the Risk Commencement date of the Rider issued by the insurer or its reinstatement; or
- b. For which medical advice or treatment was recommended by, or received from, a Physician 36 months Prior to the Risk Commencement date of the Rider issued by the insurer or its reinstatement

In case of enhancement of Sum Assured the exclusion shall apply afresh to the extent of Sum Assured increase. Coverage under the Rider after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer

- ii. Any payment in case of one or more claim under the Rider during the Rider Term by which our maximum liability in the Rider Term would exceed the Sum Assured.
- iii. Death or Disability caused due to treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- iv. Death or Disability caused due to intentional self-injury, suicide or attempted suicide, whether the person is medically sane or insane.
- v. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
- vi. Death or Disability arising out of or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
- vii. Death or Disability caused by or associated with any venereal disease, sexually transmitted disease.
- viii. Congenital External diseases, defects, Anomalies or in consequence thereof.
- ix. Death or Disability caused by or arising from Bacterial / Viral infections (except pyogenic infection which occurs through an Accidental cut or wound)
- x. Death or Disability caused by or arising from Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- xi. Death or Disability caused by treatment directly arising from or consequent upon any Life Assured committing or attempting to commit a breach of law with criminal intent.
- xii. Death or Disability, caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any death or disability due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the Rider Term.
- xiii. Death or Disability caused by participation of the Life Assured in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- xiv. Death or Disability caused whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and

ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation and is specifically specified in the Rider Schedule.

- xv. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as race jockeys or circus personnel.
- xvi. Death or Disability arising from ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
 - a. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
 - b. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death
- xvii. Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy.

Option D: Daily Hospitalisation Cash & Surgical Care Cover

i. Exclusions for Daily Hospitalisation Cash Benefit:

No Cover shall be payable for any claim under Daily Hospitalisation Cash Benefit in respect of a Life Assured, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any illness, or Accident causing the Injury leading to the Hospitalization, which has occurred prior to the Date of Commencement of Risk under the Policy.
2. Any Hospitalization for treatment of Pre-Existing Diseases or its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the Date of Commencement of Risk in the Policy. In case of enhancement of Sum Assured the exclusion shall apply afresh to the extent of Sum Assured increase. Coverage under the Policy after the expiry of 36 months for any Pre-Existing Diseases is subject to the same being declared in the Proposal Form and accepted by Us.
3. Any procedure/ treatment which is carried out as a day care treatment, or which requires less than 24 continuous hours of Hospitalization.
4. Any admission for treatment arising from or traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except surgical management of ectopic pregnancy. Any admission for treatment arising from or traceable to miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Rider Term.
5. Any treatment performed solely due to cosmetic or aesthetic reasons, weight reduction, change of sex, and Lasik Surgery unless not for cosmetic purpose.
6. Any admission for any dental treatment except any dental Surgery or facial reconstruction being performed under emergency care due to an Accident.
7. Hospitalization for the sole purpose of traction, physiotherapy or any ailment for which Hospitalization is not warranted due to advancement in medical technology.
8. Treatment by a family member and self-medication or any treatment that is not scientifically recognized.
9. Any unproven/experimental treatment: Hospitalization for or due to any unproven

treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

10. Any alternative treatments except treatment taken under Ayurveda, Unani, Sidha and Homoeopathy in a Government Hospital or any institute recognized by the Government and/or accredited by Quality Council of India / National Accreditation Board for Hospitals and healthcare providers.
11. Any treatment received outside India unless specifically covered and specified in the Policy.
12. Routine medical, dental, eye and ear examinations are not covered unless specifically covered and specified in the Policy.
13. Circumcision unless medically necessary.
14. Any Hospitalization primarily for diagnostics and evaluation purposes only are excluded.
15. Any Hospitalization necessitated due to participation as a professional in hazardous or adventuresports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving
16. Any Hospitalization directly arising from or consequent upon any Life Assured committing or attempting to commit a breach of law with criminal intent.
17. Hospitalization in any Hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in its website / notified to you are not admissible. However, in case of life-threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.
18. Any Hospitalization for treatment of Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
19. Any Hospitalization for treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
20. Any Hospitalization due to intentional self-injury, suicide or attempted suicide.
21. Any Hospitalization due to participation by the Life Assured in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
22. Any Hospitalization arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or airforce operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
23. Any Hospitalization arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
 - a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
 - b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.

- c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
- 24. Any Hospitalization outside India.
- 25. Any Hospitalization related to donor treatment, including screening, surgery to remove organs from the donor, in case of transplant surgery.
- 26. Any Hospitalization for treatment of congenital external anomalies or any complications or conditions arising therefrom including any developmental conditions of the Life Assured.
- 27. Any Hospitalization for Diagnosis or treatment related to sleep disorder or sleep apnea syndrome or general debility convalescence.
- 28. Any Hospitalization due to deliberate exposure to exceptional danger (except in an attempt to save human life).

ii. Exclusions for Surgical Care Benefit

No Cover shall be payable for any claim under the Surgical Care Cover in respect of a Life Assured, directly or indirectly caused by, arising from or in any way attributable to any of the following:

1. Pre-Existing Diseases

- a) Expenses related to the treatment of a Pre-Existing Diseases (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the Date of Commencement of Risk under the Policy.
- b) If the Life Assured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Insurance Product) Regulations, 2024 as amended from time to time then Waiting Period for the Fixed Surgical Care Cover same would be reduced to the extent of prior coverage.
- c) Coverage under the Policy after the expiry of 36 months for any Pre-Existing Diseases is subject to the same being declared at the time of Proposal Form and accepted by Insurer.

2. Specified disease/procedure waiting period

- a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24/36 months of continuous coverage, as may be the case after the Date of Commencement of Risk under the Policy or Revival of the Policy. This exclusion shall not be applicable for claims arising due to an Accident.
- b) If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing Diseases, then the longer of the two waiting periods shall apply.
- c) The waiting period for listed conditions shall apply even if contracted after the Date of Commencement of Risk under the Policy or declared and accepted without a specific exclusion.

I. 24 Months waiting period for:

- 1. Benign ENT disorders
- 2. Tonsillectomy
- 3. Adenoidectomy
- 4. Mastoidectomy
- 5. Tympanoplasty
- 6. Hysterectomy
- 7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
- 8. Benign prostate hypertrophy
- 9. Cataract and age-related eye ailments

10. Gastric/ Duodenal Ulcer
 11. Gout and Rheumatism
 12. Hernia of all types
 13. Hydrocele
 14. Non-Infective Arthritis
 15. Piles, Fissures and Fistula in anus
 16. Pilonidal sinus, Sinusitis and related disorders
 17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from Accident
 18. Calculi in urinary system, Gall Bladder, biliary and pancreatic system and salivary duct excluding malignancy.
 19. Varicose Veins and Varicose Ulcers
 20. Internal Congenital Anomalies
- II. 36 Months waiting period for:
1. Treatment for joint replacement unless arising from Accident
 2. Age-related Osteoarthritis & Osteoporosis leading to any surgery including joint replacement
 3. Investigation & Evaluation
 - a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - b) Any diagnostic expenses which are not related or not incidental to the current Diagnosis and treatment are excluded.
 4. Rest cure, rehabilitation and respite care
- Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
5. Obesity/ Weight Control
- Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
1. Surgery to be conducted is upon the advice of the Medical Practitioner
 2. The Surgery/procedure conducted should be supported by clinical protocols
 3. The Life Assured has to be 18 years of Age or older; and
 4. Body Mass Index (BMI):
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type 2 Diabetes
- Change-of-gender treatments:
5. Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
 6. Cosmetic or plastic Surgery:
 7. Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary

treatment to remove a direct and immediate health risk to the Assured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

8. Hazardous or Adventure sports:

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

9. Breach of law:

Expenses for treatment directly arising from or consequent upon any Life Assured committing or attempting to commit a breach of law with criminal intent.

10. Excluded Providers:

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in its website / notified to You are not admissible. However, in case of life-threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim

11. Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

12. Any treatment in an establishment that is not a Hospital. This includes:

- a. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.
- b. Out-patient treatment.
- c. Domiciliary hospitalization or treatment.
- d. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.

13. Refractive Error: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

14. Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

15. Any Surgery arising under alternative treatments except treatment taken under Ayurveda, Unani, Sidha and Homoeopathy in a Government Hospital or any institute recognized by the Government and/or accredited by Quality Council of India / National Accreditation Board for Hospitals and Healthcare Providers.

16. Sterility and Infertility

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

17. Maternity

- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- b. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Rider Term.

18. Any expenses related to intentional self-injury, suicide or attempted suicide.
19. Participation by the Life Assured in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
20. Expenses arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or airforce operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power
21. Expenses arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
 - a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
 - a. b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
 - a. c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
22. Treatment taken outside India
23. Circumcision unless necessary for treatment of an illness or as may be necessitated due to an Accident.
24. All expenses related to donor treatment, including screening, surgery to remove organs from the donor, in case of transplant surgery.
25. Congenital external anomalies or any complications or conditions arising therefrom including any developmental conditions of the Life Assured.
26. Non-allopathic treatment or treatment related to any unrecognized systems of medicine.
27. Any treatment related to sleep disorder or sleep apnea syndrome or general debility convalescence.
28. Deliberate exposure to exceptional danger (except in an attempt to save human life).
29. All preventive care, vaccination including inoculation and immunizations (except in case of post bite treatment) and tonics.
30. Expenses related to any admission, Surgery and treatment primarily due to hormone replacement therapy and any complications arising therefrom
31. Dental, orthodontics, periodontics, endodontics or any preventative dentistry no matter who gives the treatment.
32. Ear or body piercing and tattooing or treatment needed as a result of any of these.

WHAT ARE THE OTHER TERMS & CONDITIONS IN THE RIDER?

1) Free Look Cancellation

a) Cancellation in the Free Look Period

- The Policyholder shall have the option of cancelling the Rider, stating the reasons thereof, by returning the Rider Document to the Company, within 30 days from the date of receipt of the Rider Document in case Policyholder is not agreeable to any Rider terms

and conditions.

- The Rider can be cancelled in the free-look period even if the Base Policy to which it is attached is continued.
- The Rider shall be automatically cancelled if the Base Policy to which it is attached is cancelled.
- If Rider is cancelled along with the Base Policy, on receipt of letter along with original Rider Document, the Company shall arrange to refund the Rider Premiums paid by Policyholder, subject to deduction of the proportionate risk premium for the period on cover and the expenses incurred for medical examination of the proposer (if any) and stamp duty, (if any). This would be in addition to the refund under the Base Policy (if any) as per applicable terms and conditions.
- If Rider is cancelled independently of the Base Policy, then the Rider Premium will be returned, subject to deduction of the proportionate risk premium for the period on cover and the expenses incurred for medical examination of the proposer (if any) and stamp duty, (if any).
- 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.

b) Cancellation after the Free Look Period

- The Rider can be cancelled at any time during the Rider Term. Upon such a cancellation, the Rider will lapse and the surrender value (if any) will be payable as per Surrender Value above.
- The Rider shall be automatically cancelled if the Base Policy to which it is attached is cancelled.

2) Switching of Options

In case the policyholder wants to switch from one Rider option to another, he/she may do so at any premium due date and revised Rider premium shall be calculated as below:

- Regular Pay – The policyholder shall pay revised Rider premium corresponding to the option chosen for the outstanding premium payment term. The cover under the old Rider option expires on the day he switches to the new option.
- Limited Pay / Single Pay – The revised Rider premium shall be calculated based on the outstanding Rider term on the date of adding the new Rider. In addition, in respect of the Rider premiums already paid, there will be a refund of premiums equal to the Total Rider Premiums Paid until the date of switch less the premiums payable under Regular Pay for the covered duration.

3) Alterations

No alterations are permissible under the Rider except change in Frequency of Premium Payment and addition/ removal of Benefit Option.

- If not opted at inception of the Base Policy, the Policyholder may opt for the Rider or any additional Rider option at any Base Policy premium due date. The additional premium for the new option shall be calculated based on the outstanding term on the date of adding the new Rider
- At any Base Policy premium due date, the Policyholder can remove their existing Rider option and choose the other option. For example, if the Policyholder has opted for Option A at inception, he/she may remove Option A and choose Option B at any Base Policy premium due date.

4) Loans

No loans are permissible under this Rider.

5) Assignment and Transfer

- i. This policy may be transferred/assigned, wholly or in part, with or without consideration.
- ii. 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.
- iii. 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.
- iv. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
- v. 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 authorized agents have been delivered to the Insurer.
- vi. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
- vii. 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.
- viii. 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.
- ix. 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.

6) Nomination

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. 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.

9. 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

Section 5 (Assignment or Transfer) and 6 (Nomination) are simplified versions prepared for general information only and hence are not comprehensive. For full texts of these sections please refer to Section 38 and Section 39 of the Insurance Act, 1938 as amended by The Insurance Laws (Amendment) Act, 2015.

7) Prohibition of Rebates: In accordance with Section 41 of the Insurance Act, 1938 as amended from time to time:

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

8) Non-Disclosure: In accordance with Section 45 of the Insurance Act, 1938 as amended from time to time:

1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
2. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.
3. Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.
4. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival

of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

5. 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.

9) This is not a comprehensive list of amendments of Insurance Laws (Amendment) Ordinance, 2014 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Ordinance Gazette Notification dated December 26, 2014 for complete and accurate details.

10) Taxes:

Indirect Taxes

Taxes and levies as applicable shall be levied as applicable. Any taxes, statutory levy 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.

Direct Taxes

Tax 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.

11) A policyholder can now have his life insurance policies in dematerialized form through a password protected online account called an electronic Insurance Account (eIA). This eIA can hold insurance policies issued from any insurer in dematerialized form, thereby facilitating the policy holder to access his policies on a common online platform. Facilities such as online premium payment, changes in address are available through the eIA. Furthermore, you would not be required to provide any KYC documents for any future policy purchase with any insurer. For more information on eIA visit <http://www.hdfclife.com/customer-service/life-insurance-policy-dematerialization>

12) Grievance Redressal Mechanism

You can contact us at any of the below touchpoints in case of any concern:

- Helpline number: 022-68446530 (Call Charges apply) | NRI Helpline number +91 89166 94100 (Call Charges apply)
- E-mail Address: service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only)

You can let us know of your concerns/grievances through any of below options:

- Option 1: Written letter duly signed by the policyholder at any HDFC Life Branch. There is a Grievance Redressal Officer at the respective branch to address the customer's complaint. To know more about branch address and timing's you can visit this link: <https://www.hdfclife.com/contact-us#BranchLocator>

Please note, branches are closed on Sundays, national holidays and region-specific public

holidays.

- Option 2: Write to us from your registered email ID at service@hdfclife.com
- Option 3: Visit us at our website <https://www.hdfclife.com/customer-service/grievance-redressal>

You may refer to the escalation matrix in case there is no response to a grievance within the prescribed timelines.

If you are not satisfied with our response, you may approach the Insurance Ombudsman located in your region.

For more information on our Grievance Redressal Mechanism and the detailed address of the Insurance Ombudsman, please refer Part G of the Base Policy document given to you.

Contact us today

 **To buy: 1800-266-9777** (Toll free)
(Available all days 10 am to 7 pm)

 Visit us at www.hdfclife.com



Category of rider shall be the same as the base product to which it is attached. Life Insurance coverage is available in this product.

This rider shall also be available for sale on the company's website.

Linked insurance products are different from the traditional insurance products and are subject to the risk factors. HDFC Life Insurance Company Ltd. is only the name of the Life Insurance Company and HDFC Life LiveWell Rider - Linked is only the name of the linked insurance contract and does not in any way indicate the quality of the contract, its future prospects or returns.

HDFC Life Insurance Company Limited CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

Registered Office: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai 400 011.

Email: service@hdfclife.com, Tel. No: 022-6844-6530 (Mon-Sat 10 am to 7 pm) Local charges apply.
Website: www.hdfclife.com

The name/letters "HDFC" in the name/logo of HDFC Life Insurance Company Limited (HDFC Life) belongs to HDFC Bank Limited and is used by HDFC Life under a licence from HDFC Bank Limited.

HDFC Life LiveWell Rider – Linked (UIN: 101A036V01) A Linked, Non-Participating, Individual, Pure Risk Premium/Savings, Life/Health Insurance Rider. This version of the product brochure invalidates all previous printed versions for this particular plan. This Product brochure is indicative of the terms, warranties, conditions and exclusions contained in the insurance policy. Please know the associated risk and applicable charges from your insurance agent or the intermediary or policy document of the insurer. ARN:PP/04/25/23118.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS

- IRDAI or its officials do not involve in any activities of insurance business like selling insurance policies, announcing bonus or investment of premiums, refund of amounts.
- Policyholders or the prospects receiving such phone calls are requested to lodge a police complaint.