

Comprehensive financial protection for the whole family.

NEW

HDFC Life Click 2 Protect Supreme

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



99.68% Individual
Claim Settlement Ratio²



Life Cover with
Wellness Benefits³



Special Rates⁴
for Salaried
and Women



Parent Protect
Care⁵

HDFC Life Click 2 Protect Supreme

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



Sar utha ke jyo!

¹ Applicable for all in force policies after a waiting period of 1 year. Please refer to policy documents for Terms & Conditions.

² Individual death claim settlement ratio by number of policies as per audited annual statistics for FY 2024-25.

³ This is an in-built value addition which can be availed through the Life Rewards app. Please refer to policy documents for Terms & Conditions.

⁴ 10% discount on first year premium would be applicable for only Salaried customers, under Regular Pay & Limited Pay. A 15% discount on the base premium rates will be applicable for female lives.

⁵ Option to receive the Death Benefit as lump sum followed by regular payouts through Parent Protect Care.

HDFC Life Click 2 Protect Supreme

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

Securing your family's financial well-being is more crucial than ever. That's why **HDFC Life Click 2 Protect Supreme** is designed to offer comprehensive financial protection for your whole family. This term plan adapts to your evolving lifestyle and life stage needs, ensuring that you and your loved ones remain truly protected.

Key Features

- Option to choose a cover which fits your needs from **3 plan options**
- Get back all premiums paid on survival till maturity with **Return of Premium[^]** option
- Additional amount payable in case of **accidental death^{*}** during policy term
- Provides **Acceleration of Death benefit[^]** on diagnosis of specified terminal illnesses, till age 80 years.
- Option to choose **increasing Death Benefit** up to 200% under Life option B & C variants
- Option to vary your Death Benefit according to your need **under Life Goal** option
- **Waiver of Premium** on diagnosis of Critical Illness (through **WOP CI** option)
- **Waiver of Premium** on Total and Permanent Disability (through **WOP Disability** option)
- Option to choose **Additional Cover for Spouse[^]**
- Option to receive **Death Benefit in Instalments**
- Option to financially protect your parent(s) / grandparent(s) till their survival under **Parent Secure Option[#]**
- Option to receive the Death Benefit as lump sum followed by regular payouts through **Parent Protect Care[#]**

[^]Available under Life & Life Plus plan options

^{*}Available under Life Plus plan option

[#]Available under Life plan option

Eligibility

Plan Option	Life	Life Plus	Life Goal
Min. Age at Entry	18 years		
Max. Age at Entry	84 years	65 years	
Min. Age at Maturity	18 years		23 years
Max. Age at Maturity	85 years		
Min. Policy Term	Single Pay: 1 month		
	Regular Pay: 2 years		Single Pay: 5 years
	Limited Pay: 3 years		Limited Pay: 7 years

Plan Option	Life	Life Plus	Life Goal	
Max. Policy Term	85 years – Age at Entry			
Min. Basic Sum Assured	INR 10,000			
Max. Basic Sum Assured	For Entry age > 65 years: INR 50,000 For all other cases: There is no maximum limit. However, the acceptance of any case is subject to Board Approved Underwriting Policy (BAUP).			
Premium Payment Term	Option / PPT	Regular Pay	Single Pay	Limited Pay
	Life^	Yes	Yes	2 years to any premium payment term(PPT) less than the policy term (PT)
	Life Plus			
	Life Goal	No		
	^ For age at entry greater than 65 years only Single Pay will be allowed			

All ages are expressed as on last birthday. For all ages, risk commences from the date of inception of the contract.

Minimum/Maximum premium will be consistent with Minimum/Maximum Sum Assured. Premium will vary depending on the plan option chosen.

For non-annual modes, premiums paid are calculated as: annual premium multiplied by a conversion factor as given below:

Frequency	Conversion Factor
Half-yearly	0.5100
Quarterly	0.2600
Monthly	0.0875

The product can also be purchased online via company website.

Plan Options

Following options are available under the plan where the premium will vary depending upon the option chosen: –

- 1. Life** – Under this option, the life assured is covered for death benefit during the policy term, which can be accelerated in the case of diagnosis of terminal illness.
- 2. Life Plus** – Under this option, the life assured is covered for death benefit, which can be accelerated in the case of diagnosis of terminal illness. An additional amount will be payable in case of accidental death during policy term.
- 3. Life Goal** – Under this option, the sum assured payable on death would vary with the policy year, in accordance with the 'Level Cover Period' and 'Amortisation Rate' as chosen by the policyholder. The policyholder can choose any one of the above options, 1, 2 & 3 at the outset.

Benefits payable under various plan options:

1. Life Option:

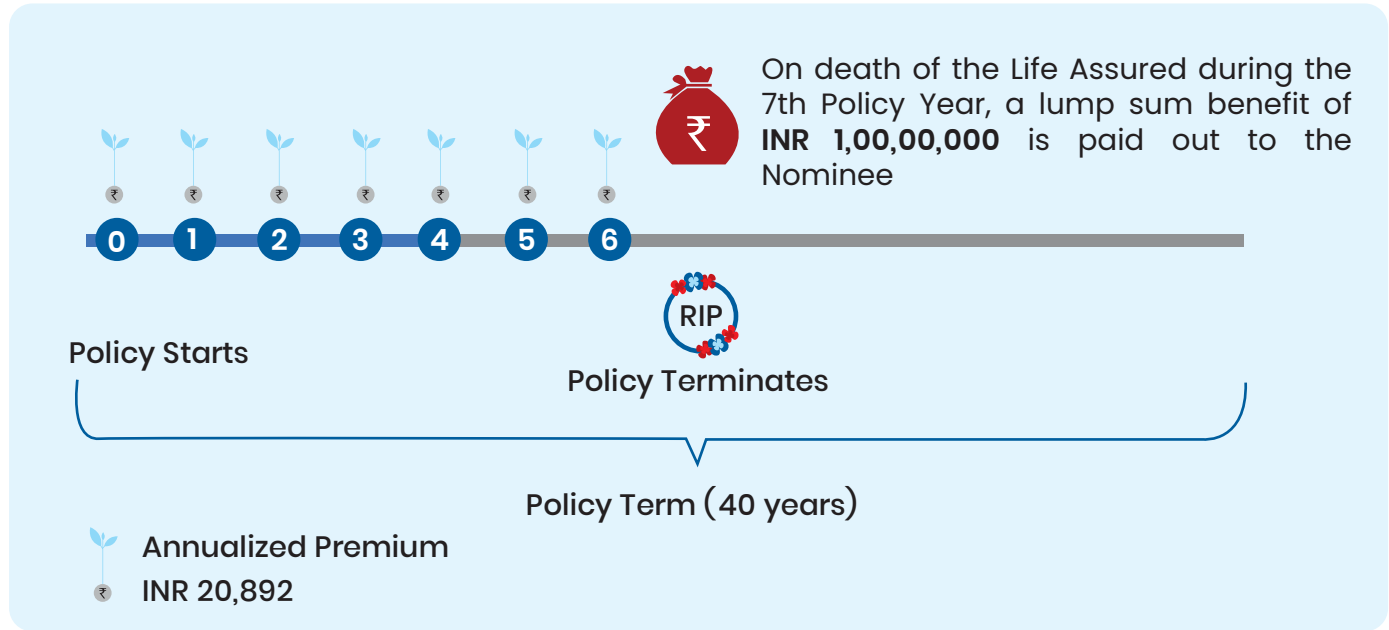
Under this option, the life assured is covered for death benefit during the policy term, which can be accelerated in the case of diagnosis of terminal illness.

The policy could be purchased on a single life basis or Spouse Cover could be opted for as well. For details on the Spouse Cover, please refer to 'Spouse Cover option' section.

Example: Mr. Bansal, a 35 years old gentleman, buys the Option A of Life Option of HDFC Life Click 2 Protect Supreme for a policy term of 40 years, regular pay, and avails a level cover of INR 1,00,00,000 by paying a premium of INR 20,892 annually (excluding taxes).

Mr. Bansal passes away in the 7th policy year. His nominee will receive a lump sum benefit of INR 1,00,00,000.

Total Premiums Paid till the 7th policy year: INR 1,46,244



Death Benefit:

“Death Benefit” is payable as a lump sum if life assured dies during the policy term. It is the higher of:

- Sum Assured on Death × SA Factor applicable in the policy year of death
- 105% of Total Premiums Paid

Sum Assured (SA) Factor will be based on the option chosen by the policyholder:

Option	SA Factor																										
A	Equal to 100% throughout the policy term																										
B	<p>Equal to 100% during the first 5 policy years and then a simple increase of 10% after every 5 years, subject to a cap of 200%:</p> <table><tr><th>Policy Year</th><th>SA Factor</th></tr><tr><td>1 to 5</td><td>100%</td></tr><tr><td>6 to 10</td><td>110%</td></tr><tr><td>11 to 15</td><td>120%</td></tr><tr><td>16 to 20</td><td>130%</td></tr><tr><td>21 to 25</td><td>140%</td></tr><tr><td>26 to 30</td><td>150%</td></tr></table> <table><tr><th>Policy Year</th><th>SA Factor</th></tr><tr><td>31 to 35</td><td>160%</td></tr><tr><td>36 to 40</td><td>170%</td></tr><tr><td>41 to 45</td><td>180%</td></tr><tr><td>46 to 50</td><td>190%</td></tr><tr><td>51+</td><td>200%</td></tr></table>	Policy Year	SA Factor	1 to 5	100%	6 to 10	110%	11 to 15	120%	16 to 20	130%	21 to 25	140%	26 to 30	150%	Policy Year	SA Factor	31 to 35	160%	36 to 40	170%	41 to 45	180%	46 to 50	190%	51+	200%
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51+	200%																										

Option	SA Factor					
C	Equal to 100% in the first policy year and then a simple increase of 5% every subsequent year, subject to a cap of 200%:					
	Policy Year	SA Factor	Policy Year	SA Factor	Policy Year	SA Factor
	1	100%	8	135%	15	170%
	2	105%	9	140%	16	175%
	3	110%	10	145%	17	180%
	4	115%	11	150%	18	185%
	5	120%	12	155%	19	190%
	6	125%	13	160%	20	195%
	7	130%	14	165%	21+	200%

In the event of any claim for Terminal Illness or under any additional options chosen, there will be no further change in SA Factor and the same will remain level throughout the outstanding policy term.

Sum Assured on Death for Single Pay (SP) is the highest of:

- 125% of Single Premium
- Sum Assured on Maturity
- Basic Sum Assured

Sum Assured on Death for Other than Single Pay (Limited Pay and Regular Pay) is the highest of:

- 10 times of the Annualized Premium
- Sum Assured on Maturity
- Basic Sum Assured

Where,

- Annualized Premium is the premium amount payable in a year chosen by the policyholder, excluding taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any.
- Total Premiums Paid are the total of all the premiums received, excluding any extra premium, any rider premium and taxes. Where additional options have been selected, Total Premiums Paid includes premium paid for base option as well as the premium paid for additional options selected.
- Sum Assured on Death is the absolute amount of benefit which is guaranteed to become payable on death of the life assured in accordance with the terms and conditions of the policy or an absolute amount of benefit which is available to meet the health cover.
- Basic Sum Assured is the amount of sum assured chosen by the policyholder.
- Sum Assured on Maturity is the amount which is guaranteed to become payable on maturity of the policy, in accordance with the terms and conditions of the policy.

Terminal Illness Benefit:

Sum Assured on Death, up to a maximum of Rs. 2 Cr. will be accelerated in case of diagnosis of terminal illness during the policy term as mentioned below. In case of diagnosis of terminal illness at ages greater than 80 years, death benefit will not be accelerated.

Upon payment of Terminal Illness benefit:

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

Please note that acceleration of death benefit is not an additional benefit; it only facilitates an earlier payment of death benefit on prior diagnosis of terminal illness.

A life assured shall be regarded as terminally ill only if that life assured is diagnosed as suffering from a condition which, in the opinion of two independent medical practitioners' specializing in treatment of such illness, is highly likely to lead to death within 6 months. The insured must not be receiving any form of treatment other than palliative medication for symptomatic relief. The terminal illness must be diagnosed and confirmed by medical practitioners registered with the Indian Medical Association and approved by the Company. The Company reserves the right for independent assessment.

Maturity Benefit:

On survival until Maturity, Sum Assured on Maturity will be payable, which will be equal to 100 % of the Total Premiums Paid, if Return of Premium option (as defined under additional benefits available under the product) is selected, Nil otherwise.

2. Life Plus Option

Under this option, the life assured is covered for death benefit, which can be accelerated in the case of diagnosis of terminal illness. An additional amount will be payable in case of accidental death during policy term.

The policy could be purchased on a single life basis or Spouse Cover could be opted for as well. For details on the Spouse Cover, please refer to 'Spouse Cover option' section.

Death Benefit:

"Death Benefit" is payable as a lump sum if life assured dies during the policy term. It is the higher of:

- Sum Assured on Death
- 105% of Total Premiums Paid

Sum Assured on Death for Single Pay (SP) is the highest of:

- 125% of Single Premium
- Sum Assured on Maturity
- Basic Sum Assured

Sum Assured on Death for Other than Single Pay (Limited Pay and Regular Pay) is the highest of:

- 10 times of the Annualized Premium
- Sum Assured on Maturity
- Basic Sum Assured

Accidental Death Benefit:

In addition to death benefit as defined above, an amount equal to Sum Assured on Death will be payable in case of accidental death.

In case the event which has caused death due to an Accident occurred during the Policy Term and death occurs after the Policy Term but within 180 days from the date of Accident, the Accidental Death Benefit shall be payable.

Terminal Illness Benefit:

Death benefit would be accelerated on diagnosis of specified terminal illnesses. In case of diagnosis of terminal illness at ages greater than 80 years, death benefit will not be accelerated. Please note that acceleration of death benefit is not an additional benefit; it only facilitates an earlier payment of death benefit on prior diagnosis of terminal illness.

A life assured shall be regarded as terminally ill only if that life assured is diagnosed as suffering from a condition which, in the opinion of two independent medical practitioners' specializing in treatment of such illness, is highly likely to lead to death within 6 months. The insured must not be receiving any form of treatment other than palliative medication for symptomatic relief. The terminal illness must be diagnosed and confirmed by medical practitioners registered with the Indian Medical Association and approved by the Company. The Company reserves the right for independent assessment.

Maturity Benefit:

On survival until Maturity, Sum Assured on Maturity will be payable, which will be equal to 100% of the Total Premiums Paid, if Return of Premium option (as defined under additional benefits available under the product) is selected, Nil otherwise.

3. Life Goal Option

Under this option, the sum assured payable on death would vary with the policy year, in accordance with the 'Level Cover Period' and 'Amortisation Rate' as chosen by the policyholder.

The policyholder can choose:

1. Level Cover Period – This is initial policy year(s) during which life cover would remain level. The Level Cover Periods can be chosen subject to the following conditions:

(a) In case of Limited Pay policies, the Level Cover Period should be at least equal to the PPT.

(b) In case of Limited Pay as well as Single Pay policies, Policy Term less Level Cover Period should be at least equal to 5 years.

2. Amortization Rate – This is the rate at which life cover would reduce post the Level Cover Period. The policyholder can choose any rate between 0% and 20% p.a (both inclusive).

The policy will start with a SA Factor of 100% in the first policy year and at the end of every subsequent policy year it will be calculated as follows:

During Level Cover Period

SA Factor(t) = 100%

Post Level Cover Period – If Amortization Rate is equal to 0%

SA Factor(t) = SA Factor(t-1) – (1 ÷ Reduction Term)

Post Level Cover Period – If Amortization Rate is greater than 0%

SA Factor(t) = SA Factor(t-1) × (1+ Amortization Rate) – Amortization Rate ÷ (1 – 1 ÷ (1 + Amortization Rate) ^ Reduction Term)

Where,

- t = policy year
- Reduction Term = Policy Term - Level Cover Period

A policy will not be issued if the Death Benefit in any policy year falls below the minimum required

The below table gives SA Factors for a few sample cases at the end of every policy year:

<i>Level Cover Period</i>	<i>0 years</i>	<i>5 years</i>	<i>5 years</i>	<i>10 years</i>
<i>Amortization Rate</i>	<i>10%</i>	<i>10%</i>	<i>0%</i>	<i>15%</i>
<i>PPT</i>	<i>Single Pay</i>	<i>Single Pay</i>	<i>5 Years</i>	<i>10 Years</i>
<i>Policy Term</i>	<i>20 years</i>	<i>20 years</i>	<i>20 years</i>	<i>20 years</i>
Policy Year	Example 1	Example 2	Example 3	Example 4
1	98.25%	100.00%	100.00%	100.00%
2	96.33%	100.00%	100.00%	100.00%
3	94.22%	100.00%	100.00%	100.00%
4	91.90%	100.00%	100.00%	100.00%
5	89.34%	100.00%	100.00%	100.00%
6	86.53%	96.85%	93.33%	100.00%
7	83.44%	93.39%	86.67%	100.00%
8	80.03%	89.58%	80.00%	100.00%
9	76.29%	85.39%	73.33%	100.00%
10	72.17%	80.78%	66.67%	100.00%
11	67.65%	75.72%	60.00%	95.07%
12	62.66%	70.14%	53.33%	89.41%
13	57.18%	64.01%	46.67%	82.90%
14	51.16%	57.26%	40.00%	75.41%
15	44.53%	49.84%	33.33%	66.79%
16	37.23%	41.68%	26.67%	56.89%
17	29.21%	32.70%	20.00%	45.49%
18	20.39%	22.82%	13.33%	32.39%
19	10.68%	11.95%	6.67%	17.33%

Death Benefit:

“Death Benefit” is payable as a lump sum if life assured dies during the policy term. It is equal to the Sum Assured on Death, which is calculated as:

Basic Sum Assured × SA Factor applicable in the policy year of death

Maturity Benefit:

NIL

Additional benefits available under the Product:

1) Return of Premium (ROP) Option

If this option is chosen, policyholder will have to pay an additional premium over and above that payable for the base plan and he/she will receive a return of 100% of the Total Premiums paid as

lump sum, upon survival till maturity.

This additional option can be chosen only at policy inception and will be available only where:

- Life Goal Option has not been selected
- All policy terms between 10 and 40 years for Single, Regular and 5 Pay.
- All policy terms between 15 and 40 years for 6, 7, 8, 10 and 12 Pay.
- Policy Term is between 20 and 40 years for Premium Paying Term – 15 years.
- Policy Term is between 25 and 40 years for Premium Paying Term – 20 years.
- Policy Term is between 30 and 40 years for Premium Paying Term – 25 years.

To avail this option, additional premium shall be payable. Once chosen, the policyholder doesn't have the option to opt out of this benefit.

2) Waiver of Premium on CI (WOP CI) Option

If this option is selected, all future premiums payable under the plan will be waived, if the life assured is diagnosed with any of the covered critical illnesses and the life cover, accidental death cover (if applicable) and terminal illness cover (if applicable) continues.

This option can be chosen only at policy inception and will be available only where premium payment term is other than Single Pay.

To avail this option, additional premium shall be payable. Once chosen, the policyholder doesn't have the option to opt out of this benefit.

3) Waiver of Premium on Total and Permanent Disability (WOP Disability) Option

If this additional option is selected, all future premiums payable under the plan will be waived, in case of occurrence of total and permanent disability and the life cover, accidental death cover (if applicable) and terminal illness cover (if applicable) continues.

This option can be chosen only at policy inception and will be available only where premium payment term is other than Single Pay.

To avail this option, additional premium shall be payable. Once chosen, the policyholder doesn't have the option to opt out of this benefit.

4) Spouse Cover Option

If this additional option is selected, then upon the Life assured's death:

- The spouse will get a death benefit cover equal to a chosen percentage of the life assured's basic sum assured for the outstanding policy duration. This chosen percentage shall be subject to the BAUP with a maximum cap of 50%.
- Any future premiums, if payable under the contract, shall be waived off.

How it works!

In the event of unfortunate death of the Life Assured, the sum assured on death will be paid out to nominee. The spouse cover will then start and shall be equal to a chosen percentage of the life assured's basic sum assured, as opted at policy inception. This spouse cover will be in addition to the death benefit payable on the life assured's death. In case of the death of spouse before the death of life assured, the spouse cover will terminate and no additional benefits shall be payable.

Other conditions applicable for this benefit

- This option can be selected only at inception
- This option is not available with Life Goal option
- Life Assured should be married and age difference between Life Assured and spouse should be maximum 10 years

- Availability of this additional option will be subject to the BAUP
- Once opted for, the policyholder doesn't have the option to opt out of this benefit

This additional benefit/coverage will not be paid/granted under the following situations and the policy will terminate:

- In the event of the occurrence of simultaneous death of the life assured and spouse or death of the spouse arising directly or indirectly due to the same event which caused the death of the life insured.
- If the spouse has attained the age of 75 years at the time of death of the life assured.
- In case of death of spouse due to suicide within 12 months from the date of death of life assured
- In case of death of life assured due to suicide within 12 months from the date of commencement of risk of the policy or the date of revival of the policy, whichever is later

To avail this option, additional premium shall be payable.

5) Death benefit as Instalment Option

If this option is selected, the nominee will receive full or part of the death benefit in instalments.

The conditions for choosing this option:

- This option can be chosen by the policyholder at policy inception or by the nominee at the time of claim.
- This option can be opted for full or part of death claim proceeds payable under the policy.
- The instalment can be taken over a chosen period of 5 to 15 years

The instalment shall be paid in advance based on the frequency chosen by the nominee or the policyholder, which can be either yearly, half-yearly, quarterly or monthly. The instalment amount shall be calculated such that the present value of the instalments, using a given interest rate, shall equal the amount of death benefit chosen to be taken as instalments under the policy. This amount shall be a level amount and once chosen by the nominee shall remain fixed over the instalment period.

The interest rate used to compute the instalment amount shall be equal to the annualized yield on 10 year G-Sec (over last 6 months & rounded down to nearest 25bps) less 25 basis points. The interest rate shall be reviewed half-yearly and any change in the interest rate shall be effective from 25th February and 25th August each year. The interest rate shall be revised every time there is a change, as per the above formula. In case of a revision in interest rate, the same shall apply until next revision. The source of 10-year benchmark G-sec yield shall be RBI Negotiated Dealing System-Order Matching segment (NDS-OM).

At any time during the instalment payment phase, the nominee can choose to terminate the instalment payment in exchange for a lump-sum, in which case, the lump-sum payable shall be equal to the discounted value of all the future instalments due. The interest rate used to calculate the discounted value will be that as applicable on date of termination, using the above mentioned formula.

No additional premium is payable for this option.

6) Option to alter premium frequency

The policyholder has the option to alter the premium frequency during the premium payment term.

7) Option to change Premium Payment Term from Regular Pay to Limited Pay

Under this option, the policyholder can choose to convert the outstanding regular premiums into

any limited premiums period available under the product.

Such alterations shall be in accordance with the BAUP and the premium rates under such circumstances shall be charged as filed under the product.

8) Renewability Option at Maturity

At maturity, the policyholder can choose to extend the term of their policy. The additional premium payable for the extended term will be based on the following:

- Attained age at the time of maturity
- The chosen increase in policy term
- The premium rates applicable for renewability shall be guaranteed at policy inception. However, the availability of this option is subject to BAUP.

This option will be available only where:

- Premium payment term is Regular Pay
- Additional Options of Return of Premium (ROP) or Waiver of Premium on CI (WOP CI) or Waiver of Premium on Total and Permanent Disability (WOP Disability) or Spouse Cover have not been selected
- Life Option (Variant A) or Life Plus Option has been selected

Please reach out our policy servicing team at the time of maturity to renew your policy.

9) Life Stage Option

This option will have to be selected at inception. The policyholder may opt to increase the Sum Assured without underwriting on any of the below specified events in the life of the life assured:

- 1st Marriage: 50% of Basic Sum Assured subject to a maximum of Rs. 50 lakhs
- Birth of 1st child: 25% of Basic Sum Assured subject to a maximum of Rs. 25 lakhs
- Birth of 2nd child: 25% of Basic Sum Assured subject to a maximum of Rs. 25 lakhs

This option will be available only where:

- Life Option or Life Plus Option has been opted and is subject to BAUP.
- The Life Assured is less than 45 years of age at the time of the above mentioned events.
- The Life Assured is underwritten as a standard life at policy inception.
- This option can only be exercised within a period of six months from the date of the above specified events.
- An additional premium will be charged for the increase in the Sum Assured.
- The premium rate applicable, for the additional Sum Assured shall be as per the premium table "Incremental". This premium rate shall be based on the age attained and outstanding policy term at the time of the exercise of option. The availability of this option shall be subject to applicable boundary conditions under the product.
- The premium rates applicable shall be those applicable as at policy inception.
- This option shall be available only if no claim has been made under the policy.
- If any rider is attached to the policy and the rider benefit has been paid during the policy term, then this option cannot be exercised.

10) Parent Secure Option

This option will have to be selected at inception. Under this option, the policyholder may opt for death benefit to be payable as instalments to the nominee. The instalment shall be payable as regular payouts till at least one nominee is alive. There can be a maximum of two nominees under this option.

The death benefit as instalments will be payable, for the nominee (s) will be pre-defined by the company as a fixed percentage of the Death Benefit, as specified below:

Entry Age of Nominee	Yearly		Monthly	
	1 Nominee	2 Nominees	1 Nominee	2 Nominees
50 to 64 years	7.00%	6.00%	0.56%	0.48%
65 years & above	8.00%	7.00%	0.64%	0.56%

*Younger nominee age will be considered in case of two nominee.

This option can be chosen only at Policy inception. Once chosen, the Policyholder cannot opt out of this option. This option is available only where:

- Life Option has been selected.
- The nominee can be either your parent (s)/ grandparent (s). In case of two nominees, only both parents / grandparents can be the nominees. The combination of a parent and a grandparent is not permitted.
- Age of each nominee (s) is 50 years or above. In case, two nominees are opted for, the age of younger nominee will be considered
- Policy term is between 15 to 40 years.
- Death benefit as Instalment option has not been selected.
- Parent Protect Care Option, Spouse Cover Option and Life Stage Option have not been selected.

In case of death of nominee (s) before Life Assured & death of Life Assured occurs during policy term, then Death Benefit as lump sum will be payable to legal heir of Life Assured.

The payout will cease on the death of nominee (s). In case of any change in nominee, this option shall immediately terminate.

The instalment will be paid in advance at yearly or monthly frequency, as specified by the Policyholder. The instalment amount will be calculated basis the age of the nominee(s), Death Benefit and number of nominee(s) chosen. The instalment frequency cannot be altered during the policy term.

At any time during the instalment payment phase, the nominee cannot terminate the instalment payment in exchange for a lump sum.

No additional Premium is payable for this option.

11) Parent Protect Care

Under this option, the policyholder may opt for Death Benefit to be payable as an immediate lump sum followed by regular payouts subject to the conditions below:

- The proportion of Death Benefit to be received as an immediate lump sum and as regular payouts has to be chosen at policy inception.
- The regular payouts shall be a fixed percentage of Balance Death Benefit, where the Balance Death Benefit shall be calculated as Death Benefit less immediate lump sum already paid. The proportion for regular payouts has to be at least 20%.
- The regular payouts shall be payable till at least one nominee is alive. For regular payouts, incase of death of one nominee the surviving nominee shall receive the regular payout at the guaranteed rate chosen at inception.
- The regular payouts are payable in advance at the frequency selected by the policyholder at inception, which can be yearly or monthly.

The regular payouts shall be a fixed percentage of balance Death Benefit, where the balance Death Benefit shall be calculated as Death Benefit less immediate lump sum already paid. The regular payout amount will be calculated basis the age of the Nominee (s), Death Benefit and number of Nominee (s) chosen. The regular payouts shall be pre-defined by the company as a fixed percentage of the Death Benefit cified below:

Entry Age of Nominee	Yearly		Monthly	
	1 Nominee	2 Nominees	1 Nominee	2 Nominees
50 to 64 years	5.00%	4.00%	0.40%	0.32%
65 years & above	6.00%	5.00%	0.48%	0.40%

*Younger nominee age will be considered in case of two nominee.

This option is available only where:

- Policyholder has chosen this option at inception
- Life Option has been selected.
- The nominee(s) entitled to receive regular payouts is either parent(s)/grandparent(s) of the Life Assured.
- The nominee(s) for lump sum is either parent(s)/grandparent(s)/ anyone with insurable interest of the Life Assured.
- Age of each nominee entitled to receive the regular payouts is at least 50 years in age
- Policy term is between 15 to 40 years.
- Death benefit as Instalment option, Spouse Cover Option, Life Stage Option and Parent Secure options have not been selected. There are a maximum of 3 nominees. (2 nominees for instalments and 1 nominee for lump sum).
- In case of any change in nominee for instalment, this option shall immediately terminate.
- At any time during the instalment payment phase, the nominee(s) cannot terminate the instalment payment in exchange for a complete lump sum.
- Once chosen, the policyholder doesn't have the option to opt out of this benefit.

In case death of nominee (second death in case of 2 nominee) occurs before the death of Life Assured during the policy term then Death Benefit as lump sum will be payable to legal heir of Life Assured.

In case of death of nominee (second death in case of 2 nominee) after death of Life Assured, if the total benefit paid till date of death of nominee (second death in case of 2 nominee) is less than the Death Benefit, then the balance amount) shall be paid to the legal heir of the Life Assured.

The regular payout will be paid in advance at yearly or monthly frequency, as opted by the Policyholder.

No additional Premium is payable for this option.

12) Immediate Payout on Claim Intimation

In case of death of the life assured, post completion of waiting period of 1 policy year, from the risk commencement date or revival of the policy and provided the policy is in force, upon receipt of intimation of death claim (along with the required supporting documents as may be specified from time to time) an accelerated instant Death Benefit shall be payable within 1 (one) working day from the claim registration date as gesture to provide interim support.

The payout shall be basis the Basic Sum Assured chosen at inception and shall be as follows:

Basic Sum Assured	Payout amount
INR 1 to < 2 Crores	INR 2 lacs
INR 2 Crores and above	INR 5 lacs

The remaining sum assured shall be payable post the completion of the claim investigation. The acceleration of immediate claim payout benefit should not be interpreted as acceptance of the claim, the company reserves the right to repudiate/reject upon complete evaluation of claim. Further, in case of any discrepancy in the claim investigation resulting in the final decision of non-payment of the claim, the Company reserves the right to recover the already paid amount. In the event of death of the life insured during the premium break benefit the Company will first deduct the deferred amount from above applicable accelerated death benefit and pay the balance, if any.

Please refer the Policy Document for complete details on the submission of supporting documents for immediate payout on claim intimation.

13) Premium Break Benefit

If the policy has completed at least five (5) policy years from the risk commencement date and all the due premiums have been received in full and the policy is in force, then, the policyholder upon submitting a prior written request to the Company at least 30 days (15 days in case of monthly mode) before the next policy anniversary, the policyholder shall be allowed to have a premium break benefit under the policy for a period extending up to 12 months from the due date of first unpaid premium ("premium break benefit period").

During this premium break benefit period, the premium (including any additional premium for the other inbuilt benefits, any underwriting extra premium, loadings for modal premiums, applicable taxes, cesses and levies, etc. if any) due and payable for the said period shall be deferred ("deferred amount") but the risk cover under the policy shall continue as per the terms and conditions of the policy. In case of any claim under the policy on the happening of any insured event during this period, the Company shall pay the eligible claim under the policy after deducting all the deferred Amount.

This benefit option is available subject to the following conditions:

- The policyholder shall be required to submit a written request at least 30 days (15 days in case of monthly premium paying mode and 30 days in case of other modes) in advance each time, the policyholder intends to opt for the above benefit. If a premium (including applicable taxes, cesses and levies, etc. if any) remains unpaid with no prior request, the policy, shall be subject to the lapse at the end of the grace period, subject to the terms and conditions as stated in Part D of the Policy Document.
- If the policyholder exercises the premium break benefit in the last 5 policy years, then the next premium break benefit shall not be allowed.
- The premium break benefit shall not be available during the last policy year of the premium payment term.
- The benefit is available to all premium payment terms except single pay.
- This benefit is applicable for the base policy and rider policy, if any
- The policyholder shall pay the deferred amount at the end of or during the premium break benefit period to ensure continuance of the risk cover under the policy.
- In case the above outstanding amounts are not paid within 30 days (15 days in case of

monthly premium paying mode and 30 days in case of other modes) of the commencement of the next policy year after expiry of the premium break benefit period, the policy shall be subject to the terms and conditions as stated in Part D of the Policy Document. Further, the Company shall be entitled to recover the deferred amount from the benefits payable under the policy from the policyholder.

- During the above premium break benefit period, the policyholder may surrender the policy anytime, however, payments by the Company, if any, shall be first adjusted towards the deferred amount.
- No additional premium is payable for this option.

14) Health management and well-being services

As the life assured, you can avail a carefully curated suite of inbuilt Health Management & Wellbeing Services aimed at supporting you from prevention and diagnosis to treatment and recovery. Provided the policy is in-force, you can enjoy these inbuilt benefits seamlessly via our Life Rewards app

These services are optional services offered to the Life Assured or nominee, where applicable. The 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
1. In case Life Assured and Policyholder are different, services will be available to Life Assured only
 2. These Services are offered at no additional cost
 3. Service Availability:
 - These services shall be directly provided by the service providers with no participation of the company.
 - The services are being provided by third-party service provider/s, and the company shall not be liable for any liability.
 - The company reserves the right to change the service provider/s at any time.
 - The services shall be accessible for a fixed duration as defined by the Company, or for the policy term, whichever is lower.
 - Policy should be in-force/fully paid
 - After completion of free look of 30 days
 4. Eligibility and Communication:

Eligibility for services is determined based on the Company's prevailing Underwriting Policy and may be periodically reviewed. Any withdrawal or modification of services will be communicated to policyholders.
 5. Fraudulent Activity
 - 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.
 - 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.
 - In the event of any fraudulent activity being carried out, 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.

- Any fraud or misrepresentation identified will cease Health Management & Wellbeing Services

For ongoing health concerns, we always recommend consulting directly with a Medical Practitioner.

Non Payment of Premiums

Grace Period is the time provided after the premium due date during which the policy is considered to be in-force with the risk cover. This plan has a grace period of 30 days for yearly, half yearly and quarterly frequencies from the premium due date. The grace period for monthly frequency is 15 days from the premium due date.

Should a valid claim arise under the policy during the grace period, but before the payment of due premium, we shall still honor the claim. In such cases, the due and unpaid premium for the policy year will be deducted from any benefit payable.

Paid-Up

A policy will acquire a paid-up value only:

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

In all other cases, the policy lapses on premium discontinuance without any paid-up value.

If a policy has acquired paid-up value and stops paying premiums:

(i) Death benefit shall be the highest of:

- $\text{Sum Assured on Death} \times \text{SA Factor}^{\wedge} \times (\text{Total Premiums Paid} \div \text{Total Premiums Payable})$
- 105% of Total Premiums Paid

\wedge Where SA Factor is:

The SA Factor applicable in the policy year of death where Life Option has been chosen
Equal to 1 in all other cases

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

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

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

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

(iv) Surrender benefit shall be calculated as shown below.

Surrender / Unexpired Risk Premium Value

Where Return of Premium Option has been selected

Guaranteed Surrender Value (GSV) gets acquired immediately upon payment of premium in case of Single Pay and upon payment of premiums for at least 2 years in case of Limited Pay/Regular Pay.

The Company may pay a surrender value higher than the GSV in the form of a Special Surrender Value (SSV).

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

Surrender Value will be the higher of Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV). Where,

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

SSV shall be calculated as the expected present value of:

- i) Paid-up guaranteed future benefits on death, 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 discount rates shall be reviewed at least once annually and in case of any significant movement in the yields. The revised discount rates shall apply to all policies including the policies already sold.

Where Return of Premium Option has not been selected

Policy cancellation value (i.e. Unexpired Risk Premium value) gets acquired immediately upon payment of premium in case of Single Pay and upon payment of premiums for at least 1 full year and after completion of first policy year in case of Limited Pay. In all other cases, the policy lapses on premium discontinuance without any value.

Policy cancellation value (if acquired) shall be payable:

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

The amount payable will be as below:

$\text{PCV Factor} \times \text{Total Premiums Paid}^1 \times \text{Unexpired Policy Term}^2 \div \text{Original Policy Term}$

Where, PCV Factor is as follows:

Policy Year	PCV Factor
During PPT or if all due premiums have not been paid	30%
Post PPT if all due premiums have been paid	50%

¹ If the policyholder has exercised the option to change premium payment term, Total Premiums Paid will include premiums paid only from the date of converting to Limited Pay and Original Policy Term will be the outstanding policy term on the date of converting to Limited Pay.

² Unexpired Policy Term shall be calculated on the earlier of date of surrender and the date till which premiums have been paid.

Smart Exit Benefit:

The policyholder has an option to receive Smart Exit Benefit, equal to Total Premiums Paid** under the policy. No additional premium is payable to avail this option.

This option can be exercised by cancelling the policy subject to the following conditions:

- This option can be exercised in any policy year greater than 25, but not during the last 5 policy years.
- The policy has to be in-force at the time of exercising this option.
- This option shall not be available where:
 - Life Goal option has been selected
 - Where Return of Premium option has been selected

** If the policyholder has exercised the option to change premium payment term, Total Premiums Paid will include premiums paid only from the date of converting to Limited Pay.

Revival

Yes, If the Policy has been discontinued due to the non-payment of Premium, it may be revived/

restored by the Insurer with all the benefits mentioned in the Policy document, with or without rider benefits, if any, upon the receipt of all the Premiums due and other charges/late fee, if any, during the revival period, as per the terms and conditions of the Policy, upon being satisfied as to the continued insurability of the insured/Policyholder on the basis of the information, documents and reports furnished by the Policyholder; in accordance with Board approved Underwriting Policy. The current rate of interest is 9.5% p.a.

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

The revival interest shall be reviewed half-yearly and it will be reset to: Average Annualized 10-year benchmark G-Sec Yield (over last 6 months & rounded up to the nearest 50 bps) + 2%. The change in revival rate shall be effective from 25th February and 25th August each year. Any change on basis of determination of interest rate for revival will be done only after prior approval of the Authority.

Once the policy is revived, you are entitled to receive all contractual benefits.

Riders

We offer the following Rider options (as modified from time to time) to help you enhance your protection:

Rider	UIN	Scope of Benefits**
HDFC Life Income Benefit on Accidental Disability Rider – Non Linked	101B041V01	It is a Non-Linked, Non- Participating/ Participating, Pure risk premium, Individual Life rider. A benefit equal to 1% of Rider Sum Assured per month for the next 10 years, in case of an Accidental Total Permanent Disability. There is no maturity benefit available under this rider.
HDFC Life Protect Plus Rider – Non Linked	101B040V01	It is a Non-Linked, Non- Participating/ Participating, Pure risk premium, Individual Life/Health rider. A benefit as a proportion of the Rider Sum Assured shall be payable in case on accidental death or partial/total disability due to accident or if you are diagnosed with cancer as per the option chosen under this rider. No maturity benefit is payable under this rider.

Rider	UIN	Scope of Benefits**
HDFC Life Health Plus Rider – Non Linked	101B031V02	<p>It is a Non-Linked, Non-Participating/ Participating, Pure risk premium, Individual Health rider.</p> <p>A lump sum benefit equivalent to Rider Sum Assured shall be payable on diagnosis of any of the covered 60 Critical Illnesses or benefit as a proportionate of the Rider Sum Assured shall be payable on diagnosis of Early Stage Cancer / Major Cancer depending on the option chosen. No maturity benefit is payable under this rider.</p>
HDFC Life LiveWell Rider – Non Linked	101B033V01	<p>It is a Non-Linked, Non-Participating/ Participating Individual Pure Risk Premium/ Savings, Life/Health Insurance Rider.</p> <p>Get Lump Sum benefit equivalent to Rider Sum Assured on death/terminal illness/ accidental death/Hospitalisation or benefit as a proportionate of the Rider Sum Assured on disability due to Accident/undergoing any listed surgery or get waiver of future Premium(s) of the base policy on death/Terminal Illness of the life assured, depending on the plan option chosen.</p>

**For all details on Riders, kindly refer to the Rider Brochures available on our website.

Riders will be offered along with the options mentioned in the following table:

Name of the Rider		Life	Life Plus	Life Goal
HDFC Life Income Benefit on Accidental Disability Rider – Non Linked		Yes		
HDFC Life Protect Plus Rider – Non Linked	Option A: Personal Accident Cover	Yes	No	Yes
	Option B: Accidental Death Cover			
	Option C: Cancer Cover			
HDFC Life Health Plus Rider – Non Linked	Option A: Comprehensive CI Cover	Yes		
	Option B: Cancer Cover			
HDFC Life LiveWell Rider – Non Linked	Option A: Death Cover Option B: Accidental Death Cover Option C: Personal Accident Cover Option D: Policy Continuance Cover	Yes		

Name of the Rider		Life	Life Plus	Life Goal
	Option E: Daily Hospitalisation Cash & Surgical Care Cover		Yes	

In case of Life Goal option, riders shall be offered during Level Cover Period only. For all other options, the rider PT and PPT shall be consistent with the base policy's PT and PPT. Riders will not be offered if the policy term/premium payment term of the rider exceeds outstanding policy term/premium payment term under the base policy.

While attaching riders to the base option(s) under the product, it will be ensured that there is no overlap in benefits offered under different riders & base product. In case of an overlap, the rider(s) shall not be attached.

Terms and Conditions

We recommend that you read and understand this product brochure & customized benefit illustration and understand what the plan is, how it works and the risks involved before you purchase.

A) Risk Factors:

(1) HDFC Life Insurance Company Limited is the name of our Insurance Company and "HDFC Life Click 2 Protect Supreme" is the name of this plan. The name of our company and the name of our plan do not, in any way, indicate the quality of the plan, its future prospects or returns.

(2) Please know the associated risks and the applicable charges, from your Insurance agent or the Intermediary or policy document issued by insurance company.

B) Exclusions

a. Suicide Exclusion

In case of death due to suicide within 12 months from the date of commencement of risk under the policy or from the date of revival of the policy, as applicable, the nominee or beneficiary of the policyholder shall be entitled to at least 80% of the total premiums paid till the date of death or the surrender value available as on the date of death whichever is higher, provided the policy is in force.

b. Age Admitted

The Company has calculated the Premiums under the Policy on the basis of the age of the Life Assured as declared in the Proposal. In case You have not provided proof of age of the Life Assured with the Proposal, you will be required to furnish such proof of age of the Life Assured as is acceptable to us and have the age admitted. In the event the age so admitted ("Correct Age") during the Policy Term is found to be different from the age declared in the Proposal, without prejudice to our rights and remedies including those under the Insurance Act, 1938, as amended from time to time we shall take one of the following actions (i) if the Correct Age makes the Life Assured ineligible for this Policy, we will offer him suitable plan as per our underwriting norms. If you do not wish to opt for the alternative plan or if it is not possible for us to grant any other plan, the Policy will stand cancelled from the date of issuance and the Premiums paid under the Policy will be returned subject to the deduction of expenses incurred by the Company and the Policy will terminate thereafter; or (ii) if the Correct Age makes the Life Assured eligible for the Policy, the difference between the revised Premium, as per the Correct Age and the original Premium, with interest, will be due on the next Policy Anniversary date and the revised Premium will continue for the rest of the Premium Payment Term. The provisions of Section 45 of the Insurance Act, 1938 as amended from time to time shall be applicable.

c. Exclusions for Accidental Death benefit

Additional Accidental Death benefit will not be payable, if death is caused directly or in-directly from any of the following:

- Any claim for death of the insured person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- Any claim for death of Insured Person
 - o from intentional self-injury unless in self-defense or to save life, suicide or attempted suicide.
 - o whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication.
 - o whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world. [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;]
 - o arising or resulting from the Insured Person committing any breach of law with criminal intent.
- Any claim for death of Insured Person 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.
- Any claim resulting or arising from or any consequential claim directly or indirectly caused by or contributed to or arising from:
 - o Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
 - o Nuclear weapons material
 - o The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - o Nuclear, chemical and biological terrorism
- Any claim arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.

d. Exclusions for WOP Disability Options

We shall not be liable to make any payment under this Policy towards the TPD benefit, directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

- Pre-existing Disease means any condition, ailment, Injury or disease / Critical Illness / disability:
 - o That is/are diagnosed by a physician within 36 months prior to the Risk commencement date of the Policy issued by the insurer or its reinstatement; or
 - o For which medical advice or treatment was recommended by, or received from, a Physician

36 months Prior to the Risk commencement date of the Policy issued by the insurer or its reinstatement.

Coverage under the Policy after the expiry of 48 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

- Any disability caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner.
- Any disability caused due to intentional self-Injury, suicide or attempted suicide, whether the person is medically sane or insane.
- Any disability, caused by or arising from 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), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
- Service in any military, air-force, naval, paramilitary or similar organization.
- Any disability caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- Working in underground mines, tunneling or involving electrical installations with high tension supply, or as race jockeys or circus personnel.
- Congenital External Anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured.
- Any disability caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, 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 and selfie Accidents.
- Participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- Any disability, caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any disability due to miscarriages (unless due to an Accident) and lawful medical termination of pregnancy during the Policy period.
- Any disability, caused by any unproven / experimental treatment, service and supplies for or in connection with any treatment. Unproven / experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- Any disability based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.
- Any disability, caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
- Any disability caused due to cosmetic or plastic surgery or any treatment to change the 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 insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
- Any disability, caused due to surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the Doctor
 - b. The Surgery/Procedure conducted should be supported by clinical protocols

- c. The member has to be 18 years of age or older and
- d. Body Mass Index (BMI):
 - o greater than or equal to 40 or
 - o 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 despite optimal therapy
- Any disability caused due to 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 reason.
- Any disability, caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- In the event of the death of the Insured Person within the stipulated survival period.
- Any disability, caused by sterility and infertility. This includes:
- Any type of contraception, sterilization
- Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- Gestational Surrogacy
- Reversal of sterilization

Waiting Period

There is a waiting period of 90 days from the Policy Risk Commencement Date or revival of cover. In case the insured event happens during this period, no benefit shall be payable.

Waiting period is not applicable for claims occurring solely due to an Accident. However, the permanency of the disability needs to be established for the claim to be payable due to Disability caused due to Accident.

e. Exclusions for WOP CI Option

- Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;
- Any Pre-existing Disease or any complication arising there from.
- 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 Policy issued by the insurer or its reinstatement; or
 - b. For which medical advice or treatment was recommended by, or received from, a Physician within 36 months Prior to the Risk commencement date of the Policy issued by the insurer or its reinstatement
- Coverage under the Policy 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 us.
- Any Critical Illness caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,
- Any Critical Illness caused due to intentional self-Injury, suicide or attempted suicide
- Any Critical Illness caused by or arising from 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), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;

- Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- Congenital External Anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured;
- Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, 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
- Participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an Accident) and lawful medical termination of pregnancy during the Policy period.
- Any Critical Illness caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.
- Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
- Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the 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 insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
- Any Critical Illness caused due to surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the Doctor
 - b. The Surgery/Procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and
 - d. Body Mass Index(BMI):
 - o greater than or equal to 40 or
 - o 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
- Any Critical Illness caused due to 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 reason.
- Any Critical Illness caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

- In the event of the death of the Insured Person within the stipulated survival period.
- Any Critical Illness caused by sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization

Waiting Period

An initial waiting period of 90 days applies from the Policy risk commencement date, or Policy revival date, as the case may be. No waiting period applies for Critical Illness claims arising solely due to an Accident.

Survival Period

A 15-day survival period is applicable. This refers to the period from the diagnosis and fulfilment of the defined conditions covered which the Life Assured must survive for the benefit to be paid.

Claim payment will only be made if confirmatory diagnosis of the conditions covered is received by the Company while the insured is alive (i.e., a claim would not be admitted if the diagnosis is made post-mortem).

C) Tax Benefits

Tax benefits under this plan may be available. Premiums paid by an individual or HUF under this plan and the benefits received from this policy may be eligible for tax benefits as per the applicable sections of the Income Tax Act, 1961, as amended from time to time.

You are requested to consult your tax advisor for advice on Tax Benefits.

D) Cancellation in the Free-Look period:

In case as the policyholder you disagree to any policy terms and conditions under this product, you have the option of returning the policy to us stating the reasons thereof, within 30 days from the date of receipt of the policy, whether received electronically or otherwise as per IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024, as modified from time to time. On receipt of the letter along with the original policy document (original Policy Document is not required for policies in dematerialised or where policy is issued only in electronic form), we shall refund the premium, subject to deduction of the proportionate risk premium for the period on cover, expenses incurred on medical examination of the proposer and stamp duty charges.

E) An underwriting extra premium may be charged in case of Sub-standard lives and Smokers as per our prevalent Underwriting policy.

F) Policy Loan:

No Policy Loans are available under this product.

G) Nomination as per Section 39 of the Insurance Act 1938 as amended from time to time:

- (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.
- H) Assignment as per Section 38 of the Insurance Act 1938 as amended from time to time:
- (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 authorized 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) 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.
- (9) 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.

Section G (Nomination) and H (Assignment or Transfer) 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.

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

- (1) 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.
- (2) 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.

J) 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.

K) In case of fraud or misstatement including non-disclosure of any material facts, the Policy shall be cancelled immediately and the Surrender Value shall be payable, subject to the fraud or misstatement being established in accordance with Section 45 of the Insurance Act, 1938, as amended from time to time.

L) 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.

M) 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.

N) 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>.

O) 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 still 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 policy document given to you.

Contact us today

- | | |
|---|---|
|  | To buy: 1800-266-9777 (Toll free)
(Available all days 10am to 7pm) |
|  | Visit us at www.hdfclife.com |



Sar utha ke jiyo!

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IRDAI Registration No. 101.

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

Email: service@hdfclife.com, Tel. No: 022-68446530. Available Mon-Sat 10 am to 7pm (Local charges apply).
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HDFC Life Click 2 Protect Supreme (UIN:101N183V01) is a Non-Linked, Non-Participating, Individual, Pure Risk Premium/ Savings Life Insurance Plan. Life Insurance Coverage is available in this product.

HDFC Life Income Benefit on Accidental Disability Rider – Non Linked (UIN: 101B041V01) is a Non-Linked, Non- Participating/Participating, Pure risk premium, Individual Life rider.

HDFC Life Protect Plus Rider – Non Linked (UIN: 101B040V01) is a Non-Linked, Non- Participating/Participating, Pure risk premium, Individual Life/Health rider.

HDFC Life Health Plus Rider – Non Linked (UIN: 101B031V02) is a Non-Linked, Non- Participating/Participating, Pure risk premium, Individual Health rider.

HDFC Life LiveWell Rider – Non-Linked (UIN: 101B033V01) is a Non-Linked, Non-Participating/ Participating, Individual, Pure Risk Premium/Savings, Life/Health Insurance Rider.

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: MC/08/25/25783.

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