A life and health insurance plan that gives your family all-round protection

New Click2Protect Health from HDFC Life and ApolloMunich

Life & Health cover of ₹ 50 Lakh & ₹ 3 Lakh respectively @ ₹ 860 per month

Discount on combined premium 5%  Option of Lifelong cover  Tax benefit up to ₹ 63,345/-

under section 80C & 80D

1. Premium rates for age - 30 years, Male, Non Smoker, Annual mode, regular pay, exclusive of taxes & inclusive of 5% discount. Protection - Life Option - ₹ 4,728, Sum Assured - ₹ 50 Lakh, Policy Term - 30 years. Health - Individual Option - ₹ 5,593, Sum Assured - ₹ 3 Lakh, Policy Term - Life Long Renewal, Applicable for NCR & Mumbai. Metropolitan region only. Total annual premium = ₹ 10,321, monthly premium (₹ 10,321/12 = ₹ 860 (rounded off)).

2. Discount of 5% on annual premiums paid towards both Life & Health will be offered. If Customer decides to opt out of one of the products, the discount, if any, shall not be available to the Customer going forward.

3. Available with Life Long Protection or 3D Life Long Protection options (under Protection Category). Subject to policy being in force.

4. Calculated on highest tax bracket i.e. ₹ 46,350/- under Sec. 80C (Life Insurance Plan) and ₹ 16,995/- under Sec. 80D (Health Insurance Plan). As per Section 80CCE, the aggregate amount of deduction under Sec. 80C, 80CCC and 80CCD(1), shall not in, any case, exceed ₹ 1,50,000/-. The above mentioned tax benefits are subject to changes in tax laws. These calculations are illustrative and based on our understanding of current tax legislation. Above figures are calculated for a salaried employee at the highest tax bracket. Please contact your tax consultant for an exact calculation of your tax liabilities.
When it comes to safeguarding your family’s overall well-being, you leave nothing to chance. Be it protecting your own and your family’s health or ensuring a secure financial future for your loved ones, even when you are not around.

To assist you, HDFC Life and Apollo Munich Health Insurance have joined hands to bring you the benefits of health and life insurance in a comprehensive and affordable Click 2 Protect Health. So nothing comes in the way as you and your family lead a life of pride.

**WHAT ARE THE KEY FEATURES AVAILABLE?**

**Protection**
- Provide financial protection to you and your family at an affordable cost
- Customize your plan with a choice of 9 plan options
- All future premiums are waived on Accidental Total Permanent Disability (Available under all options) and on diagnosis of Critical Illness (available under 3D Life & 3D Life Long Protection options).
- Protect yourself for whole of life with lifelong protection options
- Flexibility to choose your policy and premium payment terms
- Life Stage Protection feature offers to increase insurance cover on certain key milestones without medicals
- Flexibility to increase your cover every year through top-up option
- Special premium rates for female lives
- Attractive premium rates for non-tobacco users
- Tax benefits* under section 80C and 10 (10 D) as per prevailing tax laws

**WHAT ARE THE ELIGIBILITY CONDITIONS?**

<table>
<thead>
<tr>
<th>Eligibility Criteria</th>
<th>Protection</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Options except Life Long Protection Option &amp; 3D Life Long Protection Option</td>
<td>Life Long Protection Option &amp; 3D Life Long Protection Option</td>
</tr>
<tr>
<td>Min Age at Entry</td>
<td>18 years</td>
<td>25 years</td>
</tr>
<tr>
<td>Max Age at Entry</td>
<td>65 years</td>
<td>60 years</td>
</tr>
<tr>
<td>Min Policy Term</td>
<td>5 years</td>
<td>Whole of Life</td>
</tr>
<tr>
<td>Max Policy Term</td>
<td>40 years</td>
<td>1 year or 2 year period (sum insured &amp; benefits will applicable on policy year basis)</td>
</tr>
<tr>
<td>Premium Payment Mode</td>
<td>Single Pay¹, Regular Pay, Limited Pay: 5 years to 39 years</td>
<td>Limited Pay: (65 - Age at Entry)</td>
</tr>
<tr>
<td>Premium Payment Frequency</td>
<td>Single, Annual, Semi-Annual, Quarterly, Monthly</td>
<td>Annual, Semi-Annual, Quarterly, Monthly</td>
</tr>
<tr>
<td>Min Age at Maturity</td>
<td>23</td>
<td>Whole of Life</td>
</tr>
<tr>
<td>Max Age at Maturity</td>
<td>75</td>
<td>Life Long on continuous Renewals</td>
</tr>
<tr>
<td>Min- Max Sum Assured/Insured</td>
<td>₹ 10,00,000-No Limit (Subject to Board Approved Underwriting Policy)</td>
<td>3 Lakh/5 Lakh/10 Lakh/15 Lakh/20 Lakh/25 Lakh/50 Lakh</td>
</tr>
</tbody>
</table>

¹ Single Pay Option is not available under 3D Life option.
* Tax benefits are subject to change from time to time

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Health
- **Restore benefit**– A unique benefit that automatically reinstates the basic sum insured in case you exhaust it in a policy year.
- **Multiplier benefit**– We will increase your basic sum insured by 50% for every claim free year up to 100% of basic sum insured.
- **Stay Active benefit**– Now with Stay Active benefit, simply walk your way to good health and earn up to 8% discount on your renewal premium.
- **Preventive Health Check-up**– This Policy helps you keep track of your health status with its preventive health check up benefit offered at renewal irrespective of claim status.
- **Lifelong renewal**– Offers lifelong coverage on continuous renewal and stay covered forever.
- **No sub-limit on room rent**– With this health plan you can get the room you like and the treatment you deserve without a hassle.
- **Cashless transaction**– Policy enables you to get treated on a cashless basis across 4500 + network hospitals in over 830 cities.
- **No geography based sub-limits**– No matter where you buy your policy you can get treated in any city or hospital you like in the country with no additional co pays or sub-limits.
- **No claim based loading**– We will never load your renewal premium because you claimed or fell ill after taking our policy.
- **Quick turnaround time**– You don’t have to worry about claim pre-authorization, 90% of pre authorization is done within 2 hours.
- **Quick claim payment**– When it comes to claim settlement, we’re one of the fastest in the industry to honor every genuine claim.
- **Easy upgrade**– This health plan also comes with an easy upgrade option. You can upgrade your cover to the next slab at the time of your policy renewal.
- **You can avail tax benefits for the premium amount under Section 80 D of the Income Tax Act**.
Children between 91 days and 5 years can be insured provided either parent is getting insured under this policy.

This policy can be issued to an individual and/or family. A maximum of 6 members can be added in a single policy, whether on an individual or family floater basis.

The policy offers option of covering on individual sum insured basis and on family floater basis.

The family includes following relationships - spouse, dependent children and dependent parents and dependent in laws.

In a family floater policy, a maximum of 2 adults and a maximum of 5 children can be included in a single policy. The 2 adults can be a combination of self, spouse, father, father-in-law, mother or mother-in-law.

In a family floater plan the age of the eldest member will be considered while computing the premium.

In an individual policy, a maximum of 4 adults and a maximum of 5 children can be included in a single policy. The 4 adults can be a combination of self, spouse, either set of parents or parents-in-law.

The Sum Insured of the dependent insured members should be equal to or less than the sum insured of the primary insured member. In case where two or more children are covered, the sum insured for all the children must be the same. Sum insured of dependent parents must be the same.

7.5% Discount on premium if Insured Person is paying premium of 2 years in advance.

Minimum Premium is as mentioned below:

<table>
<thead>
<tr>
<th>Option</th>
<th>Region</th>
<th>Minimum Premium Per Instalment (exclusive of taxes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Rest of India</td>
<td>Rs. 5,119</td>
</tr>
<tr>
<td></td>
<td>National Capital Region &amp; Mumbai metropolitan region</td>
<td>Rs. 5,887</td>
</tr>
</tbody>
</table>

Premium rates are available on website of both the companies. Please speak to our authorized representative for more details.

Click 2 Protect Health has both protection and health benefits.

The following plan options are available under Life Insurance Coverage.
1. Life Option
2. 3D Life Option
3. Extra Life Option
4. Income Option
5. Extra Life Income Option
6. Income Replacement Option
7. Return of Premium Option
8. Life Long Protection Option
9. 3D Life Long Protection Option

You shall have to choose an option at the inception of the policy. The option once selected cannot be changed at a later date. Let us look into all these plan options in detail.
**Option #1 - Life Option** Under this option your nominee gets a Lumpsum Benefit on death or diagnosis of Terminal Illness. Your future premiums are waived upon Accidental Total Permanent Disability.

**Sample Illustration** - Mr. Aggarwal is a 25 year old software engineer. He buys a Click 2 Protect Health Plan. The protection benefit of this policy is as follows:

<table>
<thead>
<tr>
<th>Plan Option</th>
<th>Sum Assured</th>
<th>Policy Term</th>
<th>Premium Payment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>Rs. 1 Crore</td>
<td>40 years</td>
<td>40 years</td>
</tr>
</tbody>
</table>

- During the 5th Policy Year, he meets with an accident which renders him permanently disabled.
- During the 10th Policy Year, he passes away due to illness

**The benefit payable to his nominee is as follows:**

The benefits(s) available under Life Option are as follows:

<table>
<thead>
<tr>
<th>EVENT</th>
<th>On Death/ Diagnosis of Terminal Illness</th>
<th>On Accidental Total Permanent Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit(s) Payable</td>
<td>Sum Assured on Death paid as Lumpsum Benefit to the nominee and the policy terminates</td>
<td>All future premiums are waived &amp; the Policy continues</td>
</tr>
</tbody>
</table>

- The policy shall terminate on the earlier of death, diagnosis of terminal illness and expiry of the policy term.
- You have to choose the Sum Assured, Policy Term and the Premium Payment Term at the inception of the policy.

1 Please refer the section on Death Benefit for definition of Sum Assured on Death

**Option #2 - 3D Life Option**: In addition to the benefits under Life Option, you will receive an additional benefit of waiver of your future premiums upon diagnosis of Critical Illness

<table>
<thead>
<tr>
<th>Plan Option</th>
<th>Sum Assured</th>
<th>Premium Payment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>3D Life</td>
<td>Rs. 1 Crore</td>
<td>25 years</td>
</tr>
</tbody>
</table>
**Option #3 - Extra Life Option:** In addition to the benefits under Life Option, you get an additional Extra Life Sum Assured upon death due to Accident

**Sample Illustration** - MissChaudhary is a 30 year old businesswoman. She buys a Click 2 Protect Health Plan. The protection benefit of this policy is as follows:

<table>
<thead>
<tr>
<th>Plan Option</th>
<th>Sum Assured</th>
<th>Extra Life Sum Assured chosen</th>
<th>Policy Term</th>
<th>Premium Payment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extra Life</td>
<td>Rs. 75 Lakhs</td>
<td>Rs. 25 Lakhs</td>
<td>35 years</td>
<td>20 years</td>
</tr>
</tbody>
</table>

- During the 8th Policy Year, she meets with a severe accident. Unfortunately, MissChaudhary is not able to survive the accident
The policy shall terminate on the earlier of death, diagnosis of terminal illness and expiry of the policy term.

You have to choose the Sum Assured, Extra Life Sum Assured, Policy Term and the Premium Payment Term at the inception of the policy.

Accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means. Accidental Death means death by or due to a bodily injury caused by an Accident, independent of all other causes of death. Accidental Death must be caused within 180 days of any bodily injury.

Option #4 - Income Option: This plan option is ideal if you wish to provide your nominee with a Lumpsum benefit and a regular stream of Income in your absence.

Sample Illustration - Mr. D'mello is a 25 year old salesman. He buys a Click 2 Protect Health Plan. The protection benefit of this policy is as follows:

<table>
<thead>
<tr>
<th>EVENT</th>
<th>On Death / Diagnosis of Terminal Illness</th>
<th>On Death Due to Accident&lt;sup&gt;2&lt;/sup&gt;</th>
<th>On Accidental Total Permanent Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit(s) Payable</td>
<td>Sum Assured on Death1 paid as Lumpsum Benefit to the nominee and the policy terminates</td>
<td>In addition to the benefit payable on death/diagnosis of terminal illness, Extra Life Sum Assured chosen is paid as Lumpsum Benefit to the nominee and the policy terminates</td>
<td>All future premiums are waived &amp; the Policy continues</td>
</tr>
</tbody>
</table>

- The policy shall terminate on the earlier of death, diagnosis of terminal illness and expiry of the policy term.
- You have to choose the Sum Assured, Extra Life Sum Assured, Policy Term and the Premium Payment Term at the inception of the policy.

<sup>2</sup>Accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means. Accidental Death means death by or due to a bodily injury caused by an Accident, independent of all other causes of death. Accidental Death must be caused within 180 days of any bodily injury.

Option #4 - Income Option: This plan option is ideal if you wish to provide your nominee with a Lumpsum benefit and a regular stream of Income in your absence.

Sample Illustration - Mr. D'mello is a 25 year old salesman. He buys a Click 2 Protect Health Plan. The protection benefit of this policy is as follows:

<table>
<thead>
<tr>
<th>Plan Option</th>
<th>Lumpsum Benefit</th>
<th>Income Period</th>
<th>Annual Income</th>
<th>Rate of Increase of Income</th>
<th>Premium Payment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>Rs. 1 Crore</td>
<td>10 years</td>
<td>Rs. 12 Lakhs</td>
<td>10% p.a. simple rate</td>
<td>15 years</td>
</tr>
</tbody>
</table>

- During the 10th Policy Year, he passes away due to illness.
The benefit(s) payable to her nominee is as follows:

- He dies during the same policy year. The nominee receives a lump sum of Rs. 1 Cr Plus.

The benefits available under Income Option are as follows:

<table>
<thead>
<tr>
<th>EVENT</th>
<th>On Death / Diagnosis of Terminal Illness</th>
<th>On Accidental Total Permanent Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit(s) Payable</td>
<td>Sum Assured on Death¹ paid as Lumpsum Benefit + Level/Increasing Monthly Income for Income Period paid to the nominee and the policy terminates</td>
<td>All future premiums are waived &amp; the Policy continues</td>
</tr>
</tbody>
</table>

In order to opt for this option you shall have to choose the following at policy inception and these parameters would remain the same throughout the policy term:

1. Amount of Lump sum benefit, (if any)
2. Income period - the period for which income is expected (Minimum income term of 1 month and upto a maximum of 20 years). The income period shall commence immediately on death and continue for the chosen income period. In this option the income term is independent of policy term i.e. in the event of a claim, the applicable monthly income would continue throughout the income term even if the policy term has ended.
3. Amount of Annual Income during the income period. This income will be payable monthly in arrears, in 12 equal installments.
4. A simple rate of increase of the annual income, if any. These increases will apply to the annual income from the 2nd year of the income period.
   - The policy shall terminate on the earlier of death, diagnosis of terminal illness and expiry of the policy term.
   - The monthly income shall be payable monthly in arrears and commence from the 1st day of the policy month subsequent to the policy month of the life assured's death.
   - During the income period all future income payments can be surrendered in exchange for a lump sum. This lump sum shall be the discounted value of the future income payments at the prevailing revival interest rate. The current rate of interest is 9% p.a. and shall be reviewed half-yearly which shall be effective from 25th February and 25th August each year.

**Option #5 -Extra Life Income Option:** In addition to the benefits under Income Option, an additional Lumpsum & Income benefit is paid upon death due to accident.

**Sample Illustration** - Mr. Ebrahim is a 30 year old man who works in a Broking Firm. He buys a Click 2 Protect Health Plan. The protection benefit of this policy is as follows:

<table>
<thead>
<tr>
<th>Plan Option</th>
<th>Lumpsum Benefit</th>
<th>Extra Life Sum Assured</th>
<th>Annual Income</th>
<th>Income Period</th>
<th>Rate of Increase of Income</th>
<th>Premium Payment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extra Life Income</td>
<td>Rs. 50 Lakhs</td>
<td>Rs. 50 Lakhs</td>
<td>Rs. 5 Lakhs</td>
<td>10 years</td>
<td>0% (Level)</td>
<td>10 years</td>
</tr>
</tbody>
</table>

- During the 5th Policy Year, he meets with an accident. Unfortunately Mr. Ebrahim does not survive the accident. The benefit(s) payable to his nominee is as follows:
The benefit(s) payable to her nominee is as follows:

- He dies during the 5th policy year due to an accident. His nominee receives Rs. 50 Lakhs (lumpsum benefits) + Rs. 25 Lakhs (lump sum from extra life sum assured) = Rs. 75 Lakhs.

The benefits available under Extra Life Income Option are as follows:

<table>
<thead>
<tr>
<th>EVENT →</th>
<th>On Death / Diagnosis of Terminal Illness</th>
<th>On Death Due to Accident</th>
<th>On Accidental Total Permanent Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit(s) Payable</td>
<td>Sum Assured on Death¹ paid as Lumpsum Benefit + Monthly Income for Income Period paid to the nominee and the policy terminates</td>
<td>Extra Life Sum Assured is paid in the same proportion in Lumpsum + Monthly income, as the benefit payable on Death/ Diagnosis of Terminal Illness. This is paid in addition to the benefit payable on Death / Diagnosis of Terminal Illness</td>
<td>All future premiums are waived &amp; the Policy continues</td>
</tr>
</tbody>
</table>

Option #6 - Income Replacement Option: This plan option ensures that your nominee continues to receive the income stream even in your absence.

Sample Illustration - Mr. Francis is a 40 year old Production manager. He buys an Click 2 Protect Health Plan. The protection benefit of this policy is as follows:

<table>
<thead>
<tr>
<th>Plan Option</th>
<th>Annual Income</th>
<th>Policy Term</th>
<th>Income Option</th>
<th>Premium Payment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Replacement</td>
<td>Rs. 6 Lakhs</td>
<td>20 years</td>
<td>Increasing</td>
<td>15 years</td>
</tr>
</tbody>
</table>

- During the 4th Policy Year, he passes away due to illness
The benefit(s) payable to his nominee is as follows:

In order to opt for this option you shall have to choose the following at policy inception and these parameters would remain the same throughout the policy term:

a) An amount of Annual Income at start, which is payable monthly in arrears in 12 equal installments.

b) Level or Increasing Income. (Under the increasing Income option, the income will escalate at a simple rate of 10% p.a. at each policy anniversary, both before and after the claim is made.)

c) Policy Term. The income will continue till the end of the policy term, subject to minimum term of 4 years. The minimum term of 4 years shall apply even when the income payment extends beyond the policy term.

- The policy shall terminate on the earlier of death, diagnosis of terminal illness and expiry of the policy term.
- During the income period all future income payments can be surrendered in exchange for a lump sum. This lump sum shall be the discounted value of the future income payments at the prevailing revival interest rate. The current rate of interest is 9% p.a and shall be reviewed half-yearly which shall be effective from 25th February and 25th August each year.

**Option #7 - Return of Premium Option:** Under this plan option, we will return all your premiums if you survive till the end of the Policy Term. On death/ diagnosis of Terminal Illness during the Policy Term a Lumpsum benefit will be paid to your nominee.

**Sample Illustration** - Mr. Gupta is a 45 year old teacher. He buys a Click 2 Protect Health Plan. The protection benefit of this policy is as follows:

<table>
<thead>
<tr>
<th>EVENT</th>
<th>On Death/ Diagnosis of Terminal Illness</th>
<th>On Accidental Total Permanent Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit(s) Payable</td>
<td>12 times the then increased Monthly Income paid as Lumpsum Benefit + Level/ Increasing Income for Residual Policy Term paid to the nominee and the policy terminates</td>
<td>All future premiums are waived &amp; the Policy continues</td>
</tr>
</tbody>
</table>

In order to opt for this option you shall have to choose the following at policy inception and these parameters would remain the same throughout the policy term:

- The benefits available under Income Replacement Option are as follows:

**Scenario 1.** Mr. Gupta leads a healthy lifestyle. He is able to survive till the end of the policy term. The benefit(s) payable to him is as follows:
Scenario 2. During the 8th policy year Mr. Gupta passes away due to illness. The benefit(s) payable to his nominee is as follows:

He dies due to illness. A lumpsum amount of Rs. 1.5 Crs. is paid to his nominee and the policy terminates.

Option #8- Life Long Protection Option: You are protected for your entire life. Your nominee gets a Lumpsum Benefit on death or diagnosis of Terminal Illness. Your future premiums are waived upon Accidental Disability.

Sample Illustration - Mr. Hafeez is a 30 year old businessman. He buys an Click 2 Protect Health Plan. The protection benefit of this policy is as follows:

- Sum Assured on Death: Rs. 2 Crs
- Lumpsum Benefit paid to the nominee and the policy terminates
- All future premiums are waived & the Policy continues

The benefits available under Return of Premium Option are as follows:

<table>
<thead>
<tr>
<th>EVENT</th>
<th>On Death / Diagnosis of Terminal Illness</th>
<th>On Maturity</th>
<th>On Accidental Total Permanent Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit(s) Payable</td>
<td>Sum Assured on Death as Lumpsum Benefit paid to the nominee and the policy terminates</td>
<td>Total premiums paid is returned to the Life Assured and the policy terminates</td>
<td>All future premiums are waived &amp; the Policy continues</td>
</tr>
</tbody>
</table>

The policy shall terminate on the earlier of death, diagnosis of terminal illness and expiry of the policy term.

You have to choose the Sum Assured, Policy Term and the Premium Payment Term at the inception of the policy.

Total Premiums paid = Annualised Premium × number of years (or part thereof) for which premiums have been paid.

Option #8- Life Long Protection Option: You are protected for your entire life. Your nominee gets a Lumpsum Benefit on death or diagnosis of Terminal Illness. Your future premiums are waived upon Accidental Disability.

Sample Illustration - Mr. Hafeez is a 30 year old businessman. He buys an Click 2 Protect Health Plan. The protection benefit of this policy is as follows:

He meets with an accident which renders him permanently disabled.
- All future premiums are waived and the policy continues.
- He passes away due to illness. A lumpsum benefit of Rs. 2 Crs. is paid out to his nominee.

The benefit payable to his nominee is as follows:
The benefits available under Life Long Protection Option are as follows:

<table>
<thead>
<tr>
<th>EVENT →</th>
<th>On Death / Diagnosis of Terminal Illness</th>
<th>On Accidental Total Permanent Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit(s) Payable →</td>
<td>Sum Assured on Death¹ paid as Lumpsum Benefit to the nominee and the policy terminates</td>
<td>All future premiums are waived &amp; the Policy continues</td>
</tr>
</tbody>
</table>

- The policy shall terminate on the earlier of death or diagnosis of terminal illness.
- You have to choose the Sum Assured at the inception of the policy. The Premium Payment term is calculated as 65- Age at Entry.

Option #9 - 3D Life Long Protection Option: In addition to the benefits under Life Long Protection Option, you will receive an additional benefit of waiver of your future premiums upon diagnosis of Critical Illness

Sample Illustration - Mrs. Iyer is a 30 year old sales executive in a FMCG company. She buys an Click 2 Protect Health Plan. The protection benefit of this policy is as follows:

<table>
<thead>
<tr>
<th>Plan Option</th>
<th>Sum Assured</th>
<th>Policy Term</th>
<th>Premium Payment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>3D Life Long Protection Option</td>
<td>Rs. 1 Crore</td>
<td>Whole of Life</td>
<td>65- Age at Entry = 35 years</td>
</tr>
</tbody>
</table>

- During the 25th Policy Year, she is diagnosed with a covered Critical Illness
- During the 99th Policy Year, she passes away due to natural causes

The benefit payable to his nominee is as follows:

<table>
<thead>
<tr>
<th>EVENT</th>
<th>On Death / Diagnosis of Terminal Illness</th>
<th>On Accidental Total Permanent Disability</th>
<th>On Diagnosis of Critical Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit(s) Payable →</td>
<td>Sum Assured on Death¹ paid as Lumpsum Benefit to the nominee and the policy terminates</td>
<td>All future premiums are waived &amp; the Policy continues</td>
<td>All future premiums are waived &amp; the Policy continues</td>
</tr>
</tbody>
</table>

- The policy shall terminate on the earlier of death or diagnosis of terminal illness.
- You have to choose the Sum Assured at the inception of the policy. The Premium Payment term is calculated as 65- Age at Entry

For additional clarity, all the options and their respective benefits have been summarised in the table below.
In case of health Insurance Floater Polices, Life Insurance coverage is allowed for one of the earning members of the family who is also the proposer of health insurance policy subject to terms & conditions of respective insurers.

**Health:**
The following plan options are available under Health Insurance Coverage.

### Individual

<table>
<thead>
<tr>
<th>Basic Sum Insured per Insured Person per Policy Year (Rs. in lakhs)</th>
<th>3.00</th>
<th>5.00</th>
<th>10.00</th>
<th>15.00</th>
<th>20.00, 25.00, 50.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-patient Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Covered upto sum insured</td>
</tr>
<tr>
<td>Pre-Hospitalization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Covered upto 60 Days</td>
</tr>
<tr>
<td>Post-Hospitalization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Covered upto 180 Days</td>
</tr>
<tr>
<td>Day Care Procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>All Day Care Treatments Covered</td>
</tr>
<tr>
<td>Domiciliary Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Covered upto sum insured</td>
</tr>
<tr>
<td>Organ Donor</td>
<td></td>
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<td></td>
<td></td>
<td>Covered upto sum insured</td>
</tr>
<tr>
<td>Ambulance Cover</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Upto Rs. 2,000 per Hospitalisation</td>
</tr>
<tr>
<td>Daily Cash for choosing Shared Accommodation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Rs.800 / day, Maximum Rs.4,800</td>
</tr>
<tr>
<td>E-Opinion in respect of a Critical Illness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Rs.1,000 / day, Maximum Rs.6,000</td>
</tr>
<tr>
<td>Emergency Air Ambulance Cover</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not Covered</td>
</tr>
<tr>
<td>Restore Benefit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Covered upto Rs. 2.5 Lacs per hospitalization and maximum upto sum insured in a year</td>
</tr>
<tr>
<td>Multiplier Benefit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the basic sum insured. However this reduction will not reduce the Sum Insured below the basic Sum Insured of the policy</td>
</tr>
<tr>
<td>Health Checkup</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Critical Advantage Rider</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Offered (where base Sum Insured is Rs.10 Lakh &amp; above)</td>
</tr>
</tbody>
</table>

### Family Floater

<table>
<thead>
<tr>
<th>Basic Sum Insured per Insured Person per Policy Year (Rs. in lakhs)</th>
<th>3.00</th>
<th>5.00</th>
<th>10.00</th>
<th>15.00</th>
<th>20.00, 25.00, 50.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-patient Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Covered upto sum insured</td>
</tr>
<tr>
<td>Pre-Hospitalization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Covered upto 60 Days</td>
</tr>
<tr>
<td>Post-Hospitalization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Covered upto 180 Days</td>
</tr>
<tr>
<td>Day Care Procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>All Day Care Treatments Covered</td>
</tr>
<tr>
<td>Domiciliary Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Covered upto sum insured</td>
</tr>
<tr>
<td>Organ Donor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Covered upto sum insured</td>
</tr>
<tr>
<td>Ambulance Cover</td>
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<td></td>
<td></td>
<td></td>
<td>Upto Rs. 2,000 / Hospitalisation</td>
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<tr>
<td>Daily Cash for choosing Shared Accommodation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Rs.800 / day, Maximum Rs.4,800</td>
</tr>
<tr>
<td>E-Opinion in respect of a Critical Illness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Rs.1,000 / day, Maximum Rs.6,000</td>
</tr>
<tr>
<td>Emergency Air Ambulance Cover</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not Covered</td>
</tr>
<tr>
<td>Restore Benefit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Equal to 100% of Basic Sum Insured</td>
</tr>
<tr>
<td>Multiplier Benefit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the basic sum insured. However this reduction will not reduce the Sum Insured below the basic Sum Insured of the policy</td>
</tr>
<tr>
<td>Health Checkup</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Critical Advantage Rider</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Offered (where base Sum Insured is Rs.10 Lakh &amp; above)</td>
</tr>
<tr>
<td>We will cover the Medical Expenses for:</td>
<td>In addition to the waiting periods and general exclusions, we will not cover expenses for</td>
<td></td>
<td></td>
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<tr>
<td>----------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>a. In-Patient Treatment. This includes</td>
<td>If as per any or all of the Medical references herein below containing guidelines</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Hospital room rent or boarding;</td>
<td>and protocols for Evidence Based Medicines, the Hospitalisation for treatment</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• Nursing;</td>
<td>under claim is not necessary or the stay at the hospital is found unduly long:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Intensive Care Unit</td>
<td>• Medical text books,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medical Practitioners (Fees)</td>
<td>• Standard treatment guidelines as stated in clinical establishment act of</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Anaesthesia</td>
<td>Government of India,</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Blood</td>
<td>• World Health Organisation (WHO) protocols,</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Oxygen</td>
<td>• Published guidelines by healthcare providers,</td>
<td></td>
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<tr>
<td>• Operation theatre</td>
<td>• Guidelines set by medical societies like cardiological society of India,</td>
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<tr>
<td>• Surgical appliances;</td>
<td>neurological society of India etc.</td>
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<td></td>
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<tr>
<td>• Medicines, drugs &amp; consumables;</td>
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<tr>
<td>• Diagnostic procedures.</td>
<td></td>
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</tr>
<tr>
<td>b. Pre-Hospitalisation expenses for</td>
<td>1. Claims which have NOT been admitted under Inpatient treatment benefit and</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>consultations, investigations and</td>
<td>day care procedure benefit.</td>
<td></td>
<td></td>
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<tr>
<td>medicines incurred up to 60 days</td>
<td>2. Expenses not related to the admission and not incidental to the treatment for</td>
<td></td>
<td></td>
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<tr>
<td>before the date of admission to the</td>
<td>which the admission has taken place.</td>
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<tr>
<td>hospital (In-patient or Day Care).</td>
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<tr>
<td>c. Post-Hospitalisation expenses for</td>
<td>1. Claims which have NOT been admitted under Inpatient treatment benefit and</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>consultations, investigations and</td>
<td>day care procedure benefit.</td>
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<tr>
<td>medicines incurred up to 180 days</td>
<td>2. Expenses not related to the admission and not incidental to the treatment for</td>
<td></td>
<td></td>
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<tr>
<td>after discharge from the Hospital.</td>
<td>which the admission has taken place.</td>
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<tr>
<td>d. Day Care Procedures</td>
<td>i) Treatment that can be and is usually taken on an out-patient basis is not</td>
<td></td>
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<td></td>
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<tr>
<td>Medical treatment or surgical procedure</td>
<td>covered.</td>
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<td></td>
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<tr>
<td>which is undertaken under general or</td>
<td>ii) Treatment NOT taken at a Hospital or Day-care centre.</td>
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<tr>
<td>local anaesthesia, which require</td>
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<tr>
<td>admission in a Hospital/Day Care</td>
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<tr>
<td>Centre for stay less than 24 hours.</td>
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<tr>
<td>Treatment normally taken on out-</td>
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<tr>
<td>patient basis is not included in the</td>
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<tr>
<td>scope of this definition.</td>
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<tr>
<td>Indicative list of Day Care Procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cancer Chemotherapy</td>
<td></td>
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<tr>
<td>• Liver biopsy</td>
<td></td>
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<tr>
<td>• Coronary angiography</td>
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<td>• Haemodialysis</td>
<td></td>
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<td></td>
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<tr>
<td>• Operation of cataract</td>
<td></td>
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<tr>
<td>• Nasal sinus aspiration</td>
<td></td>
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</tr>
<tr>
<td>e. Domiciliary Treatment</td>
<td>1. Treatment of less than 3 days (Coverage will be provided for expenses incurred</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical treatment for an illness/disease/injury which in the normal course</td>
<td>in first three days only if treatment period is greater than three days).</td>
<td></td>
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<tr>
<td>would require care and treatment at a</td>
<td>2. Post-Hospitalisation expenses.</td>
<td></td>
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<tr>
<td>Hospital but is actually taken while</td>
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<tr>
<td>confined at home under any of the</td>
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<tr>
<td>following circumstances:</td>
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</tr>
<tr>
<td>1. The condition of the patient is</td>
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<tr>
<td>such that he/she is not in a condition</td>
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<tr>
<td>to be removed to a Hospital or,</td>
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<tr>
<td>2. The patient takes treatment at</td>
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<tr>
<td>home on account of non availability of</td>
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<tr>
<td>room in a Hospital.</td>
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<tr>
<td>Pre Hospitalisation expenses for</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>consultations, investigations and</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>medicines incurred up to 60 days</td>
<td></td>
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<td></td>
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<tr>
<td>before hospitalisation</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>f. Organ Donor</td>
<td>1. Claims which have NOT been admitted under Inpatient treatment benefit and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical and surgical Expenses of the</td>
<td>day care procedure benefit.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organ donor for harvesting the organ</td>
<td>2. Admission not compliant under the Transplantation of Human Organs Act, 1994</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>where an Insured Person is the</td>
<td>(as amended).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>recipient.</td>
<td>3. The organ donor’s Pre and Post-Hospitalisation expenses.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>IMPORTANT: Expenses incurred by an</td>
<td></td>
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</tr>
<tr>
<td>insured person while donating an organ</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>is NOT covered.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>g. Ambulance Cover</td>
<td>1. Claims which have NOT been admitted under Inpatient treatment benefit and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenses incurred on transportation of</td>
<td>day care procedure benefit.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insured Person to a Hospital for</td>
<td>2. Healthcare or ambulance service provider not registered with road traffic</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>treatment in case of an Emergency,</td>
<td>authority.</td>
<td></td>
<td></td>
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<tr>
<td>subject to Rs. 2000 per Hospitalisation.</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>h. Daily Cash for choosing shared</td>
<td>1. Daily Cash Benefit for time spent by the Insured Person in an intensive care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodation</td>
<td>unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily cash amount will be payable per</td>
<td>2. Claims which have NOT been admitted under Inpatient Treatment benefit.</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
**We will cover the Medical Expenses for:**

<table>
<thead>
<tr>
<th>i. E-Opinion in respect of a Critical Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>We shall arrange and pay for a second opinion from our panel of medical practitioners, if:</td>
</tr>
<tr>
<td>• The Insured Person suffers a Critical Illness during the Policy Period; and</td>
</tr>
<tr>
<td>• He requests an E-opinion; and</td>
</tr>
<tr>
<td>The Insured Person can choose one of our panel Medical Practitioners. The opinion will be directly sent to the Insured Person by the Medical Practitioner.</td>
</tr>
<tr>
<td>“Critical Illness” includes Cancer of Specified Severity, Open Chest CABG, Myocardial Infarction (First Heart Attack of specific severity), Kidney Failure requiring regular dialysis, Major Organ/Bone Marrow Transplant, Multiple Sclerosis with Persisting Symptoms, Permanent Paralysis of Limbs and Stroke resulting in permanent symptoms.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>j. Emergency Air Ambulance Cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will pay for ambulance transportation in an airplane or helicopter subject to maximum limit prescribed in j (1), for emergency life threatening health conditions which require immediate and rapid ambulance transportation to the hospital/medical centre that ground transportation cannot provide subject to:</td>
</tr>
<tr>
<td>• Necessary medical treatment not being available at the location where the Insured Person is situated at the time of Emergency;</td>
</tr>
<tr>
<td>• The Medical Evacuation been prescribed by a Medical Practitioner and is Medically Necessary;</td>
</tr>
<tr>
<td>• The insured person is in India and the treatment is required in India only and not overseas in any condition whatsoever; and</td>
</tr>
<tr>
<td>• The air ambulance provider being registered in India.</td>
</tr>
<tr>
<td>j(i) The amount payable in case of Air ambulance facility shall be either the actual expenses or Rs. 2.5 Lakh per hospitalisation, whichever is lower; upto basic sum insured limit for a year.</td>
</tr>
</tbody>
</table>

**In addition to the waiting periods and general exclusions, we will not cover expenses for**

| 1. More than one claim for this benefit in a Policy Year. |
| 2. Any other liability due to any errors or omission or representation or consequences of any action taken in reliance of the E-opinion provided by the Medical Practitioner. |

| 1. Claims which have NOT been admitted under Inpatient treatment benefit and day care procedure benefit. |
| 2. Expenses incurred in return transportation to the insured's home by air ambulance is excluded. |

---

**Restore Benefit** - A unique Restore benefit that automatically reinstates the basic sum insured in case you exhaust it in a policy year. How it works

If you use up your coverage in an individual policy and fall ill with another illness, we will restore the entire sum insured for you to use, at no extra charge. If someone's illness in your family uses up the coverage in a floater policy and if any other family member falls ill later during the same insured period, we will restore the entire amount at no extra charge.

So, if you have a Rs. 5 lakhs policy and exhaust the entire amount, we will restore Rs. 5 lakhs, which you can use for some other illnesses or for any other member covered under the family floater policy, if needed.

The coverage would be the accumulation of basic Sum Insured and accumulated Multiplier Benefit (if any).

Please Note-

| a) The Restore Sum Insured will be triggered only after the Basic Sum Insured inclusive of the multiplier Bonus, if any have been completely exhausted in that year. |
| b) The Restore Sum Insured can be used for claims made by the Insured Person for conditions mention under section “We will cover the Medical Expenses for” (mentioned in the table above). |

| c) The Restore Sum Insured can be used for only future claims made by the Insured Person. |
| d) No Multiplier Bonus will apply to the Restore Sum Insured |
| e) The Restore Sum Insured will only be applied once for the Insured Person during a Policy Year |
| f) If the Restore Sum Insured is not utilised in a Policy Year, it shall not be carried forward to any subsequent Policy Year |
| g) In case of Family Floater Policy, Restore Sum Insured will be available for all Insured Persons in the Policy. |

**Multiplier Benefit:**

If you've had a claim free year, we'll increase your basic sum insured by 50% as no claim bonus. If you don't even in the second year, we'll double your basic sum insured as no claim bonus i.e. 100% of the basic sum insured. So, if you have a 5 lakh policy and don't claim in the first year, we will increase your cover to 7.5 lakh for the second year and 10 lakh in the third year (if you don't claim in the second year), while you only pay a premium for a 5 lakh policy.
Illustration-1

Mr. Singh is a 25 year old Manager. He buys Click 2 Protect Health (Protection and health benefit).

<table>
<thead>
<tr>
<th>Category</th>
<th>Plan Option</th>
<th>Sum Assured</th>
<th>Policy Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection</td>
<td>Life</td>
<td>Rs. 1 Crore</td>
<td>40 years</td>
</tr>
<tr>
<td>Health</td>
<td>Individual</td>
<td>Rs. 5 Lakh</td>
<td>Life Long Renewal</td>
</tr>
</tbody>
</table>

- During the 5th Policy Year, he meets with an accident which renders him permanently disabled.
- During the 10th Policy Year, he passes away due to illness.

The benefit payable to his nominee is as follows:

Protection
- The policy shall terminate on the earlier of death, diagnosis of terminal illness and expiry of the policy term.
- You have to choose the Sum Assured, Policy Term and the Premium Payment Term at the inception of the policy.

Health
- He is covered upto 10 lakhs (Base sum insured + Multiplier Benefit).

Illustration 2-

Mr. Banerjee is a 35 year old Businessman. He buys Click 2 Protect Health (Protection and health benefit).

<table>
<thead>
<tr>
<th>Category</th>
<th>Plan Option</th>
<th>Sum Assured</th>
<th>Policy Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection</td>
<td>3D Life</td>
<td>Rs. 1 Crore</td>
<td>30 years</td>
</tr>
<tr>
<td>Health</td>
<td>Individual</td>
<td>Rs. 5 Lakh</td>
<td>Life Long Renewal</td>
</tr>
</tbody>
</table>

- During the 3rd Policy Year, he is diagnosed with a covered Critical Illness.
- During the 8th Policy Year, Mr. Banerjee passes away due to natural causes.
The benefit payable to his nominee is as follows:

He meets with an accident and becomes permanently disabled.

**Protection:** All the future premiums are waived and the policy continues.

**Health:** Hospital expenses up to Rs. 10 Lakh will be reimbursed and the policy continues.

During the 15th Policy Year, he meets with an accident which renders him permanently disabled.

**Protection:** All the future premiums are waived and the policy continues.

**Health:** Hospital expenses up to Rs. 10 Lakh will be reimbursed and the policy continues.

During the 89th Policy Year, he pass away due to illness

**Protection:** he pass away due to illness. A lumpsum benefit of Rs. 2 Cr is paid out to his nominee.

**Health:** In case of death, policy terminates.

---

**Protection**

- The policy shall terminate on the earlier of death, diagnosis of terminal illness and expiry of the policy term.
- You have to choose the Sum Assured, Policy Term and the Premium Payment Term at the inception of the policy.

**Health:** He is covered upto 10 lakhs (Base sum insured + Multiplier Benefit).

---

**Illustration 3**

Mr. Bhardwaj is a 30 year old teacher. He buys Click 2 Protect Health (Protection and health benefit).

<table>
<thead>
<tr>
<th>Category</th>
<th>Plan Option</th>
<th>Sum Assured</th>
<th>Policy Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection</td>
<td>Life Long Protection Option</td>
<td>Rs. 2 Crore</td>
<td>Whole of Life</td>
</tr>
<tr>
<td>Health</td>
<td>Individual</td>
<td>Rs. 5 Lakh</td>
<td>Life Long Renewal</td>
</tr>
</tbody>
</table>

- During the 15th Policy Year, he meets with an accident which renders him permanently disabled.
- During the 89th Policy Year, he passes away due to illness

The benefit payable to his nominee is as follows:

# Please refer to the section - Which are the Critical Illnesses covered under this plan? for further details
What are the Additional options/ features available?

**Protection**

a) Life Stage Protection
   
   This option is available for all plan options and is subject to BAUP.
   
   Under this feature, you have the option to increase the basic Sum Assured without underwriting on any of the below specified events in the life of the Life Assured:
   
   - 1st Marriage: 50% of Sum Assured subject to a maximum of Rs. 50 lakhs
   - Birth of 1st child: 25% of Sum Assured subject to a maximum of Rs. 25 lakhs
   - Birth of 2nd child: 25% of Sum Assured subject to a maximum of Rs. 25 lakhs
   
   This option will be available subject to all of the following conditions being met:
   
   - 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 will be available only for a period of six months from the date of the above specified events.
   - An additional premium will be charged for an 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. This shall be subject to the minimum policy term available under the product at the time of exercising this option.
   - This option is available subject to the premium rates being available at the time of exercise of the option.
   - This option shall be available only if no claim has been made under the policy, eg. Waiver of premium on ATPD, CI etc.
   - 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.

**Illustration of Life Stage Protection feature**

Joy is a 30 year old professional who has purchased Click 2 Protect Health Life option with Sum Assured of Rs.10,000,000. On his marriage, he wants to increase his Sum Assured. He opts for the Life Stage Protection Option and his Additional Sum Assured is 50% of the Sum Assured i.e. Rs. 50,00,000.

He becomes a father after 2 years of marriage and opts to increase his cover. His Additional Sum Assured is increased by 25% of his original Sum Assured i.e. Rs. 25,00,000.

At various milestones of his life, Joy is able to stay adequately covered - without any medicals!

b) Top Up Option

   This option is available for all plan options and is subject to BAUP.

   - You may opt for a systematic increase of your cover from 1st policy anniversary onwards.

   This option will be available subject to all of the following conditions being met:
   
   - This option can be chosen only at the policy inception
   - The Life Assured is underwritten as a standard life at policy inception
   - The increments in Sum Assured shall stop applying in the event of any claim (including rider claim) under the policy.
   - An additional premium will be charged for the increase in the Sum Assured. The incremental cover as well as the incremental premium, both, will apply prospectively.
   - 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. This shall be subject to the minimum policy term available under the product at the time of exercising this option.
   - This option is available subject to the premium rates being available at the time of exercise of the option.
   - The policyholder has the option to exit this option at any time during the remaining policy term.

   c) You shall have the option to alter the premium payment frequency at any Policy anniversary

**Health:**

**Preventive Health Check up:**

This Policy helps you keep track of your health status with its preventive health check up benefit offered at renewal irrespective of claim status. The health check up benefit is available once in 2 years on sum insured of Rs 5 lakhs and once every year on sum insured of Rs 10 lakhs & above.

**Note:** Preventive Health Check-up means a package of medical test(s) undertaken for general assessment of health status; it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease.
Note: If member has changed the plan in subsequent year and in the new plan the waiting period is less than previous plan then waiting period mentioned in the current plan would be applicable.

IMPORTANT: This benefit does NOT carry forward if it is not claimed and would not be provided if Click 2 Protect Health Policy is not renewed further.

Critical Advantage Rider:
You can opt to cover yourself worldwide at our network centers against treatment expenses for 8 major illnesses, that include Cancer, Coronary Artery by-pass surgery, Heart Valve replacement/ repair, Neurosurgery, Live Donor Organ Transplant, Bone Marrow Transplant, Pulmonary artery graft surgery and Aorta Graft Surgery. The rider offers you freedom to not only avail best healthcare services world over but also covers all travel costs for the insured and accompanying relative; accommodation expenses; second opinion & post hospitalization expenses.

Portability:
Policy offers you easy portability, so that if you are insured under other insurer’s health insurance policy you can transfer to Apollo Munich with all your accrued benefits after due allowances for waiting periods and enjoy all unbelievable benefits of the policy Insured has an option to port to any other health insurance plan offer by other insurer as per portability guidelines. Portability section is applicable for Health section only and not applicable for Protection section.

Discount:
- Family Discount of 10% if 2 or more family members are covered under single Click 2 Protect Health Policy

Stay Active Benefit:
Now with Stay Active benefit, simply walk your way to good health and earn upto 8% discount on your renewal premium. The more you walk, the healthier you and your family gets!

We will offer a discount at each renewal if the insured member achieves the average step count target on the mobile application provided by us. In an individual policy, the average step count would be calculated per adult member and in a floater policy it would be an average of all adult members covered. Dependent children covered either in individual or floater plan will not be considered for calculation of average steps.

In individual policies the discount percentage (%) would be applied on premium applicable per insured member (Dependent Children are not eligible for this stay active discount in an individual policy) and in a floater policy it would be applied on premium applicable on policy.

The discount provided would be as per the table below:

<table>
<thead>
<tr>
<th>Average Step count</th>
<th>Renewal Discount</th>
</tr>
</thead>
<tbody>
<tr>
<td>5000 or below</td>
<td>0%</td>
</tr>
<tr>
<td>5001 to 8000</td>
<td>2%</td>
</tr>
<tr>
<td>8001 to 10000</td>
<td>5%</td>
</tr>
<tr>
<td>Above 10000</td>
<td>8%</td>
</tr>
</tbody>
</table>

Loadings
We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the policy including subsequent renewal(s) with us or on the receipt of the request of increase in sum insured (for the increased Sum Insured).

We will inform you about the applicable risk loading through a counter offer letter. You need to revert to us with consent and additional premium (if any), within 7 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to us within 15 days, we shall cancel your application and refund the premium paid within next 7 days.

Please note that we will issue Health policy only after getting your consent.

<table>
<thead>
<tr>
<th>Plan/SI</th>
<th>3 Lakh</th>
<th>5 Lakh</th>
<th>10 Lakh</th>
<th>15 Lakh</th>
<th>20/25/50 Lakh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual (Per Person)</td>
<td>Not Applicable</td>
<td>Upto a maximum of Rs.1,500 per insured person, only once at the end of a block of every continuous two year policy</td>
<td>Upto a maximum of Rs.2,000 per insured person at the end of each year at renewal.</td>
<td>Upto a maximum of Rs.4,000 per insured person, at the end of each year at renewal</td>
<td>Upto Maximum of Rs. 5000 per Insured</td>
</tr>
<tr>
<td>Family Floater (Per Policy)</td>
<td>Not Applicable</td>
<td>Upto a maximum of Rs.2,500 per policy, only once at the end of a block of every continuous two Policy Years.</td>
<td>Upto a maximum of Rs.5,000 per policy at the end of each year at renewal</td>
<td>Upto a maximum of Rs.8,000 per policy, at the end of each year at renewal.</td>
<td>Upto a Maximum of Rs. 10,000 per policy, at the end of each year at renewal.</td>
</tr>
</tbody>
</table>
Please Note

1. Premium rates and policy terms and conditions are for standard healthy individuals. These may change post underwriting of proposal based on medical tests (where applicable) and information provided on the proposal form. Please visit our nearest branch to referring our underwriting guidelines, if required. Premium rates are subject to change with prior approval from IRDAI.

2. In a family floater policy, a maximum of 2 adults and a maximum of 5 children can be included in a single policy. The 2 adults can be a combination of Self, Spouse, Father or Mother. In an individual policy, a maximum of 4 adults and a maximum of 5 children can be included in a single policy. The 4 adults can be a combination of Self, Spouse, either set of dependent parents or parents in law.

3. The premium will be computed basis the city of residence provided by the insured person in the application form. The premium that would be applicable zone wise and the cities defined in each zone are as under:
   - Delhi NCR/Mumbai MMR - Delhi, Gurgaon, Noida, Faridabad, Ghaziabad, Greater Noida, Mumbai, Navi Mumbai, Thane, Kalyan, Dombivali, Bhayandar, Ulhasnagar, Bhiwandi, Vasai, Virar
   - Rest of India - All other cities

What is the Death Benefit?

Protection:
Death Benefit is the sum of:
- Sum Assured on Death AND
- Additional Benefits

Sum Assured on Death is defined as:

a. For Single Pay Policies
   Highest of:
   - 125% of Single Premium
   - “Guaranteed Sum Assured on Maturity”
   - “Absolute amount assured” to be paid on death

b. For Regular Pay & Limited Pay Policies
   Highest of:
   - 10 times of the $Annualised Premium
   - 105% of ^Total Premiums Paid
   - “Guaranteed Sum Assured on Maturity”
   - “Absolute amount assured” to be paid on death

$Annualised premium shall be the premium payable in a year chosen by the policyholder, excluding the underwriting extra premiums, loadings for modal premiums, taxes and levies as applicable.

^Total Premiums paid = Annualised Premium × number of years (or part thereof) for which premiums have been paid for Limited and Regular Pay or Single Premium for Single Pay

Additional Exclusions under Extra Life and Extra Life Income Options
We will not pay accidental death benefit if the death occurs after 180 days from the date of the accident. We will not pay accidental death benefit, if accidental death is caused directly or indirectly by any of the following:

What are the Exclusions?

Protection-
Suicide Clause
In case of death due to suicide, within 12 months:
- From the date of inception of the policy, your nominee or beneficiary shall be entitled to at least 80% of the premiums paid, provided the policy is in-force.
- From the date of revival of the policy, your nominee or beneficiary shall be entitled to an amount which is higher of 80% of the premiums paid till the date of death or the surrender value as available on the date of death.

Additional Exclusions under Extra Life and Extra Life Income Options
We will not pay accidental death benefit if the death occurs after 180 days from the date of the accident. We will not pay accidental death benefit, if accidental death is caused directly or indirectly by any of the following:
- If the death occurs after 180 days from the date of the accident
- Intentionally self-inflicted injury or suicide, irrespective of mental condition
- Alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner
- War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion
- Taking part in any flying activity, other than as a passenger in a commercially licensed aircraft
- Taking part in any act of a criminal nature with criminal intent
- Taking part or practicing for any hazardous hobby, pursuit or race unless previously agreed to by us in writing

### Additional Exclusions under 3D Life and 3D Life Long Protection options

We shall not be liable to pay any benefit if the critical illness is caused directly or indirectly by the following:

- Any of the listed critical illness conditions where death occurs within 30 days of the diagnosis.
- Any sickness related condition manifesting itself within 90 days of the commencement of the policy/date of acceptance of risk or reinstatement of cover.
- Intentionally self-inflicted injury or attempted suicide, irrespective of mental condition.
- Alcohol or solvent abuse, or voluntarily taking or using any drug, medication or sedative unless it is an "over the counter" drug, medication or sedative taken according to package directions or as prescribed by a Medical Practitioner.
- Taking part in any act of a criminal nature with criminal intent.
- HIV or AIDS.
- Failure to seek medical or follow medical advice (as recommended by a Medical Practitioner).
- Radioactive contamination due to nuclear accident.

### Health - A. Waiting Period

All illnesses and treatments shall be covered subject to the waiting periods specified below:

1. We are not liable for any claim arising due to condition for which appearance of signs/symptoms, consultation, investigation, treatment or admission started within 30 days from Policy Commencement Date, except for the claims arising due to an Accident.

2. A waiting period of 24 months from the first policy commencement date will be applicable to the medical and surgical treatment of illnesses / diagnoses or surgical procedures mentioned in the following table. However this waiting period will not be applicable where the underlying cause is cancer(s).

<table>
<thead>
<tr>
<th>Organ / Organ System</th>
<th>Illness / diagnoses (irrespective of treatments medical or surgical)</th>
<th>Surgeries / procedure (irrespective of any illness / diagnosis other than cancers)</th>
</tr>
</thead>
</table>
| Ear, Nose, Throat (ENT) | • Sinusitis  
• Rhinitis  
• Tonsillitis | • Adenoidectomy  
• Mastoidectomy  
• Tonsillectomy  
• Tympanoplasty  
• Surgery for Nasal septum deviation  
• Surgery for Turbinate hypertrophy  
• Nasal concha resection  
• Nasal polypectomy |
| Gynaecological | • Cysts, polyps including breast lumps  
• Polycystic ovarian diseases  
• Fibromyoma  
• Adenomyosis  
• Endometriosis  
• Prolapsed Uterus | • Hysterectomy |
| Orthopaedic | • Non infective arthritis  
• Gout and Rheumatism  
• Osteoporosis  
• Ligament, Tendon and Meniscal tear  
• Prolapsed inter vertebral disk | • Joint replacement surgeries |
| Gastrointestinal | • Cholelithiasis  
• Cholecystitis  
• Pancreatitis  
• Fissure/fistula in anus, Haemorrhoids, Pilonidal sinus  
• Gastro Esophageal Reflux Disorder (GERD), Ulcer and erosion of stomach and duodenum  
• Cirrhosis (However Alcoholic cirrhosis is permanently excluded)  
• Perineal and Perianal Abscess  
• Rectal Prolapse | • Cholecystectomy  
• Surgery of hernia |
<table>
<thead>
<tr>
<th>Organ / Organ System</th>
<th>Illness / diagnoses (irrespective of treatments medical or surgical)</th>
<th>Surgeries / procedure (irrespective of any illness / diagnosis other than cancers)</th>
</tr>
</thead>
</table>
| Urogenital           | • Calculus diseases of Urogenital system including Kidney, ureter, bladder stones  
                        • Benign Hyperplasia of prostate  
                        • Varicocele | • Surgery on prostate  
                        • Surgery for Hydrocele/ Rectocele |
| Eye                  | • Cataract  
                        • Retinal detachment  
                        • Glaucoma | Nil |
| Others               | Nil | • Surgery of varicose veins and varicose ulcers |
| General (Applicable to all organ systems/ organs whether or not described above) | • Benign tumors of Non infectious etiologye eg. cysts, nodules, polyps, lump, growth, etc | Nil |

iii. 36 months waiting period from policy Commencement Date for all Pre-existing Conditions declared and/or accepted at the time of application.

**Pl Note:**
Coverage under the policy for any past illness/condition or surgery is subject to the same being declared at the time of application and accepted by us without any exclusion.

**B. Reduction in waiting periods**

1) If the proposed Insured Person is presently covered and has been continuously covered without any lapses under:
   a) Any health insurance plan with an Indian non-life insurer as per guidelines on portability, OR
   b) Any other similar health insurance plan from us, Then:
      a) The waiting periods specified above stand deleted; AND:
      b) The waiting periods specified above shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; AND
      c) If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured and any other accrued sum insured under the previous health insurance policy.

2) The reduction in the waiting period specified above shall be applied subject to the following:
   a) We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance company (if applicable);
   b) We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if you have submitted to us all documentation and information.
   c) We will retain the right to underwrite the proposal.
   d) We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver.

**C. General exclusions**

We will not pay for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:
### Non-Medical Exclusions

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
|i| War or similar situations:  
Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war-like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind. |
|ii| Any Insured Person committing or attempting to commit a breach of law with criminal intent. |
|iii| Intentional self-injury or attempted suicide while sane or insane. |
|iv| Dangerous acts (including sports):  
An Insured Person’s participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing in a professional or semi-professional nature. |

### Medical Exclusions

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>v</td>
<td>Treatment of illness or injury as a consequence of the use of alcohol, tobacco, narcotic or psychotropic substances</td>
</tr>
<tr>
<td>vi</td>
<td>Prosthetic and other devices which are self detachable/removable without surgery involving anaesthesia.</td>
</tr>
<tr>
<td>vii</td>
<td>Treatment availed outside India</td>
</tr>
<tr>
<td>viii</td>
<td>Treatment at a healthcare facility which is NOT a Hospital.</td>
</tr>
</tbody>
</table>
.ix| Treatment of obesity and any weight control program. |
.x| Treatment for correction of eye sight due to refractive error |
.xi| Cosmetic, aesthetic and re-shaping treatments and surgeries:  
a. Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns.  
b. Circumcisions (unless necessitated by illness or injury and forming part of treatment); aesthetic or change-of-life treatments of any description such as sex transformation operations. |
|xii| Types of treatment, defined Illnesses/conditions/supplies:  
b. Conditions for which treatment could have been done on an outpatient basis without any Hospitalisation.  
c. Charges related to peritoneal dialysis, including supplies  
d. Admission primarily for administration of monoclonal antibodies or IV immunoglobulin infusion  
e. Experimental, investigational or unproven treatment devices and pharmacological regimens.  
f. Admission primarily for diagnostic and evaluation purposes only  
g. Any diagnostic expenses which is not related and not incidental to any illness which is not covered in this Policy  
h. Convalescence, rest cure, sanatorium treatment, rehabilitation measures, respite care, long-term nursing care, custodial care, safe confinement, de-addiction, general debility or exhaustion (“run-down condition”).  
i. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment)  
j. Admission for enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements  
k. Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.  
l. Psychiatric, mental disorders (including mental health treatments), Parkinson and Alzheimer’s disease.  
m. Sleep-apnoea.  
n. Congenital external diseases, defects or anomalies, genetic disorders.  
o. Stem cell therapy or surgery, or growth hormone therapy. |
### Medical Exclusions

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>p.</td>
<td>Venereal disease, sexually transmitted disease or illness;</td>
</tr>
<tr>
<td>q.</td>
<td>“AIDS” (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human Immunodeficiency Virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS Related Complex), Lymphomas in brain, Kaposi’s sarcoma, tuberculosis.</td>
</tr>
<tr>
<td>r.</td>
<td>Any expense attributable directly or indirectly to pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or child birth (including caesarean section), except in the case of ectopic pregnancy in relation to a claim under 1a) for In-patient Treatment only.</td>
</tr>
<tr>
<td>s.</td>
<td>Treatment for sterility, infertility (primary or secondary), assisted conception or other related conditions and complications arising out of the same.</td>
</tr>
<tr>
<td>t.</td>
<td>Birth control, and similar procedures including complications arising out of the same.</td>
</tr>
<tr>
<td>u.</td>
<td>The expense incurred by the insured on organ donation.</td>
</tr>
<tr>
<td>v.</td>
<td>Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.</td>
</tr>
<tr>
<td>w.</td>
<td>Dental treatment and surgery of any kind, unless requiring Hospitalisation.</td>
</tr>
<tr>
<td>xiii)</td>
<td>Any non-medical expenses mentioned on our website (<a href="http://www.apollomunichinsurance.com/download-forms/List-of-Non-Medical-Expenses.pdf">http://www.apollomunichinsurance.com/download-forms/List-of-Non-Medical-Expenses.pdf</a>)</td>
</tr>
<tr>
<td>xiv)</td>
<td>Healthcare providers (Hospitals /Medical Practitioners)</td>
</tr>
<tr>
<td>a.</td>
<td>Any Medical Expenses incurred using facility of any Medical Practitioners or institution that we have told you (in writing) is not to be used at the time of renewal or at any specific time during the policy period.</td>
</tr>
<tr>
<td>b.</td>
<td>Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.</td>
</tr>
<tr>
<td>c.</td>
<td>Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.</td>
</tr>
<tr>
<td>xv)</td>
<td>Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. Drugs or treatments which are not supported by a prescription.</td>
</tr>
<tr>
<td>xvi)</td>
<td>Any specific time bound or lifetime exclusion(s) applied by us and specified in the Schedule and accepted by the insured.</td>
</tr>
<tr>
<td>xvii)</td>
<td>Admission for administration of Intra-articular or Intra-lesional injections, Monoclonal antibodies like Rituximab/Infliximab/Trastuzumab, etc (Trade name Remicade, Rituxan, Herceptin, etc), Supplementary medications like Zolendronic acid (Trade name Zometa, Reclast, etc) or IV immunoglobulin infusion.</td>
</tr>
</tbody>
</table>

### What if I don’t pay premiums?

**Protection:**

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 will be deducted from any benefit payable.

In case you do not pay premiums before the end of grace period, the policy will lapse. All risk cover will cease and no benefits will be payable in case of lapsed policies.

Upon premium discontinuance, if surrender value is not acquired then the policy lapses without any value.

Upon premium discontinuance, if the policy has acquired surrender value, Death Benefit will be as follows.

- 10 times of the Annualised Premium
- 105% of Total Premiums Paid
- Paid Up Sum Assured

Where,

\[
Paid \text{ Up Sum Assured} = \text{Sum Assured on Death} + \text{Additional Benefits} \times \frac{(\text{Total Premiums Paid})}{(\text{Total Premiums Payable})}
\]
This benefit will be payable on the earlier of death and diagnosis of terminal illness.

Upon premium discontinuance, if the policy has acquired surrender value, Maturity Benefit for the ROP option will be as follows.

Paid Up Sum Assured = Guaranteed Sum Assured on Maturity × (Total Premiums Paid)/(Total Premiums Payable)

Health

Grace Period - Grace Period of 30 days for renewal is provided for the health policy.

Terms of Renewal:

Life-long Renewal: We offer life-long renewal regardless of your health status or previous claims made under your policy, unless the Insured Person or any one acting on behalf of an Insured Person acts in a dishonest or fraudulent manner or if there is any misrepresentation under or in relation to this policy or it pose a moral hazard.

Waiting Period: The waiting periods will get reduced by 1 year on every continuous renewal of your policy.

Renewal premium are subject to change with prior approval from IRDAI. Any change in benefits or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated at least 3 months in advance.

In the likelihood of this policy being withdrawn in future, intimation will be sent to insured person about the same 3 months prior to expiry of the policy. Insured Person will have the option to migrate to similar indemnity health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as Multiplier Benefit, waiver of waiting period etc; provided the policy has been maintained without a break as per portability guidelines issued by IRDAI.

Sum Insured Enhancement: Sum Insured can be enhanced only at the time of renewal subject to no claim having been lodged/paid under the Policy. If the insured increases the Sum Insured one grid up, no fresh medicals shall be required. In case where the Sum Insured increase is more than one grid up, the case shall be subject to medicals. In case of increase in the Sum Insured, waiting period will apply afresh for the amount by which the Sum Insured has been enhanced. However, the quantum of increase shall be at the discretion of the company.

Any Insured Person in the Click2Protect Health has the option to discontinue this policy and take an individual policy with the respective Insurer subject to terms and conditions of that policy and guidelines issued by IRDAI.

Can I surrender any policy?

Protection:

Surrender Values are payable during the policy term, provided no claims have been made under the policy. All surrender values are guaranteed and are described below. Special Surrender Values are equal to the corresponding Guaranteed Surrender Values.

1. All options except Income Replacement, Return of Premium, Life Long Protection & 3D Life Long Protection Options

<table>
<thead>
<tr>
<th></th>
<th>Single Pay (SP)</th>
<th>Limited Pay (LP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>70% × SP×</td>
<td>70% × Total Premiums Paid×</td>
<td></td>
</tr>
<tr>
<td>(Unexpired Policy Term / Original Policy Term)</td>
<td>(Unexpired Policy Term / Original Policy Term)</td>
<td></td>
</tr>
</tbody>
</table>

No surrender value is payable for all other cases

2. Income Replacement Option

<table>
<thead>
<tr>
<th></th>
<th>Single Pay (SP)</th>
<th>Limited Pay (LP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>70% × SP×</td>
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<td></td>
</tr>
<tr>
<td>(Unexpired Policy Term / Original Policy Term)</td>
<td>(Unexpired Policy Term / Original Policy Term)</td>
<td></td>
</tr>
</tbody>
</table>

No surrender value is payable for all other cases

3. Return of Premium Option

<table>
<thead>
<tr>
<th></th>
<th>Single Pay (SP)</th>
<th>Limited Pay (LP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>70% × SP×</td>
<td>70% × Total Premiums Paid×</td>
<td></td>
</tr>
<tr>
<td>Within first 3 policy years</td>
<td>30% × Total Premiums Paid</td>
<td></td>
</tr>
<tr>
<td>4th &amp; 5th Policy Year</td>
<td>50% × Total Premiums Paid</td>
<td></td>
</tr>
<tr>
<td>6th Policy Year onwards</td>
<td>[50% + (40%)/(PT - 5)] × Total Premiums Paid</td>
<td></td>
</tr>
<tr>
<td>90% × SP</td>
<td>Where, PT = Original Policy Term</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PY = Policy Year of Surrender</td>
<td></td>
</tr>
</tbody>
</table>

4. Life Long Protection & 3D Life Long Protection Options

<table>
<thead>
<tr>
<th></th>
<th>70% × Total Premiums Paid×</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Max (0,100 - Age at Surrender)) / (100 - Age at Entry)</td>
<td></td>
</tr>
</tbody>
</table>

- Surrender Value gets acquired immediately on payment of single premium
- For Limited and Regular Payment policies, Surrender Value gets acquired upon payment of premiums for 2 years - in case premium payment term is less than 10.
- For other cases, surrender value gets acquired on payment of premiums for 3 years

Health (Cancellation Other than free look cancellation)

You may terminate this Policy at any time by giving us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

<table>
<thead>
<tr>
<th>Length of time Policy in force</th>
<th>Refund of premium</th>
<th>Length of time Policy in force</th>
<th>Refund of premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upto 1 Month</td>
<td>75.00%</td>
<td>Upto 1 Month</td>
<td>87.50%</td>
</tr>
<tr>
<td>Upto 3 Months</td>
<td>50.00%</td>
<td>Upto 3 Months</td>
<td>75.00%</td>
</tr>
<tr>
<td>Upto 6 Months</td>
<td>25.00%</td>
<td>Upto 6 Months</td>
<td>62.50%</td>
</tr>
<tr>
<td>Exceeding 6 Months</td>
<td>Nil</td>
<td>Upto 12 Months</td>
<td>48.00%</td>
</tr>
<tr>
<td>Exceeding 18 Months</td>
<td></td>
<td>Upto 15 Months</td>
<td>25.00%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Upto 18 Months</td>
<td>12.00%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exceeding 18 Months</td>
<td>Nil</td>
</tr>
</tbody>
</table>

No surrender value is payable for all other cases
We shall terminate this Policy for the reasons as specified under aforesaid section Non Disclosure or Misrepresentation & section Dishonest or Fraudulent Claims of this Policy and such termination of the Policy shall be ab initio from the inception date or the renewal date (as the case may be), upon 30 day notice, by sending an endorsement to Your address shown in the Schedule, without refunding the Premium amount.

**Please Note:** Customer can continue with either part of the policy discontinuing the other during the policy term.

**Who will receive the benefit?**

**Protection**
The benefit on the first occurrence of death OR diagnosis of Terminal Illness will be paid to your nominee or you respectively. As per Section 39 of the Insurance Act, 1938, you can nominate a person /persons to receive the benefit under this policy.

During your lifetime and while your policy is in force, you may at any time, by written notice to us, designate any person or persons as a nominee to whom we shall pay benefits under this policy upon your unfortunate death/ diagnosis of Terminal Illness.

If you assign your policy as per Section 38 of the Insurance Act, 1938 any nomination made by you will be cancelled

**Health**
Apollo Munich Health will settle claims received under health section of this product subject to policy terms and conditions. We will only make claim payment to you and in the event of your death, We will make payment to the Nominee (as named in the policy schedule)

**Please Note:** HDFC Standard Life Insurance Company Limited will process all claims for Protection policy and Apollo Munich Health

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**Which are the Critical Illnesses covered under this plan? (Only applicable for Protection Benefit)**

<table>
<thead>
<tr>
<th>Cancer Related</th>
<th>Cardiac Related</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer of specified severity</td>
<td>Open Chest CABG</td>
<td>Kidney Failure requiring regular dialysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Major Organ/ Bone Marrow Transplant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stroke resulting in Permanent symptoms</td>
</tr>
<tr>
<td>MYOCARDIAL INFARCTION (First Heart Attack of specific severity)</td>
<td>Apallic Syndrome</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Benign Brain Tumour</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coma of specified severity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>End Stage Liver Disease</td>
<td></td>
</tr>
<tr>
<td>Open Heart Replacement or repair of heart valves</td>
<td>End Stage Lung Disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Loss of Limbs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Loss of Independent Existence</td>
<td></td>
</tr>
<tr>
<td>Major Surgery of Aorta</td>
<td>Blindness</td>
<td></td>
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<tr>
<td></td>
<td>Third Degree Burns</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major Head Trauma</td>
<td></td>
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<tr>
<td></td>
<td>Permanent Paralysis of limbs</td>
<td></td>
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<tr>
<td>Angioplasty</td>
<td>Scleroderma</td>
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</tr>
<tr>
<td></td>
<td>Alzheimer’s Disease / Irreversible Organic Degenerative Brain Disorders</td>
<td></td>
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<tr>
<td></td>
<td>Motor Neurone Disease with Permanent Symptoms</td>
<td></td>
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<tr>
<td>Cardiomyopathy</td>
<td>Multiple Sclerosis with Persistent Symptoms</td>
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<tr>
<td></td>
<td>Muscular Dystrophy</td>
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<tr>
<td></td>
<td>Parkinson's Disease</td>
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<tr>
<td></td>
<td>Poliomyelitis</td>
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<tr>
<td>Primary (Idiopathic) Pulmonary Hypertension</td>
<td>Deafness</td>
<td></td>
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<tr>
<td></td>
<td>Loss of Speech</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medullary Cystic Disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Systematic lupus Eryth with Renal Involvement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aplastic Anaemia</td>
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</tbody>
</table>
DEFINITIONS OF CRITICAL ILLNESSES

1. CANCER OF SPECIFIED SEVERITY
   
   I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

   II. The following are excluded:
   
   i. Any type of angina pectoris
   
   ii. Any rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

   iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

   iv. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

   v. New characteristic electrocardiogram changes

   vi. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

2. Open Chest CABG
   
   I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

   II. The following are excluded:
   
   i. Angioplasty and/or any other intra-arterial procedures

3. MYOCARDIAL INFARCTION
   
   (First Heart Attack of specific severity)

   I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

   i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

   ii. New characteristic electrocardiogram changes

   iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

   iv. Any type of angina pectoris

   v. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

   vi. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

   vii. New characteristic electrocardiogram changes

   viii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

4. Major Surgery of Aorta
   
   The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

   The following are excluded:

   a. Surgery performed using only minimally invasive or intra-arterial techniques.

5. Kidney Failure Requiring Regular Dialysis
   
   End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

6. Stroke Resulting In Permanent Symptoms
   
   Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

   The following are excluded:

   a. Transient ischemic attacks (TIA)

   b. Traumatic injury of the brain

   c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

7. Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders
   
   Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Member. This diagnosis must be supported by the clinical confirmation of an appropriate Registered Medical practitioner who is also a Neurologist and supported by the Company's appointed doctor.

   The following are excluded:

   a. Non-organic disease such as neurosis and psychiatric illnesses; and

   b. Alcohol-related brain damage.

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

9. Benign Brain Tumour
   I. Benign brain tumour is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
   II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
      i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
      ii. Undergone surgical resection or radiation therapy to treat the brain tumor.
   III. The following conditions are excluded:
      Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

10. Coma of Specified Severity
    A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
        - no response to external stimuli continuously for at least 96 hours;
        - life support measures are necessary to sustain life; and
        - permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
    The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

11. End Stage Liver Failure
    I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
       i. Permanent jaundice; and
       ii. Ascites; and
       iii. Hepatic encephalopathy.
    II. Liver failure secondary to drug or alcohol abuse is excluded.

12. End Stage Lung Failure
    End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
        i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
        ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
        iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg); and
        iv. Dyspnea at rest.

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

Activities of Daily Living are:
   - **Washing**: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
   - **Dressing**: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
   - **Transferring**: the ability to move from a bed or an upright chair or wheelchair and vice versa.
   - **Mobility**: The ability to move indoors from room to room on level surfaces.
   - **Toileting**: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
   - **Feeding**: the ability to feed oneself once food has been prepared and made available.

The following is excluded:
Any injury or loss as a result of War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion

14. Blindness
    I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
    II. The Blindness is evidenced by:
       i. corrected visual acuity being 3/60 or less in both eyes or;
       ii. the field of vision being less than 10 degrees in both eyes.
    III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

15. Third Degree Burns
    There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

16. Major Head Trauma
    I. Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
    II. The accidental head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond
I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

III. Diagnostic angiography or investigation procedures without stenting/stent insertion are excluded.

21. Cardiomyopathy
An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:

- Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced and
- Echocardiography findings confirming presence of cardiomyopathy and Left Ventricular Ejection Fraction (LVEF %) of 40% or less

The following are excluded:
Cardiomyopathy directly related to alcohol or drug abuse.

22. Parkinson’s Disease
Unequivocal Diagnosis of Parkinson’s disease by a Registered Medical Practitioner who is a neurologist where the condition:
- cannot be controlled with medication;
- shows signs of progressive impairment; and
-Activities of Daily Living assessment confirms the inability of the Member to perform at least 3 of the Activities of Daily Living as defined in this Policy, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons, for a continuous period of six months.

Only Idiopathic Parkinson’s Disease is covered. Drug-induced or toxic causes of Parkinson’s Disease are excluded.

The Activities of Daily Living are:
- Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility: the ability to move indoors from room to room on level surfaces;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available.

IV. The following are excluded:
- Spinal cord injury;

17. Motor Neuron Disease With Permanent Symptoms
Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

18. Multiple Sclerosis with Persistent Symptoms
I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
- investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

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

19. Open heart replacement or repair of heart valves
The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuoplasty are excluded.

20. Angioplasty
I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention
Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis shall be permanent with no hope of recovery and must be present for more than 3 months.

24. Primary (Idiopathic) Pulmonary Hypertension
I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:
   i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
   ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

25. Major Organ / Bone Marrow Transplant
I. The actual undergoing of a transplant of:
   i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
   ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:
   i. Other stem-cell transplants
   ii. Where only islets of langerhans are transplanted

26. Scleroderma
A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The systemic involvement should be evidenced by any one of the following findings -
   i. Lung fibrosis with a diffusing capacity (DCO) of less than 70% of predicted
   ii. Pulmonary hypertension with a mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation
   iii. Chronic kidney disease with a GFR of less than 60 ml/min (MDRD-formula)
   iv. Echocardiographic findings suggestive of Grade III and above left ventricular diastolic dysfunction

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

The following conditions are excluded:
- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fascitis;
- CREST syndrome.

27. Muscular Dystrophy
Diagnosis of muscular dystrophy by a Registered Medical Practitioner who is a neurologist based on three (3) out of four (4) of the following conditions:
   (a) Family history of other affected individuals;
   (b) Clinical presentation including absence of sensory disturbance, normal cerebro- spinal fluid and mild tendon reflex reduction;
   (c) Characteristic electromyogram; or
   (d) Clinical suspicion confirmed by muscle biopsy.

   The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least three (3) of the six (6) ‘Activities of Daily Living’ as defined, for a continuous period of at least six (6) months.

28. Poliomyelitis
The occurrence of Poliomyelitis where the following conditions are met:
   1. Poliovirus is identified as the cause and is proved by Stool Analysis,
   2. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

29. Medullary Cystic Disease
Medullary Cystic Disease where the following criteria are met:
   a) The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
   b) Clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
   c) The Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

   Isolated or benign kidney cysts are specifically excluded from this benefit.

30. Systematic lupus Erythematosus with Renal Involvement
Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens. For purposes of the definition of “Critical Illness”, SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.

Abbreviated ISN/RPS classification of lupus nephritis (2003):
   Class I - Minimal mesangial lupus nephritis
   Class II - Mesangial proliferative lupus nephritis
   Class III - Focal lupus nephritis
   Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis
   Class V - Membranous lupus nephritis
   Class VI - Advanced sclerosing lupus nephritis the final diagnosis
The life assured suffers an injury/accident due to which there is

• Physical Impairments:
  Disability as a result of injury or accident and is thereby rendered
  unable to work.

• Unable to Work:
  ATPD means when the life assured is totally, continuously and
  permanently disabled and meets either of the two definitions
  below:

  (a) Blood product transfusion;
  (b) Marrow stimulating agents;
  (c) Immunosuppressive agents; or
  (d) Bone marrow transplantation.

  The Diagnosis of aplastic anaemia must be confirmed by a bone
  marrow biopsy. Two out of the following three values should be
  present:
  - Absolute Neutrophil count of 500 per cubic millimetre or less;
  - Absolute Reticulocyte count of 20,000 per cubic millimetre or less;
  and
  - Platelet count of 20,000 per cubic millimetre or less.

32. Loss of Limbs
   The physical separation of two or more limbs, at or above the wrist
   or ankle level limbs as a result of injury or disease. This will include
   medically necessary amputation necessitated by injury or disease.
   The separation has to be permanent without any chance of
   surgical correction. Loss of Limbs resulting directly or indirectly
   from self-inflicted injury, alcohol or drug abuse is excluded.

33. Deafness
   Total and irreversible loss of hearing in both ears as a result of
   illness or accident. This diagnosis must be supported by pure tone
   audiogram test and certified by an Ear, Nose and Throat (ENT)
   specialist. Total means “the loss of hearing to the extent that the
   loss is greater than 90decibels across all frequencies of hearing” in
   both ears.

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

ANNEXURE 1
Definitions
1. Accidental Total Permanent Disability
   ATPD means when the life assured is totally, continuously and
   permanently disabled and meets either of the two definitions
   below:
   • Unable to Work:
     Disability as a result of injury or accident and is thereby rendered
     totally incapable of being engaged in any work or any occupation or
     employment for any compensation, remuneration or profit and
     he/she is unlikely to ever be able to do so.
   • Physical Impairments:
     The life assured suffers an injury/accident due to which there is
     total and irrecoverable loss of:
     i. The use of two limbs; or
     ii. The sight of both eyes; or
     iii. The use of one limb and the sight of one eye; or
     iv. Loss by severance of two or more limbs at or above wrists or
        ankles; or
     v. The total and irrecoverable loss of sight of one eye and loss by
        severance of one limb at or above wrist or ankle.

   The disabilities as stated under “Unable to Work” and “Physical
   Impairments” must have lasted, without interruption, for at least 6
   consecutive months and must, in the opinion of a medical
   practitioner (as defined below), be deemed permanent. The
   benefit will commence upon the completion of this uninterrupted
   period of 6 months. However, for the disabilities mentioned in (iv)
   and (v) under Part (2), such 6 months period would not be
   applicable and the benefit will commence immediately.

2. 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 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. Terminal illness due to AIDS
   is excluded. The definition of medical practitioner will be in line
   with Guidelines on Standardization in Health Insurance, and as
   defined below:

   A Medical Practitioner is a person who holds a valid registration
   from the Medical Council of any State or Medical Council of India or
   Council for Indian Medicine or for Homeopathy set up by the
   Government of India or a State Government and is thereby entitled
   to practice medicine within its jurisdiction; and is acting within the
   scope and jurisdiction of licence. The person must be qualified in
   allopathic system of medicine and shall not be the Life Assured
   himself/herself.

Terms & Conditions
A. Tax Benefits:
   Protection:
   Tax benefits under section 80C of the Income-tax Act, 1961, may
   available to an individual or HUF for the premiums paid subject to
   the conditions/ limits specified therein.

   Benefits received under a life insurance policy may be exempt
   under section 10 (10D) of the Income-tax Act, 1961, subject to the
   conditions specified therein.

   Please note that the above mentioned tax benefits are as per the
   current tax law. Your tax benefit may change if the tax law
   changes. Consult your tax advisor for your personal tax liabilities
   under the Income-tax law.

   Health:
   The premium amount paid under this policy qualifies for deduction
   under Section 80D of the Income Tax Act.

B. Cancellation in a free-look period:
   Protection & Health
   In case you are not agreeable to the any policy terms and
   conditions, you have the option of returning the policy to us stating
   the reasons thereof, within 15 days from the date of receipt of the
policy. The free-look period for policies purchased through distance marketing/Online (specified below) will be 30 days. On receipt of your letter along with the original policy documents, we shall arrange to refund you the premium, subject to deduction of the proportionate risk premium for the period on cover, the expenses incurred by us on medical examination if any and stamp duty.

Distance Marketing refers to insurance policies sold over the telephone or the internet or any other method that does not involve face-to-face selling.

**Protection**

C. Revival:
You can revive your lapsed policy within 2 consecutive years of lapse subject to the terms and conditions we may specify from time to time. Once the policy is revived, you are entitled to receive all contractual benefits.

D. Alterations: Policy term and premium paying term cannot be altered. Premium payment frequency can be altered.

**Protection & Health**

E. 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 for assignment or transfer can be specified by the Authority through Regulations.

8. 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.

9. 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.

10. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.

11. 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 of certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the Insurer.

12. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.

13. 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.

14. 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 policyholder or (c) not in public interest or (d) is for the purpose of trading of the insurance policy.

15. 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 E (Nomination) and F (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 Insurance Laws (Amendment) Act, 2015.

**G. Policy Loan:** No policy loans are available.

**H. Prohibition of Rebates: Section 41 of the Insurance Act, 1938 as amended from time to time states:**

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.

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of
premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by 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.

I. **Non-Disclosure: Section 45 of the Insurance Act, 1938 as amended from time to time states:**

(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.

J. **Taxes:**

Indirect Taxes

Taxes and levies as applicable will be charged and are 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.

K. If you buy this Combi product, discount of 5% on annual premiums paid towards both Life & Health will be offered as compared to the individual policy purchased under Life & Health. At any time during the validity of the policy, the Customer decides to opt out of the insurance coverage of one of the Insurer, the discount, if any, being offered to such Customer under the Combi-Product(s) shall not be available to the Customer going forward.

L. Where the risk is not accepted by one of the Parties, the Combi-Product(s) shall not be issued and the other Insurer shall be free to issue their respective policy individually to the Customers, if the Customer so desires, as if the business was done by that respective Insurer individually without any obligation of confirmation being taken from the other Insurer. Provided that if the Customer desires to take a policy individually from either of the Parties; the Customer shall not be entitled to the discount, if any, being offered under the Combi-Product(s) and would be governed by the terms and conditions of the individual policy being offered by either of the Parties.

M. Any insurer may terminate this tie up wholly or in part only with cause and after making a joint application for the requisite approval from IRDAI. The insurers agree that upon receipt of such approval from IRDAI, the insurers may terminate this tie up within a period of 90 (ninety) days from the date of such approval. The insurers may mutually decide to terminate the Agreement and intimate the same to you ninety (90) day prior to the termination of the relationship. However, Your Policy will continue until the expiry or termination of the coverage in accordance with the policy wordings for respective coverage.

N. Upon termination of the arrangement, each insurer has equal rights over the Customers sourced under this arrangement and it shall be at the sole discretion of the Customer with whom she/ he would like to continue his/ her insurance. However, both the insurer shall also mutually agree for Customer engagement/ servicing programme post termination of the arrangement. Each insurer shall remain liable for its respective portion of Click 2 Protect Health for all policies in force at the time of termination of the tie up until their expiry or lapse.
branches of both Insurers. Complaint belonging to any product shall be routed to the respective insurer who shall then respond / address to the Customer directly. Complaints shall be forwarded by the receiving Insurer to the respective Insurer within T+ 2 days, T being the complaint receivable date. In case the Customer is not satisfied with the resolution offered, Customer can also approach the Insurance Ombudsman in his region. Please refer relevant grievance redressal mechanism section mentioned under each policy document.

R. It is advised to familiarize with the policy benefits and policy service structure of the 'Combi Product' before deciding to purchase the policy.

S. Premium Component of both the products is separate and at the time of renewal customer can discontinue either part of the policy during the policy term and migrate into a similar individual policy with the respective insurer. The terms and conditions of the portion will be similar to the terms and conditions of the product, if it would have been sold in isolation.

T. According to Guidelines on Insurance repositories and electronic issuance of insurance policies issued by IRDAI dated 29th April, 2011, 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
Contact us today

**To buy: 1800-227-227** (Toll free)
(Available all days 10am to 7pm)

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**Registered Office:** HDFC Standard Life Insurance Company Limited, Lodha Excelus, 13th Floor, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.
Email: service@hdfclife.com, Tel. No: 1860 267 9999 (Mon-Sat 10 am to 7 pm) Local charges apply. Do NOT prefix any country code. e.g. +91 or 00.
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- IRDAI does not announce any bonus.
- Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.