Take care of
life's little big surprises

HDFC Life
Health Assure Plan
Health Assured. Pride Secured.

Health Plans

HDFC Life
Sar utha ke jiyo!

HEALTH INSURANCE PLAN:

A Mediclaim Plan Guide for Prospective Policy Holders

In todays fast paced & stressful life you are striving hard to give best of everything to your family. Yet you never know when you or your family may have to face any medical emergencies. If at all such situation arises, it puts pressure on your immediate cash flows. In the absence of adequate health insurance protection there may be a need to liquidate assets or borrow money to pay medical expenses[23]. Moreover in such situations other financial commitments of regular savings may take back seat thus impacting achievements of any long term financial goals. Even the cost of medical care is increasing day by day.

While it is important for you to adopt a healthy life style, it is also important to have a health insurance plan which will take care of some of the medical expenses that you may incur.

HDFC Life presents **HDFC Life Health Assure Plan**, a comprehensive, pure protection health insurance plan that reimburses medical expenses incurred in a hospital. The plan offers you the following key features:

- Cover for whole of life
- Option to increase the Sum Insured subject to the maximum limit or upgrade the type of plan, subject to underwriting on the completion of three policy years and every three years thereafter
- Cashless Claim Service[5] at specified Network[26] Hospitals across India
- Hassle free Claim Reimbursement Process
- Premium Guarantee for 3 years even if you make a claim
- Automatically doubles your cover after 2 claim free years
- Choice of Individual Cover and Family Floater Covers
- Flexibility to choose Restore Benefit Option[$], by paying additional premiums under all Plan Options.
- For policies with Sum Insured of Rs 5 Lakhs & above, additional flexibility to choose Room Rent Enhancement Option[#], by paying additional premiums.

3 EASY STEPS TO OWN YOUR PLAN

Step 1	Choose your Plan Type - Individual or Family Floater
Step 2	Choose your Plan Option - Gold or Silver
Step 3	Choose the Sum Insured[36]

PLAN DETAILS

1. Plan Type - You have flexibility to customize a plan as per your & your family s needs.

PLAN OPTION	SUM INSURED (₹)			
	SINGLE LIFE		FAMILY FLOATER	
	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM
Silver	3 Lakhs	3 Lakhs	3 Lakhs	5 Lakhs
Gold	5 Lakhs	5 Lakhs	7 Lakhs	10 Lakhs

Sum Insured is the maximum amount of claim per policy per year that can be availed. This amount may increase in subsequent years due to Multiplier Benefit (please refer to the Multiplier Benefit Section for details.).

PLAN DETAILS

2. Plan Eligibilities - Age and policy term limits for HDFC Life Health Assure Plan are as follows:

AGE* AT ENTRY (Yrs.)		POLICY TERM	PREMIUM FREQUENCY
MINIMUM	MAXIMUM		
18 for adults and policyholder	70	Whole life plan	Annual
91 days for dependent children			

*Age Last Birthday

3. Eligible Family Members - Under the Family Floater plan type, you may cover your spouse, children, both parents and parents-in-law subject to underwriting norms.

PLAN BENEFITS

HDFC Life Health Assure Plan provides a host of benefits. The benefits you get will depend upon the plan option you have chosen as mentioned below:

	PLAN TYPE →	Single Life		FAMILY FLOATER			
	PLAN OPTION →	SILVER	GOLD	SILVER		GOLD	
	SUM INSURED →	₹ 3 LAKHS	₹ 5 LAKHS	₹ 3 LAKHS	₹ 5 LAKHS	₹ 7 LAKHS	₹ 10 LAKHS
	BENEFITS						
Benefits within Annual Limit[2]	Inpatient [19] Hospitalisation	Covered		Covered			
	Day Care Benefit [10]	Covered		Covered			
	Pre and Post Hospitalisation [31 & 30]	Covered		Covered			
	Emergency Ambulance	Covered		Covered			
	Donor Expense Benefit	Covered		Covered			
	Maternity Benefit [21]	Not Covered		Not Covered		Covered	
	Hospital[15] Cash Benefit	Not Covered	Covered	Not Covered		Covered	
Additional Benefit	Wellness Benefit	Not Covered	Covered	Not Covered		Covered	

Benefits Description

The plan will cover eligible actual medical expenses under the benefits described below up to the applicable Annual Limit only. The amount payable under all the benefits described below will be added to determine utilization of Annual Limit.

1. Inpatient Hospitalization Benefit[19] - If you or any of your insured family member suffers an illness[17] or meets an accident1 and is hospitalized for a period exceeding 24 hours, this benefit will reimburse medical expenses incurred by the life insured on:

i. Room Rent[35], which will be paid on actual expenses incurred subject to a per day limit of 1% of Sum Insured for hospitalisation[16] in regular rooms/wards and 2% of Sum Insured for hospitalization in an intensive care unit (ICU)[20].If the Room Rent Enhancement is opted for, the limit of 1% of Sum Insured will not apply provided the room chosen for treatment is a standard private room.

ii. Nursing Charges, Surgeons , Anesthetists , Dieticians and other Doctors fees (provided the same is included within the hospitalisation bill)

iii. Investigation charges including pathology, radiology and other diagnostic tests during hospitalisation

iv. Cancer treatment including chemotherapy and radio therapy

v. Cost of Artificial Limbs, subject to maximum of Rs. 25,000 per life insured per annum

vi. ICU charges, Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and X-Rays, dialysis, cost of pacemaker, Angioplasty stents, Heart prosthetic valves and joint replacement implants

The claim would be subject to:

- The maximum of sum insured,
- Applicable sub-limits, if any

- Any other exclusions applicable to the type of expense claimed or the type of ailment as mentioned herewith.

Please refer to section 30 of Annexure 1 for more details.

2. Day Care Benefit[10] - We will pay actual permissible medical expenses incurred upon undergoing any of the Day Care procedures listed in Annexure 2 where 24 hour hospitalisation is not necessary. Any other procedures which do not require the minimum 24 hour hospitalisation due to subsequent advancement in Medical Technology will be considered under Day Care Benefit only if they are preauthorized. This list can be modified from time to time subject to prior approval from IRDAI.

3. Pre and Post Hospitalisation Benefit[31] & [30]- We will pay the actual medical expenses incurred by you up to 30 days prior to the date of admission and 60 days from the date of discharge of Inpatient Hospitalisation or Day Care Benefit, subject to maximum amount of 10% of policy Sum Insured. This benefit will be payable only if the Inpatient Hospitalisation Benefit or Day Care Benefit is payable.

4. Emergency Ambulance Benefit - We will pay the actual expenses incurred up to Rs. 2,000 per policy year per insured member towards ambulance service provided to transport the insured member who is admitted in the hospital. This benefit is payable only in case the hospitalisation is in an ICU or Emergency ward/care[39] of the hospital and the Inpatient Hospitalisation Benefit is eligible for payment.

5. Donor Expense Benefit - We will pay the actual medical expenses incurred during the procedure of donation of an organ provided the insured member is a recipient of the organ. This includes any hospitalisation expense incurred by the Donor. However we will not pay the cost of the organ. Pre and Post hospitalisation expenses incurred by the insured member only (who is recipient of the organ) will be payable.

6. Maternity Benefit[21] - If you have taken Gold Family Floater option, then we will reimburse the actual medical expenses incurred by the insured life towards Hospitalisation as an inpatient due to pregnancy or any complications thereof, including delivery and medical termination of pregnancy. The total medical expenses that we will reimburse will be subject to a maximum limit of 3% of the Sum Insured per pregnancy, provided that:

- The policy is a family floater policy wherein the female insured life is either a Policyholder herself or spouse of Policyholder
- The life insured (female life) has been covered in the family floater policy for at least three continuous years.

This benefit is subject to following additional conditions:

- Pre and post hospitalisation expenses will not be payable
- This benefit shall be available only for two episodes of pregnancy in lifetime of insured life, including new policies taken by the life insured with the company
- This benefit is not available to lives insured which were included in the family floater policy as dependent children and/or dependent adults other than the spouse of Policyholder
- Expenses of new born child/baby[27] from a successful delivery will not be payable under this benefit. No reimbursements for any vaccinations will be done.

7. Hospital Cash Benefit - If you have taken Gold plan option (Individual or Family Floater) and are admitted to a hospital for period exceeding 24 continuous hours, then we will pay Hospital Cash Benefit for each day of hospitalization. This benefit is not a stand-alone benefit and shall be paid along with settlement of claim payable under Inpatient Hospitalisation Benefit and is payable from within the Annual Limit.

Policy Sum Insured (₹)	5 Lakhs	7 Lakhs	10 Lakhs
Per Day Amount (₹)	500	700	1000

WELLNESS BENEFIT

If you have taken Gold plan option (Individual or Family Floater) we will provide you Wellness Health check-up Vouchers which can be redeemed at any of the network diagnostic center/providers towards Health Check-up. These Wellness Vouchers will bear a value equal to 0.1% of Sum Insured and must be utilized within 1 year of issue. These Wellness Vouchers will not be exchanged for cash and are not transferrable and have to be utilized only by the life insured. These Wellness Vouchers will be provided every three years starting from second policy year. HDFC Life will ensure a valid Wellness voucher is honoured. **The value of these Wellness Vouchers does not reduce your Annual Limit.**

Policy Sum Insured (₹)	5 Lakhs	7 Lakhs	10 Lakhs
Benefit Value (Per Insured Member) (₹)	500	700	1000

MULTIPLIER BENEFIT[8]

In case you do not make any claim for any of the insured member in any policy year, we will reward you with a Multiplier Limit equal to 50% of your policy Sum Insured in the following year. If you do not make any claim even in the second consecutive year, your Multiplier Limit will increase to 100% of policy Sum Insured. Thus your Annual Limit may increase to maximum of 200% of your policy Sum Insured in case there are no claims in two consecutive years.

Similarly, if you make a claim in any year, in the following year we will reduce the Multiplier Limit by 50% of your policy Sum Insured. Claims in two consecutive years will reduce the Multiplier Limit to 0%. However at no point will the Annual Limit fall below your policy Sum Insured, irrespective of any number of claims in the previous year.

Following is an illustration of How Multiplier Benefit multiplies your coverage if there are no claims in any year:

	AT INCEPTION	AFTER ONE CLAIM FREE POLICY YEAR	AFTER TWO CONSECUTIVE CLAIM FREE POLICY YEARS
Sum Insured	10 Lakhs	10 Lakhs	10 Lakhs
Multiplier Limit	Nil	5 Lakhs	10 Lakhs
Annual Limit	10 Lakhs	15 Lakhs	20 Lakhs

In case if the policyholder decides to increase the Sum Insured, the multiplier benefit will apply separately for the original Sum Insured and increased amount based on the respective claim-free durations (in years)

$RESTORE BENEFIT

If the Basic Sum Insured and multiplier benefit (if any) is exhausted due to claims made and paid during the Policy Year or made during the Policy Year and accepted as payable, then it is agreed that a Restore Sum Insured (equal to 100% of the Basic Sum Insured) will be automatically available for the particular policy year, provided that:

- The Restore Sum Insured will be enforceable only after the basic sum insured including the multiplier bonus have been completely exhausted in that year
- The Restore Sum Insured can be used for claims made by the Insured Person in respect of the following basic benefits covered by the policy:
  - Inpatient Hospitalization Benefit
  - Pre-Hospitalization
  - Post-Hospitalization
  - Day Care Procedures
  - Organ Donor
  - Emergency Ambulance
- The Restore Sum Insured can be used for only future claims made by the Insured Person and not against any claim for an illness/disease (including

its complications) for which a claim has been paid in the current policy year.

- No Multiplier Benefit will apply to the Restore Sum Insured.
- The Restore Sum Insured can be used for Multiple claims in the Policy year of restoration until the restored Sum Insured is exhausted. However, the restoration of Sum Insured will happen only once in a Policy Year and once exhausted there will be no subsequent restoration.
- If the Restore Sum Insured is not utilized in a Policy Year, it shall not be carried forward to any subsequent Policy Year.

If the Policy is a Family Floater, then the Restore Sum Insured will only be available In respect of claims made by those Insured Persons who were Insured Persons under the Policy before the Sum Insured was exhausted.

The Restore Benefit Option can only be opted at the inception of the policy.

#ROOM RENT ENHANCEMENT

- The product has a sub-limit on room rent equal to 1% of the Sum Insured. The Policyholder can instead opt for an enhanced limit, wherein the Sum Insured linked sub limit shall not be applied as long as a standard private room is opted for.
- This optional benefit can only be opted for Sum Insured of Rs 5 Lakhs and above and is subject to the payment of additional premiums.
- The Room Rent Enhancement Option can only be opted at the inception of the policy.

OTHER BENEFITS

Benefits on Death

Death of Policyholder

- In case of Single Life option where Life Insured is the Policyholder himself, the Policy will automatically terminate upon death of the Policyholder. There will be no refund of Premium.
- In case of Policy with Single Life option where Life Insured is not the Policyholder himself and in Family Floater Policy, the Policy shall continue to remain in-force for surviving Lives Insured up to the next Premium Due Date. Any of the surviving Lives Insured eligible to contract can make a fresh application and can continue the cover from such Premium Due Date. We will issue a new Policy with continuity of benefits and without any fresh underwriting at the then prevailing premium rates, terms and conditions.

Death of Life Insured

- In case of death of a Life Insured the coverage will cease from date of death of the Life Insured without any refund of Premium. In case of Family Floater Policies the eldest of the remaining members will become the main life insured and the Policy will continue to remain in-force for surviving Lives Insured.
- Upon receiving intimation from Policyholder about the death of Life Insured along with death certificate prior to next Premium Due Date, the Premium payable on the next Premium Due Date shall be calculated on the surviving Lives Insured for whom the coverage shall continue.
- There is no death benefit payable upon death of the Life Insured. However a claim for covered benefits incurred prior to death of Life Insured will be payable subject to terms and conditions stated herein.

This plan is a pure protection health indemnity plan and it does not provide any life cover. The plan also does not provide any maturity value or surrender value.

OPTIONS

The following options are available under the product:

- Conversion Option from Family Floater to Single Life
- Conversion Option from Single Life to Family Floater
- Option to increase the Sum Insured subject to the maximum limit or upgrade the type of plan, subject to underwriting
- Option to add a new member or remove a member under a Family Floater plan subject to terms and conditions
- Miscellaneous alterations; namely, change of address, correction in Name, correction in Date of Birth, change of Address, change of Nominee/ Appointee, issuance of duplicate policy.

Conversion from Family Floater to Single Life will be allowed where the customer need justifies the same such as divorce, death etc. The option to increase the Sum Insured or upgrade the type of plan or to convert plan option shall be available on the completion of three policy years and every three years thereafter. The option to add or remove a member under a Family Floater plan shall be available on every policy anniversary. Upgrading the type of plan represents a switch by the policyholder from a 'Silver plan option to a 'Gold plan option. Any increase in sum insured or upgrade of plan type as a result of exercising any of the above options shall be subject to applicable underwriting requirements. In addition, exclusions relating to pre-existing conditions and waiting periods shall apply to the extent of increased sum insured or additional benefits from the effective date of alteration.

In case of death of the main life under Family Floater policies, the eldest of the remaining members will become the main life and the policy continues.

A Family Floater policy will be converted to a Single Life policy on policy anniversary if only one member remains under the Family Floater policy.

Conversion Option for Dependent Children

The plan offers the flexibility for children covered under family floater plans who have attained the age of 18 years to convert their cover in to a separate policy with continuity of benefits and without any fresh underwriting up to the Sum Insured in the family floater policy wherein they were originally covered.

Any addition of life into the (converted) new policy shall also be subject to underwriting norms and all time bound exclusions and waiting period shall apply for such added lives.

Please note that the following options are not available under the product:

- Option to downgrade from Gold plan to Silver plan
- Option to reduce the Sum Insured except in case of transfer from Family Floater to Single Life

WAITING PERIOD AND EXCLUSIONS

Waiting period will apply to **ALL** Insured Members individually covered under the plan as per their date of entry into the policy.

30 Days Waiting Period

We will not pay any medical expenses incurred by the life insured within 30 days of the coverage effective date or reinstatement effective date whichever occurs later, except where such medical expenses are incurred for treatment of a condition caused by an Accident. This waiting period does not reapply if the policy is renewed without a break.

Two Years Waiting Period

Following conditions and treatments thereof are covered only after 24 consecutive months of continuous coverage have elapsed since the coverage effective date. In case of revival or reinstatement of the policy, only the remaining part, if any, of the waiting period applies.

ENT	Gastrointestinal
Adenoid and Tonsillar Disorder	Surgery of gallbladder and bile duct stones
Deviated Nasal Septum / Nasal & Paranasal Sinus Disorders	Gastric/Duodenal Ulcer
Thyroid surgery for benign conditions	All types of Hernia, Hydrocele
Functional endoscopic sinus surgery	Hemorrhoids, Anal Fissure, Fistula, Rectal prolapse, pilonidal sinus
Gynaecological	**Urogenital**
Benign breast disorder	Surgery of urinary stones
Myomectomy, Hysterectomy with or without Bilateral salphingo-Opherectomy excluding malignancy	Benign enlargement of prostate gland
Orthopaedic	Varicocele, spermatocele
Carpal tunnel syndrome	Treatment for Chronic renal failure or end stage renal failure
PIVD(unless due to accident)	**Others**
Osteoporosis, Gout and Rheumatism	Skin conditions
Osteoarthritis and Degenerative joint disorders	Varicose Veins/Ulcers
Knee/Joint Replacement Surgery (other than caused by an accident). For Knee replacement, Actual expenses incurred subject to a maximum of ₹ 1.5 Lakhs whichever is lower, per life insured per knee per annum will be payable after the waiting period is over.	Vitrectomy/Detachment surgery for Retinopathy
	Cataract and age related eye conditions. Actual expenses incurred subject to a maximum of ₹ 20,000 per eye per life insured per annum will be paid towards Cataract after the Waiting period
	Diabetes and related treatments

Three Year Waiting Period

We will not pay any claim under the Maternity Benefit until 36 months of continuous coverage have elapsed since the coverage effective date. In case of revival or reinstatement of the policy, only the remaining part, if any, of the waiting period applies.

Pre-Existing Conditions[32]

Benefits under this policy will not be available for any Pre-Existing condition(s) as defined above, until 36 consecutive months of continuous coverage have elapsed since coverage effective date. In case of revival or reinstatement of the policy, only the remaining part, if any, of the 36 month waiting period applies.

Permanent Exclusions

Please refer to Annexure 1

GRACE PERIOD[14]

Premium(s) due on this policy should be paid on or before the premium due date. You are advised to pay the premium in time to continue enjoying the benefits of this policy. However, in case you are unable to do so, you have a grace period of 30 days after the premium due date within which you can pay the due premium. If you pay the due premium within grace period the policy will continue without any break.

Following conditions will apply during grace period.

- The cover under the policy shall remain in-force during the grace period; however you will not be entitled to use the cashless claims service.
- Claims that occur during grace period can be submitted to us for reimbursement if you renew the policy by paying the necessary premium within grace period.
- The cash less claims service will resume after you have paid the renewal premium within the grace period.

LAPSE AND REINSTATEMENT

Policy Lapse

If you do not pay due premium before the expiry of grace period, the policy will lapse with effect from the premium due date and any claims that occur after premium due date (including claims that may occur during grace period) will not be admissible. All benefits under this policy will cease.

Policy Re-instatement

If your policy is lapsed, you may request us in writing to reinstate your policy within 2 consecutive years from the date of discontinuance of the policy. During this period the policyholder shall be entitled to revive the policy which was discontinued due to non - payment of premium. We will consider reinstating your policy as per the board approved underwriting policy. Following conditions will apply:

- The reinstatement request is required to be made for all surviving lives originally covered under the lapsed policy and should be accompanied with pending premium amount along with any interest that is advised by us. The current interest rate used for revival is 10.5% p.a.
- The reinstatement request will require fresh evidence of insurability. We may request for additional information or may ask for medical examination before taking a decision on the reinstatement of the Policy. Cost of such medical examination has to be borne by you.
- Any agreement to reinstate would at least be subject to the all lives insured providing satisfactory evidence of good health. Reinstatement request will attract the following:
  - Initial 30 day Waiting Period will apply afresh.
  - If the policy is revived within 60 days, only the remaining part of all time bound exclusions and waiting periods will apply.
  - If the policy is revived after 60 days, all time bound exclusions and waiting periods will be applied afresh.

CONVENIENT CLAIM PROCESS[29]

You or any of the lives insured in your family have the option to avail Cashless Claim Service or claim the medical expenses incurred as Reimbursement.

Cashless Claims Service:

- You may avail the Cashless Claims Service at any of the network hospitals as identified by us and empanelled by our appointed Third Party Administrator (TPA). You and all lives insured will be provided with a Health Identity Card with a unique membership ID which will enable you to avail of Cashless Claims Service.
- You will also be provided with a list of network hospitals, where you can avail the Cashless Claim Service. You may contact the TPA to get an update on the most current list of network hospitals or to find out a hospital located nearest to your place of residence.
- In case of a planned hospitalisation, you are advised to seek pre-authorization from the TPA prior to taking admission at any network hospital.
- At the time of admission, you will need to produce the Health Identity Card.
- The network hospital will contact the TPA for pre-authorisation of the Cashless Claim Service.
- If Cashless Claim Service is authorised, you will not be billed by the hospital to the extent of the amount pre-authorized by the TPA.
- On discharge, you are expected to verify the hospital bills for its accuracy and sign it. Any additional amount that you may have to pay at the time of discharge (over and above the amount pre-authorized), can be claimed by you by submitting the necessary claim documents to our TPA within 7 days of discharge.
- In case of a medical emergency (cardiac condition or accident resulting in admission to an ICU or emergency ward), the TPA must be notified within 24 hours of admission.

- If the Cashless Claim Service is denied for any unforeseen reason, you may submit your claim as Reimbursement Claim after you have discharged from the hospital.

We may change the TPA or alter the terms and conditions for Cashless Claims Service. The latest terms and conditions will be available on our website. Please refer the same before making a cashless claim request.

Reimbursement Claims (Non Cashless Hospitalisation):

If you wish to get admitted to a hospital that is out of network or not avail the Cashless Claim Service, then you may submit your claim to us or with our TPA along with relevant claim documents and original bills.

- You have to get admitted as per the procedure of the hospital.
- You have to intimate us or the TPA about the hospitalisation before being discharged.
- On discharge you will have to settle the hospital bill.
- Within 7 days of discharge, you have to submit the claim documents to us or the TPA.

Hospital Cash Benefit (Gold plan):

If you opt for Gold Plan under this policy and we agree to pay the Inpatient Hospitalisation benefit, Hospital Cash Benefit will also become payable to you for the number of days you spend in the hospital (excluding the first 24 hours).

If you avail Cashless Claim Service, then the amount payable under Hospital Cash Benefit will be paid to you only after receipt of all claim documents by our TPA post your discharge from the hospital.

If you do not avail Cashless Claim Service, then the Hospital Cash Benefit will be paid along with the claim for Inpatient Hospitalisation Benefit

Cost Sharing

Co-payment[7]

Co-payment of 20% shall apply in non-network hospitals. The balance amount shall be paid by us, subject to Annual Limit.

Pro-ration of Claims

In instances if you opt for a room having rent higher than the eligible room rent, then:

- expenses which vary based on the room category (for e.g. doctor/nursing charges) will be pro-rated in the ratio of eligible room rent divided by actual room rent
- other expenses such as pharmacy, consumables etc. will not be pro-rated.

This will apply irrespective of whether you are admitted into a network or non-network hospital.

Illustration of applicability of Co-pay and Pro-ration of Claims

TYPE OF PAYMENT TO BE BORNE BY YOU	NETWORK HOSPITAL	NON NETWORK[28] HOSPITAL
20% Co-pay	No	Yes
Pro-ration	Yes	Yes

Nomination

1) The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
2) Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.
3) Nomination can be made at any time before the maturity of the policy.
4) Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.
5) Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
6) A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.
7) Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
8) A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
9) The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment) Act, 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

Assignment or Transfer:

As per the prevailing regulations, assignment of this policy is not allowed.

The section on Nomination is a simplified version prepared for general information only and hence is not comprehensive. For full text of this section please refer to Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

Tax Benefits

You may be eligible for tax benefits under section 80D of the Income Tax Act 1961. The maximum deduction that can be claimed currently is Rs. 35,000 (Inclusive of additional deduction of Rs. 20,000 in case of insurance on the health of the parent(s) who are senior citizens), subject to the provisions contained therein.

The above-mentioned tax-benefits are subject to changes in the tax laws.

Cancellation in the Free-Look period[4]

In case you are not agreeable to any of the 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 (as defined by IRDAI) will be 30 days. On receipt of your letter along with the original policy documents, we shall arrange to refund you the premium amount paid subject to deduction of the proportionate risk premium for the period on cover, the expenses incurred by us on medical examination and stamp duty. A policy once returned shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new policy.

Policy Loans are not available on this plan.

Premium Review & Guarantee:

The product is a whole of life plan. As required by prevailing regulations, the premiums shall remain unchanged for a period of three years from the date of issue. Upon the completion of three policy years, the premiums shall be revised for a further block of three years, based on the then prevailing tabular

premium rates and the attained age of the lives insured. Premiums shall, therefore, be unchanged for each block of three years and will be revised every three years.

Any revision in the tabular premium rates shall be subject to prior approval from the IRDAI.

Option to increase the Sum Insured or upgrade the type of plan

The option to increase the Sum Insured or upgrade the type of plan shall be available on the completion of three policy years and every three years thereafter.

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.

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 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.

Service Tax:

As per the Service Tax Laws, service tax is applicable on the life insurance premium and also on the charges. Any other indirect tax or statutory levy becoming applicable in future may become payable by you by any method we deem appropriate including by levy of an additional monetary amount in addition to the premium.

Annexure1

Permanent Exclusions

Unless expressly stated to the contrary in this Policy, we will not make any payment for any claim in respect of any Life Insured if it is directly or indirectly-caused by, arises from or is in any way attributable to any of the following:

1. **Treatment received outside India**
   Any medical expenses incurred for or arising out of treatment taken outside India
2. **Non Allopathic and Experimental Treatment**[3&38]
   a) Any Non-Allopathic treatment
   b) Treatment provided by a medical practitioner who is not recognized by the Medical Council of India
   c) Experimental, investigational or unproven treatment, devices and pharmacological regimens
3. **Breach of Law**
   Any Illness or Injury[18] directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Life Insured with any criminal intent.
4. **Conflicts and Disasters**
   War, or any act of War, invasion, act of foreign enemy, war like operations (whether war be declared or not), civil war, usurped act, rebellion, revolution, insurrection, nuclear weapons / materials, chemical and biological weapons and radiation of any kind.
5. **Military Services**
   Involvement in the naval, military, or air force operations
6. **Aviation**
   A direct consequence of participation by the Life insured in any flying activity other than on a scheduled commercial airline as a bona fide passenger (whether fare paying or not), pilot or crew member.
7. **Hazardous Activities**
   Life Insured s participation or involvement in racing, diving, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
8. **Self Inflicted injuries or attempted suicide**
   Treatment for, or arising from, an injury that is intentionally self-inflicted, including attempted suicide.
9. **Substance Misuse and De-addiction**
   The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs (not prescribed by Registered Medical Practitioner) and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
10. **Rehabilitation and Convalescence**
    Convalescence, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care, general debility or exhaustion ("run-down condition")
11. **Cosmetic treatments**
    Aesthetic treatment, cosmetic surgery or plastic surgery or related treatment of any description including any complications attributable to such treatments other than as may be necessitated due to an Accident, cancer or burns.
12. **Sleep and Obesity**
    Weight management services and treatment, vitamins and tonics related to weight reduction programmes including treatment of obesity (including morbid obesity) and any treatment related to sleep disorder or sleep apnoea syndrome.
13. **Hormone Replacement Therapy**
    Medical expenses incurred by Life Insured for any type of hormone replacement therapy
14. **Dental treatments**[11]
    Any dental treatment or surgery unless necessitated due to an Accident.
15. **Routine Eye(s) and (Ear) ailments**
    Cost of routine eye and ear examinations, cost of spectacles, laser surgery for correction of refractory errors, contact lenses, hearing aids, dentures and artificial teeth.
16. **HIV/AIDS**
    Any treatment for or treatment arising from Human Immunodeficiency Virus (HIV) or Acquired Immuno-Deficiency Syndrome (AIDS), including any condition that is related to HIV or AIDS.
17. **Sexually transmitted Disease and other Sexual problems**
    a) Treatment for any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.
    b) Treatment of any sexual problem including impotence (irrespective of the cause) and sex changes/ gender reassignments or erectile dysfunction.
18. **Circumcision**
    Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.
19. **Birth Control and Assisted Reproduction**
    a) Any type of contraception, sterilization and family planning
    b) Treatment to assist reproduction, including IVF treatment
20. **Pregnancy**
    Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident or Illness), childbirth, maternity (including caesarean section), abortion or complications of any of these.
    This exclusion does not apply in case of ectopic pregnancy and pregnancy eligible for payment under 'Maternity Benefit' as described in this policy
21. **Pre and post hospitalisation expense exclusion for Maternity Benefit**
    The Pre and Post Hospitalization expense will not be payable in case of Maternity Benefit claim.
22. **Psychological disorders**
    Any expense incurred on Treatment of mental illness, stress, psychiatric or psychological disorder.
23. **Congenital Conditions**[6]
    Treatment of any Congenital Anomaly or illness or defects or anomalies or treatment relating to birth defects
24. **Items of personal comfort and non medical expenses**
    Items of personal comfort and convenience, including but not limited to:
    a) Telephone, television, diet charges (unless included in room rent) personal attendant or barber or beauty services, baby food, cosmetics, napkins, toiletry items, guest services and similar incidental expenses or services.
    b) Private nursing/attendant's charges incurred during Pre Hospitalisation or Post-Hospitalisation.
    c) Non-prescribed drugs and medical supplies
    d) Issue of medical certificate and examinations as to suitability for employment or travel or any other such purpose.
    e) Any charges incurred to procure any treatment/Illness related documents pertaining to any period of hospitalisation/Illness.
    f) External and or durable medical/non medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion pump

g) Ambulatory devices i.e. walkers, crutches, belts and braces(may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine) collars, caps, splints, slings, braces, stockings of any kind, diabetic foot wear, glucometer /thermometer and similar items and also any medical equipment which is subsequently used at home.

h) Nurses hired in addition to the Hospital's own staff.

25. Preliminary diagnostics and Examination

a) Charges incurred primarily for diagnostic, X-ray or laboratory examination not consistent with or not incidental to the diagnosis and treatment of positive existence or presence of any Illness or Injury for which Inpatient hospitalisation / Day Care treatment is required.
This exclusion does not apply to health checkups undertaken within the scope of Wellness Benefit.

b) Any Hospitalisation primarily for investigation and /or diagnosis purpose.

26. Domiciliary Treatment/Hospitalisation[13]

Any expenses arising out of Domiciliary Treatment/Hospitalisation. Domiciliary treatment means any treatment not taken in the confines of a hospital.

27. Expenses of Life Insured as Donor

Expenses related to donor screening, treatment, including surgery[37] to remove organs from a donor in the case of transplant surgery, where the life insured acts as a donor.
This exclusion will not apply where life insured is an organ recipient

28. Stem Cell Banking

Stem cell implantation, harvesting, storage or any kind of treatment using stem cells.

29. Failure to take Reasonable Medical Care[22]

We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Life Insured had taken reasonable care, or that is brought about or contributed to by the Life Insured failing to follow the directions, advice or guidance provided by a Registered Medical Practitioner[24]

30. Expenses Other than Reasonable and Customary Medically Necessary[25]

a) Any treatment or part of a treatment that is not of a reasonable and customary charge, not medically necessary, drugs or treatments which are not supported by a prescription.

b) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing

31. Immunisation & Nutritional treatment

All preventive care, vaccination including inoculation and immunizations (except in case of post-bite treatment), any physical, psychiatric or psychological examinations or testing, enteral feedings (infusion formulae via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Registered Medical Practitioner as a direct consequence of an otherwise covered claim.

32. Others

Apart from the above mentioned exclusions, we are covering all other scenarios, procedures or conditions.

ANNEXURE 2:

LIST OF DAY CARE PROCEDURES

NERVES	
1	Therapeutic Drainage of spinal canal
2	Operations on spinal nerve root
3	Excision of peripheral nerve
4	Destruction of peripheral nerve
5	Extirpation of lesion of peripheral nerve
6	Microsurgical repair of peripheral nerve
7	Carpal tunnel release
8	Canal of guyon release
9	Cubital tunnel release
10	Neurostimulation of peripheral nerve
11	Excision of sympathetic nerve
12	Chemical destruction of sympathetic nerve
13	Radiofrequency controlled thermal destruction of sympathetic nerve
EYE	
14	Extirpation of lesion of orbit
15	Therapeutic operations on eyebrow
16	Therapeutic operations on canthus
17	Extirpation of lesion of eyelid
18	Excision of redundant skin of eyelid
19	Reconstruction of eyelid
20	Correction of deformity of eyelid
21	Correction of ptosis of eyelid
22	Incision of eyelid
23	Operations on lacrimal gland
24	Connection between lacrimal apparatus and nose
25	Operations on nasolacrimal duct
26	Operations on muscles of eye
27	Extirpation of lesion of conjunctiva
28	Repair of conjunctiva
29	Extirpation of lesion of cornea
30	Closure of cornea
31	Incision of cornea
32	Excision of sclera
33	Buckling operations for attachment of retina
34	Excision of iris
35	Filtering operations on iris
36	Incision of iris
37	Extirpation of ciliary body
38	Extracapsular extraction of lens
39	Incision of capsule of lens
40	Insertion of Prosthesis of lens
41	Operations on vitreous body
42	Operations on retinal membrane
43	Photocoagulation of retina for detachment
44	Destruction of lesion of retina
45	Fixation of retina
46	Evaluation of retina
47	Destruction of subretinal lesion
48	Operations on posterior segment of eye
EAR, NOSE & THROAT	
49	Operations on thyroglossal tissue
50	Excision of parathyroid gland
51	Excision of external ear lesions
52	Extirpation of lesion of external ear
53	Exenteration of mastoid air cells
54	Attachment of bone anchored hearing prosthesis
55	Repair of eardrum
56	Drainage of middle ear
57	Reconstruction of ossicular chain
58	Stapedectomy
59	Extirpation of lesion of middle ear
60	Rhinoplasty for traumatic injuries
61	Therapeutic operations on septum of nose
62	Therapeutic operations on turbinate of nose
63	Surgical arrest of bleeding from internal nose
64	Operations on unspecified nasal sinus
65	Caldwell luc surgery
66	Operations on adenoid
67	Therapeutic endoscopic operations on pharynx
68	Microtherapeutic endoscopic operations on larynx
69	Petrous Apicectomy
70	Therapeutic fibreoptic endoscopic operations on lower respiratory tract
71	Partial excision of lip
72	Extirpation of lesion of lip
73	Dental operations as a result of accidents
74	Excision of dental lesion of jaw
75	Extirpation of lesion of tongue
76	Lingual frenotomy/frenoplasty
77	Extirpation of lesion of palate
78	Palatoplasty for pure palatal defects
79	Excision of tonsil
GASTROINTESTINAL	
80	Excision of salivary gland
81	Extirpation of lesion of salivary gland
82	Open extraction of calculus from salivary duct
83	Fibreoptic endoscopic extirpation of lesion of oesophagus

84	Fibreoptic endoscopic extirpation of lesion of upper gastrointestinal tract
85	Therapeutic endoscopic operations on duodenum
86	Artificialopening into jejunum
87	Therapeutic endoscopic operations on jejunum
88	Endoscopic extirpation of lesion of colon
89	Endoscopic extirpation of lesion of lower bowel using fibreoptic sigmoidoscope
90	Endoscopic extirpation of lesion of sigmoid colon using rigid sigmoidoscope
91	Manipulation of rectum
92	Excision of lesion of anus
93	Destruction of lesion of anus
94	Excision of haemorrhoid
95	Destruction of haemorrhoid
96	Dilation of anal sphincter
97	Drainage through perineal region
98	Excision of pilonidal sinus
BLOOD VESSELS	
99	Arteriovenous shunt
100	Combined operations on varicose vein of leg
101	Ligation of varicose vein of leg
102	Injection into varicose vein of leg
103	Transluminal operations on varicose vein of leg
104	Therapeutic transluminal operations on vein
URINARY SYSTEM & GENITAL ORGANS	
105	Therapeutic endoscopic operations on calculus of kidney
106	Percutaneous puncture of kidney
107	Extracorporeal fragmentation of calculus of kidney
108	Therapeutic ureteroscopic operations on ureter
109	Extracorporeal fragmentation of calculus of ureter
110	Operations on ureteric orifice
111	Percutaneous ureteric stent procedures
112	Open drainage of bladder
113	Endoscopic extirpation of lesion of bladder
114	Endoscopic operations to increase capacity of bladder
115	Urethral catheterisation of bladder
116	Vaginal operations to support outlet of female bladder
117	Therapeutic endoscopic operations on outlet of female bladder
118	Endoscopic resection of outlet of male bladder
119	Repair of urethra
120	Therapeutic endoscopic operations on urethra
121	Urethral meatal surgery
122	Extirpation of lesion of scrotum
123	Extirpation of lesion of testis
124	Operations on hydrocele sac
125	Operations on epididymis
126	Operations on varicocele
127	Extirpation of lesion of penis
128	Dialysis
GYNAECOLOGY	
129	Operations on Bartholin gland
130	Extirpation of lesion of vulva
131	Extirpation of lesion of female perineum
132	Excision of band of vagina
133	Culdotomy
134	Extirpation of lesion of vagina
135	Operations on pouch of Douglas
136	Excision of cervix uteri
137	Destruction of lesion of cervix uteri
138	Abdominal excision of uterus
139	Dilatation and Curettage of uterus
140	Therapeutic endoscopic operations on uterus
141	Therapeutic endoscopic operations on ovary
142	Operations on broad ligament of uterus
143	Incision of breast
SKIN	
144	Microscopically controlled excision of lesion of skin
145	Photodynamic therapy of skin
146	Curettage of lesion of skin
147	Photodestruction of lesion of skin
148	Flap operations to relax contracture of skin
149	Split autograft of skin
150	Suture of skin of head or neck
151	Extirpation of nail bed
152	Excision of nail
153	Fascial release
LUNGS	
154	Partial excision of chest wall
155	Puncture of pleura
MUSCLES / BONES / TENDONS	
156	Closed reduction of fracture of bone and internal fixation
157	Excision of ganglion
158	Re-excision of ganglion
159	Operations on bursa
160	Transposition of tendon
161	Excision of tendon
162	Primary repair of tendon
163	Secondary repair of tendon
164	Tendon release
165	Adjustment to length of tendon
166	Excision of sheath of tendon
167	Excision of muscle

168	Repair of Muscle
169	Release of contracture of muscle
170	Facial bone fracture fixation
171	Excision of mandible
172	Fixation of mandible
173	Decompression of fracture of spine
174	Denervation of spinal facet joint of vertebra
175	Manipulation of spine
176	Joint manipulation
177	Extirpation of lesion of bone
178	Angulation periarticular division of bone
179	Primary open reduction of fracture of bone and intramedullary fixation
180	Primary open reduction of fracture of bone and extramedullary fixation
181	Secondary open reduction of fracture of bone
182	Fixation of epiphysis
183	Skeletal traction of bone
184	Therapeutic puncture of bone
185	Excision reconstruction of joint
186	Fusion of joint of toe
187	Primary open reduction of traumatic dislocation of joint
188	Primary closed reduction of traumatic dislocation of joint under GA
189	Open operations on synovial membrane of joint
190	Open operations on semilunar cartilage
191	Stabilising operations on joint
192	Release of contracture of joint
193	Soft tissue operations on joint of toe
194	Debridement and irrigation of joint
195	Therapeutic endoscopic operations on semilunar cartilage
196	Therapeutic endoscopic operations on cavity of knee joint
197	Amputation of toe
CANCER	
198	Radiotherapy delivery
199	Delivery of chemotherapy for neoplasm
200	Delivery of oral chemotherapy for neoplasm

Currently only the above mentioned Day Care Procedures are covered under the product.

Any other procedures which do not require the minimum 24 hour hospitalisation due to advancement in Medical Technology will be considered under Day Care Benefit. However claims for such new Day Care procedures will have to be preauthorized by us.

Annexure 3: Important terminology

In order to understand the benefits offered by HDFC Life Health Assure Plan it is important that you understand following terminologies:

1. **Accident**: An accident is a sudden, unforeseen and involuntary event caused by external and visible and violent means.
2. **Annual Limit**: Annual Limit is the amount which defines our maximum liability under this policy, in any policy year. The Annual Limit is the sum total of the Sum Insured and the increase in the sum assured due to Multiplier Benefit. At inception or reinstatement of a lapsed Policy, the value of the Annual Limit will be equal to the Sum Insured.
3. **Alternative treatments:** Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
4. **Cancellation:** Cancellation defines the terms on which the policy contract can be terminated either by the insurer or the insured by giving sufficient notice to other which is not lower than a period of fifteen days.
5. **Cashless service:** Cashless facility means the TPA / Insurer may authorize upon the definition insured's request for the direct settlement of admissible claim as per agreed charges between Network hospitals and the TPA / Insurer. In such cases, the TPA/ Insurer will directly settle all eligible amounts with the Network Hospitals and the Insured person may not have to pay any bills after the end of the treatment at hospital to the extent the claim is covered under the Policy.
6. **Congenital Anomaly:** Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or positions.
   - **Internal Congenital Anomaly:** Congenital Anomaly which is not in the visible and accessible parts of the body.
   - **External Congenital Anomaly:** Congenital Anomaly which is in the visible and accessible parts of the body.
7. **Co-Payment:** A co-payment is a cost sharing requirement under this product that provides that the policyholder/Life insured will bear a specified percentage of admissible claim amounts. A co-payment does not reduce the sum insured.
8. **Cumulative Bonus:** Cumulative Bonus shall mean any increase in the sum assured granted by us without an associated increase in premium.
9. **Day Care Centre**: Day Care Centre means any institution established for day care treatment of illness and/ or injuries or a medical set -up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-
   i. has qualified nursing staff under its employment;
   ii. has qualified medical practitioner (s) in charge
   iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
   iv. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
10. **Day Care Treatment:** Day Care Treatment refers to medical treatment, and/or surgical procedure which is:
    - Undertaken under General or Local Anesthesia in a hospital/day care centre[9] in less than 24 hrs because of technological advancement, and
    - Which would have otherwise required a hospitalization of more than 24 hours.

    Treatment normally taken on an out-patient basis is not included in the scope of this definition of Day Care Treatment.
11. **Dental Treatment:** Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery /

implants.

12. **Disclosure to information norm:** The Policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresent
13. **Domiciliary Hospitalisation:** Domiciliary treatment means medical treatment for an illness/disease/injury which in normal course would require care and treatment at a hospital but is actually taken while confined at home under following circumstances:
    - The condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
    - The patient takes treatment at home on account of non availability of room in a hospital.
14. **Grace Period:** Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of preexisting diseases. Coverage is not available for the period for which no premium is received.
15. **Hospital:** A Hospital means any institution established for inpatient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act; 2010 or under the enactments specified under the Schedule of Section 56 (1) of the said Act OR complies with all minimum criteria as under:
    - has qualified nursing staff under its employment round the clock;
    - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
    - has qualified medical practitioner(s) in charge round the clock;
    - has a fully equipped operation theatre of its own where surgical procedures are carried out;
    - Maintains daily records of patients and will make these accessible to the Insurance Company's authorised personnel.
16. **Hospitalisation:** Hospitalisation means admission in a Hospital for a minimum period of 24 inpatient care consecutive hours except for specified procedure / treatments, where such admission could be for a period of less than 24 consecutive hours.
17. **Illness:** Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological condition which manifests itself during the Policy Period and requires medical treatment.
    - **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery
    - **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
        - It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
        - It needs ongoing or long-term control or relief of symptoms
        - It requires your rehabilitation or for you to be specially trained to cope with it
        - It continues indefinitely
        - It comes back or is likely to come back.
18. **Injury:** Injury means accidental physical bodily harm excluding illness o disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
19. **Inpatient:** Inpatient means treatment for which the life insured stays in a hospital for more than 24 hours for a covered event.
20. **Intensive Care Unit (ICU):** Intensive Care Unit (ICU) means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
21. **Maternity expense:** Maternity Expenses shall include:
    - Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization)
    - Expenses towards lawful medical termination of pregnancy during the Policy Period
22. **Medical Advice:** Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
23. **Medical Expenses:** Medical Expenses means those expenses that a Life Insured has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of Medical Practitioner, as long as these are no more than would have been payable if the Life Insured had not been insured and no more than other hospitals or doctors in the same locality would have charged for same medical treatment.
24. **Medical Practitioner:** A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The person must be qualified in allopathic system of medicine and shall not be the Life Insured himself/herself.
25. **Medically Necessary:** Medically Necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
    - is required for the medical management of the illness or injury suffered by the insured;
    - must not exceed the level of care necessary tonrovide safe, adequate and appropriate medical care in scope, duration, or intensity;
    - must have been prescribed by a medical practitioner
    - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
26. **Network Hospitals/Diagnostic Centre/Providers** – Network Hospitals/Diagnostic Centre/Providers means Hospitals or health care providers enlisted by Us or by our Third Party Administrator (TPA) and Us together to provide medical services to our Lives Insured on payment by a cashless facility. This list of network hospitals is subject to amendment from time to time and the latest list is available with Us and our TPA on our respective websites.
27. **New Born Baby:** A Newborn Baby/Child means baby born during the policy period and is aged between 1 day and 90 days, both days inclusive.
28. **Non- Network Hospitals:** Non Network Hospitals is any hospital, day care centre or other provider that is not part of the network.
29. **Notification of Claim:** Notification of claim is the process of notifying a claim to us or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
30. **Post hospitalization Medical Expenses:** Medical Expenses incurred immediately after the Life Insured is discharged from the hospital provided that
    - Such Medical Expenses are incurred for the same condition for which the Life Insured's hospitalisation was required, and

- The Inpatient Hospitalization claim/ Day Care Benefit claim for such hospitalisation is admissible by Us.

31. **Pre hospitalisation Medical Expenses:** Medical Expenses incurred immediately before the Life Insured is hospitalised provided that:
    - Such Medical Expenses are incurred for the same condition for which the Life Insured's hospitalisation was required, and
    - The Inpatient Hospitalization claim / Day Care Benefit claim for such hospitalization is admissible by Us
32. **Pre-Existing Disease:** Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first policy issued by us.
33. **Reasonable and Customary Charges:** Reasonable and Customary Charges means the charges for the services or supplies, which are the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved .
34. **Renewal:** Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
35. **Room rent:** Room Rent shall mean the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.
36. **Sum Insured**: Sum Insured is the face value of the policy contracted between you and us.
37. **Surgery:** Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.
38. **Unproven/Experimental treatment:** Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven.
39. **Emergency Care / Ward** – Emergency care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the Life Insured's health.

Notes :

Contact us today

1860-267-9999
(Local charges apply - DO NOT prefix any country code e.g. +91 or 00)

WELLNESS to 5676727

life@hdfclife.com

Visit us at www.hdfclife.com

HDFC Life

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