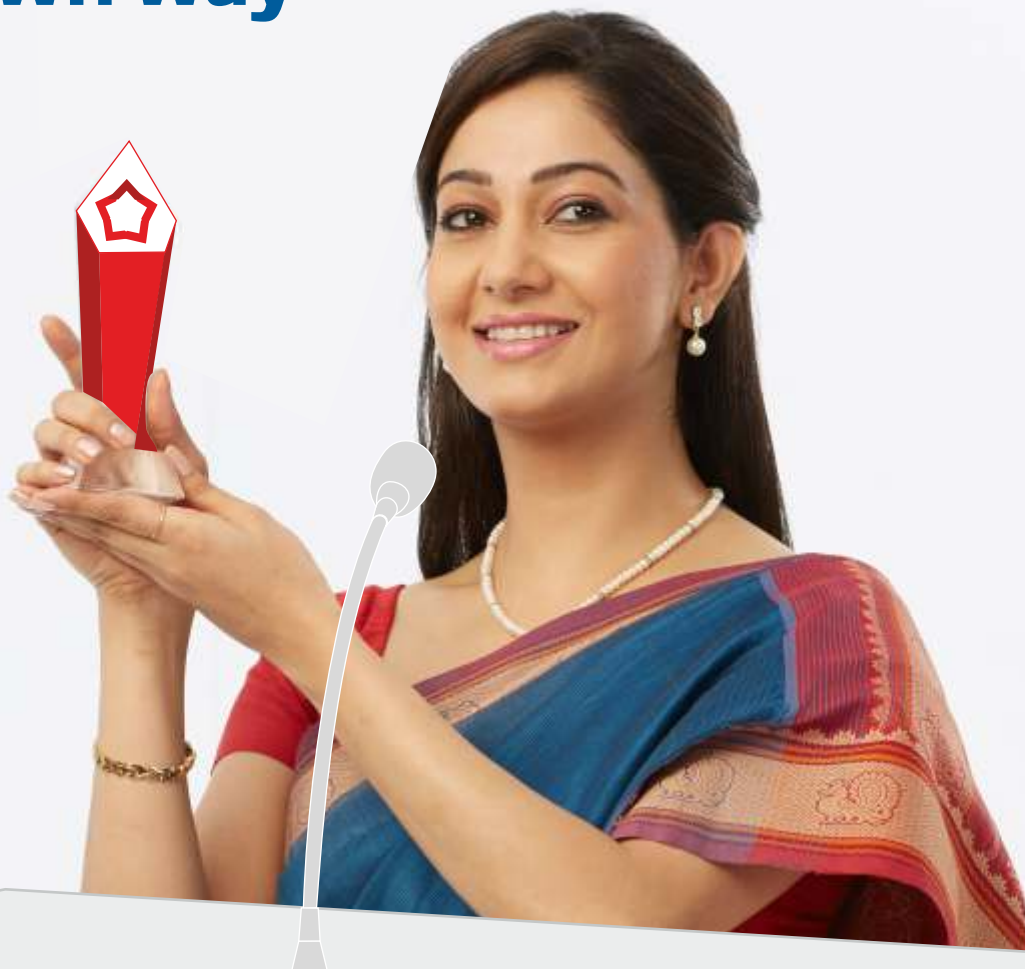


In this policy, the investment risk in investment portfolio is borne by the policyholder. The Linked Insurance products do not offer any liquidity during the first five years of the contract. The policyholders will not be able to surrender/withdraw the monies invested in Linked Insurance Products completely or partially till the end of fifth year.

Live your life your own way



HDFC Life Smart Woman Plan

A Unit Linked Insurance Plan with Life Insurance Coverage



Sar utha ke jiyo!

IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER

As an independent woman you live life on your own terms. You carve a place for yourself, be it at your work or at your home. Your dreams and aspirations are unique and so are your financial needs. We understand this, and have created a special life insurance product for you.

Presenting HDFC Life Smart Woman Plan, a unique insurance cum investment plan designed specifically for women. The plan offers benefits to take care of various stages of your life; be it on motherhood, fighting cancer or coping with the loss of a companion. This plan ensures that your savings continue, while you adjust to the new stages of your life, and you remain confident to live life your way.

The plan comes with comprehensive coverage options where we will cover you against pregnancy complications and congenital conditions or for malignant female-specific cancers. During these critical moments, we assure you the peace of mind by waiving and funding your premiums so that as you overcome and adjust to your life your investments continue to grow.

KEY FEATURES OF HDFC LIFE SMART WOMAN PLAN

- Sum Assured of up to 40 times your annualised premium
- Choice of 3 Benefit Options - Classic, Premier and Elite
- Premium Waiver Benefit - Waiver and funding of 3 annual premiums on⁵
 - Birth of child with congenital disorder or pregnancy complications
 - Diagnosis of malignant cancer of female organs
 - Death of spouse
- Additional periodic cash payouts under Premier and Elite Option
- Enhanced Allocation Rate from 11th year onwards
- This plan is available with a Short Medical Questionnaire (SMQ) based underwriting[#]

⁵Please refer to the Details of covered event groups, Definitions and Exclusions for more information.

[#]Please speak to our Financial Consultant to know more details.

CHECK IF YOU ARE ELIGIBLE FOR THIS PLAN

You can opt for this plan only if you are eligible as per the age limits mentioned below. You can choose your premium, policy term and level of protection.

Parameters		Minimum	Maximum
Entry Ages for Proposer (Years)		18	None
Entry Ages for Female Life to be Assured (Years)		18	45
Entry Ages of Spouse for Elite Option (Years)		21	50
Maturity Age for Female Life to be Assured (Years)		28	60
Age of Risk Cessation for Spouse in Elite Option (Years)		31	60
Premiums	Annual	₹ 24,000	₹ 1,00,000
Sum Assured	Entry Age less than 45 years	10 x annualised premium	40 x annualized premium
	Entry Age equal to 45 years	7 x annualised premium	
Policy Term (Years)		10 or 15, you select!	

All ages mentioned above are age last birthday.

The Linked Insurance Products do not offer any liquidity during the first five years of the contract. The policyholder will not be able to surrender/withdraw the monies invested in Linked Insurance Products completely or partially till the end of the fifth year.

HOW WILL THIS PLAN WORK?

At the outset, you select:

- Sum Assured
- Regular Premium
- Policy Term
- Benefit Option
- Investment Fund(s)

Your regular premium, net of premium allocation charges, shall be invested in the fund(s) you selected and in the proportion you specify.

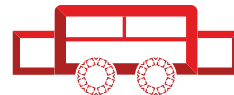
At the end of the policy term you will receive the accumulated value of your fund(s).

You will receive benefits as per the Benefit Option selected in case you are diagnosed with malignant cancer of the female organs or suffer from pregnancy complications or give birth to a child with congenital disorders or upon unfortunate death of your spouse⁵.

In case of your unfortunate death during the policy term your nominee will receive the greater of Sum Assured (less withdrawals¹) or fund value.

⁵Benefit on death of spouse provided only under the Elite Benefit Option. Please refer to the Details of covered event groups, Definitions and Exclusions for more information.

¹Please refer to the Death Benefits section for more information.



MORE DETAILS ON YOUR BENEFIT OPTIONS

You can select any one of the 3 Benefit Options at outset of your policy, each created to meet different needs.

Benefit Option	Event Groups ⁵		
	1) Pregnancy Complications or Birth of child with congenital disorder	2) Diagnosis of malignant cancer of female organs	3) Death of the spouse
Classic	Premium Waiver Benefit: Waiver and funding of 100% of your next 3 years' premiums	Premium Waiver Benefit: Waiver and funding of 100% of your next 3 years' premiums	Not covered
Premier	Premium Waiver Benefit: Waiver and funding of 100% of your next 3 years' premiums + Periodic cash payouts of 100% of your next 3 years' premiums on the respective due dates	Premium Waiver Benefit: Waiver and funding of 100% of your next 3 years' premiums + Periodic cash payouts of 100% of your next 3 years' premiums on the respective due dates	Not covered
Elite	Premium Waiver Benefit: Waiver and funding of 100% of your next 3 years' premiums + Periodic cash payouts of 100% of your next 3 years' premiums on the respective due dates	Premium Waiver Benefit: Waiver and funding of 100% of your next 3 years' premiums + Periodic cash payouts of 100% of your next 3 years' premiums on the respective due dates	Premium Waiver Benefit: Waiver and funding of 100% of your next 3 years' premiums

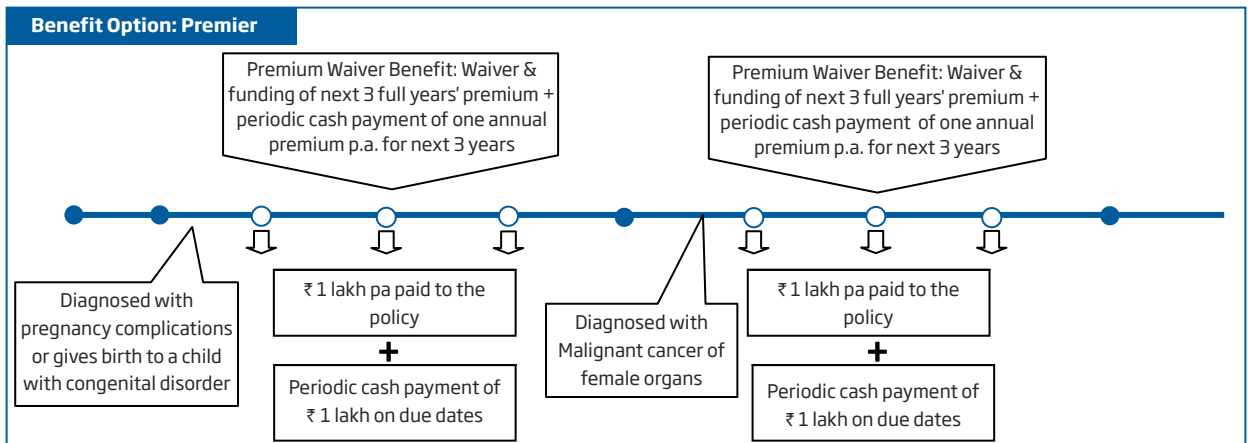
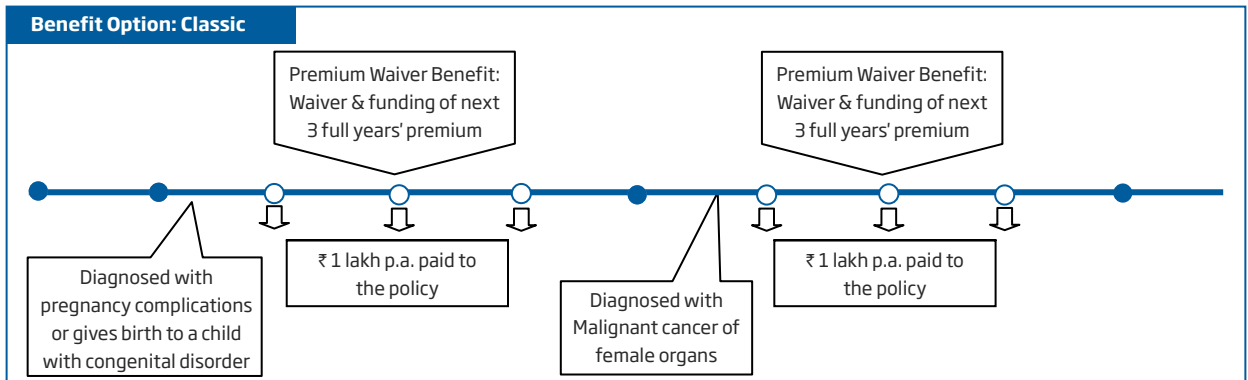
⁵ Please refer to the Details of covered event groups, Definitions and Exclusions for more information

You are expected to continue paying premium after the completion of the premium waiver period of 3 years. Over your policy term, you can only claim once under each Event Group. However, when you make a claim under one Event Group, you still enjoy coverage for other Event Group(s) if not claimed before.

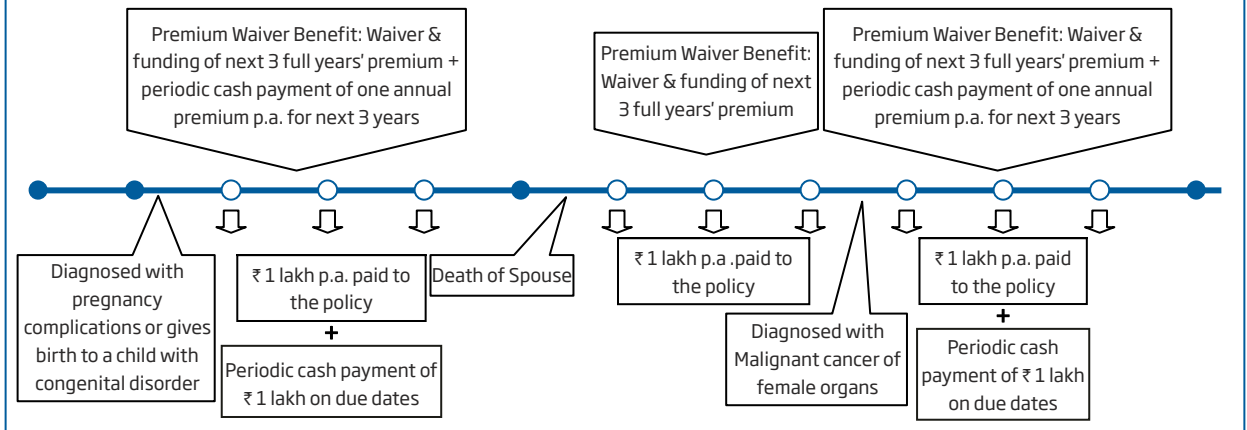
You cannot change your Benefit Option subsequently during the policy term.

ILLUSTRATION

For a policy of 10 year, with annual premium of ₹ 1,00,000 the benefits are illustrated below:



Benefit Option: Elite



In the special instances where:

- a) a premium waiver benefit is active following a valid claim under any event group; and
- b) there is a subsequent valid claim in respect of another distinct event group concurrently activating another premium waiver benefit then the premium waiver benefit in respect of such subsequent claim would be paid as periodic cash payout whilst the earlier premium waiver benefit is active. Premiums shall be waived for the residual period, if any, once the earlier premium waiver benefit expires.

WHAT ARE THE BENEFITS?

A. Maturity Benefit

Your policy matures at the end of the policy term you have chosen and all your risk covers cease. You may redeem your balance units at the then prevailing unit price and take the fund value.

Settlement Option

You can take your fund value at maturity in periodical instalments over a period which may extend up to 5 years. The value of instalment payable on the date specified shall be subject to investment risk i.e. the NAV may go up or down depending upon the performance of the funds chosen by you. Your money will remain invested in the funds chosen by you and is subject to the same investment risks as during the policy term. During the settlement period, the mortality and morbidity risk covers will cease, we will continue to deduct Fund Management Charge and no other charges shall be levied. Partial withdrawals and switches shall not be allowed during this period. Complete withdrawal may be allowed at any time during this period without levying any charge. At the end of this 5-year period, we will redeem the balance units at the then prevailing unit price and pay the fund value to you.

B. Death Benefits

In case of the Life Assured's unfortunate demise, we will pay to the nominee the greater of the following:

- Sum Assured less all withdrawals made during the two year period immediately preceding the date of death, or
- The total fund value or,
- 105% of the premiums paid.

The policy will terminate thereafter and no more benefits will be payable.

C. Special Benefits

- **Enhanced Allocation Rate:** You can enjoy enhanced allocation rate of 102.5% p.a. from 11th policy year. See charges section for details.
- **Waiver of charges on withdrawal /switch:** Becoming a mother is an important moment of your life. To make your journey towards motherhood financially comfortable we will waive charges on 12 partial withdrawals or

switches, within one year from date of child birth.

D. Partial Withdrawal

We understand that you may need money to meet any future financial emergencies. You can withdraw money from your funds to meet such needs.

You can make lump sum partial withdrawals from your funds after 5 years of your policy provided:

- The minimum withdrawal amount is ₹10,000.
- After the withdrawal and applicable charges, the fund value is not less than 150% of your annualised premium.
- The maximum amount that can be withdrawn throughout the policy term is 300% of the original regular premium.

We will waive partial withdrawal charges for up to 12 partial withdrawals, within one year from date of child birth.

E. On Discontinuance

This plan has a grace period of 30 days. You are expected to pay your annual premium through-out the policy term.

Discontinuance before completion of 5 years from commencement of the policy

If you have not paid your premium by the expiry of the grace period, then you will have the following options:

1. To revive the policy within a period of 2 years from the date of discontinuance, or
2. To completely withdraw from the policy without any risk cover Your policy will be discontinued if:
 - You do not exercise any of the above mentioned options; or
 - You choose to completely withdraw from the policy without any risk coverUntil the discontinuance of the policy, the risk cover will remain in-force and policy charges will continue to be deducted.

Once the policy is discontinued, the risk cover will cease and the fund value (as on date of discontinuance) less the applicable Discontinuance Charge (Please see the "Charges" section for details of the Discontinuance Charges.) will be moved to the 'Discontinued Policy Fund'. The minimum guaranteed interest rate applicable to the 'Discontinued Policy Fund' shall be 4% p.a. Such rate may be changed in the future if the IRDA revises the minimum rate for discontinued policies. The excess income earned in the discontinued fund over and above the minimum guaranteed interest rate shall also be apportioned to the discontinued policy fund in arriving at the proceeds of the discontinued policies and shall not be made available to the shareholders. The asset allocation for the Discontinued Policy Fund (SFIN: ULIF05110/03/11 DiscontdPF101) shall be as per the prevailing regulatory requirements. Currently, the asset allocation is as follows:

(l) Money Market Instruments - 0% to 40%

(ii) Government securities: 60% to 100%.

A Fund Management Charge of 0.50% p.a. will be levied for amounts in the 'Discontinued Policy Fund'

If a discontinued policy is not revived, the proceeds will be paid out upon the completion of the lock-in period of five years.

In the instances where the revival period is not completed at the end of the lock-in period, the policyholder can opt to receive the proceeds either upon the completion of the lock-in period or upon the completion of revival period. If, in such cases, the policyholder does not exercise any option, then the proceeds will be paid upon the completion of the lock-in period.

After the payment of the discontinuance benefit, the policy shall terminate and no further benefits shall be payable under the policy.

Discontinuance after completion of the 5 years from commencement of the policy

In the instances where your policy is discontinued after the 5-year lock-in period then you will have following options

1. To revive the policy within a period of 2 years from the date of discontinuance, or
2. To completely withdraw from the policy without any risk cover
3. To convert the policy into paid-up policy, where the paid-up sum assured equals original sum assured multiplied by the ratio of premiums paid to the total premiums payable as per terms and conditions of the policy. A paid-up policy will continue as per the policy terms and conditions and charges shall continue to be deducted.

During the revival period (i.e. under option 1 above), the policy is deemed to be in force with risk cover as per the terms and conditions of the policy and policy charges shall continue to be deducted.

If the policyholder does not exercise any of the aforesaid options, the policy shall be deemed to be withdrawn and the proceeds will be paid out to the policyholder.

After the payment of discontinuance benefit, the policy shall terminate and no further benefits shall be payable under the policy.

F. Revival of Discontinued Policies

We understand that you may want to revive your discontinued policy.

You have the option to revive a discontinued policy within two consecutive years from the date of discontinuance of the policy, subject to our underwriting policy. At the time of revival:

- all due premiums which have not been paid shall be payable without charging any interest
- the discontinuance charges deducted upon discontinuance shall be reversed and the proceeds of the discontinued policy shall be re-allocated in the segregated funds chosen by you based on prevailing unit prices
- policy administration charge and premium allocation charge as applicable during the discontinuance period shall be levied

G. On Surrender

If you surrender before completion of the 5 years from commencement of the policy

Your fund value less discontinued charges will be moved to the 'Discontinued Policy Fund'. The amount allocated to the 'Discontinued Policy Fund', with accrued interest, will be paid out on the completion of the lock-in period.

Please see the "Charges" section for details of the Discontinuance Charges.

In case of the death of the Life Assured before the payment of the surrender benefit, the amount in the 'Discontinued Policy Fund' will be paid out immediately.

If you surrender after completion of the 5 years from commencement of the policy

Your fund value will be paid out immediately.

Upon payment of this benefit the policy terminates and no further benefits are payable.

H. Loans

No policy loans are available for this product.

CHOOSE YOUR INVESTMENT FUNDS

This is a unit linked plan; the premiums you pay in this plan are subject to investment risks associated with the capital markets. The unit prices of the funds may go up or down, reflecting changes in the capital markets.

So, to balance your level of risk and return, making the right investment choice is very important and you are responsible for the choices you make.

We have 4 funds that give you the potential for:

- Higher but more variable returns; or
- Lower but more stable returns over the term of your policy.

Your investment will buy units in any of the following 4 funds designed to meet your risk appetite. You can choose either all or a combination of the following funds:

FUND	SFIN	DETAILS	ASSET CLASS			RISK & RETURN RATING	
			Money Market Instruments, Cash & Deposits	Liquid Mutual Fund*	Government Securities, Fixed Income Instruments & Bonds		Equity
			FUND COMPOSITION				
Income Fund	ULIF03401/01/10 IncomeFund101	Higher potential returns due to higher duration and credit exposure	0% to 20%	80% to 100%	--	Moderate	
Balanced Fund	ULIF03901/09/10 BalancedFd101	Dynamic Equity exposure to enhance the returns while the Debt allocation reduces the volatility of returns	0% to 20%	0% to 60%	40% to 80%	Moderate to High	
Blue Chip Fund	ULIF03501/01/10 BlueChipFd101	Exposure to large-cap equities & equity related instruments	0% to 20%	--	80% to 100%	Very High	
Opportunities Fund	ULIF03601/01/10 OpprtntyFd101	Exposure to mid-cap equities & equity related instruments	0% to 20%	--	80% to 100%	Very High	

Investment in Liquid Mutual Funds will always be within Mutual Fund limit prescribed by IRDA regulations and guidelines (IRDA (Investment) (Fourth Amendment) Regulations, 2008, Annexure II).

For risk factors please refer Terms & Conditions section below.

Changing Fund Choices: You can change your investment fund choices in two ways:

- **Switching:** You can move your accumulated funds from one fund to another anytime.
- **Premium Redirection:** You can pay your future premiums into different funds, as per your need.

We will waive switching charges for up to 12 switches, within one year from date of child birth.

CHARGES

The charges under this policy are deducted to provide for the cost of benefits and the administration provided by us. Our charges, when taken together, are structured to give you better returns and value for money over the long term.

Charge	Description	How Much	
		Year	Premium Allocation Rate
Premium Allocation Rate	The Premium Allocation Rate represents the proportion of your premiums invested to buy units for your policy. The Premium Allocation Rate is guaranteed for the full policy term.	1 to 10	97.5%
		11 to 15	102.5%
		1.35% p.a. of the fund value, charged daily.	
Fund Management Charge (FMC)	The daily unit price is calculated allowing for deductions for the fund management charge, which is charged daily.	1.35% p.a. of the fund value, charged daily.	
Policy Administration Charge	This charge is a percentage of the annualised premium. The charge will be deducted monthly to provide administration for your policy. This charge will be taken by cancelling units proportionately from each of the fund(s) you have chosen. This charge is guaranteed for the entire duration of the policy term.	0.40% per month inflating from 6 th year onwards at 5.5% p.a. subject to maximum of ₹ 500 or 0.5% of premium per month, whichever is lower.	
Mortality & other Risk Benefit Charge	Every month we levy a charge for providing you with the death and other risk benefits in your policy. This charge will be taken by cancelling units proportionately from each of the fund(s) you have chosen. The mortality charge is guaranteed for the entire duration of the policy term. The charges for risk benefits other than mortality are valid for a period of 3 years from the date of commencement of the policy. Thereafter the company reserves the right to change the other benefit risk charges subject to approval from IRDA.	The amount of the charge taken each month depends on your age & level of cover.	

Miscellaneous Charge(s) may be charged for any Policy alteration request initiated by the Policyholder will attract a charge of Rs. 250 per request.

Any administrative servicing that we may introduce at a later date would be chargeable subject to IRDA's approval.

In addition, only if you request for partial withdrawal, fund switch and premium redirection following charges will be charged on such requests

Partial withdrawal charge (if applicable):

A partial withdrawal request from the Policyholder will attract a charge of Rs 250 per request. However, if the request is executed through the Company's web portal the Policyholder will be charged Rs 25 per request. This will be levied on the unit fund at the time of part withdrawal of the fund during the contract period.

Switching charge (if applicable):

A fund switch request from the Policyholder will attract a charge of Rs 250 per request. However, if the request is executed through the Company's web portal the Policyholder will be charged Rs 25 per request. This charge will be levied on switching of monies from one fund to another available fund within the product. The charge per each switch will be levied at the time of effecting the switch.

Premium Redirection:

A premium redirection request initiated by the Policyholder will attract a charge of Rs 250 per request. However, if the request is executed through the Company's web portal the Policyholder will be charged Rs 25 per request.

Discontinuance Charge:

This charge depends on year of discontinuance and your annualised premium. There is no charge after 5th policy year. The table below gives the discontinuance charge applicable.

DISCONTINUANCE DURING THE POLICY YEAR	DISCONTINUANCE CHARGE	
	ANNUAL PREMIUM UP TO AND INCLUDING ₹ 25,000	ANNUAL PREMIUM ABOVE ₹ 25,000
1	Lower of 20% x (Annual Premium or Fund Value) but not exceeding ₹ 3000	Lower of 6% x (Annual Premium or Fund Value) but not exceeding ₹ 6000
2	Lower of 15% x (Annual Premium or Fund Value) but not exceeding ₹ 2000	Lower of 4% x (Annual Premium or Fund Value) but not exceeding ₹ 5000
3	Lower of 10% x (Annual Premium or Fund Value) but not exceeding ₹ 1500	Lower of 3% x (Annual Premium or Fund Value) but not exceeding ₹ 4000
4	Lower of 5% x (Annual Premium or Fund Value) but not exceeding ₹ 1000	Lower of 2% x (Annual Premium or Fund Value) but not exceeding ₹ 2000
5+	NIL	NIL

ALTERATION TO CHARGES

We cannot change our current charges without prior approval from IRDA.

- The Fund Management Charge will be subject to the maximum cap as allowed by IRDA.

- The Premium Allocation Charge, Policy Administration Charge and all risk benefits charges are guaranteed for the entire duration of the policy term.
- We will waive charges on partial withdrawal and switches for up to a maximum of 12 withdrawals or switches within one year from the date of childbirth.

TAX BENEFITS

- Tax benefits under section 80C of the Income-tax Act, 1961, may be 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.

TERMS & CONDITIONS

We recommend that you read and understand this product brochure & customised benefit illustration and understand what the plan is, how it works and the risks involved before you purchase. We have appointed Certified Financial Consultants, duly licensed by IRDA, who will explain our plans to you and advise you on the correct insurance solution that will meet your needs.

A) Risk Factors:

- All unit linked life insurance plans are different from traditional insurance plans and are subject to different risk factors.
- HDFC Standard Life Insurance Company Limited is the name of our Insurance Company and HDFC Life Smart Woman Plan is the name of this plan. The name of our company and the name of our plan do not, in any way, indicate the quality of the plan, its future prospects or returns.
- The premiums paid are subject to investment risks associated with capital markets and the NAVs of the units may go up or down based on the performance of funds and factors influencing the capital market and the insured is responsible for his/her decisions.
- The various funds offered under this plan are names of the funds and do not in any way indicate the quality of these plans, their future prospects and returns.
- Please know the associated risks and the applicable charges, from your Insurance agent or the Intermediary or policy document issued by insurance company.

B) Unit Prices:

We will set the Unit Price of a fund as per the IRDA's guidelines. The unit price of Unit Linked Funds shall be computed as: Market Value of Investments held for the fund plus the value of any current assets plus any accrued income net of fund management charges less the value of any current liabilities less provision, if any. This gives the net asset value of the fund. Dividing by the number of units existing at the valuation date before any units are allocated/ redeemed, gives the unit price of the fund under consideration. We round the resulting price to the nearest Re. 0.0001. This price will be daily published on our website and in leading national newspapers. Units shall only be allocated on the day the proposal is accepted and results into a policy by adjustment of application money towards premium. The premium will be adjusted on the due date even if it has been received in advance and the status of the premium received in advance shall be communicated to the policyholder.

C) Non-negative claw-back additions:

Upon the exit of a policy at any time on or after the completion of five policy years, we will calculate the gross yield, the net yield and the reduction in yield based on actual returns. If the reduction in yield is greater than as required under the regulations, we will add Claw-back Additions to the fund before payment of benefits to ensure compliance with the reduction in yield as per Regulation 37(d) of IRDA (Linked Insurance Products) Regulations, 2013. Exit would mean death or surrender or maturity, whichever is earliest.

D) Details of covered event groups:

The following events are covered:

- Events covered under pregnancy complications
 - Diagnosis of Disseminated IntraVascular Coagulation (DIC) during pregnancy
 - Diagnosis of Molar Pregnancy
 - On undergoing hysterectomy due to postpartum hemorrhage
- Events covered under birth of a child with congenital disorders
 - Open Heart Surgical Repair of Atrial Septal Defect
 - Open Heart Surgical Repair of Ventricular Septal Defect
 - Surgical Repair of Tetralogy of Fallot
 - Surgical Repair of Transposition of Great Vessels
 - Surgical Repair of Open Spina Bifida
 - Confirmed diagnosis of the Down's syndrome
- Events covered under diagnosis of malignant cancer of the female organs are Cancer of Breast, Cervix Uteri Corpus Uteri, Ovary, Vulva, Vagina & Fallopian Tube
- Death of the spouse of the female life assured

E) Definitions: Definition of Congenital Disorders Covered:

- Spina Bifida: Defective closure of the spinal column due to a neural tube defect with a resultant meningocele or myelomeningocele with corrective surgical procedure done.
- Tetralogy of Fallot means an anatomic abnormality with severe or total right ventricular outflow tract obstruction and a ventricular septal defect allowing right ventricular unoxygenated blood to bypass the pulmonary artery and enter the aorta directly. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and invasive surgery must have been performed to correct the condition.
- Transposition of the Great Vessels means complete transposition of the aorta and pulmonary artery such that the right ventricle of the heart pumps blood from the systemic veins into the aorta and the left ventricle pumps blood from the pulmonary veins into the pulmonary artery. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram, and invasive surgery must have been performed to correct the condition.
- Atrial Septal Defect means a hole in the partition (septum) between the left and right atrium (upper chambers) of the heart permitting abnormal circulation from the left side of the heart to the right side. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and open heart surgery involving open thoracotomy must have been performed to correct the condition. All percutaneous surgical techniques involving ASD closure devices deployed by percutaneous intravascular techniques are excluded. The operation must have been undertaken before the benefit is payable.
- Ventricular Septal Defect is a hole in the partition (septum) between the left and right ventricle (lower chambers) of the heart permitting the abnormal circulation from the left side of the heart to the right side. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram and open heart surgery involving open thoracotomy must have been performed to correct the condition. All percutaneous surgical techniques involving VSD closure devices deployed by percutaneous intravascular techniques are excluded. The operation must have been undertaken before the benefit is payable.

- Down's syndrome is a specific chromosomal abnormality, specifically an autosomal aberration, identified by an extra chromosome 21 and characterized by muscular hypotonicity, microcephaly, brachycephaly and a flattened occiput. Diagnosis must be supported by retardation of physical and mental development.

Definition of Pregnancy Complications Covered:

- Disseminated IntraVascular Coagulation means a life threatening complication of pregnancy, consisting of a systemic thrombohemorrhagic disorder, that is characterized by generalised bleeding and end organ damage. The diagnosis must be confirmed by a gynaecologist or obstetrician as disseminated intravascular coagulation, and supported by laboratory tests showing a combination of significant thrombocytopenia, pro-coagulant activation, fibrinolytic activation and inhibitor consumption. The benefit is payable only if the above condition requires treatment with frozen plasma and platelet concentrates.
- Postpartum Haemorrhage means ongoing bleeding secondary to an unresponsive and atonic uterus, a ruptured uterus, or a large cervical laceration extending into the uterus requiring surgical intervention in the form of urgent hysterectomy and a direct result of post partum bleeding or damage to the cervix or uterus that cannot be arrested by other means. The condition must require a hysterectomy and the same must have been performed.
- Molar Pregnancy: Complete Hydatiform Mole is a form of trophoblastic disease characterized by clusters of hydropic villi and trophoblastic elements and atypia. The Hydatiform Mole must have been diagnosed by a specialist approved by the Company, and confirmed with a pathology report. The condition must require a hysterectomy and the same must have been performed.

Definition of Female Specific Cancers Covered:

A malignant tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue. This diagnosis must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist. The benefit is payable on diagnosis of any Malignant Cancer of the following female Organs: Breast, Cervix Uteri, Corpus Uteri, Ovary, Vulva, Vagina and Fallopian Tube.

F) Exclusions: Exclusion for death benefit:

In case of death due to suicide within 12 months from the date of inception of the policy or from the date of the revival of the policy, the nominee or beneficiary of the policyholder shall be entitled to the fund value, as available on the date of death.

Any charges recovered subsequent to the date of death shall be paid back to the nominee or beneficiary along with the death benefit.

General exclusions on pregnancy complications, congenital disorder and cancer of female organs

No benefit shall be payable in respect of any claims arising directly or indirectly as a result of any of the following:

- Acquired Immune Deficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV); or
 - Any congenital or inherited disorder or developmental conditions of the Life Assured; or
 - Narcotics used by the Life Assured unless taken as prescribed by a Registered Doctor, or the Life Assured's abuse of drugs and/or consumption of alcohol; or
 - Any illness resulting from a physical or mental condition which existed before the effective date of this Plan, or in case of reinstatement, from the effective date of such reinstatement (whichever is later) and which was not disclosed in the application for insurance or health statement; or
 - Any event giving rise to a claim (including death) on an insured child caused directly or indirectly by the intentional act of the policy owner or person who will otherwise be entitled to the benefit payable; or
 - Failure to seek or follow medical advice; or
 - War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes; or
 - Taking part in any naval, military or air force operation during peace time; or
 - Participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
 - Participation by the insured person in a criminal or unlawful act; with a criminal or unlawful intent; or
 - Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee jumping; or
 - Nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- ### Specific exclusions & conditions for benefit on birth of child with congenital disorder
- Benefit will not be payable for children born before the policy is taken or within 1 year of policy commencement or revival, whichever is later.
 - Birth of child with congenital disorder or complication arising when Life Assured is a carrier of surrogacy pregnancy is not covered.
 - Age of the life assured at delivery of the child should not be more than 40 years to avail this benefit.
 - Benefit will not be applicable on adoption of child or child born from a surrogate mother (Birth of child born with disorder when Life Assured is not carrier of child).
 - The claim is payable only if
 - The congenital illness is diagnosed within 2 years from the date of delivery of the child; and
 - The child survives at least 30 days from the date of delivery with congenital illness.
 - Benefit is not payable if claim arising due to elective termination of pregnancy other than for medical reasons or due to abortion.
- ### Specific exclusions & conditions for benefit on pregnancy complications
- Benefit will not be payable within 1 year of policy commencement or revival whichever is later.
 - Any Pregnancy Complications that commenced on or following the Life Insured's 40th birthday.

- Any disseminated intravascular coagulation arising during the first 7 months of pregnancy will not be covered.
- Age of the life assured should not be more than 40 years to avail this benefit.
- Any complication arising from surrogacy or fertility treatment including in-vitro fertilizations.

Specific exclusions & conditions for benefit on cancer

The following cancers are excluded:

- Carcinoma-in-situ or tumours histologically described as pre-malignant or non-invasive including but not limited to carcinoma-in-situ of the breasts, Cervical Dysplasia: CIN-1, CIN-2 and CIN-3; vaginal intra-epithelial neoplasia (VAIN) & Vulvar intra-epithelial neoplasia (VIN).
- All tumours and cancers in the presence of HIV infection or conditions due to any Acquired Immune Deficiency Syndrome (AIDS) All tumours that have metastasized from organs other than the breast, fallopian tube, cervix, ovarian, uterus, vagina and vulva.

The Benefit on cancer will not be payable, if:

- The Life Assured has survived less than 30 days from the date of diagnosis; or
- The Cancer existed or was diagnosed before the effective date of this Plan. Date of occurrence of Cancer will be reckoned for the above purpose and for the purpose of evaluating waiting / survival period as the date of diagnosis of the illness/ condition. It will be the date on which the medical examiner first examines the life assured and certifies the diagnosis of any of the illness/ conditions; or
- The conditions are related to a Pre-Existing Condition unless such Pre-Existing Condition is stated in the proposal form and specifically accepted by the Company and endorsed thereon; or
- The Life Assured is diagnosed by a Registered Doctor with the Cancer, or the Life Assured has showed signs or symptoms of any condition(s) within 180 days from the effective date of this Plan

Specific Exclusions for benefit on demise of spouse

No benefit will be paid on life of spouse if death is due to suicide while sane or insane; within 1 year from date of commencement or revival.

G) Cancellation in the Free-Look period:

In case you are not agreeable to any of the terms or 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 (specified below) will be 30 days. On receipt of your letter along with the original policy documents, we shall arrange to refund you the value of units allocated to you on the date of receipt of request plus the unallocated part of the premium plus charges levied by cancellation of units, 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.

Distance Marketing refers to insurance policies sold through any mode apart from face-to-face interactions such as telephone, internet etc (Please refer to "Guidelines on Distance Marketing of Insurance Product" for exhaustive definition of Distance Marketing)

H) Alterations:

Switch between plan options is not allowed. Increase or decrease of policy term, sum assured and premiums are not allowed.

I) Nomination:

As per Section 39 of the Insurance Act, 1938, you can nominate a person 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. In case the nominee so named is a minor, then the policyholder is required to name an appointee (other than himself) for the minor nominee.

J) Assignment:

You may also assign this policy by an endorsement upon the Policy itself or by a separate instrument in accordance with Section 38 of the Insurance Act. For assigning this Policy, you should submit a written request to the Company and upon receipt of such written request; the Company shall record the assignment. Assignment will not be permitted if the Policy is issued under the Married Women's Property Act, 1874.

Upon the receipt of the notice of assignment in writing, the Company shall record the information in relation to such assignment and shall, on the request of the person by whom the notice was given, or of the assignee, grant a written acknowledgment of the receipt of such notice.

In case of assignment, any nomination made would stand cancelled.

K) Prohibition of Rebates: Section 41 of the Insurance Act, 1938 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.

(2) Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.

L) Non-Disclosure: Section 45 of the Insurance Act, 1938 states:

No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or any other document leading to issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

Provided that 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.

M) Taxes & other duties:

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.

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

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