

Give your family comprehensive protection with a combination of a Term Plan and Corona Kavach.

Introducing

Click2Protect Corona Kavach from **HDFC Life** and **HDFC ERGO**



₹1 Cr. Life cover & ₹1 Lakh COVID-19 Cover @ ₹18/day*



Lumpsum payout
in case of death or
Terminal Illness



Hospitalization/home
care treatment covered
in case of COVID-19#



Family floater^ option
financially covers your
loved ones from COVID-19

Click2Protect Corona Kavach

A Non-Linked Non-Participating Combi Insurance Plan



* Premium rates for age - 25 years, Male, Non Smoker, Annual mode, regular pay, exclusive of taxes. Protection - Life Option - ₹ 5,959 (rounded up), Sum Assured - ₹1 Cr. Policy Term - 30 years. Health - Individual Option - ₹487, Sum Assured - ₹1 Lakh, Policy Term - 3.5 months. Total annual premium = ₹6,446, daily premium (6,446/365 = 18 (rounded up)).

On positive diagnosis of COVID-19 in a Government authorized diagnostic centre as per terms and conditions.

^ Option available under COVID-19 health cover.

Click2Protect Corona Kavach

A Non-Linked Non-Participating Combi Insurance Plan

With the world in the midst of a pandemic, you're having to deal with increased uncertainties on a daily basis. It is now become even more imperative to ensure your own and your family's health by making sound financial decisions and securing their future even in your absence.

To support you in this endeavor, HDFC Life and HDFC Ergo have come together to present to you Click 2 Protect Corona Kavach, to help you deal with life's uncertainties confidently and lead a life without any worry for your family's future!

What are the key features of this plan?

Protection

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

Health

- Special protection against COVID and Co-morbidity illnesses
- Covers hospitalization expenses related to COVID-19 treatment
- 15 days waiting period**
- New born child covered from day 1
- Covers home care treatment cost incurred for treatment of COVID for maximum upto 14 days per incident
- Covers medical expenses under COVID Hospitalization in any Ayush Hospital

* Tax benefits are subject to change from time to time

[^] Available with 3D Life and 3D Life Long Protection options

**For Co-morbidity illness treatment along with COVID

What are the eligibility conditions for this plan?

Protection

Eligibility Criteria	Life Option	3D Life Option, Extra Life Option Income Option Extra Life Income Option	Income Replacement Option, Return of Premium Option	Life Long Protection Option	3D Life Long Protection Option
Min Age at Entry	18 years	18 years	18 years	25 years	25 years
Max Age at Entry	65 years				
Min Policy Term	Single Pay : 1 month Regular Pay, Limited Pay : 5 years	5 years	5 years	Whole of Life	Whole of Life
Max Policy Term	(85 years - Age at Entry)	(85 years - Age at Entry)	40 years		
Premium Payment Mode	Single Pay [§] , Regular Pay, Limited Pay : 5 years to (84 - Age at Entry)	Single Pay [§] , Regular Pay, Limited Pay : 5 years to (84 - Age at Entry)	Single Pay, Regular Pay, Limited Pay : 5 years to 39 years	Limited Pay : (65 - Age at Entry) or (75 - Age at Entry)	Limited Pay : (65 - Age at Entry)
Premium Payment Frequency	Single, Annual, Semi-Annual, Quarterly, Monthly	Single, Annual, Semi-Annual, Quarterly, Monthly	Single, Annual, Semi-Annual, Quarterly, Monthly	Annual, Semi-Annual, Quarterly, Monthly	Annual, Semi-Annual, Quarterly, Monthly
Min Age at Maturity	23	23	23	Whole of Life	Whole of Life
Max Age at Maturity	85	85	85		
Minimum Basic Sum Assured	₹ 10,000				

For Income and Extra Life Income options, the maximum income term will be 20 years.

All ages are expressed as on last birthday

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

Frequency	Conversion Factor
Half-yearly	0.507
Quarterly	0.255
Monthly	0.086

Minimum Premium under various Premium Payment Terms & Premium Frequencies are as mentioned below:

Premium Payment Term	Premium Frequency	Minimum Premium Per Instalment	
		ROP Option	Other Options
Single Pay	Single Pay	₹ 5000	₹ 34
Limited Pay / Regular Pay	Annual	₹ 1000	₹ 33
	Half-yearly	₹ 507	₹ 17
	Quarterly	₹ 255	₹ 8
	Monthly	₹ 86	₹ 3

Premiums will vary as per the plan option chosen.

§ Single Pay Option is not available under 3D Life option

Health

Sum Insured Type	Individual/ Floater
Category of Cover	Indemnity/Benefit
Sum insured	₹ 50,000/- (Fifty Thousand) to 5,00,000/- (Five Lakh) (in the multiples of fifty thousand) On Individual basis – SI shall apply to each individual family member On Floater basis – SI shall apply to the entire family
Policy Period	Three and Half Months (3 ½ months) [105days], Six and Half Months (6 ½ months) [195days], Nine and Half Months (9 ½ months) [285days] including waiting period.
Eligibility	Policy can be availed by persons between the age of 18 years up to 65 years, as Proposer. Proposer with higher age can obtain policy for family, without covering self. Policy can be availed for Self and the following family members i. legally wedded spouse. ii. Parents and Parents-in-law. iii. Dependent Children (i.e. natural or legally adopted) between the day 1 of age to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible.

The product is available to buy online via company website.

What are the plan options and benefits available under this product?

Protection

The following plan options are available under the Protection variant of this product:

1. Life Option

2. 3D Life Option

3. Extra Life Option

4. Income Option

5. Extra Life Income Option

6. Income Replacement Option

7. Return of Premium Option

8. Life Long Protection Option

9. 3D Life LongProtection Option

You shall have to choose an option at the inception of the policy. The option once selected cannot be changed at a later date.

Let us look into all these plan options in detail.

Option #1 - Life Option

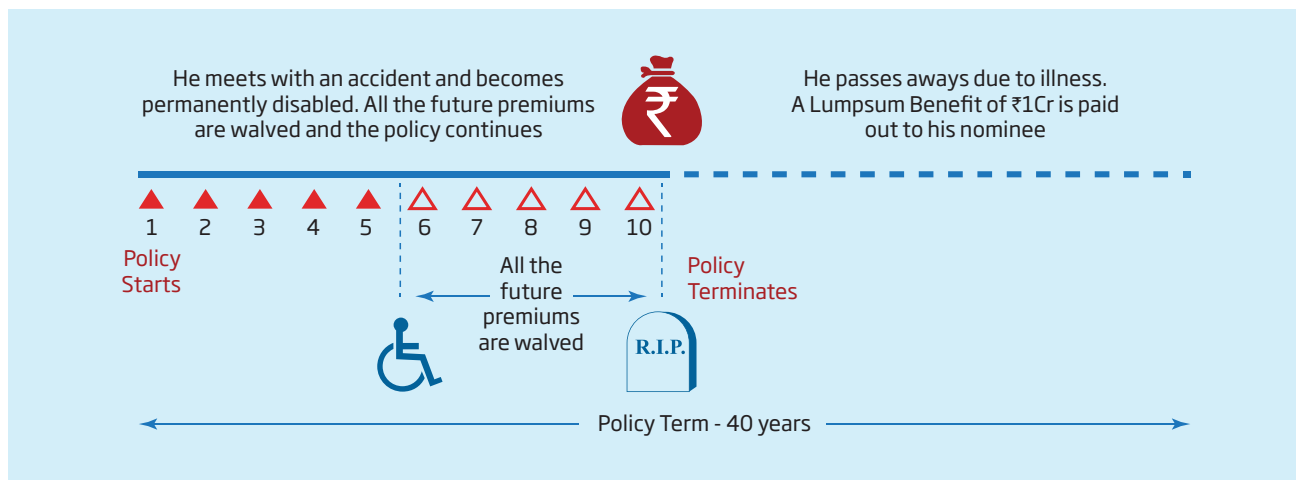
Under this option your nominee gets a Lumpsum Benefit on death or diagnosis of Terminal Illness. Your future premiums are waived upon Accidental Disability.

Sample Illustration - Mr. Aggarwal is a 25 year old software engineer. He buys an HDFC Life Click 2 Protect 3D Plus Plan. The details of his policy are as follows:

Plan Option	Sum Assured	Policy Term	Premium Payment Term
Life	₹ 1 Crore	40 years	40 years

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

The benefit payable to his nominee is as follows:



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

EVENT →	On Death/ Diagnosis of Terminal Illness	On Accidental Total Permanent Disability
Benefit(s) Payable →	Sum Assured on Death ¹ paid as Lumpsum Benefit to the nominee and the policy terminates	All future premiums are waived & the Policy continues

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

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

Option #2 - 3D Life Option

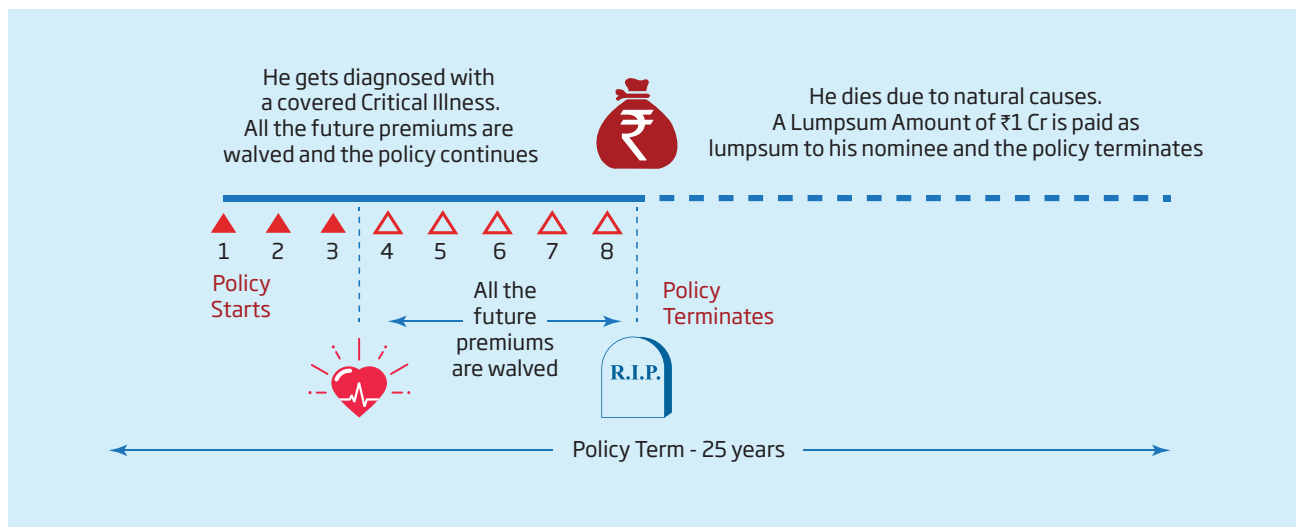
In addition to the benefits under Life Option, you will receive an additional benefit of waiver of your future premiums upon diagnosis of Critical Illness

Sample Illustration - Mr. Banerjee is a 35 year old doctor. He buys an HDFC Life Click 2 Protect 3D Plus Plan. The details of his policy are as follows:

Plan Option	Sum Assured	Policy Term	Premium Payment Term
3D Life	₹ 1 Crore	25 years	20 years

- During the 3rd Policy Year, he is diagnosed with a covered Critical Illness[#]
- During the 8th Policy Year, Mr. Banerjee passes away due to natural causes

The benefit(s) payable to his nominee is as follows:



The benefits available under 3D Life Option are as follows:

EVENT →	On Death/ Diagnosis of Terminal Illness	On Accidental Total Permanent Disability	On Diagnosis of Critical Illness [#]
Benefit(s) Payable →	Sum Assured on Death ¹ paid as Lumpsum Benefit to the nominee and the policy terminates		All future premiums are waived & the Policy continues

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

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

Please refer to the section -**Which are the Critical Illnesses covered under this plan?** for further details

Option #3 - Extra Life Option

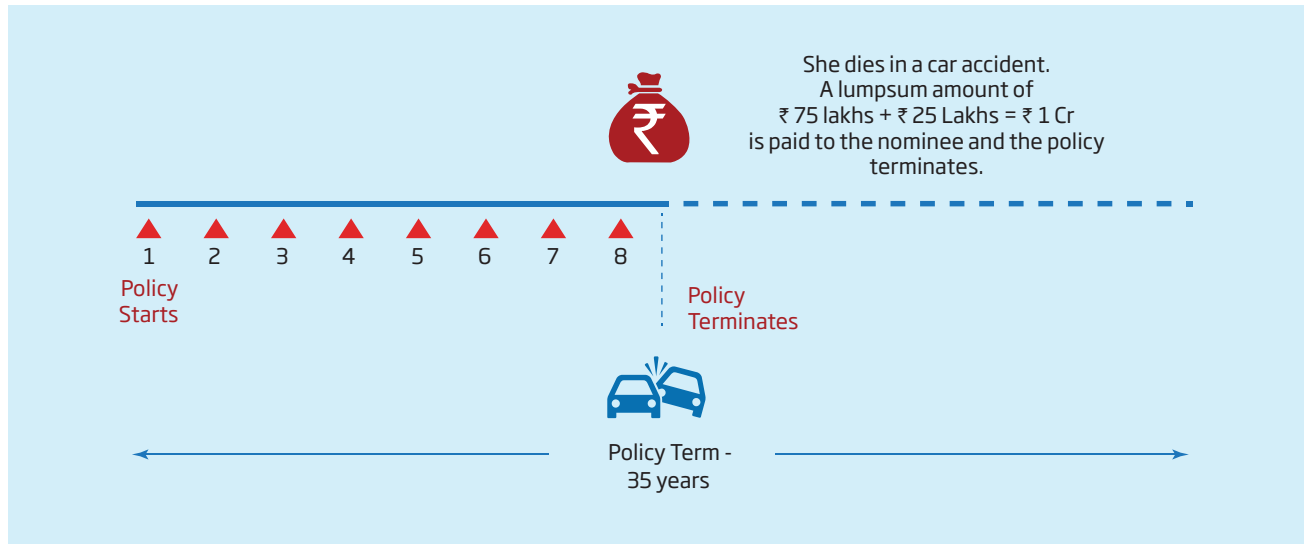
In addition to the benefits under Life Option, you get an additional Extra Life Sum Assured upon death due to Accident

Sample Illustration - Miss Chaudhary is a 30 year old businesswoman. She buys an HDFC Life Click 2 Protect 3D Plus Plan. The details of her policy are as follows:

Plan Option	Sum Assured	Extra Life Sum Assured	Policy Term	Premium Payment Term
Extra Life	₹ 75 Lakhs	₹ 25 Lakhs	35 years	20 years

- During the 8th Policy Year, she meets with a severe accident. Unfortunately, Miss Chaudhary is not able to survive the accident

The benefit(s) payable to his nominee is as follows:



The benefits available under Extra Life Option are as follows:

EVENT →	On Death/ Diagnosis of Terminal Illness	On Death Due to Accident ²	On Accidental Total Permanent Disability
Benefit(s) Payable →	Sum Assured on Death ¹ paid as Lumpsum Benefit to the nominee and the policy terminates	In addition to the benefit payable on death/diagnosis of terminal illness, Extra Life Sum Assured is paid as Lumpsum Benefit to the nominee and the policy terminates	All future premiums are waived & the Policy continues

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

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

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

Option #4 - Income Option

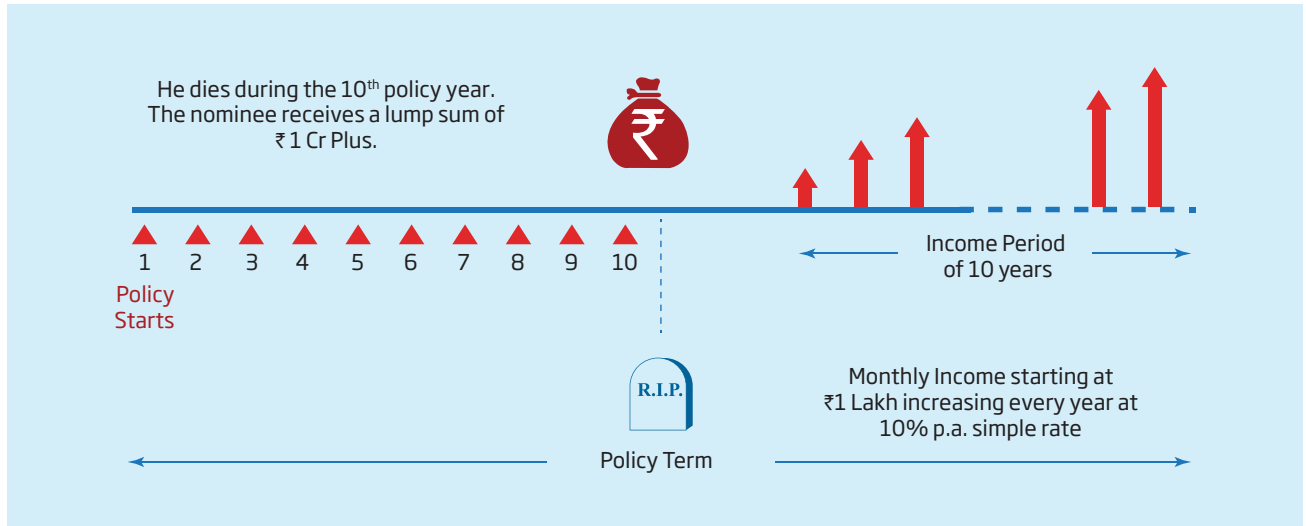
This plan option is ideal if you wish to provide your nominee with a Lumpsum benefit and a regular stream of Income in your absence

Sample Illustration - Mr. D'mello is a 25 year old salesman. He buys an HDFC Life Click 2 Protect 3D Plus Plan. The details of his policy are as follows:

Plan Option	Lumpsum Benefit	Income Period	Annual Income	Rate of Increase of Income	Premium Payment Term
Income	₹ 1 Crore	10 years	₹ 12 Lakhs	10% p.a	15 years

- During the 10th Policy Year, he passes away due to illness

The benefit(s) payable to his nominee is as follows:



The benefits available under Income Option are as follows:

EVENT →	On Death/ Diagnosis of Terminal Illness	On Accidental Total Permanent Disability
Benefit(s) Payable →	Sum Assured on Death ¹ paid as Lumpsum Benefit + Level/Increasing Monthly Income for Income Period paid to the nominee and the policy terminates	All future premiums are waived & the Policy continues

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

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

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

Option #5 - Extra Life Income Option

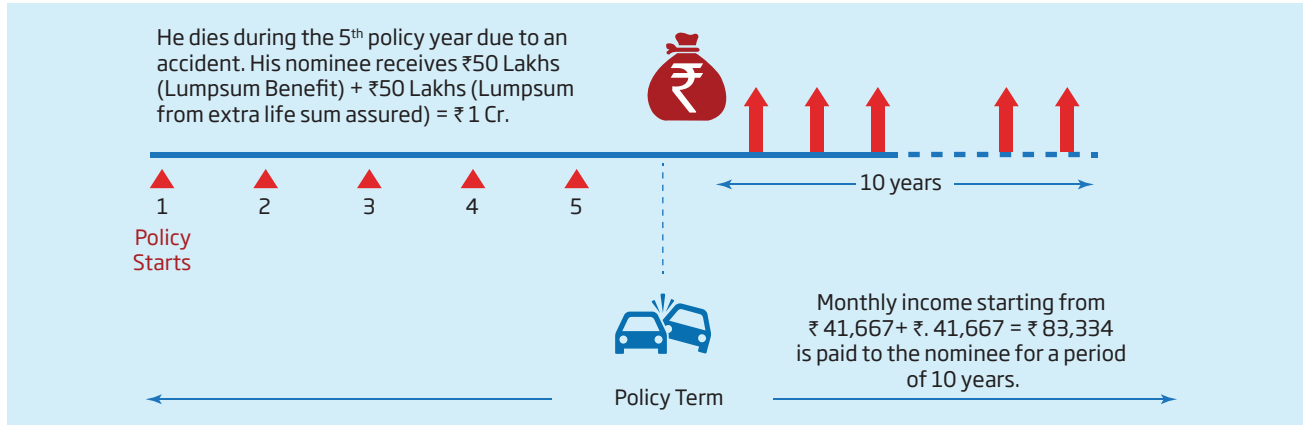
In addition to the benefits under Income Option, an additional Lumpsum & Income benefit is paid upon death due to accident

Sample Illustration - Mr. Ebrahim is a 30 year old man who works in a Broking Firm. He buys an HDFC Life Click 2 Protect 3D Plus Plan. The details of his policy are as follows:

Plan Option	Lumpsum Benefit	Extra Life Sum Assured	Annual Income	Income Period	Rate of Increase of Income	Premium Payment Term
Extra Life Income	₹ 50 Lakhs	₹ 1Cr	₹ 5 Lakhs	10 years	0% (Level)	10 years

- During the 5th Policy Year, he meets with an accident. Unfortunately Mr. Ebrahim does not survive the accident.

The benefit(s) payable to his nominee is as follows:



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

EVENT →	On Death/ Diagnosis of Terminal Illness	On Death Due to Accident	On Accidental Total Permanent Disability
Benefit(s) Payable →	Sum Assured on Death ¹ paid as Lumpsum Benefit + Monthly Income for Income Period paid to the nominee and the policy terminates	Extra Life Sum Assured is paid in the same proportion in Lumpsum + Monthly income, as the benefit payable on Death/ Diagnosis of Terminal Illness. This is paid in addition to the benefit payable on Death / Diagnosis of Terminal Illness	All future premiums are waived & the Policy continues

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

- Amount of Lump sum benefit, (if any)
 - Amount of Extra Life Sum Assured
 - Income period - the period for which income is expected (Upto a maximum of 20 years). The income period shall commence immediately on death and continue for the chosen income period. In this option the income term is independent of policy term i.e. in the event of a claim, the applicable monthly income would continue throughout the income term even if the policy term has ended.
 - Amount of Annual Income during the income period. This income will be payable monthly in arrears, in 12 equal installments.
 - A simple rate of increase of the annual income, if any. These increases will apply to the annual income from the 2nd year of the income period.
- The policy shall terminate on the earlier of death, diagnosis of terminal illness and expiry of the policy term.
 - The monthly income shall be payable monthly in arrears and commence from the 1st day of the policy month subsequent to the policy month of the life assured's death.
 - During the income period all future income payments can be surrendered in exchange for a lump sum.

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

Option #6 - Income Replacement Option

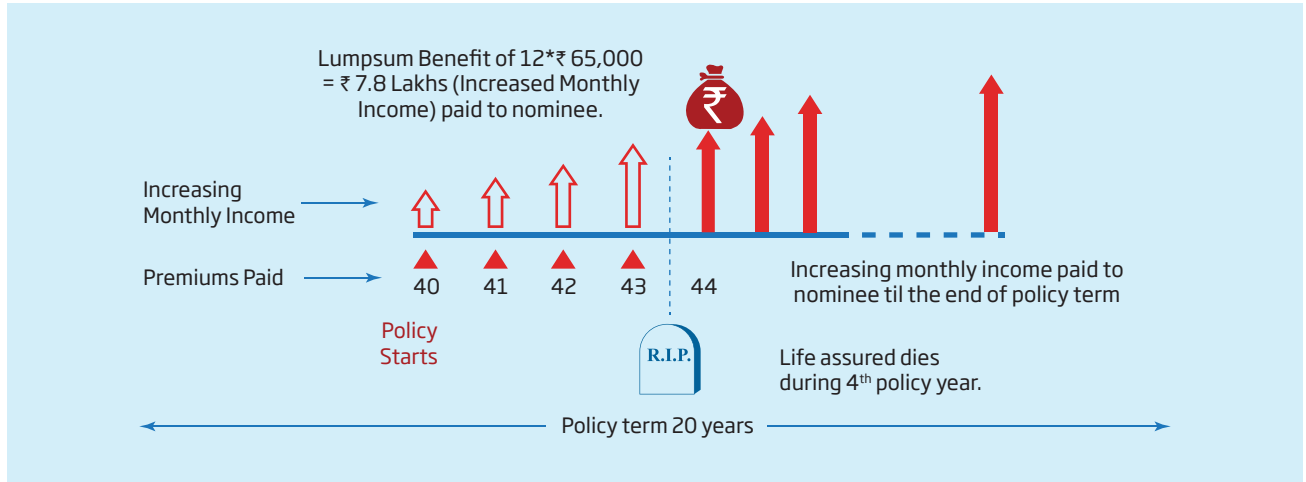
This plan option ensures that your nominee continues to receive the income stream even in your absence.

Sample Illustration - Mr. Francis is a 40 year old Production manager. He buys an HDFC Life Click 2 Protect 3D Plus Plan. The details of his policy are as follows:

Plan Option	Annual Income	Policy Term	Income Option	Premium Payment Term
Income Replacement	₹ 6 Lakhs	20 years	Increasing	15 years

- During the 4th Policy Year, he passes away due to illness

The benefit(s) payable to his nominee is as follows:



The benefits available under Income Replacement Option are as follows:

EVENT →	On Death/ Diagnosis of Terminal Illness	On Accidental Total Permanent Disability
Benefit(s) Payable →	12 times the then Increased Monthly Income paid as Lumpsum Benefit + Level/ Increasing Income for Residual Policy Term paid to the nominee and the policy terminates	All future premiums are waived & the Policy continues

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

- An amount of Annual Income at start, which is payable monthly in arrears in 12 equal installments.
- Level or Increasing Income. (Under the increasing Income option, the income will escalate at a simple rate of 10% p.a. at each policy anniversary, both before and after the claim is made.)
- Policy Term.

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

- The policy shall terminate on the earlier of death, diagnosis of terminal illness and expiry of the policy term.
- During the income period all future income payments can be surrendered in exchange for a lump sum.

Option #7 - Return of Premium Option

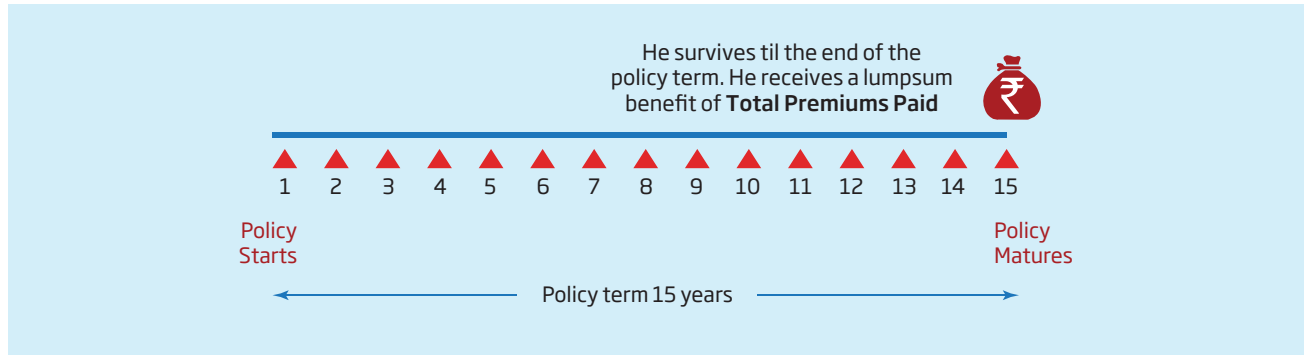
Under this plan option, we will return all your premiums if you survive till the end of the Policy Term. On death/ diagnosis of Terminal Illness during the Policy Term a Lumpsum benefit will be paid to your nominee

Sample Illustration - Mr. Gupta is a 45 year old teacher. He buys an HDFC Life Click 2 Protect 3D Plus Plan. The details of his policy are as follows:

Plan Option	Sum Assured	Policy Term	Premium Payment Term
Return of Premium	₹ 1.5 Crores	15 years	15 years

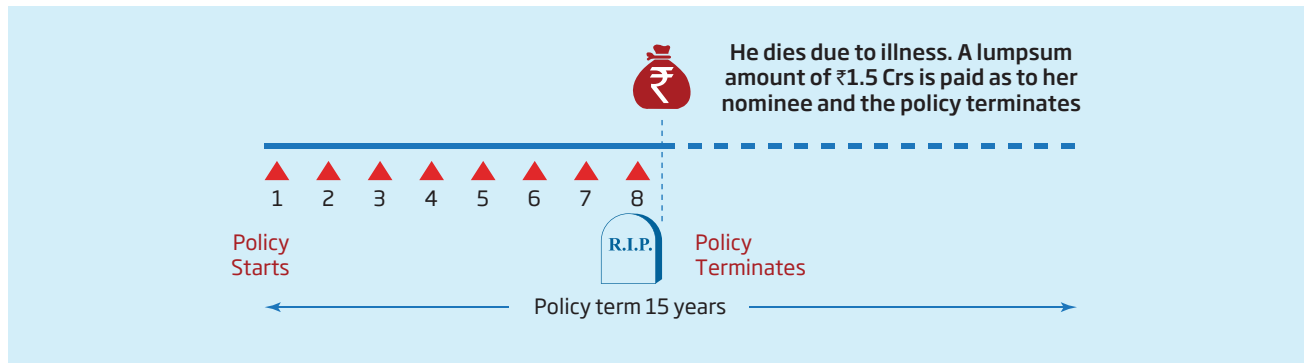
Scenario 1. Mr. Gupta leads a healthy lifestyle. He is able to survive till the end of the policy term

The benefit(s) payable to him is as follows:



Scenario 2. During the 8th policy year Mr. Gupta passes away due to illness

The benefit(s) payable to him is as follows:



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

EVENT →	On Death/ Diagnosis of Terminal Illness	On Maturity	On Accidental Total Permanent Disability
Benefit(s) Payable →	Sum Assured on Death ¹ as Lumpsum Benefit paid to the nominee and the policy terminates	Total ³ premiums paid is returned to the Life Assured and the policy terminates	All future premiums are waived & the Policy continues

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

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

3. Total Premiums Paid means total of all the premiums received, excluding any extra premium, any rider premium and taxes.

Option #8 - Life Long Protection Option: You are protected for your entire life.

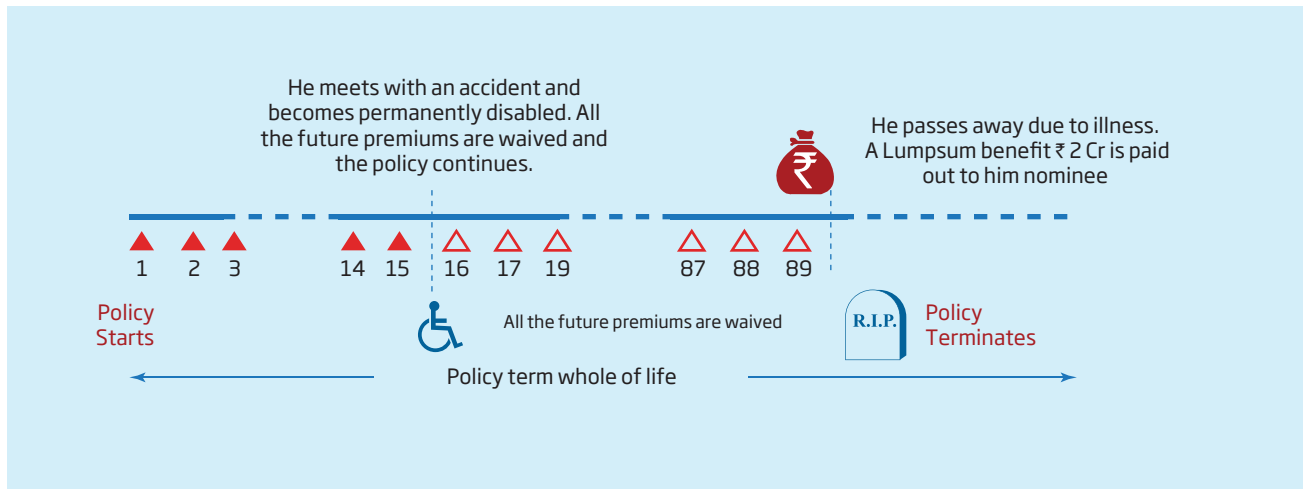
Your nominee gets a Lumpsum Benefit on death or diagnosis of Terminal Illness. Your future premiums are waived upon Accidental Disability.

Sample Illustration - Mr. Hafeez is a 30 year old businessman. He buys an HDFC Life Click 2 Protect 3D Plus Plan. The details of his policy are as follows:

Plan Option	Sum Assured	Policy Term
Life Long Protection Option	₹ 2 Crores	Whole of Life

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

The benefit payable to his nominee is as follows:



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

EVENT →	On Death/ Diagnosis of Terminal Illness	On Accidental Total Permanent Disability
Benefit(s) Payable →	Sum Assured on Death ¹ paid as Lumpsum Benefit to the nominee and the policy terminates	All future premiums are waived & the Policy continues

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

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

Option #9 - 3D Life Long Protection Option

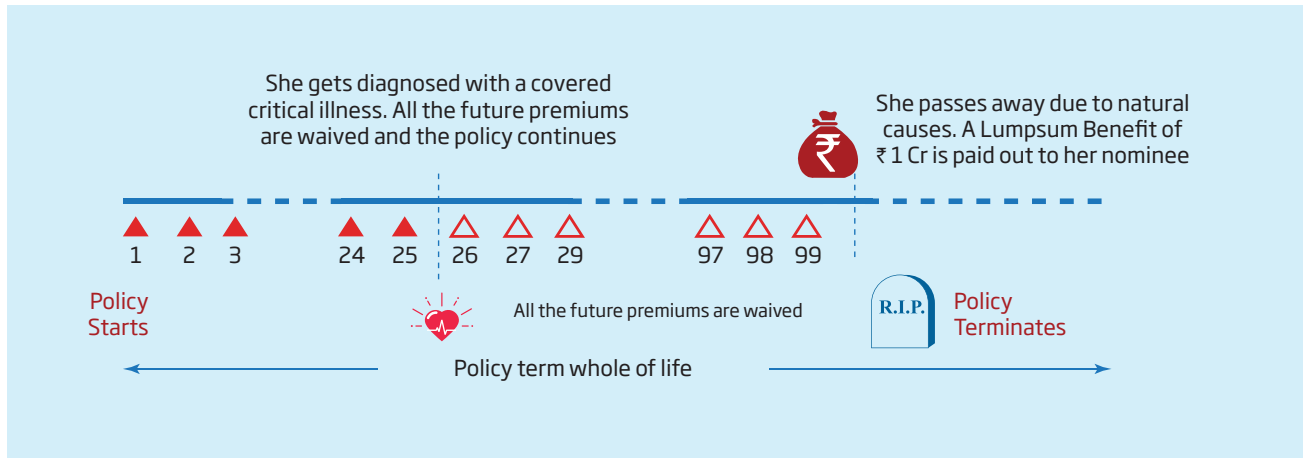
In addition to the benefits under Life Long Protection Option, you will receive an additional benefit of waiver of your future premiums upon diagnosis of Critical Illness

Sample Illustration - Mrs. Iyer is a 30 year old sales executive in a FMCG company. She buys an HDFC Life Click 2 Protect 3D Plus Plan. The details of her policy are as follows:

Plan Option	Sum Assured	Policy Term
3D Life Long Protection Option	₹ 1 Crores	Whole of Life

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

The benefit(s) payable to her nominee is as follows:



The benefits available under 3D Life Long Protection Option are as follows:

EVENT →	On Death/ Diagnosis of Terminal Illness	On Accidental Total Permanent Disability	On Diagnosis of Critical Illness
Benefit(s) Payable →	Sum Assured on Death ¹ paid as Lumpsum Benefit to the nominee and the policy terminates	All future premiums are waived & the Policy continues	

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

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

For additional clarity, all the options and their respective benefits have been summarized in the table below.

Plan Options/ Event	Death (by any cause)	Terminal Illness	Accidental Total Permanent Disability	Accidental Death	Critical Illness	Maturity
Benefit	Death Benefit	Acceleration of Death Benefit	Waiver of premiums	Extra Life Sum Assured	Waiver of premiums	Return of Premium
Life Option	✓	✓	✓	✗	✗	✗
3D Life Option	✓	✓	✓	✗	✓	✗
Extra Life Option	✓	✓	✓	✓	✗	✗
Income Option	✓	✓	✓	✗	✗	✗
Extra Life Income Option	✓	✓	✓	✓	✗	✗
Income Replacement Option	✓	✓	✓	✗	✗	✗
Return of Premium Option	✓	✓	✓	✗	✗	✓
Life Long Protection Option	✓	✓	✓	✗	✗	✗
3D Life Long Protection Option	✓	✓	✓	✗	✓	✗

Health

The covers listed below are in-built Health policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Health policy.

1.1 COVID Hospitalization Cover

We will pay the Medical expenses for Hospitalization during the policy term for treatment of COVID including treatment of any Co-Morbidity illness up to the Sum Insured for

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home.
- ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses.
- iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital
- iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, ventilator charges, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, PPE Kit, gloves, mask and such similar other expenses.
- v. Road Ambulance subject to a maximum of Rs.2000/- per hospitalization for the Ambulance services offered by a Hospital or by an Ambulance service provider, provided that the Ambulance is availed only in relation to COVID Hospitalization

Note: 1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible.

1.2 Home Care Treatment Expenses:

We will pay Medical Expenses for treatment of COVID availed at home for maximum up to 14 days per incident for -

- i. Diagnostic tests undergone at home or at diagnostics centre
- ii. Medicines prescribed in writing
- iii. Consultation charges of the medical practitioner
- iv. Nursing charges related to medical staff
- v. Medical procedures limited to parenteral administration of medicines
- vi. Cost of Pulse oximeter, Oxygen cylinder and Nebulizer

Provided:

- a) The Medical practitioner advises the Insured person to undergo treatment at home.
- b) There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.
- c) Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.
- d) Insured shall be permitted to avail the services as prescribed by the medical practitioner. Cashless or reimbursement facility shall be offered under homecare expenses subject to claim settlement policy disclosed in the website.
- e) In case the insured intends to avail the services of non-network provider claim shall be subject to reimbursement, a prior approval from the Insurer needs to be taken before availing such services.

1.3 AYUSH Treatment

We shall indemnify medical expenses incurred for inpatient care treatment for COVID on Positive diagnosis of COVID test in a government authorized diagnostic centre including the expenses incurred on treatment of any co-morbidity along with the treatment for COVID under **Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy** systems of medicines during the Policy Period up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

Covered expenses shall be as specified under COVID Hospitalization Expenses above under section 1.1

1.4 Pre-Hospitalization

We shall indemnify pre-hospitalization/home care treatment medical expenses incurred, related to an admissible hospitalization/home care treatment, for a fixed period of 15 days prior to the date of admissible hospitalization/home care treatment covered under the policy.

1.5 Post Hospitalization

We shall indemnify post hospitalization/home care treatment medical expenses incurred, related to an admissible hospitalization/home care treatment, for a fixed period of 30days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy.

The total amount payable in respect of Covers 1.1,1.2, 1.3,1.4,1.5 shall not exceed 100% of the Sum Insured during a policy period.

What are the Additional options/ features available under this product?

Protection

a) Life Stage Protection

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

Under this feature, you have the option to increase the basic Sum Assured without underwriting on any of the below specified events in the life of the Life Assured

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

This option will be available subject to all of the following conditions being met:

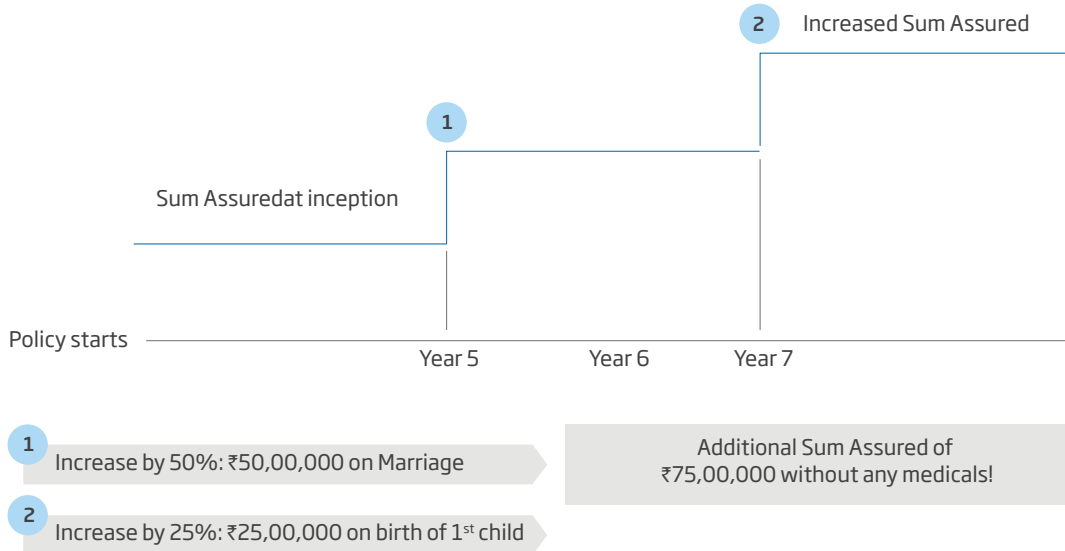
- The Life Assured is less than 45 years of age at the time of the above mentioned events.
- The Life Assured is underwritten as a standard life at policy inception.
- This option will be available only for a period of six months from the date of the above specified events.
- An additional premium will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

Illustration of Life Stage Protection feature

Joy is a 30 year old professional who has purchased HDFC Life Click 2 Protect 3D PlusLife option with Sum Assured of ₹10,000,000

On his marriage, he wants to increase his Sum Assured. He opts for the Life Stage Protection Option and his Additional Sum Assured is 50% of the Sum Assured i.e. ₹ 50,00,000.

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



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

b) Top Up Option

This option is available for all plan options under the Protection variant and is subject to BAUP.

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

This option will be available subject to all of the following conditions being met:

- This option can be exercised only at the policy inception
- The Life Assured is underwritten as a standard life at policy inception
- The increments in Sum Assured shall stop applying in the event of any claim (including rider claim) under the policy.
- An additional premium will be charged for the increase in the Sum Assured. The incremental cover as well as the incremental premium, both, will apply prospectively.

- This option is available subject to the premium rates being available at the time of exercise of the option.

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

Health

a) Optional Cover

Hospital Daily Cash:

We shall pay the Insured Person 0.5% of sum insured per day for each 24 hours of continuous hospitalization for which the Company has accepted a claim under Section - 1.1 "Hospitalization Cover" above.

The benefit shall be payable maximum up to 15 days during a policy period in respect of every insured person.

The total amount payable shall not exceed 100% of the Sum Insured during a policy period.

Death Benefit

Death Benefit is the sum of:

- Sum Assured on Death **AND**
- Additional Benefits

Sum Assured on Death is defined as:

a. For Single Pay Policies

Highest of:

- 125% of Single Premium
- "Sum Assured on Maturity"[#]
- "Absolute amount assured" to be paid on death

b. For Regular Pay & Limited Pay Policies

Highest of:

- 10 times of the[§] Annualized Premium
- 105% of[^] Total Premiums Paid
- "Sum Assured on Maturity"[#]
- "Absolute amount assured" to be paid on death

"Sum Assured on Maturity" means the amount which is guaranteed to become payable on maturity of the policy, in accordance with the terms and conditions of the policy.

§ Annualized premium shall be the premium amount payable in a year excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any.

^ Total Premiums Paid means total of all the premiums received, excluding any extra premium, any rider premium and taxes.

Following is the list of terms used for different options under this plan:

Plan Options	Additional Benefits	Sum Assured on Maturity	Absolute amount assured to be paid on death, i.e. Sum Assured on death
Life Option	NIL	NIL	Absolute amount chosen by the policyholder at inception
3D Life Option	NIL	NIL	
Extra Life Option	NIL	NIL	
Return of Premium Option	NIL	Total Premiums Paid	
Life Long Protection Option	NIL	NIL	
3D Life Long Protection Option	NIL	NIL	
Income Option	NIL	NIL	1. Amount of lump sum (if any) 2. All monthly incomes
Extra Life Income Option	NIL	NIL	
Income Replacement Option	Series of all future monthly incomes	NIL	12 times the then applicable monthly income

Health

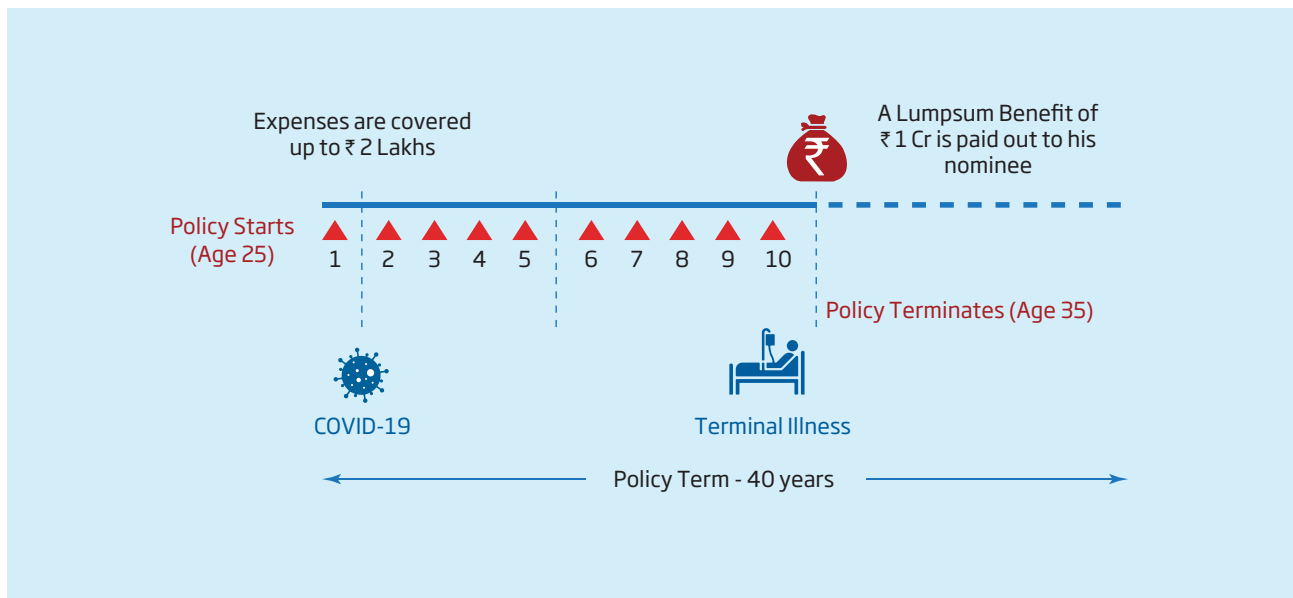
No Death benefit is payable under Health variant of this policy.

Sample Illustration (Protection + Health)

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

Category	Plan Option	Sum Assured	PolicyTerm
Protection	Life	₹ 1 Crore	40 years
Health	Individual	₹ 2 Lakh	9.5 months

- During the 5th Policy month, he is struck with COVID and is hospitalized.
- During the 10th Policy Year, he passes away due to terminal illness.



The benefit payable is as follows:

Protection

- The policy shall terminate on the earlier of death, diagnosis of term in a lillness and expiry of the policy term
- You have to choose the Sum Assured, Policy Term and the Premium Payment Term at the in ception of the policy.

Health

- His Hospitalization, Pre and Post Hospitalization expenses are covered upto 2 lakhs subject to terms and conditions under this policy.

What if I don't pay premiums?

Protection

Grace Period is the time provided after the premium due date during which the policy is considered to be in-force with the risk cover. This plan has a grace period of 30 days for yearly, half yearly and quarterly frequencies from the premium due date. The grace period for monthly frequency is 15 days from the premium due date. The policy is considered to be in-force with the risk cover during the grace period without any interruption.

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

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

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

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

where,

$$\text{Paid Up Sum Assured} = \text{Sum Assured on Death} + \text{Additional Benefits} \times \frac{\text{Total Premiums Paid}}{\text{Total Premiums Payable}}$$

This benefit will be payable on the earlier of death and diagnosis of terminal illness.

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

$$\text{Paid Up Sum Assured} = \text{Sum Assured on Maturity} \times \frac{\text{Total Premiums Paid}}{\text{Total Premiums Payable}}$$

Can I surrender the plan?

Protection

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

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

Single Pay (SP)	Limited Pay (LP)
$70\% \times \text{SP} \times (\text{Unexpired Policy Term} / \text{Original Policy Term})$	$70\% \times \text{Total Premiums Paid} \times (\text{Unexpired Policy Term} / \text{Original Policy Term})$

No surrender value is payable for all other cases

2. Income Replacement Option

Single Pay (SP)	Limited Pay (LP)
$70\% \times \text{SP} \times ((\text{Unexpired Policy Term}) / (\text{Original Policy Term}))^2$	$70\% \times \text{Total Premiums Paid} \times ((\text{Unexpired Policy Term}) / (\text{Original Policy Term}))^2$

No surrender value is payable for all other cases

3. Return of Premium Option

Surrender Value = Guaranteed Surrender Value (GSV) Factors x Total Premiums Paid.

For details on GSV percentage, please refer to Guaranteed Surrender Value (GSV) Factors section.

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

Surrender Value

$$70\% \times \text{Total Premiums Paid} \times (\text{Max}(0,100 - \text{Age at Surrender})) / (100 - \text{Age at Entry})$$

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

Who will receive the benefit?

Protection

The benefit on the first occurrence of either death OR diagnosis of Terminal Illness will be paid to your nominee. As per Section 39 of the Insurance Act, 1938 as amended from time to time, 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/ diagnosis of Terminal Illness.

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

Health

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

Please Note - HDFC Life Insurance Company Limited will process all claims for Protection policy and HDFC ERGO Insurance Limited will process all claims for Health policy.

Which are the Critical Illnesses covered under this plan?

Cancer Related	Cardiac Related	Others
Cancer of specified severity	Open Chest CABG	Kidney Failure requiring regular dialysis
		Major Organ/ Bone Marrow Transplant
		Stroke resulting in Permanent symptoms
	MYOCARDIAL INFARCTION (First Heart Attack of specific severity)	Apallic Syndrome
		Benign Brain Tumour
		Coma of specified severity
		End Stage Liver Disease

Cancer Related	Cardiac Related	Others
	Open Heart Replacement or repair of heart valves	End Stage Lung Disease
		Loss of Limbs
		Loss of Independent Existence
	Major Surgery of Aorta	Blindness
		Third Degree Burns
		Major Head Trauma
	Angioplasty	Permanent Paralysis of limbs
		Scleroderma
		Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders
		Motor Neurone Disease with Permanent Symptoms
	Cardiomyopathy	Multiple Sclerosis with Persistent Symptoms
		Muscular Dystrophy
		Parkinson's Disease
	Primary (Idiopathic) Pulmonary Hypertension	Poliomyelitis
		Deafness
		Loss of Speech
Medullary Cystic Disease		
Systematic Lupus Eryth with Renal Involvement		
		Aplastic Anaemia

DEFINITIONS OF CRITICAL ILLNESSES

1. CANCER OF SPECIFIED SEVERITY

- I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded -
 - i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
 - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
 - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO
 - v. All Thyroid cancers histologically classified as T1NOMO (TNM Classification) or below;
 - vi. Chronic lymphocytic leukaemia less than RAI stage 3
 - vii. Non-invasive papillary cancer of the bladder histologically described as TaNOMO or of a lesser classification,
 - viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1NOMO (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Open Chest CABG

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded:
 - i. Angioplasty and/or any other intra-arterial procedures

3. MYOCARDIAL INFARCTION

(First Heart Attack of specific severity)

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - ii. New characteristic electrocardiogram changes
 - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
 - i. Other acute Coronary Syndromes
 - ii. Any type of angina pectoris
 - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

4. Major Surgery of Aorta

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

The following are excluded:

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

5. Kidney Failure Requiring Regular Dialysis

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

6. Stroke Resulting In Permanent Symptoms

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

The following are excluded:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

7. Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders

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

The following are excluded:

- Non-organic disease such as neurosis and psychiatric illnesses; and
- Alcohol-related brain damage.

8. Apallic Syndrome

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

9. Benign Brain Tumour

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

10. Coma Of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- no response to external stimuli continuously for at least 96 hours;
- life support measures are necessary to sustain life; and
- permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

11. End Stage Liver Failure

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

12. End Stage Lung Failure

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO_2 < 55\text{mmHg}$); and
- iv. Dyspnea at rest.

13. Loss of Independent Existence

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

Activities of Daily Living are:-

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

The following is excluded:

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

14. Blindness

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

15. Third Degree Burns

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

16. Major Head Trauma

- I. Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means, and independently of all other causes.
- II. The accidental head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.
- III. The Activities of Daily Living are:
 - i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - iv. Mobility: the ability to move indoors from room to room on level surfaces;
 - v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - vi. Feeding: the ability to feed oneself once food has been prepared and made available.
- IV. The following are excluded:
 - Spinal cord injury;

17. Motor Neuron Disease With Permanent Symptoms

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

18. Multiple Sclerosis with Persistent Symptoms

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Other causes of neurological damage such as SLE is excluded.

19. Open heart replacement or repair of heart valves

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

20. Angioplasty

- I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).
- II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- III. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

21. Cardiomyopathy

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

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

The following are excluded:

Cardiomyopathy directly related to alcohol or drug abuse.

22. Parkinson's Disease

Unequivocal Diagnosis of Parkinson's disease by a Registered Medical Practitioner who is a neurologist where the condition:

- cannot be controlled with medication;
- shows signs of progressive impairment; and
- Activities of Daily Living assessment confirms the inability of the Member to perform at least 3 of the Activities of Daily Living as defined in this Policy, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons, for a continuous period of six months.

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

The Activities of Daily Living are:

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

23. Permanent Paralysis Of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis shall be permanent with no hope of recovery and must be present for more than 3 months.

24. Primary (Idiopathic) Pulmonary Hypertension

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

25. Major Organ / Bone Marrow Transplant

- I. The actual undergoing of a transplant of:
 - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:
 - i. Other stem-cell transplants
 - ii. Where only islets of langerhans are transplanted

26. Scleroderma

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

The systemic involvement should be evidenced by any one of the following findings -

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

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

The following conditions are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

27. Muscular Dystrophy

Diagnosis of muscular dystrophy by a Registered Medical Practitioner who is a neurologist based on three (3) out of four (4) of the following conditions:

- (a) Family history of other affected individuals;
- (b) Clinical presentation including absence of sensory disturbance, normal cerebro- spinal fluid and mild tendon reflex reduction;
- (c) Characteristic electromyogram; or
- (d) Clinical suspicion confirmed by muscle biopsy.

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

28. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

1. Poliovirus is identified as the cause and is proved by Stool Analysis,
2. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

29. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

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

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

30. Systematic lupus Erythematosus with Renal Involvement

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

Abbreviated ISN/RPS classification of lupus nephritis (2003):

Class I - Minimal mesangial lupus nephritis

Class II - Mesangial proliferative lupus nephritis

Class III - Focal lupus nephritis

Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis

Class V - Membranous lupus nephritis

Class VI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

31. Aplastic Anaemia

Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:

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

The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:

- Absolute Neutrophil count of 500 per cubic millimetre or less;
- Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
- Platelet count of 20,000 per cubic millimetre or less.

32. Loss of Limbs

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

33. Deafness

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

34. Loss of Speech

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

ANNEXURE 1

Definitions

1. Accidental Total Permanent Disability

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

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

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

2. Terminal Illness

A life assured shall be regarded as terminally ill only if that life assured is diagnosed as suffering from a condition which, in the opinion of two independent medical practitioners’ specializing in treatment of such illness, is highly likely to lead to death within 6 months. The terminal illness must be diagnosed and confirmed by medical practitioners’ registered with the Indian Medical Association and approved by the Company. The Company reserves the right for independent assessment. Terminal illness due to AIDS is excluded. The definition of medical practitioner will be in line with Guidelines on Standardization in Health Insurance, and as defined below:

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

Exclusions

Protection:

Suicide Exclusion

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

Additional Exclusions under Extra Life and Extra Life Income Options

We will not pay accidental death benefit if the death occurs after 180 days from the date of the accident. We will not pay accidental death benefit, if accidental death is caused directly or indirectly by any of the following:

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

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

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

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

Health:

1. Waiting Period

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

First Fifteen Days Waiting Period: Expenses related to the treatment of COVID within 15 days from the policy commencement date shall be excluded.

2. Exclusions

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

a. Investigation & Evaluation

Expenses related to any admission primarily for diagnostics and evaluation purposes. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

b. Rest Cure, rehabilitation and respite care

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- c. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or Home care treatment.

d. Unproven Treatments:

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. However, treatment authorized by the government for the treatment of COVID shall be covered.

- e. Any claim in relation to COVID where it has been diagnosed prior to Policy Start Date.
- f. Any expenses incurred on Day Care treatment and OPD treatment
- g. Diagnosis /Treatment outside the geographical limits of India
- h. Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy
- i. All covers under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India

Terms & Conditions

- A. Tax Benefits:** Tax Benefits may be available as per prevailing tax laws. You are requested to consult your tax advisor.
- B. Cancellation in a free-look period:** In case you are not agreeable to the any policy terms and conditions, you have the option of returning the policy to us stating the reasons thereof, within 15 days from the date of receipt of the policy. The free-look period for policies purchased through distance marketing/Online (specified below) will be 30 days. On receipt of your letter along with the original policy documents, we shall arrange to refund you the premium, subject to deduction of the proportionate risk premium for the period on cover, the expenses incurred by us on medical examination if any and stamp duty.
- Distance Marketing refers to insurance policies sold over the telephone or the internet or any other method that does not involve face-to-face selling.*
- C. Discontinuance of Premiums (Protection):** If the due premium is not paid by the end of the grace period for regular and limited pay policies, the policy shall lapse without value and the policy benefits shall cease.
- D. Revival (Protection):** You can revive your lapsed policy within 5 consecutive years of lapsation subject to the terms and conditions we may specify from time to time. The revival shall be subject to satisfactory evidence of continued insurability of the Life Assured and payment of outstanding Premiums with interest. The current rate of interest for revival is 9.5% p.a. Once the policy is revived, you are entitled to receive all contractual benefits.
- E. Nomination as per Section 39 of the Insurance Act 1938 as amended from time to time:**
- (1) The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
 - (2) Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.
 - (3) Nomination can be made at any time before the maturity of the policy.
 - (4) Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.
 - (5) Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
 - (6) A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.
 - (7) Fee to be paid 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.
- F. Assignment as per Section 38 of the Insurance Act 1938 as amended from time to time:**
- (1) This policy may be transferred/assigned, wholly or in part, with or without consideration.
 - (2) An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
 - (3) The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.

- (4) The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
- (5) The transfer or assignment shall not be operative as against an Insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the Insurer.
- (6) Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
- (7) On receipt of notice with fee, the Insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
- (8) The Insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is (a) not bonafide or (b) not in the interest of the policyholder or (c) not in public interest or (d) is for the purpose of trading of the insurance policy.
- (9) In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.

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

- G. Alterations (Protection):** Policy term and premium paying term cannot be altered. Premium payment frequency can be altered.
- H. Policy Loan:** No policy loans are available.
- I. Prohibition of Rebates: In accordance with Section 41 of the Insurance Act, 1938 as amended from time to time:**
1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
 2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.
- J. Non-Disclosure: In accordance with Section 45 of the Insurance Act, 1938 as amended from time to time:**
- (1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
 - (2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.
 - (3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.
 - (4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

(5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

K. Taxes:

Indirect Taxes

Taxes and levies shall be levied as applicable. Any taxes, statutory levy becoming applicable in future may become payable by you by any method including by levy of an additional monetary amount in addition to premium and or charges.


Direct Taxes


Direct Tax, if any, will be deducted at the applicable rate from the payments made under the policy, as per the provisions of the Income Tax Act, 1961 as amended from time to time.

- L. Where the risk is not accepted by one of the Parties, the Combi-Product(s) shall not be issued and the other Insurer shall be free to issue their respective policy individually to the Customers, if the Customer so desires, as if the business was done by that respective Insurer individually without any obligation of confirmation being taken from the other Insurer. Provided that if the Customer desires to take a policy individually from either of the Parties; the Customer shall not be entitled to the discount, if any, being offered under the Combi-Product(s) and would be governed by the terms and conditions of the individual policy being offered by either of the Parties.
- M. Any insurer may terminate this tie up wholly or in part only with cause and after making a joint application for the requisite approval from IRDAI. The insurers agree that upon receipt of such approval from IRDAI, the insurers may terminate this tie up within a period of 90 (ninety) days from the date of such approval. The insurers may mutually decide to terminate the Agreement and intimate the same to you ninety (90) day prior to the termination of the relationship.. However, Your Policy will continue until the expiry or termination of the coverage in accordance with the policy wordings for respective coverage.
- N. Upon termination of the arrangement, each insurer has equal rights over the Customers sourced under this arrangement and it shall be at the sole discretion of the Customer with whom she/ he would like to continue his/ her insurance. However, both the insurer shall also mutually agree for Customer engagement/ servicing programme post termination of the arrangement. Each insurer shall remain liable for its respective portion of Click 2 Protect Corona Kavach for all policies in force at the time of termination of the tie up until their expiry or lapsation.
- O. The legal/ quasi legal disputes, if any, are dealt by the respective insurers for respective benefits. For protection benefits all the legal disputes will be handled by HDFC Life Insurance Company Limited and for health benefits all the legal disputes will be handled by HDFC ERGO Insurance Ltd.
- P. All policy servicing requests pertaining to Click 2 Protect Corona Kavach shall be received by either of the insurer. Other than the requests impacting premium or terms and conditions of the policy towards the policy of the respective Insurer all other requests shall be serviced by the receiving insurer. All requests impacting premium or policy terms towards the policy of a respective Insurer shall be serviced by the respective Insurer and the receiving Insurer shall only facilitate in receiving such requests. Both Insurers will fulfill servicing request received by them as per Protection of Policyholders' Interests Regulations, 2002. Both the Parties are responsible for the pro-active and speedy settlement of claims and other obligations in accordance with the terms and conditions of their respective line of business - health or life coverage/ plan of Click 2 Protect Corona Kavach. Claim process is available on the website of both the companies.
- Q. Customer can lodge a grievance for either or both products at branches of both Insurers.
- R. Complaint belonging to any product shall be routed to the respective insurer who shall then respond / address to the Customer directly. Complaints shall be forwarded by the receiving Insurer to the respective Insurer within T+ 2 days, T being the complaint receivable date. In case the Customer is not satisfied with the resolution offered, Customer can also approach the Insurance Ombudsman in his region. Please refer relevant grievance redressal mechanism section mentioned under each policy document.
- S. It is advised to familiarize with the policy benefits and policy service structure of the 'Combi Product' before deciding to purchase the policy.
- T. Premium Component of both the products is separate and at the time of renewal customer can discontinue either part of the policy during the policy term and migrate into a similar individual policy with the respective insurer. The terms and conditions of the portion will be similar to the terms and conditions of the product, if it would have been sold in isolation.

- U. According to Guidelines on Insurance repositories and electronic issuance of insurance policies issued by IRDAI dated 29th April, 2011, a policyholder can now have his life insurance policies in dematerialized form through a password protected online account called an electronic Insurance Account (eIA). This eIA can hold insurance policies issued from any insurer in dematerialized form, there by facilitating the policyholder to access his policies on a common online platform. Facilities such as online premium payment, changes in address are available through the eIA. Further more, you would not be required to provide any KYC documents for any future policy purchase with any insurer. For more information one can visit <http://www.hdfclife.com/customer-service/life-insurance-policy-dematerialization>

Contact us today

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HDFC Life Insurance Company Limited (Formerly HDFC Standard Life Insurance Company Limited) ("HDFC Life").

CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

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

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- IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.