

# Ensure you are covered against 19 Critical Illnesses



## **HDFC Life** **Critical Illness Plus Rider**

A non linked, non participating critical illness Rider  
Get benefit on diagnosis of any of the 19 critical illnesses



*Sar utha ke jyo!*

Illnesses always come unexpectedly and adversely affect your life and financial situation. So have you considered the financial impact on your life if you were to suffer with a critical illness? Being absent from work during recovery or in worst case forced to quit working will definitely impact your income and coping up with the high medical expenses will wash out your savings.

**HDFC Life Critical Illness Plus Rider** is created to financially protect you and your family. This Rider provides a lump sum benefit on diagnosis of any one of the 19 critical illnesses which you can use to cover expenses associated with the illness and let you concentrate on getting better.

### HDFC Life Critical Illness Rider at a glance

This Rider can be taken on single life basis at inception of the Base Policy or on any subsequent policy anniversary of the Base Policy subject to limits specified below:

Parameters	Limit
Minimum Entry Age (last birthday)	18 years
Maximum Entry Age (last birthday)	65 years
Maturity age (last birthday)	Up to 75 years
Minimum Rider Policy Term	5 years
Maximum Rider Policy term	Lower of ^: <ul style="list-style-type: none"> <li>• 40 years</li> <li>• Maximum Rider Premium Paying Term that can be chosen under the Base Policy</li> </ul>
Rider Premium Payment Term	Regular

^ This Rider will not be offered where the outstanding Rider Premium Paying Term under the Base Policy is less than 5 years.

### What amount of coverage can I get?

Minimum Rider Sum Assured offered under Rider is Rs 25,000. The maximum Rider Sum Assured offered is subject to our Board Approved Underwriting Policy. The maximum Rider Sum Assured as a proportion of Base Policy Sum Assured will be as per the prevailing regulations. Currently, the maximum Rider Sum Assured is equal to the Base Policy Sum Assured.

### Which products can this Rider be offered with?

HDFC Life Critical Illness Plus Rider will be available with the following products:

- HDFC Life Click 2 Protect Plus (101N101V02)
- HDFC Life Sanchay (101N097V02)
- HDFC Life Classic Assure Plus (101N089V02)
- HDFC Life Sampoon Samridhi Plus (101N102V02)
- HDFC Life YoungStar Udaan (101N099V02)
- HDFC Life Super Income (101N098V02)

### What about the premiums?

Please consult your Financial Consultant to know your premium amount. The premium payment frequency for the Rider will be same as frequency of the Base Policy.

For individual policies where no commission is payable, the discount on the tabular premium rates will be as per the Base Policy to which this Rider is attached.

### What is the benefit?

This Rider provides Rider Sum Assured as a lump sum benefit if the life assured survives for a period of 30 days following diagnosis of any one of the 19 critical illnesses as specified below.

The Rider will terminate once the Rider Sum Assured has been paid or on the completion of the Rider Policy Term, whichever is earlier.

### Critical Illnesses

- Cancer of specified severity
- Open Chest CABG
- First Heart Attack - of specified severity
- Kidney Failure requiring regular dialysis
- Major Organ/ Bone Marrow Transplant
- Stroke resulting in Permanent symptoms
- Apallic Syndrome
- Benign Brain Tumour
- Coma of specified severity
- End Stage Liver Disease
- End Stage Lung Disease
- Open Heart Replacement or repair of heart valves
- Loss of Limbs
- Loss of Independent Existence
- Loss of Sight
- Major Burns
- Major Head Trauma
- Permanent Paralysis of limbs
- Surgery of Aorta

Definitions of the covered conditions are given below in Annexure 1.

### Is there any survival period before the claim?

The benefit will be payable only on survival for a period of 30 days from diagnosis of the critical illness.

If the diagnosis is made within the Rider Policy Term and however the survival period crosses the end point of Rider Policy Term, a valid claim arising as a result of such a diagnosis shall not be denied.

All the necessary claim documents should be submitted to us, within 60 days from the date of diagnosis. However, claims filed even beyond such period would be considered if there are valid reasons for such a delay are given, as per the provisions of Authority's Circular No. IRDA/HLTH/MISC/-CIR/216/09/2011, dated 20/09/2011.

### Is there any waiting period?

Waiting period of 90 days will be applicable from the date of risk commencement.

On revival:

- If the policy is revived within 60 days, only the remaining part of waiting period will apply.
- If the policy is revived after 60 days, full 90 days waiting period will apply afresh.

Pre-existing conditions (defined below) are excluded only for the first 48 months after policy inception or after reinstatement of policy, whichever is later

**Pre Existing Definition:** Pre-existing condition is any condition, ailment or injury or related condition(s) with respect to the critical illnesses covered under this Rider for which the insured had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the date on which the Rider was issued.

Any condition with respect to the critical illnesses covered under this Rider for which the insured had signs or symptoms, and/or was diagnosed, and/or received medical advice/treatment between the period starting from the due date of the first unpaid premium till the date of reinstatement of Rider will also qualify as a Pre-existing condition.

#### What is the grace period?

The grace period applicable under this Rider shall be same as applicable to Base Policy to which the Rider is attached. The Rider can only be revived if the Base Policy is revived.

#### What is the Death Benefit under the Rider?

There is no Death Benefit payable under this Rider.

#### What is the Maturity Benefit under the Rider?

There is no Maturity Benefit applicable under this Rider. The Rider will terminate at the end of Rider Policy Term and no further benefits will be payable.

#### What is the Surrender Benefit under the Rider?

There is no Surrender Benefit applicable under this Rider.

#### What if I don't pay premiums?

In case the policyholder stops paying Rider Premium during the Rider Premium Paying Term, the Rider will lapse and no further benefits will be payable under this Rider.

#### What are revival conditions?

Revival of the Rider will be as per the revival conditions of the Base Policy to which it is attached. The Rider will be revived automatically if the Base Policy is revived and the due Rider premium is paid along with the Base Policy premium. When the Rider is cancelled the same cannot be revived independently.

#### What is not covered under this Rider?

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 listed in annexure I where death occurs within 30 days of the diagnosis.
- Any sickness related condition manifesting itself within 90 days of the commencement of the policy/date of acceptance of risk or reinstatement of cover.

- Intentionally self-inflicted injury or attempted suicide, irrespective of mental condition.
- Alcohol or solvent abuse, or voluntarily taking or using any drug, medication or sedative unless it is an "over the counter" drug, medication or sedative taken according to package directions or as prescribed by a Medical Practitioner.

- Taking part in any act of a criminal nature with criminal intent.
- HIV or AIDS.
- Failure to seek medical or follow medical advice (as recommended by a Medical Practitioner\*).
- Radioactive contamination due to nuclear accident.

\* A Medical practitioner is a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license but excluding the Practitioner who is:

- Insured/Policyholder himself or an agent of the Insured.
- Insurance Agent, business partner(s) or employer/employee of the Insured or
- A member of the Insured's immediate family.

#### What are other terms & conditions?

- (i) **Cancellation in Free-look Period:** You shall have the option of cancelling the Rider, stating the reasons thereof, within 15 days from the date of receipt of the Rider Policy Document in case the policyholder is not agreeable to any Rider terms and conditions. The free-look period for policies purchased through Distance Marketing mode shall be 30 days.
  - If Rider is cancelled with the Base Policy, Company shall arrange to refund the Premium paid, subject to deduction of the proportionate risk Premium for the period on cover and the expenses incurred for medical examination (if any) and stamp duty, (if any). A Rider once cancelled 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.
  - If Rider is cancelled independently of the Base Policy then the Rider premium will be returned after adjusting proportionate Rider risk premium for the period of cover and the expenses incurred for medical examination (if any) and stamp duty (if any). The Rider can be cancelled in the free-look period independently of the Base Policy to which it is attached.
  - The Rider will be cancelled automatically if the Base Policy to which it is attached is cancelled in the free-look period.
- (ii) **Cancellation of Rider after Free- look Period:** You may choose to cancel the Rider without the cancellation of the Base Policy by discontinuing Rider premium payment. On cancellation, Rider shall terminate and Base Policy shall continue.

(iii) **Alterations:** Rider term and Sum Assured cannot be altered. The premium payment frequency of the Rider can be changed if the premium payment frequency on the Base Policy is changed. The premium payment frequency of the Rider cannot be changed independently from the Base Policy.

(iv) **Nomination:** Nomination for this Rider shall be as per the Nomination Schedule under the Base Policy and will be as per provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

(v) **Assignment and Transfer:** Assignment for this Rider shall be as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time and prevailing regulations.

(vi) **Section 41 of the Insurance Act, 1938 as amended from time to time:** 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  
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.

(vii) **Non-Disclosure: Section 45 of the Insurance Act, 1938 as amended from time to time:** 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.

1. 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.
2. 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.
3. 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.

4. 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.

#### (viii) Indirect & Direct Tax

##### Indirect Taxes

Taxes and levies as applicable will be charged and are payable by you by any method including by levy of an additional monetary amount in addition to premium and/or charges.

##### Direct Taxes

Tax will be deducted at the applicable rate from the payments made under the policy, as per the provisions of the Income-tax Act, 1961.

#### Annexure 1: Definitions of covered illnesses

##### (1) 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.

##### (2) Benign Brain Tumour

A benign tumour in the brain where all of the following conditions are met:

- It is life threatening;
- It has caused damage to the brain;
- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit such as (but not restricted to) characteristic symptoms of increased intracranial pressure such as papilloedema, mental seizures and sensory impairment; and
- Its presence must be confirmed by a neurologist or

neurosurgeon acceptable to the Company and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging technique.

**The following are excluded:**

- Cysts;
- Granulomas;
- Vascular malformations;
- Haematomas;
- Tumours of the pituitary gland or spinal cord; and
- Tumours of acoustic nerve (acoustic neuroma).

**(3) Cancer of specified severity**

i. A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

ii. The following are excluded:

- a) Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- b) Any skin cancer other than invasive malignant melanoma
- c) All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO
- d) Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- e) Chronic lymphocytic leukaemia less than RAI stage 3
- f) Microcarcinoma of the bladder
- g) All tumours in the presence of HIV infection.

**(4) Coma of specified severity**

- i. 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:
  - a) No response to external stimuli continuously for at least 96 hours;
  - b) Life support measures are necessary to sustain life; and
  - c) Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- ii. The condition has to be confirmed by a specialist medical practitioner.

**The following is excluded:**

- Coma resulting directly from alcohol or drug abuse

**(5) Open Chest CABG**

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

**The following are excluded:**

- i. Angioplasty and/or any other intra-arterial procedures
- ii. any key-hole or laser surgery.

**(6) End Stage Liver Disease**

End-stage liver disease or cirrhosis means chronic end-stage liver failure that causes all of the following:

- Uncontrollable ascites;
- Permanent jaundice;
- Oesophageal or gastric varices; or
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

**(7) End Stage Lung Disease**

Final or end-stage of lung disease, causing chronic respiratory failure, as demonstrated by all of the following:

- FEV1 test results consistently less than 1 litre;
- Requiring permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO<sub>2</sub> < 55mmHg); and
- Dyspnea at rest.

The diagnoses must be confirmed by a qualified pulmonologist acceptable to the Company.

**(8) First Heart Attack - of specified severity**

The first occurrence of 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 this will be evidenced by all of the following criteria:

- a) A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- b) New characteristic electrocardiogram changes
- c) Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

**The following are excluded:**

- i. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
- ii. Other acute Coronary Syndromes
- iii. Any type of angina pectoris

**(9) 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.

#### (10) 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.

#### (11) Loss of Independent Existence

Confirmation by a consultant physician 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 hope 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.

#### (12) Loss of Limbs

The loss by severance of two or more limbs at or above the wrist or ankle.

##### 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.
- Loss of limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded

#### (13) Loss of Sight

Total and irreversible loss of sight in both eyes as a result of illness or accident. The blindness must be confirmed by an ophthalmologist acceptable to the Company. The blindness must not be able to be corrected by medical procedure.

##### 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) Major Burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the life assured's body. The condition should be confirmed by a consultant physician/specialist acceptable to the Company.

##### 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.

#### (15) Major Head Trauma

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist acceptable to the Company and 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, independently of all other causes.

The accidental head injury must result 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 hope of recovery with current medical knowledge and technology.

##### The following is excluded:

- Spinal cord injury; and
- Head injury due to any other cause.
- 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.

#### (16) Major Organ / Bone Marrow Transplant

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.

**The following are excluded:**

- i. Other stem-cell transplants
- ii. Where only islets of langerhans are transplanted

**(17) 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 will be permanent with no hope of recovery and must be present for more than 3 months.

**(18) Stroke resulting in Permanent symptoms**

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial 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 is excluded:**

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

**(19) Surgery of Aorta**

The actual undergoing of surgery (including key-hole type) for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft.

The term "aorta" means the thoracic and abdominal aorta but not its branches. Stent-grafting is not covered.

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