

**HD
FC
ERGO**

Take it easy!



Home Credit Assure Package Insurance

Sheltering your Ownership

At HDFC ERGO, we aim at setting benchmarks in our path of innovating products and delivering customer service. As part of our vision, it is our endeavour to be the most admired company by being responsive to your needs and putting you back on your path of progress when life surprises you with an unfortunate event.

PRODUCT SUMMARY

A home is your most valued possession. For most people, owning a home is like a dream come true. Today, with various financing options available, making this dream a reality is much easier.

On this joyous occasion, secure your dream house and make it a reality forever. HDFC ERGO's Home Credit Assure Package Insurance - a quadruple benefit plan protects you and your home against major incidences.

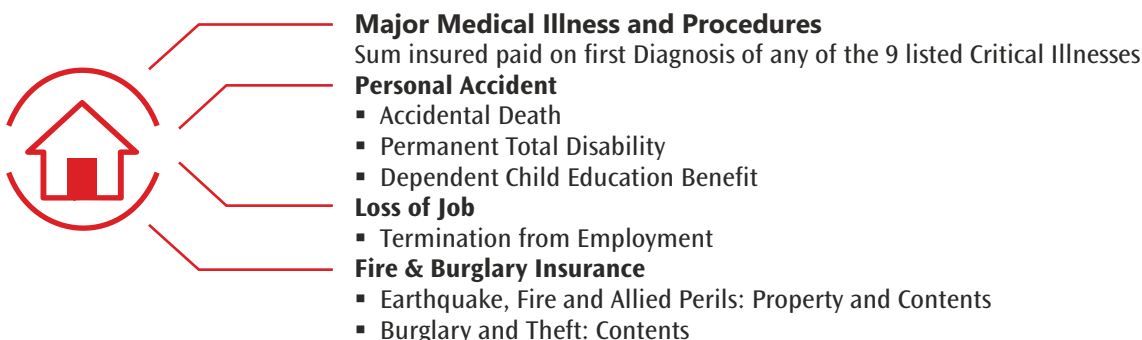
This comprehensive plan offers the following benefits:

- Package policy
- Hassle-free claims process
- Tax benefit under section 80D (on critical illness cover only; Subject to changes in Tax laws)
- Long term coverage up to 5 years

KEY FEATURES

There are several reasons why you may not be in a position to continue paying your monthly housing loan EMI. Home Credit Assure Package Insurance protects your home in the event of such unfortunate or unforeseen event.

Home Credit Assure Package Insurance mitigates against any financial loss arising out of:



KEY BENEFITS

1. Major Medical Illness and Procedures

Sum insured payable on the first diagnosis of any of the below - mentioned 9 critical illness and procedures:

- Cancer of specified severity
 - Kidney Failure Requiring Regular Dialysis
 - Multiple Sclerosis with persistent symptoms
 - Major Organ/Bone Marrow Transplant
 - Open Heart Replacement or Repair of Heart Valves
 - Open Chest CABG
 - Stroke resulting in Permanent symptoms
 - Permanent Paralysis of Limbs
 - Myocardial Infarction (First Heart Attack -of Specified Severity)
- Sum Insured can be less than or up to a maximum of Loan Value only

2. Personal Accident

Pays upto the sum insured, if bodily injury results in death or permanent disability due to an accident.

- Accidental Death: Death of the insured person on account of an accident
- Permanent Total Disability (PTD): Pays upto the sum insured, if bodily injury results in permanent disability due to an accident, occurring within twelve (12) months of the Date of Loss
- Dependent Child Education Benefit: Pays upto the below mentioned sum insured towards dependent children's education in the event of death of the insured due to an accident resulting in death within twelve (12) months of the Date of Loss. The cover is over and above the sum insured covered under death section and supports the child's education upto 24 months

Loan Amount (Rs)		Benefit Amount (Max limits)*
From	To	NIL
1		
500,001	1,000,000	One child : Rs 25,000 Two children : Rs 50,000
1,000,001	2,000,000	One child : Rs 50,000 Two children : Rs 100,000
2,000,001	3,000,000	One child : Rs 100,000 Two children : Rs 200,000
3,000,001	4,000,000	One child : Rs 150,000 Two children : Rs 300,000
4,000,001	5,000,000	One child : Rs 200,000 Two children : Rs 400,000
5,000,001	30,000,000	One child : Rs 250,000 Two children : Rs 500,000

3. Loss of Job

Up to 3 EMIs payable in the event of termination from employment of the Insured by the employer on account of:

- Employer's rules / regulations or executed / implemented by the employer in compliance of any laws for the time being in force or
- Directives by any Public Authority

4.1. Fire Insurance

Pays upto the sum insured in the event of loss or damage to the structure of the house due to:

- Fire and Allied Perils: Covers accidental physical loss and/or damage caused to building and contents due to any of the named perils like lightning, explosion, riot, strike, malicious damage, storm, cyclone, typhoon, flood, etc.
- Earthquake and Terrorism

4.2. Burglary, Housebreaking and Theft

Pays upto the maximum sum insured in the event of a loss or damage to the contents insured.

- Maximum sum insured is 25% of the policy sum insured
- Maximum sum insured for jewellery kept in safe is 20% of the burglary section sum insured
- The claim payable is on 40% first-loss basis

LIST AND DESCRIPTION OF MAJOR MEDICAL ILLNESS

A. Cancer of specified severity:

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.

A malignant tumour 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 leukaemia, lymphoma and sarcoma.

The following are excluded:

- All tumours 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.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- 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 T2N0M0
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- All tumours in the presence of HIV infection.

B. 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 (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis must be confirmed by a specialist Medical Practitioner.

C. Multiple Sclerosis with persistent symptoms:

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

D. Major Organ/Bone Marrow Transplant:

The actual undergoing of a transplant of:

- a. One of the following human organs: lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ,
- b. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
The following are excluded:
 - a. Other stem-cell transplants
 - b. Where only islets of langerhans are transplanted

E. 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.

F. Open Chest CABG:

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.

The following are excluded:

- a. Angioplasty and/or any other intra-arterial procedures

G. Stroke resulting in Permanent symptoms:

I Any cerebrovascular incident producing permanent neurological sequelae.

- a. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source.
- b. 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.
- II The following are excluded:
 - a. Transient ischemic attacks (TIA)
 - b. Traumatic injury of the brain
 - c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

H. 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 paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

I. Myocardial Infarction (First Heart Attack -of Specified 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:

- 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.

II. The following are excluded:

- a. Other acute Coronary Syndromes
- b. Any type of angina pectoris
- c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

ELIGIBILITY CRITERIA

This product may be obtained by any Indian Citizen who has taken a home loan and which is outstanding.

COVERAGE LIMITS

- The single Policy Period is from 1 year upto a maximum policy period of five years only, thereafter which can be renewed by mutual consent
- The cover under this Policy, for the specific Insured, shall terminate in the event of a claim under any one Section of the Policy in respect of that insured becoming admissible and accepted by the Company and only upon full sum insured being payable to the Insured except under loss of job benefit
- In case of a claim under the burglary section, indemnity will be provided basis the market value of the item lost. The Company's liability is restricted to the extent of 40% of the limit of indemnity caused by actual or attempted Burglary and/or Theft, provided that such Contents are insured against Fire and Allied Perils of the Policy.
- Dependent Child Education Benefit is payable from ₹25,000 per child upto maximum of ₹5,00,000 for two children, depending on the policy sum insured (cover on accidental death only) upto 24 months, on reimbursement basis, i.e., on production of original tuition fee receipt from the accredited institution. Maximum two children may be covered

EXCLUSIONS

There are several risks which are either uninsurable or are specifically excluded from the scope of cover. The following is an illustrative but non-exhaustive list of some of the types of risks and items which will not be covered:

A General Exclusions

- War and nuclear risks
- Chemical or biological terrorism
- The Policy does not cover any other contingencies or benefits except as stated in the Policy schedule (For an elaborate list of policy exclusions, kindly refer policy wordings)

B Critical Illness

- Any illness or disease discovered or diagnosed within the first 90 days from the date of commencement of the policy
- A waiting period of 48 months shall apply for all **Pre-existing Diseases** Conditions declared and/or accepted at the time of first enrolment of Coverage under this Section. In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of **Sum Insured** increase.
- External congenital Illness or condition
- If the Insured does not submit a medical certificate from the Medical Practitioner evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical / surgical procedure.
- Congenital External Anomalies or any complications or conditions arising there from including any developmental conditions of the Insured
- Birth control procedures and hormone replacement therapy
- Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery / complications/illness arising as a consequence thereof.

C Personal Accident

- If the Insured is under influence of any Intoxicating drugs or alcohol before the incident unless prescribed by Medical Practitioner. "However, this exclusion will not apply if the insured's inebriated condition has not contributed to the cause of accident or the insured in inebriated condition had a mere presence at the site of accident without contributing to the cause of accident.
- Narcotics used by the **Insured Person** unless taken as prescribed by a registered Medical Practitioner
- Suicide or Intentional Injury leading to death or Permanent Total Disability is not covered
- Payment of compensation in respect of Insured Event which occurs whilst the Insured is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning, or whilst the Insured is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airline anywhere in the in the world;
- Payment of compensation in respect of death, injury or disablement of Insured (a) from engaging in or participation in **Adventure Sports**
- Payment of compensation in respect of death or Permanent Total Disablement arising from or resulting from any Illness to any Insured
- No sum shall be payable under this Section in case of any Permanent Total Disability for which medical care, treatment, or advice was recommended by or received from a Medical Practitioner or from which the Insured suffered or which was present before the commencement of the Policy Period.

D Loss of job

The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.

- The Company shall not be liable to make any payment under this Policy in connection with or in respect of:
 - a. Self employed persons;
 - b. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
 - c. Any voluntary unemployment;

d. Unemployment at the time of inception of the Policy Period or arising within the first 90 days of inception of the Policy Period.

- Any unemployment from a job under which no salary or any remuneration is provided to the Insured
- Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
- Any unemployment due to resignation, retirement whether voluntary or otherwise
- Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.

E Fire and Burglary Insurance

- Wear and tear, deterioration
- Loss or damage due to faulty workmanship, defective design or material, atmospheric or climatic conditions, intentional acts or gross negligence
- Loss or damage to cash and money in any form, drawings, plans, manuscripts, items of historic or artistic or antique value, perishables, consumables, contact lenses, dentures Consequential or indirect loss or damage and contractual liability
- Loss or damage to contents located inside the insured home while the insured home remains unoccupied for 30 or more consecutive days
- Any damages occurring to insured premises located less than 500 feet before sea level/ocean

FREE LOOK

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the Policy.

The Insured Person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the Insured has not made any claim during the Free Look Period, the insured shall be entitled to

a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Person and the stamp duty charges or

where the risk has already commenced and the option of return of the Policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover or Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

CLAIMS PROCESS

In case of an event giving rise to a claim, the Insured should immediately intimate the Company on our Customer Service No: 022 - 6234 6234 / 0120 - 6234 6234.

All conversations may be recorded by the Company and shall form a part of the record and be considered by the Company in evaluating a claim made under the Policy.

On receipt of the full and final documents by the Company and subsequent completion of final survey, the claims would be processed by the Company.

Section 41 of Insurance Act 1938 (Prohibition of Rebates):

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of 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 prospectus or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Ten Lakh Rupees.

HDFC ERGO General Insurance Company Limited



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