

# CRITICAL CARE PLAN

30 Critical Illnesses Covered



Secure your health and your financial independence

 **HDFC**  
**STANDARD LIFE**

Sar Utha Ke Jiyo

You have always ensured that you and your family keep living a respectable life. However, life in today's times can be uncertain. As a person who cares so much for his family, you don't want any unfortunate incident to affect your plans for you and your family. So why let any critical illnesses shatter your and your family's aspirations. HDFC Standard Life presents **HDFC Critical Care Plan**, a unique health plan that provides you with timely support in case of critical illness and helps you and your family to remain financially independent in difficult times. So that your family can always live their life with their head held high. **Always.**

## HDFC CRITICAL CARE PLAN

### HDFC Critical Care Plan gives you

- Valuable protection for you in case of critical illness
- Cover against 30 critical illnesses
- Lump sum benefit payment irrespective of actual medical cost
- Cover continues even after benefit payment on selected illnesses
- Flexible premium payment option

HDFC Critical Care Plan helps you by providing a lump sum fixed benefit incase you are diagnosed with any of the critical illnesses covered. The benefit is payable on survival for a period of 30 days post diagnosis of the critical illness. This benefit can be used to meet any financial requirements.

## 2 EASY STEPS TO YOUR PLAN

<b>Step 1</b>	Choose the level of health cover you need
<b>Step 2</b>	Work out the premium payable along with our Financial Consultant

### STEP 1: CHOOSE THE LEVEL OF HEALTH COVER YOU NEED

You have the liberty to choose the amount of health cover "Sum Assured" as per your need, subject to the minimum Sum Assured of Rs. 2,00,000 and maximum of Rs. 20,00,000.

### STEP 2: WORK OUT THE PREMIUM PAYABLE ALONG WITH OUR FINANCIAL CONSULTANT

Your premium will depend on your age, gender, term, sum assured, payment method and payment frequency. You can pay monthly, half-yearly or annually.

The minimum installment premium is Rs.1,500 for all frequency modes.

Contact our Financial Consultant or nearest branch for more details about the available range of convenient auto premium payment options.

The table below shows the indicative annual premiums for a Sum Assured of Rs. 5,00,000 payable by ECS mode for a healthy male life assured .

AGE AT ENTRY (Yrs.)	POLICY TERM (Yrs.)			
	5	10	15	20
30	3,390	3,415	3,440	3,465
35	3,910	3,935	3,960	3,985
40	4,940	4,965	4,990	5,015
45	6,695	6,720	6,745	6,770
50	9,495	9,520	9,545	n/a

*Premium amount is exclusive of service tax and education cess.*

### Non-SI/ECS charge

10% extra will be charged for non-SI/ECS premium payments.

### Large Sum Assured discount

Contracts with Sum Assured greater than Rs. 10,00,000 will be entitled to a premium discount of 15% on the excess of the (undiscounted) premium over the premium corresponding to a Sum Assured of Rs.10,00,000 (all other parameters – age, gender, term, payment method and payment frequency – being the same).

Policies that are rated up are not eligible for the large Sum Assured discount.



## ELIGIBILITY

HDFC Critical Care Plan can be taken only on single-life basis. Age and term limits for HDFC Critical Care Plan are shown below:

TERM PERIOD (Yrs.)		AGE AT ENTRY (Yrs.)		MAXIMUM AGE AT EXPIRY (Yrs.)
Minimum	Maximum	Minimum	Maximum	
5	20	18	55	65

Age has to be taken as of "last birthday" basis.

## FLEXIBLE OPTIONS TO SUIT YOUR NEEDS

We have designed the plan to meet your and your family's needs and you can opt for any of these as per your requirements.

### Premium Changes

You can request for a reduction in regular premium amount only after completion of first three policy years, provided no claim is made under your policy and the policy is still in-force. Any reduction in premium will reduce the Sum Assured and the reduction will be allowed subject to the minimum Sum Assured and premium conditions prevalent at the time of request.

Under no circumstances, you can request for an increase in premium by asking us to increase your cover level.

### Premium Frequency Changes

You can also change your premium frequency after first year of your policy; provided the policy is still in-force and you have paid all regular premiums due till date. Any change in premium frequency will alter the total annual premium payable.

If you stop paying your regular premium,\* your policy will lapse. A lapsed policy can be revived subject to conditions.

\* Your policy has grace period of 15 days

### Policy Term Changes

You can request for a reduction in the term of your policy only after completion of first three policy years, provided no claim is made under the policy and the policy is still in-force. Any reduction in term will increase the premium and you will have to pay the increased premium from the date of change, subject to the equivalent of a minimum original term of 5 years.

Under no circumstances, you can request for an increase in the term of the policy.

### Sum Assured Changes

You can request for a reduction in the Sum Assured only after completion of first three policy years, provided no claim is made under your policy and the policy is still in-force. The reduction in Sum Assured will consequently reduce the premium and the reduction will be allowed subject to minimum Sum Assured and premium conditions prevalent at the time of request. This reduced Sum Assured cannot be increased later.

Under no circumstances, you can request for an increase in Sum Assured with a consequent increase in premium.

## BENEFITS

### a) On diagnosis of Critical Illness

This plan provides cover against 30 critical illnesses. The benefit will be payable only on survival of 30 days post the first diagnosis of a critical illness.

The critical illnesses are divided into following two groups:

#### Group A

Cancer
Coronary Artery Bypass Graft Surgery (CABGS)
Heart Attack
Kidney Failure
Major Organ Transplant (as recipient)
Stroke

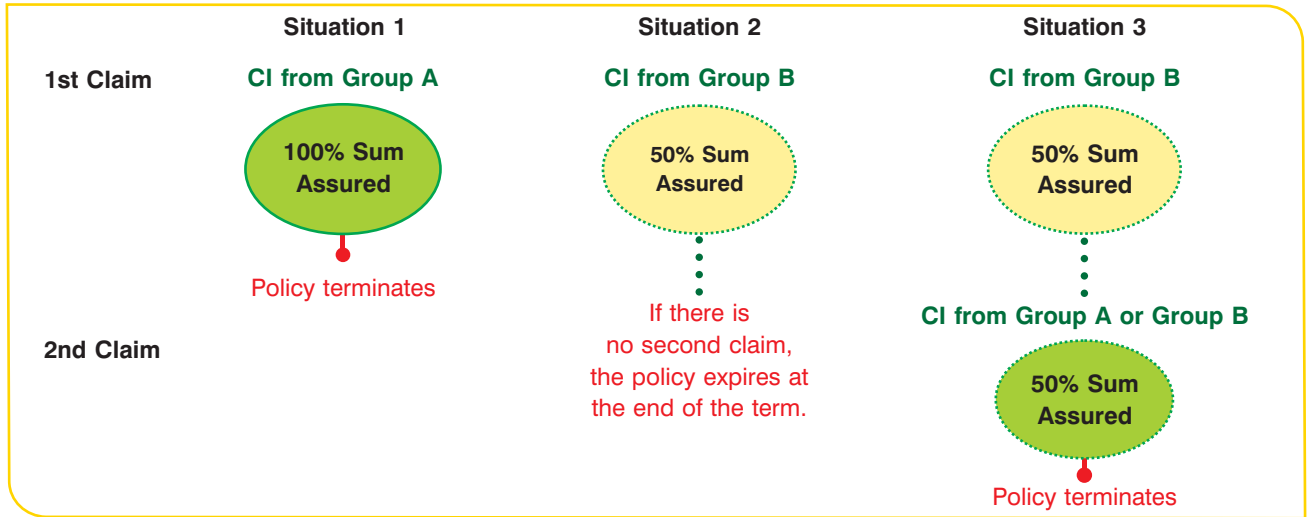
#### Group B

Alzheimer's Disease <sup>1</sup>	Loss of Sight
Apallic Syndrome	Loss of Speech <sup>1</sup>
Aplastic Anaemia <sup>1</sup>	Major Burns
Benign Brain Tumour	Major Head Trauma
Cardiomyopathy <sup>1</sup>	Motor Neurone Disease <sup>1</sup>
Coma	Multiple Sclerosis <sup>1</sup>
End Stage Liver Disease	Muscular Dystrophy <sup>1</sup>
End Stage Lung Disease	Paralysis / Paraplegia
Heart Valve Surgery	Parkinson's Disease <sup>1</sup>
Loss of Hearing <sup>1</sup>	Primary Pulmonary Hypertension <sup>1</sup>
Loss of Independent Existence	Surgery of Aorta
Loss of Limbs	Systemic Lupus Erythematosus <sup>1</sup>

<sup>1</sup> Maximum benefit amount for these diseases is capped at Rs. 10,00,000 per life across all policies held with HDFC Standard Life Insurance Company Limited.



Benefits will be payable as per one of the situations described in the graphical representation below



Under Situations 2 & 3, post the 1<sup>st</sup> valid claim no further premiums are payable towards your policy and the policy continues till you make a 2<sup>nd</sup> valid claim or the policy expires, whichever happens earlier.

You can make only one claim for any particular critical illness.

**b) On Maturity**

There is no benefit payable on maturity of the policy.

**c) On Death**

There is no benefit payable on the death of the life assured.

**d) On Surrender**

There is no benefit payable on the surrender of the policy.

**e) On Paid-Up**

There is no paid up benefit payable under this policy.

**BENEFICIARIES**

If you have not assigned the policy, you will receive any benefits that are payable as per the policy terms and conditions.

**CONVENIENT CLAIM PROCESS**

Claim process for HDFC Critical Care Plan is convenient and hassle free.

You need to submit

- Fully completed claim form along with original policy document and
- Original certificate of the doctor/notarized copies of the medical reports

Once the company verifies the documents, the applicable benefits will be paid to you.

**CLAIMS TREATED AS INVALID**

The following claims will be treated as invalid:

- Date of diagnosis falls within 180 days of issuance of policy or reinstatement
- A claim for any critical illness, where death occurs within 30 days of the date of diagnosis
- A claim under two definitions for the same condition (e.g. Alzheimer's Disease and Loss of Independent Existence)
- Policy in the lapsed condition as on the date of diagnosis
- Waiting period for submission of claim documents not met
- Critical illnesses not covered under the policy
- Any more than one claim in respect of any single critical illness
- Non-fulfilment of eligibility criteria of critical illnesses covered under the policy
- The aggregate of claim payouts since inception already exceeding 100% of sum assured.

**TAX BENEFITS**

You are eligible for tax benefits under section 80D of the Income Tax Act 1961. The maximum deduction that can be claimed currently is Rs. 30,000 (Inclusive of additional deduction of Rs. 15,000 in case of insurance on the health of the parent or parents), subject to the provisions contained therein.

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

## TERMS AND CONDITIONS

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

**A.** The company must be notified of the diagnosis immediately and in no case later than 60 days from the date of diagnosis. In case we receive a notification post 60 days of the diagnosis we reserve the right to reject the claim.

**B.** We shall not be liable to pay any benefit indicated in the policy schedule if the critical illness is caused directly or indirectly by the following:

- Any of the listed dread disease conditions where death occurs within 30 days of the diagnosis
- Any sickness related condition manifesting itself within 180 days of the commencement of the policy/date of acceptance of risk or reinstatement, whichever is later.
- Intentionally self-inflicted injury or attempted 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.
- Service in any military, police, paramilitary or similar organisation.
- Taking part in any act of a criminal nature.
- Any Pre-existing medical condition. "Pre-existing medical condition" means a condition (illness or bodily injury) for which, prior to the receipt of proposal for this policy or prior to the date of reinstatement of this policy:
  - The life assured had signs or symptoms which would have caused any ordinary prudent person to seek treatment, diagnosis or care, or
  - Medical advice or treatment was recommended by or received from a physician, or
  - The life assured had undergone medical tests or investigations.

Any congenital disorder, or related illness or complication arising out of or in connection with a pre-existing medical condition, shall be considered part of that pre-existing medical condition.

- HIV or AIDS
- Unreasonable failure to seek medical advice
- Radioactive contamination due to nuclear accident
- Diagnosis or treatment outside India except in case of emergency

**C. Premium Review & Guarantee:** The premium rate is guaranteed for a period of three years from the date of launch of the plan. We will review the premium rates at the end of three years and every three years thereafter and the rate can increase or decrease based on our experience. Post review in case there is any change in the premium rate the same will be made applicable to the policy from the next policy anniversary immediately following the date of review. In case there is any change in premium post review, the same will be guaranteed for a period of three years from the date of review. Any change in the premium rate will be subject to IRDA approval and sufficient notice to all concerned.

**D. Waiting Period:** This plan has a waiting period of 180 days from the date of inception or issue of policy or revival whichever is later. No claim will be paid during this waiting period unless the claim arises due to accidental causes.

**E. Cancellation in the Free-Look period:** In case you are not agreeable to the general 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. On receipt of your letter along with the original policy documents, we shall arrange to refund you the premium amount paid subject to deduction of the proportionate risk premium for the period on cover, the expenses incurred by us on medical examination and stamp duty. A policy once returned shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new policy.

**F. Lapsation:** This policy has grace period of fifteen days. In the event the premiums are not paid before the expiry of the grace period the policy will lapse. No benefits are payable under a lapsed policy. The only exception would arise when the diagnosis of a covered illness occurs during the grace period. In this situation, as long as the policy is in force at the time of diagnosis, then a claim made for that treatment would be considered.

**G. Revival:** The policy can be revived within 2 years from the date of lapsation, either by submitting a personal health statement or by undergoing a full medical underwriting if required, and by paying the applicable premium arrears along with the revival charges.

No more than one revival will be permitted over the life time of the plan.

**H. Policy Loans** are not available on this plan.

### I. Non-Disclosure:

#### Section 45 of the Insurance Act, 1938 states:

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

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

### J. Prohibition of Rebates:

#### Section 41 of the Insurance Act, 1938 states:

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 punishable with fine, which may extend to five hundred rupees.

**K. Service Tax:** As per the Service Tax Laws, service tax is applicable on the life insurance premium with effect from 10/09/2004, which is subject to change in tax laws. Any other indirect tax or statutory duty becoming applicable in future may become payable by you.

Ensure a life of respect and dignity for you and your family.  
Contact us today

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**Sar Utha Ke Jiyo**

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