Canara HSBC Life Insurance Company Limited

Canara HSBC Life Insurance Promise2Secure

UIN: 136N099V01

A Non-Linked, Non-Participating, Individual, Pure Risk Premium Life Insurance Plan

Purchase of any insurance products by a bank's customer is purely voluntary and is not linked to availability of any other facility from the bank.

LIFE INSURANCE - UNDERSTANDING ITS IMPORTANCE

Life insurance offers reassurance that your loved ones will remain financially secure even in your absence. A term plan is a type of life insurance that provides coverage for a specific period and serves as a dependable financial safeguard by paying a lump sum amount or as monthly income upon the insured event during the policy term. Keeping this essential need in mind, we present the Canara HSBC Life Insurance Promise2Secure as your partner in achieving financial security. A comprehensive plan that lets you cover self and your spouse, block your premium rate, offers built-in coverages against accidental death, disability, critical illnesses, terminal illness along with health and wellness benefits, security for your child's future and legacy planning option.

The Canara HSBC Life Insurance Promise2Secure is a non-linked, non-participating, individual, pure risk premium life insurance plan that gives you the flexibility to choose between two plan options based on your financial goals. The Life Secure option provides life cover throughout the policy term, while the Life Secure with Return of Premium option not only offers life cover during the term but also returns the premiums if you survive until the end of the policy term. It acts like a supportive safety net too, the company steps in to take care of your premiums, so if you're diagnosed with a terminal illness, payments are waived and one less thing is on your mind. The plan also includes multiple optional in-built coverage options that you can select according to your needs, ensuring your loved ones' future and aspirations are protected.

KEY HIGHLIGHTS OF CANARA HSBC LIFE INSURANCE PROMISE2SECURE

Option to get return of total premiums paid in case of no claim.	Option to Block Your Premium rate at inception and increase cover up to 100% of Base Sum Assured in next 5 Years
Waiver of Premium on Diagnosis of Terminal illness	Insta payout on Claim intimation due to death to support your loved ones
Health & Wellness Benefits to maintain a healthy lifestyle with teleconsultations, health checkups, fitness subscriptions and more at no additional cost	Online Will preparation for legacy planning
Defer your Premium payments for up to 12 months without losing your cover.	Protect your child's future with Child Care Benefit
Special Exit Value where premiums are returned on voluntary surrender basis applicable terms and conditions	Protect yourself from life's uncertainties with coverages against Accidental Death, Disability and 40 specified Critical Illnesses

Note: Benefits will be available as per plan option and coverages selected as mentioned below in this document.

INSURANCE AT AN EARLY AGE? LET'S SEE THE ADVANTAGES

- Avail the benefits of lower premiums. Your premium remains the same till the end of the Policy Term (subject to the conditions as mentioned below in this document) Below is a comparison of premiums for a Male, Non Smoker, at various ages for Sum Assured of Rs.1 Crore, under Life Secure Option with Level Cover Option, monthly mode of payment, Regular Payment policy with policy Term as 40 years, and without any optional in-built covers.

Age	Premiums (₹)
25	8,55
35	1,484
45	3,816

- Protection of loved ones against any debts, such as education loan, business loan, etc, in case of any unfortunate event.
- Protection in place for your future ensuring preparedness for any changes in life stages
- Avail benefits of Tax Savings as per the applicable laws amended from time to time

HOW DOES THE PLAN WORK?

You can buy this insurance plan online on www.canarahsbclife.com or on any of our partner's websites or directly from Company's sales representative / Company's distributor's sales representative. Just visit/logon to the respective branch/office/portal and complete your buying journey in following simple steps.

1 Select one of the Plan Options as per your Life Insurance needs

Life Secure | **Life Secure with Return of Premium**

2 Select one of the Coverage option as per your Life Insurance needs

Level Cover | **Increasing Cover**

3 Select the Optional In-built Cover as per your Life Insurance needs

Accidental Death Benefit (ADB)

Accidental Total & Permanent Disability Benefit (ATPD) – Premium Protection

Accidental Total & Permanent Disability Benefit (ATPD) – Premium Protection Plus

Child Care Benefit (CCB)

Critical Illness (CI)

Block Your Premium Rate (BYP)

4 Option to cover Spouse

5 Select any one of the Death Benefit Payout Options at the time of point of sale

Lumpsum	Monthly Income	Part Lumpsum Part Monthly Income

PLAN OPTIONS

These are two Plan options which offer fixed term cover. A customer may choose any one of them based on his / her protection needs.

Plan Option 1: **Life Secure**

Under this plan option, the Sum Assured on Death, as applicable basis the Coverage Option opted, will be paid on death of Life Assured/Spouse, as applicable, during the Policy Term, provided the Policy is in-force at the time of death.

Both the Life Assured and the Spouse can be covered for the term of the contract, subject to terms and conditions of the Policy. The policy will terminate on the death of the last surviving member covered under the policy.

Plan Option 2: **Life Secure with Return of Premium**

Under this plan option, the Sum Assured on Death, as applicable basis the Coverage Option opted, will be paid on death of Life Assured during the Policy. The Policy will terminate after payment of this benefit. In case of survival of Life Assured till the end of the Policy Term, where the policy is in-force, Sum Assured on Maturity will be paid to the Policyholder on the date of maturity and Policy will terminate.

Waiver of Premium on diagnosis of Terminal Illness:
In addition to the above-mentioned plan options, the product offers in-built Waiver of Premium on diagnosis of Terminal Illness. For Life Assured/Working Spouse, in case of diagnosis of Terminal Illness, all future premiums under both plans options (as opted) (excluding the premiums for the in-built options– ADB, ATPD, CI and CCB) of the impacted life under the Policy will be waived. During this period, the policy will be in-force and the coverage under the base policy will continue. This service is complementary and offered at no additional cost to the policyholder.

Upon diagnosis of TI, all the other Optional In-Built Covers will cease (after payment of early exit value or surrender value as applicable)

Conditions that apply on TI Cover

- No TI benefit is payable in case Policy/insurance coverage is in lapsed/paid-up status.
- The Company must be notified of the diagnosis within thirty (30) days of the same being made.
- Maximum Coverage age allowed is 85 years last birthday

COVERAGE OPTIONS

The benefits available under each Plan Option will be based on the Coverage Options chosen by you at inception. Similarly,

a Working Spouse can choose any of these Coverage Options at policy inception. These options, once chosen, cannot be altered during the Policy Term.

1. Level Cover: Your Sum Assured remains same throughout the Policy Term. However, if you or your spouse (Working Spouse) have opted for regular premium payment then their respective Sums Assured can be increased thrice during the Policy Term with **Life Stage Enhancement** option on any of the following life events i.e. Marriage, Birth/Legal Adoption of Child or purchase of new house during the Policy Term, subject to underwriting on the occurrence of any of the Life events.

The request for the increase in Sum Assured along with targeted increase should be made within one year of the occurrence of the Life Event with the increase in Sum Assured being applicable from the next Policy Anniversary following acceptance of the request by the Company for the same.

Life Stage Enhancement option is available only if Life Secure Plan Option is opted. (For further details refer Clause 3 under Key Terms and Conditions).

2. Increasing Cover: Your Sum Assured under this option increases by 10% per annum (simple interest) after completion of every Policy Year, provided the Policy is in-force. The increase in Sum Assured during the Policy Term is capped at 100% of the original Sum Assured (original Sum Assured is the Sum Assured of base Policy and does not include coverage amount under the Optional In-built Covers). The last increase in the Sum Assured would happen just after the completion of 10th Policy Year and the Sum Assured thereafter would remain at that level for the remaining term of the contract. However, due to increase in Sum Assured, there will be no change in the premiums payable.

The Sum Assured of the Non-Working Spouse will remain constant throughout the Policy Term.

The table illustrates the Sum Assured of Life Assured over the Policy Term under the above-mentioned Coverage options where the Age at Entry is 45 years, the Sum Assured chosen at the inception is ₹ 50,00,000 and the Policy Term is 30 years.

Particulars	Sum Assured (in Rs.) varying over the Policy Years						
Policy Year	1	6	11	16	21	26	30
Age (last birthday) at the beginning of Policy Year	45	50	55	60	65	70	74
Level Cover	50,00,000	50,00,000	50,00,000	50,00,000	50,00,000	50,00,000	50,00,000
Increasing Cover @ 10%	50,00,000	75,00,000	1,00,00,000	1,00,00,000	1,00,00,000	1,00,00,000	1,00,00,000

Note

1. *Sum Assured for Accidental Death Benefit, Accidental Total & Permanent Disability, Critical Illness Benefit and Child Care Benefit opted under Optional In-built Covers (as defined below) will remain constant even if Increasing cover is opted (i.e. it will not change throughout the term of the contract)*
2. *If Accidental Total & Permanent Disability (ATPD) Benefit is chosen as Optional In-built Covers and if Sum Assured is increased subsequently on any of the Life Stage Events post policy inception, or optional covers such as Block Your Premium (BYP) Rate / Child Care Benefit (CCB) are exercised, in such cases, apart from increase in the*

premium for these additional coverages, premium applicable for this Optional In-built Cover will also increase as higher premium will be waived-off.

OPTIONAL IN-BUILT COVERS

You can choose the following Optional In-built Covers in addition to each of the Plan Options mentioned above except for Child Care Benefit (CCB) & Block Your Premium (BYP) which are available with Plan Option Life Secure only.
All the Optional In-Built Covers can be chosen at the Point of Sale by the Life Assured/Working Spouse (if applicable). Further, Child Care Benefit, if not added at the Point of Sale, can get added subsequently within one year of the birth/legal adoption of Life Assured's / Working Spouse's first Child, provided Life Assured / Working Spouse did not have any children at the inception of the Policy. Optional In-Built Covers will not be available for Non-Working Spouse. The Optional In-built Covers once chosen cannot be altered during the Policy Term.
Premium for the Optional In-Built Covers is payable over and above the premium payable for the chosen Plan Option.

1. Accidental Death Benefit (ADB):

This will be an additional benefit i.e. on occurrence of death due to Accident, the applicable Sum Assured on Death plus the ADB Sum Assured will be paid and Policy will terminate. If the Policy is in Paid-up status at the time of such event, early exit value or surrender value (as applicable) shall be payable as lump sum. Note that the benefit amount payable under ADB Cover is in addition to the payment of the Death Benefit.

Conditions that apply on ADB Cover
- ADB Cover option can be chosen only at Point of Sale by Policyholder / Working Spouse. The ADB Sum Assured can be chosen independently from the Sum Assured but cannot be more than the same for the respective live(s).
- ADB Sum Assured will remain constant (i.e. it will not change) throughout the term of the contract.
- ADB benefit can only be paid in the form of lump sum payment.
- Minimum and Maximum ADB Sum Assured is as given in Section below.
- No ADB benefit is payable in case Policy / insurance coverage is in lapsed/paid-up status.
- Upon diagnosis of TI, ADB coverage, if any, on that life will cease.

***Note**: If the Accident occurs before the end of the Accidental Death Benefit Policy Term (including the last day of the Policy Term), but death caused by such Accident occurs after the end of the Accidental Death Benefit Policy Term and within 180 days of the Accident, ADB Sum Assured/early exit value or surrender value as applicable for in-force/paid-up will be paid in respect of the life on whom the contingent event has occurred. However, where Policy Term of the base policy and for Accidental Death Benefit are same, no Death Benefit will be payable in this scenario.*

2. Accidental Total & Permanent Disability (ATPD):

Accidental Total and Permanent Disability (ATPD) shall mean the occurrence of any of the following conditions as a result of Accidental Bodily Injury:

- Loss of use or Loss by severance of two or more limbs at or above wrists or ankles. Limb means the whole hand at or above the wrist or the whole foot at or above the ankle. The diagnosis has to be confirmed by a Specialist.

- "Loss of Sight" shall mean total, permanent and irrecoverable loss of sight of both eyes. The blindness must be confirmed by an Ophthalmologist; loss of sight - means total, permanent and irreversible loss of all vision in both eyes as a result an Accident. 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.

The diagnosis of blindness must be confirmed and must not be correctable by aides or surgical procedures.

The above disability must have persisted for at least 6 consecutive months and must, in the opinion of a registered Medical Practitioner appointed by the Company, be deemed total and permanent.

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State of India 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 his/her license; but excluding a Medical Practitioner who is:

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

The above mentioned 180 days period will not be applicable for disabilities due to Loss by severance

There are two benefit options available to choose from under the ATPD Optional In-built Cover at the proposal stage and benefits payable under these are as detailed below:

i. Accidental Total & Permanent Disability (ATPD) Premium Protection:

In case of occurrence of Accidental Total & Permanent Disability, all future premiums of the impacted life under the Policy will be waived and all other coverages on this life shall continue for the remaining Policy Term as an in-force Policy.

ii. Accidental Total & Permanent Disability (ATPD) Premium Protection Plus:

In case of occurrence of Accidental Total & Permanent Disability, a lump sum benefit as ATPD Sum Assured will be paid immediately and all future premiums of the impacted life under the Policy will be waived. All other coverages on this life shall continue for the remaining Policy Term as an in-force Policy. If the Policy is in Paid-up status at the time of such event, early exit value or surrender value as applicable will be payable however future premiums will not be waived.

Conditions that apply on ATPD Covers

- ATPD Cover Option can be chosen only at Point of Sale by Policyholder / Working Spouse. The ATPD Sum Assured can be chosen independently from the Sum Assured but cannot be more than the same for the respective live(s).
- Only one of the two options available under ATPD Optional In-Built Cover can be chosen by the Policyholder / Working Spouse.
- ATPD Sum Assured will remain constant (i.e. it will not change) throughout the term of the contract.
- ATPD Sum Assured under Premium Protection Plus Option can only be paid in the form of lump sum payment.
- ATPD benefit amount is payable only once during the Policy Term on a given life.
- Minimum and Maximum ATPD Sum Assured is as given in Section below.
- In case any ATPD Cover Option is chosen, if Sum Assured is increased subsequently on any of the Life Stage Events post policy inception, or optional covers such as Block Your Premium / Child Care Benefit are exercised, in such cases, apart from increase in the premium for these additional coverages, premium applicable for this in-built cover will also increase as higher premium will now be exposed to being waived-off upon occurrence of ATPD.
- No ATPD benefit is payable in case Policy / insurance coverage is in lapsed/paid-up status.
- Upon diagnosis of TI, ATPD coverage, if any, on that life will cease.

Note: Only one option can be opted between Optional In-built Cover 2 & 3 for the same life

***Note**: If the Accident occurs before the end of Policy Term (including the last day of the Policy Term), but the Accidental Total and Permanent Disability caused by such Accident occurs after the end of the Policy Term (but within 180 days of the date of Accident), the Accidental Total and Permanent Disability Sum Assured/Early Exit Value or Surrender Value as applicable for in-force/paid-up policy will be payable.*

3. Critical Illness (CI):

Lump sum protection against 40 specified critical illnesses — covering everything from cancer and heart attack to multiple sclerosis and major organ transplant. On first diagnosis of any of the 40 covered Critical Illness Conditions during the Policy Term, post completion of the 90-day Waiting Period, and provided the Life Assured / Working Spouse is alive at the expiry of the 30-day Survival Period, the CI Sum Assured/Early Exit Value or Surrender Value as applicable is payable as a lump sum.

If the specified Critical Illness is diagnosed before the end of Policy Term (including the last day of the Policy Term), but the Survival Period ends after the end of the Policy Term, the Critical Illness Sum Assured shall be payable in respect of the Life on whom the contingent event has occurred provided the Life assured survives the Survival Period following diagnosis of the said Critical Illness.

Conditions that apply on CI Covers

- CI Cover option can be chosen only at Point of Sale by Policyholder / Working Spouse. The CI Sum Assured can be chosen independently from the Sum Assured but cannot be more than 50 lakhs or the Base Sum Assured for the respective live(s).
- If ATPD benefit option is opted, then CI benefit option cannot be co-opted on the same life.
- CI Sum Assured will remain constant (i.e. it will not change) throughout the term of the contract.
- CI Sum Assured/Early Exit Value or Surrender Value can only be paid in the form of lump sum payment.
- Minimum and Maximum CI Sum Assured is as given in Section below.
- CI benefit is payable only once during the Policy Term on a given life.
- No CI benefit is payable in case Policy / insurance coverage is in lapsed/paid-up status.
- Upon diagnosis of TI, CI coverage, if any, on that life will cease.

4. Child Care Benefit (CCB):

This is an additional benefit which can be opted to safeguard child's future. Apart from the amount payable on death of Life Assured/Working Spouse, as applicable, the CCB Sum Assured will also be payable when age of child is between 0 to 21 Years (last birthday) at the time of death of impacted life. The CCB Sum Assured may be utilized to take care of all the milestones planned for child.

This benefit can be opted with Life Secure Plan Option only.

5. Block Your Premium (BYP) Benefit:

Under this benefit, Life Assured/Working Spouse, as applicable, will have option to block their premium rate of base Death Benefit at policy inception for a period of first 5 Policy Year Years during which Life Assured/Working Spouse, as applicable, can request for increase in benefit amount payable on death (BYP Sum Assured) up to 25%/50%/75%/100% of the Sum Assured, as chosen at policy inception for respective live(s), without any additional underwriting and irrespective of the attained age of the Life Assured / Working Spouse, as applicable, at the time of such increase provided Policy is in-force. This percentage shall be chosen at Policy inception itself.

Once the coverage under BYP benefit has commenced, BYP Sum Assured as applicable for Life Assured / Working Spouse shall be payable as lump sum upon death of the Life Assured/Working Spouse during the Policy Term, provided insurance coverage is in-force. The BYP Sum Assured payment is in addition to the payment of the Sum Assured on Death, as applicable.

This benefit can be opted with Life Secure option where Coverage Option is chosen as Level and Premium Payment Term is Regular Pay.

Note:
If during the duration of 5 years from inception of Policy, future premium waiver benefit is triggered due to ATPD, as opted or upon diagnosis of TI, impacted life (Life Assured/Working Spouse, as applicable), will not be able to exercise the option to increase in Sum Assured. The extra premium charged to block the premium rate is payable for the full premium payment term (as opted at policy inception) in cases where BYP benefit becomes effective. However, where this feature is not exercised by the beginning of 6th Policy Year, then in such case, additional premium charged in respect of this benefit will stop from the commencement of 6th Policy Year.

Refer Clause 4 under Key Terms and Conditions for further details on Optional In-Built Covers

OPTION TO COVER SPOUSE (Applicable only with Life Secure Plan option)

- Both Life Assured and Spouse will be decided at Point of Sale.
- Both you and the Spouse will be covered throughout the Policy Term for their respective separate Sums Assured.
- On occurrence of the first death, Sum Assured on Death corresponding to the affected life will be paid and policy continues with life cover on the other life with payment of applicable reduced premium. Once reduced, the Premium shall be level throughout the remaining Premium Payment Term. On death of the second life, Sum Assured on Death corresponding to that life will be paid and the policy terminates. In case of the Death of both the members simultaneously, then applicable Sum Assured on Death for each life will be paid and Policy will terminate.
- The Policy Term, Premium Payment Term and the premium payment mode will remain the same for the Spouse, as yours.
- Spouse coverage cannot be opted for if you have opted for Premium Payment Term of Up to Age 60 years (for both Working or Non-Working Spouse) or in case of Maturity Age beyond 80 years (for Non-Working Spouse).

For a Working Spouse, Sum Assured will be as chosen by the Working Spouse under the Plan. The Working Spouse will have the option to select any Coverage Option, any Optional In-Built Cover and any Death Benefit Payout Option at policy inception.

For a non-Working Spouse, Sum Assured will be fixed at inception which will remain same throughout the Policy Term. Option to add Optional In-Built Covers or choose a Benefit Payout Option other than Lump sum is not available to non-Working Spouse.

The categorization of Spouse into Working and Non-Working will be as per the Company's Board Approved Underwriting Policy.

DEATH BENEFIT PAYOUT OPTION

Sum Assured on Death payable under this plan shall be an absolute amount of benefit which is guaranteed to become payable on the death of the Life Assured/Spouse in accordance with the terms and conditions of this plan. Sum Assured on Death is calculated as the highest of:

- 11 times the Annualized Premium;
- 105% of Total Premiums Paid up to the date of death, excluding the Premiums paid for the Life Assured's/Spouse's respective Optional In-Built Covers, if any;
- Sum Assured, where the same varies over the Policy Term as per the Coverage Option chosen.

Plan Option	Events	When Benefits are payable	Size of such Benefits / Policy Monies
Life Secure	Death	On death of the Life Assured during the Policy Term, where the Life Assured's insurance coverage and the Policy is in-force at time of death.	We shall pay the Sum Assured on Death, in accordance with the Death Benefit Payout Option opted for at inception of the Policy Where Spouse Coverage has been opted and the Spouse is still alive at the occurrence of the above event, the insurance coverage for the Spouse will continue, subject to the receipt of Premiums in respect of the Spouse. The Premiums, once reduced after occurrence of death of Life Assured, shall remain level throughout the remaining Premium Payment Term for Spouse. The Policy will terminate on earlier of the following: a. Date of death of the Spouse; b. End of the Policy Term. In case death of Life Assured occurs post the death of Spouse, where Spouse coverage has been opted for, the Policy will terminate immediately.
		On death of the Spouse during the Policy Term, where the Spouse's insurance coverage and the Policy is in-force at the time of death.	**Working Spouse**: We shall pay the Sum Assured on Death, in respect of the Spouse, in accordance with the Death Benefit Payout Option opted for at Policy inception. **Non-Working Spouse**: We shall pay Sum Assured on Death as lump sum only Where the Life Assured is still alive at the occurrence of the above event, the insurance coverage for the Life Assured will continue, subject to the receipt of Premiums in respect of the Life Assured. The Premiums once reduced, after occurrence of death of Spouse, shall remain level throughout the remaining Premium Payment Term. The Policy will terminate on earlier of the following: a. Date of death of the Life Assured; b. End of the Policy Term. In case death of Spouse occurs post the death of the Life Assured, the Policy will terminate immediately.

Life Secure with Return of Premium	Death	On death of the Life Assured during the Policy Term, where the Policy is in-force at the time of death.	We shall pay the Sum Assured on Death, in accordance with the Death Benefit Payout Option opted for at inception of the Policy and as specified in the Policy Schedule, and the insurance coverage in respect of the Life Assured under the Policy will immediately and automatically terminate.
		On death of the Life Assured during the Policy Term, where the Policy is in Paid-Up State at the time of death.	We shall pay the Paid-Up Sum Assured on Death as a lumpsum irrespective of selection of a different Death Benefit Payout Option at inception of Policy. Upon payment of this benefit, the Policy will immediately and automatically terminate and no other benefits will be payable under the Policy.

You can choose any one of the following Death Benefit Payout Options at the time of buying the Policy, for the benefit payable in case of death during the Policy Term. The same cannot be changed once the Policy has been issued.

Lumpsum	Monthly Income	Part Lumpsum Part Monthly Income
• Entire benefit is paid out as a one-time lump sum, helping your family get timely financial support	• Monthly income could be level or increasing annually @ 5/10% p.a. (simple interest) • Monthly income opted will be payable for 60 months. • The monthly income amounts will help your family maintain their lifestyle by continuing to receive income even in your absence.	• The proportion between part lump sum and part monthly income can be chosen between 25% / 75%, 50% / 50% and 75% / 25% • Monthly income could be level or increasing annually @ 5 / 10% p. a. (simple interest). • Monthly income opted will be payable for 60 months.

The monthly instalments will be recognized from the monthly policy anniversary immediately following the date of the contingent event (Death) in respect of the Life Assured / Working Spouse and will be based on the following conversion factors expressed as per ₹1,000 of Sum Assured on Death payable as monthly instalments.

Death Benefit Monthly Income Payout Option	Conversion factors
Equal	19.04
Increasing @ 5% p.a. simple interest	17.39
Increasing @ 10% p.a. simple interest	16.01

Note: *Benefit Payout option can only be opted at inception and not at a later stage in the policy. Where Policy Term opted is beyond 80 years of age, only Lump sum Death Benefit Payout option is available. Similarly, Sum Assured paid under different Optional In-built Covers, as opted, will only be paid as a Lump sum only.*

MATURITY BENEFIT

Life Secure Option:	Under this plan option, no Maturity benefit is payable on survival of Life Assured/Spouse (where applicable) till completion of Policy Term.
Life Secure with Return of Premium Option	Under this plan option, on survival of Life Assured till completion of Policy Term, provided the Policy is in-force/Paid-Up at such time, Maturity Benefit equal to Sum Assured on Maturity /Paid-up Sum Assured on Maturity, as applicable, shall be payable as lump sum. On payment of this benefit, the Policy will terminate and no further benefit will be payable. Sum Assured on Maturity shall be equal to 100% of total premiums payable, excluding underwriting extra premiums, if any, rider premiums, premiums on optional in-built covers and taxes, if any.

Plan Option	Optional In-built Cover	Maturity Benefit applicable
Life Secure with Return of Premium	Nil	Sum Assured on Maturity shall be payable on survival of Life Assured till completion of Policy Term
	Accidental Death Benefit (ADB)	In case of Accidental Death of Life Assured before completion of Policy Term, no Maturity Benefit shall be paid
	Accidental Total & Permanent Disability (ATPD) Premium Protection	In case of survival of Life Assured till completion of Policy Term even after availing ATPD Premium Protection, 100% of Premiums (including of premiums paid and premiums waived under the base policy) shall be part of Sum Assured on Maturity. However, premiums paid for this optional in-built cover shall not be returned.
	Accidental Total & Permanent Disability (ATPD) Premium Protection Plus	In case of survival of Life Assured till completion of Policy Term even after availing ATPD Premium Protection Plus, 100% of Premiums (including premiums paid and premiums waived under the base policy) shall be part of Sum Assured on Maturity. However, premiums paid for this optional in-built cover shall not be returned.
	Critical Illness Benefit	In case of survival of Life Assured till completion of Policy Term, Sum Assured on Maturity shall be payable under the base policy. However, premiums paid for CI optional in-built cover shall not be returned as part of Sum Assured on Maturity.

PLAN AT A GLANCE

PARAMETERS	DESCRIPTION
Plan Options	1. Life Secure 2. Life Secure with Return of Premium

Minimum Age at Entry *(age as on last birthday)*	18 years
Maximum Age at Entry *(age as on last birthday)*	60 years For PPT option "Up to 60 years": Life Secure: 55 years | Life Secure with Return of Premium: 50 years
Maturity Age *(subject to maximum Policy Term)*	Minimum: 28 years Maximum: 99 years (80 Years for Non-Working Spouse) Where Policy Term of up to 99 years of age is opted, the Policy terminates on the Policy Anniversary coinciding with or immediately after the 99th birthday of the Life Assured. If ADB/ATPD PP/ATPD PPP Optional In-Built Covers are opted, maximum maturity for this Optional In-Built Cover shall be 75 years.
Minimum Policy Term#	Life Secure$: 5* years Life Secure with Return of Premium$$: 10 Years
Maximum Policy Term#	Life Secure$: 81 Years (99 minus age at entry)**$$$ Life Secure with Return of Premium$$: 81 Years (99 minus age at Entry)
Premium Payment Term (PPT) #^	<u>Life Secure^^@@:</u> Regular Pay Limited Pay options of 5^/10/15/Up to age 60 years@ <u>Life Secure with Return of Premium###:</u> Regular Pay Limited Pay options of 10/15/Up to age 60 years
Premium Frequency	Yearly/Half Yearly/Quarterly/Monthly The Policyholder may change the premium payment mode anytime during the PPT under Life Secure Plan Option. The same shall be effective from the subsequent Policy Anniversary date, subject to application of modal factor. The request should be made at least 60 days prior to the Policy Anniversary from which the change will be effective. There is no fee on such alteration.

Mode	Modal Factors
Annual	1.00
Half-Yearly	0.51
Quarterly	0.26
Monthly	0.09

Minimum Sum Assured	Life Secure: ₹ 25 Lakhs For Optional In-built covers under Life Secure – ADB/ATPD: ₹ 5 Lakhs | CCB/BYP: ₹ 25 Lakhs | CI: ₹ 50,000

	Life Secure with Return of Premium: ₹ 15 Lakhs For Optional In-built covers under Life Secure with Return of Premium – ADB/ATPD: ₹ 5 Lakhs | CI: ₹ 50,000
Maximum Sum Assured	No Limit (Subject to Board Approved Underwriting Policy) ; For Non-working Spouse: ₹ 50 Lakhs Optional In-built Covers (subject to underwriting) ADB: ₹ 2 Crore ATPD: ₹ 1 Crore CI: ₹ 50,00,000
Note: – *The Sum Assured for Accidental Death Benefit, Accidental Total & Permanent Disability, Child Care Benefit under Optional In-built Covers can be chosen independently from the Sum Assured opted under the base Plan Option at inception but cannot be more than the same.* – *For Block Your Premium option, the Policy Term of the base Death Benefit should be more than or equal to 10 years.*	
Premium	The premiums payable will vary basis the chosen Plan Option, Sum Assured, Coverage Option, Premium Payment Term, Policy Term, Premium Payment Frequency, Optional In-built covers, age, gender of the Life Assured / Spouse, tobacco usage and any other factors depending upon the risks associated with the health of the Life Assured / Spouse, subject to Board Approved Underwriting Policy.

#Policy Term for Spouse Coverage (as applicable) as well as ATPD benefits will be same as that applicable for base Death Benefit for both the Plan Options.

*5-9 years of Policy Terms are only available for ages at entry of 35 years and above for respective lives (as applicable). The minimum Policy Term applicable for CCB shall be 5 years for ages at entry of 35 years and above for respective lives (as applicable). For ages at entry below 35 years, the minimum Policy Term applicable for CCB shall be 10 years i.e. 5-9 years of Policy Term for CCB shall only be available for ages at entry 35 years and above for respective lives (as applicable).

** Where both Life Assured and Spouse are covered under the policy, Age at Entry for calculating maximum Policy Term is the higher of the Age (last birthday) of the Life Assured and Working/Non-Working Spouse (where applicable) at the time of policy inception.

$ The Policy Term for CI benefit shall be lower of the Policy Term applicable for base Death Benefit or (70 minus Age at entry), subject to maximum of 20 years (as applicable).

$$ The Policy Term for ADB benefits shall be lower of the Policy Term applicable for base Death Benefit or 75-Age at Entry for respective lives (as applicable).

$$$The Policy Term for CCB shall be lower of the outstanding PT for the base Death Benefit or 21 minus the Age last birthday of Child of the Life Assured / Working Spouse, as applicable, at the time this option becomes effective.

#^ PPT for Spouse Coverage as well as ATPD benefits will be same as that applicable for base Death Benefit

PPT for ADB benefit shall be lower of the Premium Payment Term applicable for base Death Benefit or 75-Age at Entry for respective lives (as applicable).

^5 years PPT with Policy Terms up to 9 years is only available for ages at entry of 35 years and above for respective lives (as applicable).

@ This option is not available if Spouse coverage (working or non-working) is selected.

^^The Life Assured/Working Spouse shall independently choose the Premium Payment Term for CCB which should be less than or equal to the Premium Payment Term of the base Death benefit, subject to PPT Option being same for both base Death Benefit and CCB.

@@The Life Assured / Working Spouse shall independently choose the Premium Payment Term for CI/ADB benefits which

should be less than or equal to the Premium Payment Term of the base Death benefit, subject to PPT Option (Regular/Limited Pay) being same for both base Death Benefit and CI /ADB benefits.

DISCOUNTS UNDER THE PLAN	
Staff Discount	Staff members can enjoy a discount on policies purchased for themselves. This benefit is available on eligible policies and is passed on as a reduction in the first-year premium. Staff includes employees (including their spouse, children and parents) of Canara HSBC Life Insurance Co. Ltd, its promoter banks (Canara Bank and HSBC), including its shareholder bank Punjab National Bank (PNB) and other distribution partners; including their group / associate companies.
Loyalty Discount:	If you are an existing customer having an individual policy of the Company, which is in-force at the time of buying this plan, you will get a loyalty discount on your first year premium.
Spouse Coverage Discount:	A discount will be given on the premium rate pertaining to Death benefit for the Spouse if you choose to opt for Spouse coverage under the same policy.
Female Lives:	In case the Life Assured or the Spouse of Life Assured is a female, a 3 years age set back shall be used on Death rates.
Corporate Discount:	A discount on the first year premium shall be applicable in lieu of savings against first year base commission payable or direct marketing cost/expenses incurred as applicable.
Salaried Discount:	If you are a Salaried customer as defined in Company's BAUP, at the time of buying this plan, you will get a discount on your first-year premium. The definition of Salaried customer shall be as per Company's Board Approved Underwriting Policy.

Note: Loyalty Discount cannot be clubbed with Salaried Discount and vice versa**.** Similarly, Staff Discount cannot be clubbed with Corporate Discount and vice-versa.

DISCONTINUANCE OF PREMIUM PAYMENT

Regular Pay Policies

Scenario/Plan Option	Life Secure Option	Life Secure with Return of Premium Option
When will the Policy/insurance coverage lapse?	Where future premiums are not waived-off for any of the live(s) covered under the Policy, the policy will acquire a lapse status at the expiry of the grace period if the Policyholder fails to pay due premiums within the grace period. In case future premiums have been waived-off for a given life, all insurance coverage for this life will continue as applicable for an in-force Policy however the insurance coverage of the other life, where applicable, will continue subject to payment of due premiums in respect of this life. In case the due premium for this other life is not received within the grace period, all insurance coverage for this other life will Lapse at the expiry of the grace period. The Policyholder will have 5 years	Where future premiums are not waived-off under the Policy, a Policy shall acquire Lapse status at the expiry of grace period if the Policyholder fails to pay due Premiums within the grace period in the first Policy Year. The Policyholder will have 5 years from the date of lapse to pay all pending premiums to reinstate the policy (Revival Period)

	from the date of lapse to pay all pending premiums to reinstate the policy (Revival Period)	
Death/Maturity Benefit, as applicable, paid if the Policy/insurance coverage is in lapse state	No benefit paid	
Benefit paid if request for termination is raised when Policy/insurance coverage is in lapse state	No benefit paid	
Benefit paid at the expiry of the Revival Period	No benefit paid	
When will the Policy/insurance coverage terminate?	The Policy will terminate at the end of the Revival Period in case the Policy in lapse state is not revived within the Revival Period.	

Limited Pay Policies

Scenario/Plan Option	Life Secure Option	Life Secure with Return of Premium Option
When will the Policy/insurance coverage lapse?	Where future premiums are not waived-off for any of the live(s) covered under the Policy, the policy will acquire a lapse status at the expiry of the grace period if the Policyholder fails to pay due premiums within the grace period. In case future premiums have been waived-off for a given life, all insurance coverage for this life will continue as applicable for an in-force Policy however the insurance coverage of the other life, where applicable, will continue subject to payment of due premiums in respect of this life. In case the due premium for this other life is not received within the Grace Period, all insurance coverage for this other life will Lapse at the expiry of the Grace Period. The Policyholder will have 5 years	Where future premiums are not waived-off under the Policy, a Policy shall acquire Lapse status at the expiry of Grace Period if the Policyholder fails to pay due Premiums within the Grace Period in the first Policy Year. The Policyholder will have 5 years from the date of lapse to pay all pending premiums to reinstate the policy (Revival Period)

	from the date of lapse to pay all pending premiums to reinstate the policy (Revival Period)	
Death/Maturity Benefit, as applicable, paid if the Policy/insurance coverage is in lapse state	Early Exit Value (provided all due premiums for the first 2 consecutive Policy Years are paid)	No benefit paid
Benefit paid if request for termination is raised when Policy/insurance coverage is in lapse state		
Benefit paid at the expiry of the Revival Period		
When will the Policy/insurance coverage terminate?	The Policy/insurance coverage will terminate at the end of the Revival Period in case the Policy in lapse state is not revived within the Revival Period.	

Note:

1. Early Exit Values under Life Secure Option shall also be payable upon receiving a request for termination of an in-force Policy (Limited Pay) before all due Premiums have been paid as per the chosen Premium Payment Term (subject to payment of the premiums due for the first 2 consecutive Policy Years). However, termination of insurance coverage in respect of the life for which future premiums have been waived cannot be requested.

2. Early Exit benefit shall be applicable for full Policy except in the following cases.

   a. Early Exit Value of benefits cannot be requested in respect of the life for whom future premiums have been waived-off
   b. In case the Spouse of the Life Assured is covered and they are subsequently divorced, the Policyholder can choose to stop the benefits contingent on the life of the Spouse (by providing adequate documentation of divorce as requested by the Company) in which case the Premium payable in respect of Spouse benefit would stop, any cover pertaining to the life of the Spouse will cease to exist and the corresponding Early Exit Value, if any, would be payable to the Policyholder. However, benefits available on the life of the Life Assured will continue, provided due premiums applicable for Life Assured are paid. Once reduced, the Premium shall be level throughout the remaining Premium Payment Term.
3. No benefit under Optional In-built Cover will be payable in case Policy is in lapse state.
4. Upon payment of Early Exit Value in respect of a life, all benefits attaching to that life under this Policy will cease.

PAID-UP (Applicable under Plan Option Life Secure with Return of Premium)

After payment of at least first Policy Year's Premium, if any subsequent due Premium is not paid within the grace period, the Policy shall acquire a Paid-up status. Once the Policy is in Paid-up status and provided the Policy is not surrendered, the Policyholder will receive the benefit as applicable in the event of death, survival or maturity corresponding to the Paid-up status.

In case of Paid-up policy where Optional In-built Covers are opted, Waiver of future premium benefit under ATPD PP/ATPD PPP, as applicable, will terminate immediately on Policy moving in to Paid-up status. In case of occurrence of any of the incidences as covered under Optional In-built Covers as opted by Life Assured, a paid-up benefit shall be payable. On survival of life insured, paid-up Sum Assured on Maturity, as applicable, shall be payable.

On Death of the Life Assured during the Policy Term, provided the Policy is in Paid-up status at the time of the event:

Paid-up Sum Assured on Death of Life Assured will become payable immediately. The same will be payable only in the form of lump sum irrespective of the Policyholder selecting a different Death Benefit Payout option at Point of Sale.

On payment of this benefit, the Policy will terminate and no further benefit will be payable.

On survival of the Life Assured till the end of Policy Term, where the Policy is in Paid-up status:

Paid-up Sum Assured on Maturity shall be paid in lump sum as Maturity Benefit and Policy will terminate on Payment of this benefit.

Plan Option	Optional In-built Cover	Paid-up Benefit Payable
Life Secure with Return of Premium Option	Accidental Death Benefit	At the time of occurrence of such an event, an Early Exit Value or Surrender Value in addition to Paid-up Sum Assured on Death shall be payable.
	ATPD PP	Waiver of future premium benefit will terminate in paid-up status
	ATPD PPP	At the time of occurrence of such an event, an Early Exit Value or Surrender Value in case of covered incidence shall be payable. Waiver of future premium benefit will terminate in paid-up status.
	Critical Illness	At the time of occurrence of such an event, an Early Exit Value or Surrender Value shall be payable

Payout for Paid-Up Benefits shall be as Lump sum only.

POLICY REVIVAL

If your policy has lapsed or is in paid-up state, you can revive the policy as below:

i. The request for revival has to be made within 5 years from the date of first unpaid premium
ii. All past due premiums have to be paid by You along with applicable interest rate (simple interest) as defined by the Company from time to time (from respective premium due dates till the revival date).
iii. The revival of the policy will be either on its original terms or on modified terms as per the BAUP of the Company

iv. You may also have to undergo medical tests, if required by the Company's BAUP, to prove continued insurability
v. Post revival of the policy, all benefits would be reinstated to the applicable full level
vi. If a Policy in lapse state is not revived within the revival period, it shall terminate upon the expiry of the revival period.

*The basis for determining the interest rate is the average of the daily rates of 10-Year G-Sec rate over the last five calendar years ending 31st December every year rounded to the nearest 50 bps plus a margin of 100 bps, where 1 bps is equal to 0.01%. Any change in the basis of this interest rate will be subject to prior approval from the Authority. The Company undertakes the review of the Interest rates for revivals on 31st December every year with any changes resulting from the review shall be effective from the 1st of April of the following year.

SURRENDER

Surrender Value will be paid in case the Policyholder requests to surrender/terminate the Policy/insurance coverage before Policy maturity. (Subject to the conditions mentioned above under discontinuance of premium payment)

<table>
<tr><td>Life Secure Option</td><td>
In case of Limited pay policies, the surrender benefit will be available after payment of all premiums due under the policy as per the chosen Premium Payment Term (PPT). No Surrender Value is payable in case of Regular pay policies.

The Surrender Value payable for each life, in respect of each benefit (where the same is in-force), shall be calculated separately as detailed below:
<table>
<tr><td>PPT Option</td><td>Unexpired Risk Premium Value Payable</td></tr>
<tr><td>Limited Premium</td><td>50% x Premiums Paid x [Unexpired Term / Policy Term]</td></tr>
<tr><td>Regular Premium</td><td>Not Applicable</td></tr>
</table>
Where,
• Premiums Paid, Unexpired Term and Policy Term shall be as applicable for a given benefit for a given life.
• Premiums Paid shall be the total of all the premiums received for a given benefit (including premiums paid for the Optional in-built covers(if any))(in respect of a given life), excluding the corresponding underwriting extra premiums and taxes.
• Unexpired Term shall be calculated as the complete number of outstanding Policy Years, as applicable for a given benefit (in respect of a given life).
• Where the PPT Option has been changed from Regular Premium to Limited Premium, the Premiums Paid, as applicable for a given benefit (in respect of a given life), will only include premiums paid from the effective date* of conversion to Limited Premium. Similarly, the Policy Term will be the outstanding policy term as on the effective date* of conversion and Unexpired Term will be calculated basis this revised outstanding policy term, as applicable for a given benefit (in respect of a given life).
*effective date of conversion shall be the Policy Anniversary coinciding with or following the date on which the Policyholder's request to change the PPT Option has been accepted by the Company.
</td></tr>
</table>

	Surrender will be applicable for full Policy except in the following cases: • Surrender of benefits cannot be requested in respect of the life for which future premiums have been waived-off. • In case the Spouse of the Life Assured is covered and they are subsequently divorced, the Policyholder can choose to stop the benefits contingent on the life of the Spouse (by providing adequate documentation of divorce as requested by the Company) in which case the Premium payable in respect of Spouse benefit would stop, any cover pertaining to the life of the Spouse will cease to exist and the corresponding Surrender Value, if any, would be payable to the Policyholder. However, benefits available on the life of the Life Assured will continue, provided due premiums applicable for Life Assured are paid. Once reduced, the Premium shall be level throughout the remaining Premium Payment Term. Upon payment of Surrender Value in respect of a life, all benefits attaching to that life under this Policy will cease.
Life Secure with Return of Premium Option	The Policy acquires a Guaranteed Surrender Value (GSV) after payment of at least first 2 consecutive Policy Years' Premiums. The GSV shall be equal to, subject to minimum being zero: B * Total Premiums Paid Where Factor B is guaranteed for the entire Policy Term. For the details on Factor B applicable, please refer to the sample policy contract of this plan available on the Company's website. The Policy acquires a Special Surrender Value (SSV) after completion of first policy year provided one full Policy Years' Premium has been received by the Company. The SSV shall be equal to Minimum of ((C * M * Sum Assured on Maturity + D * M * Sum Assured on Death) * Reduced Paid-up Factor), Maturity Benefit) Where Reduced Paid-up Factor will be Total period for which premiums have already been paid divided by Total period for which premiums are payable during the Policy Term. For the details on Factor C, D applicable, please refer to the sample policy contract of this plan available on the Company's website. Factor C, D and M may be revised in future as per the annual review of the prevailing yield on 10 Year G Sec and the underlying experience. Surrender Value will be the higher of {Guaranteed Surrender Value (GSV) and Special Surrender Value (SSV)}. In case of Optional In-Built covers, for Limited Premium policies, Early Exit Value will be available after payment of all premiums due under the Policy as per the chosen Premium Payment Term. No Early Exit Value/surrender value is payable in case of Regular Premium policies.

	<table><tr><th>PPT Option</th><th>Surrender Value Payable</th></tr><tr><td>Limited Premium</td><td>50% x Premiums Paid x [Unexpired Term/Policy Term]</td></tr><tr><td>Regular Premium</td><td>Not Applicable</td></tr></table> Where, • Premiums Paid, Unexpired Term and Policy Term shall be as applicable for a given benefit for a given life. • Premiums Paid shall be the total of all the premiums received for the Optional In-Built Covers (in respect of a given life), excluding the corresponding underwriting extra premiums and taxes. • Unexpired Term shall be calculated as the complete number of outstanding Policy Years, as applicable for a given benefit (in respect of a given life). • Where the PPT Option has been changed from Regular Premium to Limited Premium, the Premiums Paid, as applicable for a given benefit (in respect of a given life), will only include premiums paid from the effective date* of conversion to Limited Premium. Similarly, the Policy Term will be the outstanding policy term as on the effective date* of conversion and Unexpired Term will be calculated basis this revised outstanding policy term, as applicable for a given benefit (in respect of a given life). Surrender will be applicable for full Policy except in the following cases: • Surrender of benefits cannot be requested in respect of the life for whom future premiums have been waived-off. Upon payment of Surrender Value/ Early Exit Value in respect of a life, all benefits attaching to that life under this Policy will cease.

SPECIAL EXIT VALUE

Life Secure Option	Under this Plan Option, a Special Exit Value benefit is available wherein the Policyholder shall be returned the Total Premiums Paid, excluding the underwriting extra premiums and premiums paid for the Optional In-Built Covers (if any), if the Policyholder surrenders his/her Policy in any policy year greater than 25, excluding during the last 5 policy years. No additional premium is payable to avail this option. This option can be exercised by cancelling the policy subject to the following conditions: • This option can be exercised in any policy year greater than 25, but not during the last 5 policy years. • The Policy has to be in-force at the time of availing this benefit. • This benefit is not available where the Maturity Age is more than 85 years. • This benefit is not available on the Policy where Spouse coverage is applicable. • This benefit cannot be availed post occurrence of the contingent event applicable under Optional In-Built Covers where in future premiums have been waived-off or upon

	diagnosis of TI. • The Policy will terminate after payment of this benefit. If any Optional In-Built Covers have been chosen, their Early Exit Value or Surrender Value (as applicable), will be paid and their coverage will terminate.
Life Secure with Return of Premium	No Special Exit Value is available under these Plan options.

Value Added Services

1. **Health & Wellness Benefits**

- **Teleconsultations:** Consult qualified doctors via chat, audio or video calls across multiple specialties — anytime, anywhere.
- **Affordable Diagnostics & Screenings:** Access essential diagnostic tests and health screenings at discounted prices.
- **Everyday Healthcare Savings:** Exclusive discounts on pharmacy purchases, pathology tests, radiology services and dental care.
- **Discounted Ambulance Services:** Ambulance services at reduced rates during medical emergencies.
- **Fitness & Wellness Subscriptions:** Quarterly subscriptions to gyms, yoga centres and fitness studios.
- **Pet Consultations:** Vet consultations included on the same platform — your pet's health matters too.
- **Medical Records Repository:** Securely store all your prescriptions, lab reports and medical documents in one centralized digital repository.
- **Personalized Health Risk Assessment:** Predictive insights into your risk of conditions such as diabetes, stroke and cardiovascular disease.
- **Chronic Disease Management:** Ongoing support and monitoring for chronic conditions such as diabetes, hypertension, asthma and cholesterol.
- **Personalized Diet & Nutrition Management:** Customized diet plans designed by experienced nutritionists.

Eligibility and Communication:

- These services are applicable only if the policy is in force with all due premiums paid to date.
- These services are complementary and offered at no additional cost to the policyholder.
- These Services shall be directly provided by third party service provider(s) as per their prevailing terms and conditions. The Company merely acts as a facilitator of these services to Life Assured.
- The company shall not be liable for any services or actions of the third-party service providers including but not limited to deficiency in services / malpractices / negligence / lapses or otherwise.
- The Life Assured may exercise at their own discretion to avail the Services and/or follow the course of treatment suggested by the service provider.
- For ongoing health concerns, the Company always recommends consulting directly with your Medical Practitioner.
- The Company reserves the right to discontinue these Services or change the service provider (s) without any further intimation and at any time.
- The services can be availed (subject to availability) after the completion of free look period of 30 days provided the policy is in-force premium paying or fully paid-up at the time of availing the service.

Caution against Fraudulent Activity:

a. The use of the wellness benefits under the policy shall be with good intent and integrity. The Life Assured and / or the Policyholder shall not encourage, indulge or act in connivance with any person involved in any fraudulent activity regarding the use of the benefits under the policy, whether directly or indirectly, for generating personal revenue. The Life Assured and the Policyholder agree to not use the platform or the services provided therein for generating personal gain or any commercial / public use, directly or indirectly, whatsoever.
b. An act may be defined as a fraudulent activity as per Company/ service provider's internal policies subject to extant laws. Such acts may include but are not limited to any misrepresentations, concealment of facts and furnishing of incorrect information by the Life Assured and/or Policyholder.
c. In the event of any fraudulent activity being carried out, the Company/ service provider shall be entitled to seek any and all remedies available under law. Additionally, the service provider shall permanently suspend the use of the benefits under the policy, and not honor any service request, including any pending requests.
d. Any fraud or misrepresentation identified will cease Health & Wellness services. The base policy benefits shall continue and any Premiums due will continue to be payable on the respective due dates.

2. **Online Will Preparation**

The product offers an option to prepare his will online for free with a simple, guided process designed for ease and peace of mind by clearly documenting how your assets should be managed and distributed, appoint guardians if needed, and ensure your wishes are legally recorded—all from the comfort of your home, securely and confidentially.

Terms & conditions

- These services are complementary and offered at no additional cost to the policyholder.
- These Services shall be directly provided by third party service provider(s) as per their prevailing terms and conditions. The Company merely acts as a facilitator of these services topolicyholder.
- The company shall not be liable for any services or actions of the third-party service providers including but not limited to deficiency in services / malpractices / negligence / lapses or otherwise.
- The Policyholder may exercise at their own discretion to avail the Services and/or follow the steps suggested by the service provider.
- The Company reserves the right to discontinue these Services or change the service provider (s) without any further intimation and at any time.
- The services shall be accessible for a fixed duration, as defined by the Company or for the policy term, whichever is lower.
- The services can be availed (subject to availability) after the completion of free look period of 30 days provided the policy is in-force premium paying or fully paid-up at the time of availing the service.

Other Flexibilities available under the product

1. Insta Payout on Claim Intimation due to Death

- Under this benefit, on receipt of intimation of death (along with required documents) after completion of 3 years from the date of policy issuance or revival, an accelerated benefit as applicable out of base sum assured shall be payable within 1 working day from claim registration date provided all mandatory documents are submitted. The subsequent pay out shall be made after the claim is approved. This in-built benefit is available for all customers and no additional premium is payable for this option.

The insta payout shall be higher of Rs. 1 lakh or 2% of Base Sum Assured.
Eligibility Criteria:

- This benefit is payable post a minimum waiting period of 3 year from the inception of the policy or revival.
- Min SA required for this benefit shall be Rs. 50 lakhs

Please note the following Conditions specific to "Insta Payment on Claim Intimation Due to Death":

- This benefit can only be availed if the policy is in-force.
- This benefit is not payable in case of death during first three policy years.
- On receipt of intimation of death, a payment as applicable is payable as Insta Payment on Claim Intimation. The balance Death benefit shall be payable at the time of claim settlement.
- In the event of death of the life insured during the premium break benefit the Company will first deduct the deferred amount from above applicable accelerated death benefit and pay the balance, if any.

Documents required for claim intimation are

- Death certificate issued by Government authority;
- Attested copy of photo identity and address proof of the Claimant and Life Assured;
- Company Specific Claim formats duly completed and signed – Claim Form, Physician's Statement, Treating Hospital Certificate in case of hospitalization, Employer Certificate;
- Hospital records/other medical records in case of hospitalization;
- Cancelled cheque/ Bank Passbook (Bank Account details) of Nominee/ Beneficiary;
- Post-mortem/ chemical viscera report (if conducted);
- Police Records - First Information Report, Panchnama, Police Investigation Report, and Final Police Report (if conducted).
- On assessment of documents submitted during claim assessment, additional documents may be sought by the company.
- In case of repudiation / rejection of claim, the amount will be recovered from the nominee.

2. **Premium Deferment**

If the policy has completed at least five (5) policy years from the risk commencement date and all the due premiums have been received in full and the policy is in force, then, the policyholder upon submitting a prior written request to the Company at least 30 days (15 days in case of monthly mode) before the next policy anniversary, the policyholder shall be allowed to have a premium break benefit under the policy for a period extending up to 12 months from the due date of first unpaid premium ("premium break benefit period").

During this premium break benefit period, the premium (including any additional premium for the other inbuilt benefits, any underwriting extra premium, loadings for modal premiums, applicable taxes, cesses and levies, etc. if any) due and payable for the said period shall be deferred ("deferred amount") but the risk cover under the policy shall continue as per the terms and conditions of the policy. In case of any claim under the policy on the happening of any insured event during this period, the Company shall pay the eligible claim under the policy after deducting all the deferred Amount.

This benefit option is available subject to the following conditions:

• This in-built benefit is available for all customers

• The policyholder shall be required to submit a written request at least 30 days (15 days in case of monthly premium paying mode and 30 days in case of other modes) in advance each time, the policyholder intends to opt for the above benefit. If a premium (including applicable taxes, cesses and levies, etc. if any) remains unpaid with no prior request, the policy, shall be subject to the lapse at the end of the grace period.

- If Premium break option is exercised, it shall continue for maximum of 12 consecutive policy months i.e., one Premium Deferment shall mean 1 annual premium, 2 half-yearly premiums, 4 quarterly premium or 12 monthly premiums, as the case may be

- This benefit option shall be available multiple times. However, there shall be a gap of at least 5 Policy Years between two Premium Break Benefit Periods.

- If the policyholder exercises the premium break benefit in the last 5 policy years, then the next premium break benefit shall not be allowed.
- The premium break benefit shall not be available during the last policy year of the premium payment term.
- The policyholder shall pay the deferred amount at the end of or during the premium break benefit period to ensure continuance of the risk cover under the policy.
- In case the above outstanding amounts are not paid within 30 days (15 days in case of monthly premium paying mode and 30 days in case of other modes) of the commencement of the next policy year after expiry of the premium break benefit period, the policy shall be subject to the terms and conditions.
- Further, the Company shall be entitled to recover the deferred amount from the benefits payable under the policy from the policyholder.
- During the above premium break benefit period, the policyholder may surrender the policy anytime, however, payments by the Company, if any, shall be first adjusted towards the deferred amount.
- No additional premium is payable for this option

OTHER KEY TERMS & CONDITIONS

1. **Collection of advance premium** (for monthly mode policies) shall be allowed within the same financial year for the premium due in that financial year. However, where the premium due in a financial year is being collected in previous financial year, the premium may be collected for a maximum period of three months in advance of the due date of the premium. The premium so collected in advance shall only be adjusted on the due date of the premium. Such advance premium, if any, paid by the Policyholder shall not carry any interest.
2. **Option to change the Premium Payment Term**: There will be an option where Policyholder can convert outstanding Regular Premiums into any Limited Premium option available under the Plan without any charge / fee such that the outstanding PPT post exercising this option is lower than the outstanding PPT before exercising this option. This change shall be effective from the Policy Anniversary coinciding with or following the date on which the Policyholder's request to change the PPT Option has been accepted by the Company.

   This option is only available under Plan Option "Life Secure" and shall be subject to no extra mortality rate-up being applicable on any benefit as on the effective date of conversion. This option cannot be made effective in the first five Policy Years. Further, this option is not available where CCB, ATPD Optional In-built Cover(s) has been chosen.
3. **Increase in Sum Assured due Life Stage Enhancement option under Plan Option Life Secure with Regular Premium Payment and Level Coverage Option: The increase in Sum Assured under this feature can be requested any time after the first Policy anniversary and before the Policy anniversary on which the Life Assured/Working Spouse turns 46 years (last birthday), provided that:**
   a. The increase in cover at the time of exercising Life Stage Enhancement option shall be subject to medical and financial underwriting.
   b. Policy is in-force at the time of request to increase the Sum Assured
   c. The request for the increase in Sum Assured should be made within one year of the occurrence of the Life Event
   d. The increase in Sum Assured is not applicable for any of the Optional In-built Covers
   e. Premium payable with respect to the increase in Sum Assured shall correspond to the Age and outstanding term at the Policy anniversary of the increase becoming effective
   f. The acceptance of the request by the Company will be subject to validation of relevant information / documents as requested by the Company.

g. The maximum increase in Base Sum Assured during the entire policy term shall not exceed Base Sum Assured at the inception or ₹1 crore whichever is less on per life basis.
h. This option cannot be exercised if a claim for Accidental Total & Permanent Disability/Waiver of Premium on diagnosis of Terminal Illness or Critical Illness covers have been previously accepted.

4. Optional In-built Covers:

Accidental Death Benefit

a. ADB Cover option can be chosen only at Point of Sale by Policyholder / Working Spouse. The ADB Sum Assured can be chosen independently from the Sum Assured but cannot be more than the same for the respective live(s).
b. ADB Sum Assured will remain constant (i.e. it will not change) throughout the term of the contract.
c. ADB benefit can only be paid in the form of lump sum payment.
d. No ADB benefit is payable in case Policy is in lapsed status.
e. Upon diagnosis of TI, ADB coverage, if any, on that life will cease.

Accidental Total & Permanent Disability (ATPD)

a) ATPD Cover Option can be chosen only at Point of Sale by Policyholder / Working Spouse. The ATPD Sum Assured can be chosen independently from the Sum Assured but cannot be more than the same for the respective live(s).
b) Only one of the two options available under ATPD Optional In-Built Cover can be chosen by the Policyholder / Working Spouse.
c) If CI benefit option is opted, then ATPD benefit option cannot be co-opted on the same life.
d) ATPD Sum Assured will remain constant (i.e. it will not change) throughout the term of the contract.
e) ATPD Sum Assured under Premium Protection Plus Option can only be paid
f) in the form of lump sum payment.
g) ATPD benefit amount is payable only once during the Policy Term on a given life.
h) In case any ATPD Cover Option is chosen, if Sum Assured is increased subsequently on any of the Life Stage Events post policy inception, or optional covers such as Block Your Premium / Child Care Benefit are exercised, in such cases, apart from increase in the premium for these additional coverages, premium applicable for this in-built cover will also increase as higher premium will now be exposed to being waived off upon occurrence of ATPD.
i) No ATPD benefit is payable in case Policy is in lapsed status.
j) Once future premiums have been waived, Block Your Premium benefit and CCB benefit cannot be opted / exercised, on the life on whom the contingent event of ATPD has occurred.
k) Upon diagnosis of TI, ATPD coverage, if any, on that life will cease.

Critical Illness (CI):

CI Cover option can be chosen only at Point of Sale by Policyholder / Working Spouse. The CI Sum Assured can be chosen independently from the Sum Assured but cannot be more than 50 lakhs or the Base Sum Assured for the respective live(s).

a. CI Cover option can be chosen only at Point of Sale by Policyholder / Working Spouse. The CI Sum Assured can be chosen independently from the Sum Assured but cannot be more than 50 lakhs or the Base Sum Assured for the respective live(s).
b. If ATPD benefit option is opted, then CI benefit option cannot be co-opted on the same life.
c. CI Sum Assured will remain constant (i.e. it will not change) throughout the term of the contract.
d. CI Sum Assured can only be paid in the form of lump sum payment.
e. CI benefit is payable only once during the Policy Term on a given life.
f. No CI benefit is payable in case Policy is in lapsed status.
g. Upon diagnosis of TI, CI coverage, if any, on that life will cease.

Child Care Benefit (CCB)

a) CCB Cover option can be chosen only at Point of Sale by Policyholder / Working Spouse. However, if this benefit

is not opted at the stage of getting cover under the Policy, it can also be opted subsequently within one year of the birth / legal adoption of Life Assured's / Working Spouse's first Child, provided Life Assured / Working Spouse did not have any children at the stage of getting cover under the Policy.

b) The CCB Sum Assured can be chosen independently from the Sum Assured but cannot be more than the Sum Assured at Policy inception for the respective live(s).

c) The PT and PPT for this benefit at the time of this benefit becoming effective shall be as detailed below:

Policy Term & Premium Payment Term*	Life Secure Plan option
Policy Term (PT)	Lower of: Outstanding Policy Term of base Death Benefit or [21 - Age at Entry of the Child] Minimum Policy Term for this benefit shall be subject to minimum Policy Term conditions applicable for the Plan Option "Life Secure"
Premium Payment Term (PPT)	Capped at lower of outstanding PPT of the base Death Benefit and PT of the CCB, subject to PPT Option being same as that for the base Death Benefit. If the PPT Option chosen for base Death Benefit is Limited Premium, the PPT option for CCB will also be Limited Premium.

*Above shall be in respect of the Life Assured / Working Spouse on whom this benefit is getting added.

a) Where CCB is opted later on in the Policy Term, the cover will commence from the Policy Anniversary immediately following or coinciding with the acceptance of the request for adding the CCB, as per BAUP, subject to realization of premium payable in respect of the same.

b) At the time of commencement of CCB benefit, the Life Assured / Working Spouse shall be less than or equal to 65 years (last birthday). Further, the insurance coverage shall be in-force, future premiums should not have been waived-off (on account of ATPD been triggered or upon diagnosis of TI)

c) Upon diagnosis of TI, if CCB has not been opted as on date of diagnosis, the Policyholder/Life Assured will not have the option to opt it further during the policy term.

d) CCB Sum Assured will remain constant (i.e. it will not change) throughout the term of the contract.

e) CCB benefit can only be paid in the form of lump sum payment.

f) Minimum and Maximum CCB Sum Assured is as given in Section below.

g) No CCB benefit is payable in case Policy / insurance coverage is in lapsed status.

Block Your Premium (BYP)

a) Block Your Premium option can be chosen only at Point of Sale by Policyholder / Working Spouse.

b) This benefit is available under Plan Option "Life Secure" only, provided the PPT Option chosen is Regular Premium and Coverage Option chosen is "Level Cover".

c) Life Assured / Working Spouse should have been accepted as a standard life at the Policy inception to be able to opt for this benefit.

d) Under this benefit, the extra premium charged to block / fix the premium rate, is payable for the full Premium Payment Term (as opted at Policy inception) in cases where the BYP benefit becomes effective. However, where this feature is not effective by the beginning of 6th Policy Year, then in such cases extra premium charged in respect of this benefit will stop from the commencement of 6th Policy Year.

e) BYP Sum Assured shall be effective from the Policy Anniversary coinciding or immediately following the date on which the Policyholder's / Working Spouse's request to commence the additional coverage under this benefit has been accepted by the Company, subject to realization of premium payable in respect of the same.

f) The Policy Term of the Base Death Benefit should be more than or equal to 10 years.

g) Both PT and PPT of BYP benefit shall be same as the outstanding PT and PPT of the base death benefit.

h) The premium payable in respect of additional benefit amount (i.e. BYP Sum Assured) shall be calculated basis the blocked premium rate and shall be payable over the PPT applicable for the BYP benefit.

i) At the time of commencement of BYP benefit, insurance coverage shall be in-force, future premiums should not have been waived-off (on account of ATPD been triggered and upon diagnosis of TI)

j) The premium rate under this benefit can be blocked for base death benefit cover only and not for any of the

Optional In-Built Covers

k) Upon diagnosis of TI, any additional premiums paid with respect to BYP shall be refunded to the Policyholder/Life Assured, and the same cannot be exercised further during the policy term.

5. The definition of **Age** used is 'Age as on last birthday'.

6. **Loans:** Policy loan facility is not available with this plan.

7. **Tax Benefits** under the Policy maybe available as per the prevailing Income Tax laws and are subject to amendments from time to time. For tax related queries, contact your independent tax advisor.

8. The risk under this policy will commence on the date the Company underwrites the risk, subject to realization of full premium.

9. **Suicide exclusion**: If the Life Assured / Spouse, whether sane or insane, commits suicide within 12 months from the date of commencement of risk under the Policy or from the date of Revival of the Policy provided the Policy is in-force/paid-up, the benefits payable under this policy shall be:

o in case of death due to suicide within 12 months from date of commencement of risk under the policy and the policy is in force, 80% of the Total Premiums Paid till the date of death for their respective covers or their respective early exit value/surrender values as on the date of death, whichever is higher.

o in case of death due to suicide within 12 months from the revival date of the policy, higher of 80% of the Total Premiums Paid till the date of death for their respective covers or their respective early exit value/surrender values as on the date of death, whichever is higher.

There are no exclusions other than suicide clause (as mentioned above) for Death Benefit.

10. **Free look period:** If the Policyholder does not agree with the terms and conditions of the Policy or otherwise & has not made any claim they shall have the option to request for cancellation of the Policy by returning the Policy Document (if issued physically upon request) along with a written request stating the reasons for non-acceptance to the Company within the free-look period of 30 days from the date of receipt of the Policy Document, whether received electronically or otherwise (whichever is earlier). The refund of the premium will be paid subject to deduction of the proportionate risk premium for the period of cover, stamp duty charges and expenses incurred on medicals (if any).

11. **Nomination and Assignment:**

- Nomination should be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time.
- Assignment should be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time.

12. **Grace Period**: The grace period will be for 30 days for Annual/Semi-annual/Quarterly modes and 15 days for Monthly mode of premium frequency. During this Grace Period, the Policy is considered to be in-force with the risk cover. If Death/ Accidental Total & Permanent Disability / Terminal Illness occurs during the grace period, the corresponding benefits will be payable after deducting the due unpaid Premium.

13. The Life Assured and the Policyholder must be the same individual, except for Keyman Insurance policies.

14. Definitions of Critical Illness Covered under the product

1. Cancer of Specified Severity:

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. The following are excluded:

i. All tumors which are histologically described as carcinoma in situ, benign, premalignant, 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 T2N0M0
v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukaemia less than RAI stage 3
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Myocardial Infarction (First Heart Attack Of Specific Severity)
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,
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.

3. 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: Angioplasty and/or any other intra-arterial procedures

4. 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.

5. 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:
i. no response to external stimuli continuously for at least 96 hours;

ii. life support measures are necessary to sustain life; and
iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
iv. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. 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 has to be confirmed by a specialist medical practitioner.

7. 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 are 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.

8. 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

9. 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.

10. 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.

11. Multiple Sclerosis With Persisting Symptoms:

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.
iii. Other causes of neurological damage such as SLE are excluded.

12. Benign Brain Tumor:
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 imaging studies such as CT scan or MRI. 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.
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.

13. Blindness:
Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. 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.
The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

14. 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 90 decibels across all frequencies of hearing” in both ears.

15. 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 ($PaO_2 < 55mmHg$);
iv. Dyspnea at rest.

16. End Stage Liver Failure:
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.
Liver failure secondary to drug or alcohol abuse is excluded.

17. Loss Of Speech:

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, Throat (ENT) specialist.

18. 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.

19. Major Head Trauma:
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, Computerized 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. 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. The Activities of Daily Living are:
1. 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;
2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Mobility: the ability to move indoors from room to room on level surfaces;
5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; 6. Feeding: the ability to feed oneself once food has been prepared and made available. The following are excluded: Spinal cord injury

20. Primary (Idiopathic) Pulmonary Hypertension:
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 Cauterization. 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. 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.
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.

21. 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.

22. Alzheimer's Disease:
A definite diagnosis of Alzheimer's disease evidenced by all of the following:
i. Loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organizing, abstracting, and planning), which results in a significant reduction in mental and social functioning
ii. Personality change
iii. Gradual onset and continuing decline of cognitive functions
iv. No disturbance of consciousness
v. Typical neuropsychological and neuroimaging findings (e.g. CT scan)
The disease must require constant supervision (24 hours daily) [before age 65]. The diagnosis and the need for supervision must be confirmed by a Consultant Neurologist.
For the above definition, the following are not covered:
Other forms of dementia due to brain or systemic disorders conditions

23. Aplastic Anaemia:
A definite diagnosis of aplastic anaemia resulting in severe bone marrow failure with anaemia, neutropenia and thrombocytopenia. The condition must be treated with blood transfusions and, in addition, with at least one of the following:
i. Bone marrow stimulating agents
ii. Immunosuppressants
iii. Bone marrow transplantation
iv. The diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology.

24. Medullary Cystic Disease:
A definite diagnosis of medullary cystic disease evidenced by all of the following:
i. Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys
ii. Typical histological findings with tubular atrophy, basement membrane thickening and cyst formation in the corticomedullary junction
iii. Glomerular filtration rate (GFR) of less than 40 ml/min (MDRD formula)
The diagnosis must be confirmed by a Consultant Nephrologist.
For the above definition, the following are not covered:
i. Polycystic kidney disease
ii. Multicystic renal dysplasia and medullary sponge kidney
iii. Any other cystic kidney disease

25. Parkinson's Disease:
A definite diagnosis of primary idiopathic Parkinson's disease, which is evidenced by at least two out of the following clinical manifestations:
i. Muscle rigidity
ii. Tremor
iii. Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses) Idiopathic Parkinson's disease must result [before age 65] in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months despite adequate drug treatment. Activities of Daily Living are:

1. 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.
2. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
3. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
4. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
5. Getting between rooms – the ability to get from room to room on a level floor.
6. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.
The diagnosis must be confirmed by a Consultant Neurologist. The implantation of a neurostimulator to control symptoms by deep brain stimulation is, independent of the Activities of Daily Living, covered under this definition. The implantation must be determined to be medically necessary by a Consultant Neurologist or Neurosurgeon. For the above definition, the following are not covered:
i. Secondary parkinsonism (including drug- or toxin-induced parkinsonism)
ii. Essential tremor.

26. Apallic Syndrome:
A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem, controlling respiration and cardiac functions, remaining intact. The definite diagnosis must be evidenced by all of the following:
i. Complete unawareness of the self and the environment
ii. Inability to communicate with others
iii. No evidence of sustained or reproducible behavioural responses to external stimuli
iv. Preserved brain stem functions
v. Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures
vi. The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.

27. Major Surgery of the Aorta:
The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta. Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.
For the above definition, the following are not covered:
i. Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
ii. Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers–Danlos syndrome)
iii. Surgery following traumatic injury to the aorta.

28. Fulminant Viral Hepatitis - resulting in acute liver failure:
A definite diagnosis of fulminant viral hepatitis evidenced by all of the following:
i. Typical serological course of acute viral hepatitis
ii. Development of hepatic encephalopathy
iii. Decrease in liver size

iv. Increase in bilirubin levels
v. Coagulopathy with an international normalized ratio (INR) greater than 1.5
vi. Development of liver failure within 7 days of onset of symptoms
vii. No known history of liver disease
The diagnosis must be confirmed by a Consultant Gastroenterologist.
For the above definition, the following are not covered:
i. All other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication)
ii. Fulminant viral hepatitis associated with intravenous drug use

29. Cardiomyopathy:
A definite diagnosis of one of the following primary cardiomyopathies:
i. Dilated Cardiomyopathy
ii. Hypertrophic Cardiomyopathy (obstructive or non-obstructive)
iii. Restrictive Cardiomyopathy
iv. Arrhythmogenic Right Ventricular Cardiomyopathy
The disease must result in at least one of the following:
i. Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months. ii. Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.
iii. Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death
The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram, cardiac MRI or cardiac CT scan findings. The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined to be medically necessary by a Consultant Cardiologist. For the above definition, the following are not covered:
i. Secondary (ischaemic, valvular, metabolic, toxic or hypertensive) cardiomyopathy
ii. Transient reduction of left ventricular function due to myocarditis
iii. Cardiomyopathy due to systemic diseases
iv. Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT-Syndrome).

30. Muscular Dystrophy:
A definite diagnosis of one of the following muscular dystrophies:
i. Duchenne Muscular Dystrophy (DMD)
ii. Becker Muscular Dystrophy (BMD)
iii. Emery-Dreifuss Muscular Dystrophy (EDMD)
iv. Limb-Girdle Muscular Dystrophy (LGMD)
v. Facioscapulohumeral Muscular Dystrophy (FSHD)
vi. Myotonic Dystrophy Type 1 (MMD or Steinert's Disease)
vii. Oculopharyngeal Muscular Dystrophy (OPMD)
The disease must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery. Activities of Daily Living are:
1. 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.

2. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
3. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
4. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
5. Getting between rooms – the ability to get from room to room on a level floor.
6. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.
The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings.
For the above definition, the following are not covered:
Myotonic Dystrophy Type 2 (PROMM) and all forms of myotonia

31. Poliomyelitis - resulting in paralysis:
A definite diagnosis of acute poliovirus infection resulting in paralysis of the limb muscles or respiratory muscles. The paralysis must be medically documented for at least 3 months from the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by laboratory tests proving the presence of the poliovirus.
For the above definition, the following are not covered:
i. Poliovirus infections without paralysis
ii. Other enterovirus infections
iii. Guillain-Barré syndrome or transverse myelitis

32. Chronic Recurring Pancreatitis:
A definite diagnosis of severe chronic pancreatitis evidenced by all of the following:
i. Exocrine pancreatic insufficiency with weight loss and steatorrhoea
ii. Endocrine pancreatic insufficiency with pancreatic diabetes
iii. Need for oral pancreatic enzyme substitution
These conditions have to be present for at least 3 months. The diagnosis must be confirmed by a Consultant Gastroenterologist and supported by imaging and laboratory findings (e.g. faecal elastase). For the above definition, the following are not covered:
i. Chronic pancreatitis due to alcohol or drug use
ii. Acute pancreatitis

33. Bacterial Meningitis - resulting in persistent symptoms:
A definite diagnosis of bacterial meningitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.
For the above definition, the following are not covered:
Aseptic, viral, parasitic or non-infectious meningitis

34. Loss of Independent Existence:
A definite diagnosis [before age 65] of a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.
Activities of Daily Living are:

1. 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.
2. Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
3. Feeding oneself – the ability to feed oneself when food has been prepared and made available.
4. Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
5. Getting between rooms – the ability to get from room to room on a level floor.
6. Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.
The diagnosis has to be confirmed by a Specialist.

35. Encephalitis:
A definite diagnosis of acute viral encephalitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by typical clinical symptoms and cerebrospinal fluid or brain biopsy findings. For the above definition, the following are not covered:
i. Encephalitis caused by bacterial or protozoal infections .
ii. Myalgic or paraneoplastic encephalomyelitis

36. Severe Rheumatoid arthritis:
A definite diagnosis of rheumatoid arthritis evidenced by all of the following:
i. Typical symptoms of inflammation (arthralgia, swelling, tenderness) in at least 20 joints over a period of 6 weeks at the time of diagnosis
ii. Rheumatoid factor positivity (at least twice the upper normal value) and/or presence of anti-citrulline antibodies
iii. Continuous treatment with corticosteroids
iv. Treatment with a combination of "Disease Modifying Anti-Rheumatic Drugs" (e.g. methotrexate plus sulfasalazine/leflunomide) or a TNF inhibitor over a period of at least 6 months
The diagnosis must be confirmed by a Consultant Rheumatologist.
For the above definition, the following are not covered:
Reactive arthritis, psoriatic arthritis and activated osteoarthritis.

37. Scleroderma:
A definite diagnosis of scleroderma evidenced by all of the following:
i. Typical laboratory findings (e.g.anti-Scl-70 antibodies)
ii. Typical clinical signs (e.g. Raynaud's phenomenon, skin sclerosis, erosions)
iii. Continuous treatment with corticosteroids or other immunosuppressants
Additionally, one of the following organ involvements must be diagnosed:
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 glomerular filtration rate of less than 60 ml/min (MDRDformula)
iv. Echocardiographic signs of significant left ventricular diastolic dysfunction
The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.
For the above definition, the following are not covered:

i. Localized scleroderma without organ involvement
ii. Eosinophilic fasciitis iii. CREST-Syndrome

38. Creutzfeldt-Jakob Disease (CJD):
A diagnosis of sporadic Creutzfeldt-Jakob disease, which has to be classified as “probable” by all of the following criteria:
i. Progressive dementia
ii. At least two out of the following four clinical features: myoclonus, visual or cerebellar signs, pyramidal/extrapyramidal signs, akinetic mutism
iii. Electroencephalogram (EEG) showing sharp wave complexes and/or the presence of 14-3-3 protein in the cerebrospinal fluid
iv. No routine investigations indicate an alternative diagnosis
The diagnosis must be confirmed by a Consultant Neurologist.
For the above definition, the following are not covered:
i. Iatrogenic or familial Creutzfeldt-Jakob disease
ii. Variant Creutzfeldt-Jakob disease (CJD)

39. Chronic Adrenocortical Insufficiency (Addison's Disease):
Chronic autoimmune adrenal insufficiency is an autoimmune disorder causing gradual destruction of the adrenal gland resulting in inadequate secretion of steroid hormones. A definite diagnosis of chronic autoimmune adrenal insufficiency which must be confirmed by a Consultant Endocrinologist and supported by all of the following diagnostic tests:
i. ACTH stimulation test
ii. ACTH, cortisol, TSH, aldosterone, renin, sodium and potassium blood levels
For the above definition, the following are not covered:
i. Secondary, tertiary and congenital adrenal insufficiency
ii. Adrenal insufficiency due to non-autoimmune causes (such as bleeding, infections, tumours, granulomatous disease or surgical removal)

40. Systemic Lupus Erythematous – with Lupus Nephritis:
A definite diagnosis of systemic lupus erythematosus evidenced by all of the following:
i. Typical laboratory findings, such as presence of antinuclear antibodies (ANA) or antids DNA antibodies
ii. Symptoms associated with lupus erythematosus (butterfly rash, photosensitivity, serositis)
iii. Continuous treatment with corticosteroids or other immunosuppressants
Additionally, one of the following organ involvements must be diagnosed:
i. Lupus nephritis with proteinuria of at least 0.5 g/day and a glomerular filtration rate of less than 60 ml/min (MDRD formula)
ii. Libman-Sacks endocarditis or myocarditis
iii. Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive abnormalities are specifically excluded.
The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.
For the above definition, the following are not covered:
i. Discoid lupus erythematosus or subacute cutaneous lupus erythematosus
ii. Drug-induced lupus erythematosus

EXCLUSIONS

There are no exclusions other than Suicide clause for Death Benefit.

Accidental Death Benefit (ADB) exclusions: Accidental Death arising directly or indirectly from any of the following are specifically excluded:

- The Life Assured taking part in any hazardous sport or pastimes (including hunting, mountaineering, racing, steeple chasing, bungee jumping, etc., any underwater or subterranean operation or activity and racing of any kind other than on foot.
- The Life Assured flying in any kind of aircraft, other than as a bonafide passenger (whether fare-paying or not) on an aircraft of a licensed airline.
- Self-inflicted injury, suicide or attempted suicide-whether sane or insane
- Under the influence or abuse of drugs, alcohol, narcotics or psychotropic substance not prescribed by a registered medical practitioner.
- Service in any military, air force, naval or paramilitary organization.
- War, civil commotion, invasion, terrorism, hostilities (whether war be declared or not).
- The Life Assured taking part in any strike, industrial dispute and riot.
- The Life Assured taking part in any criminal or illegal activity with criminal intent or committing any breach of law including involvement in any fight or affray.
- Exposure to Nuclear reaction, Biological, radiation or nuclear or chemical contamination.

Accidental Total and Permanent Disability (ATPD) exclusions: No benefit will be payable in respect of any of the conditions covered under the ATPD Cover, arising directly or indirectly from, through or in consequence of the following exclusions:

- The Life Assured taking part in any hazardous sport or pastimes (including hunting, mountaineering, racing, steeple chasing, bungee jumping, etc., any underwater or subterranean operation or activity and racing of any kind other than on foot.
- The Life Assured flying in any kind of aircraft, other than as a bonafide passenger (whether fare-paying or not) on an aircraft of a licensed airline.
- Self-inflicted injury, suicide or attempted suicide-whether sane or insane
- Under the influence or abuse of drugs, alcohol, narcotics or psychotropic substance not prescribed by a registered medical practitioner.
- Service in any military, air force, naval or paramilitary organization.
- War, civil commotion, invasion, terrorism, hostilities (whether war be declared or not).
- The Life Assured taking part in any strike, industrial dispute, riot.
- The Life Assured taking part in any criminal or illegal activity with criminal intent or committing any breach of law including involvement in any fight or affray.
- Exposure to Nuclear reaction, Biological radiation or nuclear, biological or chemical contamination.

In case ATPD benefit is claimed however is not admissible due to any of the exclusion clause(s) applicable for ATPD, then the ATPD benefit would not be payable. However, the benefits payable on other events covered under the Policy will continue.

Terminal Illness (TI) exclusions

Terminal Illness benefits if it is caused directly due to or occasioned, accelerated, or aggravated by: Self-harm/ Self inflected injury: Attempted suicide or intentional self-inflicted injury.

Critical Illness (CI) Benefit

Critical Illness benefit will not be payable if the Critical Illness Condition occurs from, or is caused by, either directly or indirectly, voluntarily or involuntarily, due to one of the following:

- Any Pre-existing condition* or physical condition, unless Life Assured has disclosed the same at the time of proposal or date of revival whichever is later and the Company has accepted the same.
- Intentional self-inflicted injury, suicide or attempted suicide.
- For any medical conditions suffered by the Life Assured or any medical procedure undergone by the Life Assured, if that medical condition or that medical procedure was caused directly or indirectly by influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a registered medical practitioner.
- Engaging in or taking part in hazardous activities**, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungee jumping; underwater activities involving the use of breathing apparatus or not;
- Participation in a criminal or unlawful act with criminal intent;
- For any medical condition or any medical procedure arising from nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature;
- For any medical condition or any medical procedure arising either as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, terrorism, military or usurped power, riot or civil commotion, strikes or participation in any naval, military or air force operation during peace time;
- For any medical condition or any medical procedure arising from participation in any flying activity, except as a bona fide, fare-paying passenger and aviation industry employee like pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable.
- Any External Congenital Anomaly which is not as a consequence of Genetic disorder. In case any Internal congenital condition or related illness is known and was/is being treated, is disclosed at proposal stage and accepted, claims will be processed as per terms and conditions.

*Pre-existing Disease means any condition, ailment, injury or disease:
That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or;
For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement.

This exclusion will not be applicable to conditions, ailments or injuries or related condition(s) which are underwritten and accepted by insurer at inception or at reinstatement.
**Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Life Assured whether he is trained or not.
In case CI benefit is claimed but is not admissible due to any of the exclusion clause(s) applicable for CI, then the CI benefit would not be payable. However, the benefits payable on other events covered under the Policy will continue.

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.

Section 45 of the Insurance Act, 1938 (as amended from time to time)

Policy shall not be called into question on the ground of misstatement after three years in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.
In case of fraud or misstatement, the policy shall be cancelled immediately by paying the early exit value / surrender value, if any, subject to fraud or misstatement being established by the Company in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.
For provisions of this Section, please refer to the policy contract of this product on our website www.canarahsbclife.com

Procedure for Grievance Redressal

Grievance Redressal Process In case of any concern you may have, kindly visit any of our branches or call our resolution center. You can also write an email (cru@canarahsbclife.in) to us or reach us through the online form on our website (https://www.canarahsbclife.com/customer-service/grievance-redressal#registerComplaint). We will respond to you maximum within two weeks from the date of receiving your complaint.

Complaint Redressal Unit Canara HSBC Life Insurance Company, 139P, sector 44, Gurugram - 122003, Haryana, India Toll Free- 1800-103-0003/1800-891-0003 Email: cru@canarahsbclife.in (https://www.canarahsbclife.com/customer-service/grievance-redressal#registerComplaint) In case you do not receive a response from us or are not satisfied with the same you may write to our Grievance Redressal Officer at

Grievance Redressal Officer Canara HSBC Life Insurance Company, 139P, sector 44, Gurugram - 122003, Haryana, India Toll Free- 1800-103-0003/1800-891-0003 Email: gro@canarahsbclife.in To locate our branch please visit https://www.canarahsbclife.com/contact-us/locate-a-branch. In case the complaint is not attended to within two weeks of registration of the complaint or the resolution provided by the Insurer/GRO is not satisfactory, the client may complain to Bima Bharosa by visiting: https://bimabharosa.irdai.gov.in

In case you are still not satisfied with the decision/resolution provided by the Company, you may approach the Insurance Ombudsman of your respective State for redressal of your grievance. For more details kindly refer to our website www.canarahsbclife.in or the GBIC website at https://cioins.co.in/Ombudsman for the list of Ombudsman.

Kindly note that you may approach the Insurance ombudsman, if you do not receive response from us within 30 days from the date of filing the complaint or if your complaint is rejected or if you are not satisfied with our response

About us:
Canara HSBC Life Insurance Company Limited is a joint venture promoted by Canara Bank and HSBC Insurance (Asia Pacific) Holdings Limited. Punjab National Bank is also a shareholder of the Company, while the remaining is held by other public shareholders and other investors.
Our aim is to provide you with a range of life insurance products backed by customer service and thereby making your life simpler.

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Canara HSBC Life Insurance Company Limited (IRDAI Regn. No. 136)
Head Office Address: 139 P, Sector 44, Gurugram – 122003, Haryana, India
Registered Office Address: 8th Floor, Unit No. 808 - 814, Ambadeep Building, Plot No.14, Kasturba Gandhi Marg, New Delhi - 110001.
Corporate Identity No: L66010DL2007PLC248825
Call us at: 1800-103-0003 / 1800-891-0003 (toll-free)
Email us at: customerservice@canarahsbclife.in
Visit our website at: www.canarahsbclife.com

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This product brochure gives only the salient features of the plan and it is indicative of terms and conditions. This brochure should be read in conjunction with the Terms & Conditions for this plan as provided in sample policy contract available on our website

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