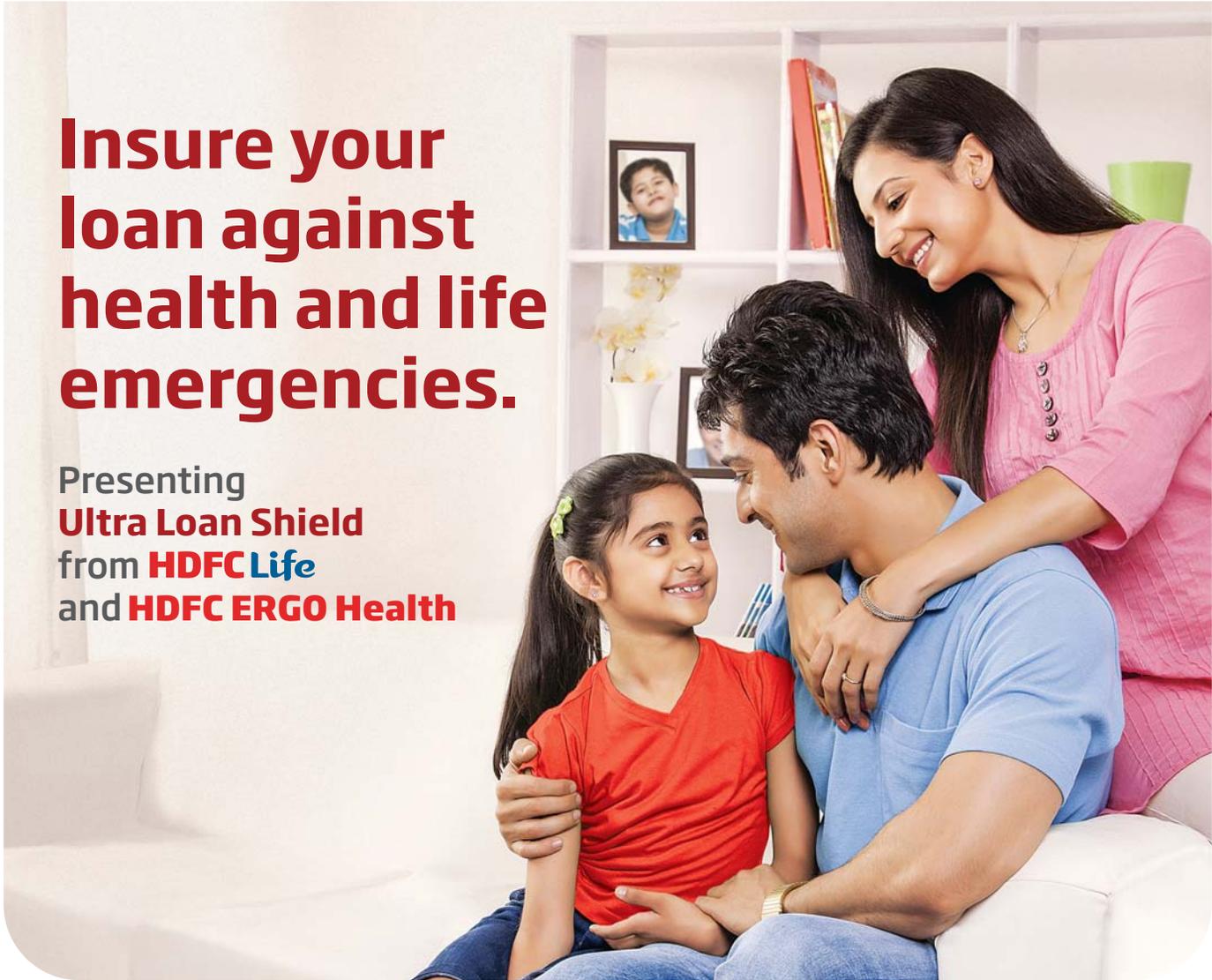


Insure your loan against health and life emergencies.

Presenting
Ultra Loan Shield
from **HDFC Life**
and **HDFC ERGO Health**



Covers Natural & Accidental Death Benefit



Option to cover 35 Critical Illness*



EMI Protection*



Accidental Disability Coverage**



*Optional benefits available in health part

**Accelerated Total Premium Disability Option available in life and Permanent Partial Disablement option available in health part

Offering customized loan solutions to customers is an integral part of business for financial institutions like yours. While you fulfil your commitment towards your customers' loan requirements, your customers may not be able to fulfil the commitment of repaying the loan if and when they meet with an unfortunate event in life.

HDFC Life Insurance Company Limited and HDFC ERGO Health Insurance Limited, together, bring to you - Ultra Loan Shield. A unique combination plan that offers your customers protection from loan worries in an event of a health or life emergency. Thus, your customers' families never face the burden of repaying the loan and continue to lead a life of pride.

ULTRA LOAN SHIELD INSURANCE PLAN

- Offers comprehensive Life and Health benefits
- Has no lengthy underwriting procedure
- Is simple to administer

THE KEY FEATURES OF THE PLAN

- A comprehensive benefit plan which offers financial protection in event of death, disability and critical illnesses.
- Offers flexibility to customised cover (Life & Health) options.
- Flexibility to choose plan options. Cover type (increasing or level) and coverage term.
- Just pay one time with single premium.
- Coverage available on Single and Joint life basis.
- Member can opt for coverage term lesser than loan tenures.
- Offer to cover top-up loans through separate repayment schedule.
- Option to get coverage against next few EMIs in case of eventuality/hospitalisation.

BENEFITS FOR YOUR MEMBERS

Choose your Benefits combination from the below Options

Benefit Type	Life	Health
Base Benefit	<ul style="list-style-type: none"> • Death Benefit 	<ul style="list-style-type: none"> • Accidental Death Benefit* • Permanent Total Disablement Benefit*
Optional Benefits	<ul style="list-style-type: none"> • Additional Accidental Death Benefit • Accelerated Terminal Illness Benefit • Accelerated Critical Illness Option 1 • Accelerated Critical Illness Option 2 • Accelerated Total Permanent Disability 	<ul style="list-style-type: none"> • Critical Illness Benefit • Permanent Partial Disablement • EMI Cover

BASE BENEFITS

The life and health insurance under this Combi product is arranged on a group basis and you will be the master policyholder. In order for a customer to be covered under the policy they must join the group insurance scheme, thus becoming an Insured Member.

A. Base Benefit - Life

1. Death Benefit

The main benefit is of following two types:

- **Level:** The sum assured stays at same level as at inception of the policy during the individual's membership term.
- **Decreasing:** The sum assured decreases as per the repayment schedule selected by you during the individual's membership term.

The repayment schedule will depend on the underlying interest rate, any moratorium period etc. At the outset, therefore, a repayment schedule will be agreed with the master policyholder. Such repayment schedule will define the benefits offered under the product. We will pay the benefits exactly as per the repayment schedule selected at inception, irrespective of the actual outstanding loan as of the date of death.

The plan can be taken on single life or joint life basis where we will cover the death of either of joint insured members, whichever occurs first. There has to be insurable interest between the joint lives.

Individual borrowers and investors/co-borrowers/co-investors of the institution can be covered under this plan.

On death or disability of the scheme member or upon the scheme member being diagnosed with any of the specified critical illnesses or terminal illness, a lump sum as sum assured will be payable as per the plan option chosen by the member at inception of the cover.

In case of lender borrower schemes under Regulated Entities as defined below in terms & conditions, the Outstanding Loan amount, if any for which the cover was taken shall be payable to You, the Master Policyholder with prior authorisation from the Member at inception, out of the total Death Benefit otherwise payable to the Nominee. Any residual benefit shall be paid to the Nominee or Beneficiary, as applicable In case of lender borrower schemes under Other Entities as defined below in terms & conditions, the Death Benefit shall be payable to the Nominee, in the event of the Member's demise The Membership will terminate on payment of the Death Benefit to the Nominee / Beneficiary

B. Base Benefit - Health

1. Accidental Death Benefit [AD]*

If an Insured Member suffers an Accident during the Policy Period and this is the sole and direct cause of his death within 365 days from the date of the Accident, then we will pay the Sum Insured as mentioned in the below table.

Benefit	Static Sum Insured	Reducing Sum Insured
Accidental Death [AD]	100% of disbursed loan amount	100% of Principal outstanding

In case of an admissible claim under this benefit, coverage under this policy for the Insured Member shall automatically terminate. However in case of borrower and co-borrower loans following shall apply.

Both borrower and co-borrower are insured for 100% of disbursed loan amount	Policy shall terminate for both Insured Members
Borrower and co-borrower are insured for proportion of loan amount	Policy shall terminate only for the Insured Member against whom claim has been made to the extent of his proportion of the loan amount.

2. Permanent Total Disablement [PTD]*

If an Insured Member suffers an Accident during the Policy Period and within 365 days from the date of the Accident this is the sole and direct cause of his permanent total disablement in one of the ways detailed in the table below, then we will pay the percentage of the Sum Insured shown in the table below

	Static Sum Insured	Reducing Sum Insured
Loss of 2 Limbs (both hands or both feet or one hand and one foot)	100% of disbursed loan amount	100% of Principal outstanding amount
Loss of a Limb and an eye		
Complete and irrecoverable loss of sight of both eyes		
Complete and irrecoverable loss of speech & hearing of both ears		

In case of an admissible claim under this benefit, coverage under this policy for the Insured Member shall automatically terminate. However in case of borrower and co-borrower loans following shall apply

Both borrower and co-borrower are insured for 100% of disbursed loan amount	Policy shall terminate for both Insured Members
Borrower and co-borrower are insured for proportion of loan amount	Policy shall terminate only for the Insured Member against whom claim has been made to the extent of his proportion of the loan amount

*For regulatory reference

Either of Accidental Death [AD] or Permanent Total Disablement [PTD] can be opted as base benefit at the inception of the coverage. Upon choosing Accidental Death [AD] as base benefit, Permanent Total Disablement [PTD] can be chosen as optional cover. But accidental Death [AD] can't be chosen as optional benefit.

Permanent Total Disablement [PTD] will be shown under base policy benefit segment only if Insured Member chooses Permanent Total Disablement [PTD] as base cover.

OPTIONAL BENEFITS

I. Optional Benefits - Life¹

1. Additional Accidental Death Benefit

In event of the Insured Member's death due to accident, an additional death benefit equal the following shall be:

- the sum assured, if the level term assurance is selected
 - the decreasing sum assured as per the agreed repayment schedule, if the decreasing term assurance is selected
- This is in addition to the death benefit mentioned above.

2. Accelerated Terminal Illness benefit

In event of the Insured Member being diagnosed with a terminal illness, the benefit payable shall be:

- the sum assured, if the level term assurance is selected
- the decreasing sum assured as per the agreed repayment schedule, if the decreasing term assurance is selected

The risk cover will cease.

3. Accelerated Critical Illness Option 1

In the event of Insured Member being diagnosed with any of the covered critical illnesses within the CI benefit term, the benefit payable shall be:

- the sum assured, if the level term assurance is selected
 - the decreasing sum assured as per the agreed repayment schedule, if the decreasing term assurance is selected
- The risk cover will cease. The CI benefit term shall be equal to main benefit term or 5 years, whichever is lower.

Refer 'Definition and Exclusions – Life' for details of critical illnesses covered.

4. Accelerated Critical Illness Option 2

In the event of Insured Member being diagnosed with any of the covered critical illnesses within the CI benefit term, the benefit payable shall be:

- the sum assured, if the level term assurance is selected
- the decreasing sum assured as per the agreed repayment schedule, if the decreasing term assurance is selected

The risk cover will cease. The CI benefit term shall be equal to main benefit term or 10 years, whichever is lower.

Refer 'Definition and Exclusions – Life' for details of critical illnesses covered.

5. Accelerated Total Permanent Disability

In event death of the Insured Member or upon the occurrence of disability due to accident as defined, whichever is earlier, the benefit payable shall be:

- the sum assured, if the level term assurance is selected
- the decreasing sum assured as per the agreed repayment schedule, if the decreasing term assurance is selected

The risk cover will cease.

¹In case of joint life the benefit payable is on occurrence of accidental death, disability or illness of either of the joined insured members. Once the benefit is paid, the cover will cease for the other member as well.

II. Optional Benefits - Health

1. Permanent Total Disablement

If an Insured Person suffers an Accident during the Policy Period and within 365 days from the date of the Accident this is the sole and direct cause of his permanent total disablement in one of the ways detailed in the table below, then we will pay the percentage of the Sum Insured shown in the table below

	Static Sum Insured	Reducing Sum Insured
Loss of 2 Limbs (both hands or both feet or one hand and one foot)	100% of disbursed loan amount	100% of Principal outstanding amount
Loss of a Limb and an eye		
Complete and irrecoverable loss of sight of both eyes		
Complete and irrecoverable loss of speech & hearing of both ears		

In case of an admissible claim under this benefit, coverage under this policy for the Insured Person shall automatically terminate. However in case of borrower and co-borrower loans following shall apply

Both borrower and co-borrower are insured for 100% of disbursed loan amount	Policy shall terminate for both Insured Persons
Borrower and co-borrower are insured for proportion of loan amount	Policy shall terminate only for the Insured Person against whom claim has been made to the extent of his proportion of the loan amount

2. Critical Illness Benefit (includes cover for Critical and Terminal Illnesses)

We will pay the Insured Member the Sum Insured as a lump sum amount for the listed Critical Illness, medical event or surgical procedure provided

- i. it occurs or manifests itself during the policy period as a first incidence and
- ii. the insured survives 30 days survival period (if applicable)
- iii. specific etiology for the defined critical illness is not among the general and specific exclusions of this policy

Benefit	Static Sum Insured	Reducing Sum Insured
Critical Illness	100% SI	100% of Principal outstanding

Waiting Period

90 days waiting period shall apply from the commencement of the policy period to all claims under the policy, this waiting period shall not be applicable to subsequent renewals.

Note:

- Refer 'Definition and Exclusions – Health' for details of critical illnesses covered.
- If any Critical Illness is diagnosed in first 90 days of policy inception, then we will cancel the policy and refund the premium in full.
- In case of an admissible claim under this benefit, coverage under this policy for the Insured Member shall automatically terminate. However in case of borrower and co-borrower loans following shall apply

Both borrower and co-borrower are insured for 100% of disbursed loan amount	Policy shall terminate for both Insured Members
Borrower and co-borrower are insured for proportion of loan amount	Policy shall terminate only for the Insured Member against whom claim has been made.

3. Permanent Partial Disablement [PPD]

If an Insured Member suffers an Accident during the Policy Period and within 365 days from the date of the Accident this is the sole and direct cause of his permanent partial disablement in one of the ways detailed in the table below, then we will pay the percentage of the Sum Insured as shown in the table.

Loss of:	Static Sum Insured	Reducing Sum Insured
Each arm at the shoulder joint	50% of disbursed Loan amount	50% of outstanding Principal Amount
Each leg above centre of the femur		
Each arm to a point above elbow joint		
Each leg up to a point below the femur		
Each arm below elbow joint		
Each hand at the wrist		
Each eye		
Each leg to a point below the knee		
Each leg up to the centre of tibia		
Each foot at the ankle.		

4.EMI Cover

a) Hospitalization due to an illness:

If an Insured Member, during policy period, is continuously hospitalized due to an illness for more than 1, 2 or 4 weeks and is unable to perform duties pertaining to his/her employment, then we will pay the amount for 1, 3 or 6 number of EMIs as chosen by you. Please note that any combination of weeks of hospitalization and numbers of EMI's can be chosen.

Example: For 1 week of hospitalization, any of the EMI options can be chosen.

Each opted option can be utilized only once per Policy Year. If Policy Period is more than 1 year, then this benefit can be utilized once per Policy Year for every year of Policy Period.

If this benefit is not utilized in a Policy Year, then it shall not be carried forward to any subsequent Policy Year.

Waiting period: 30 days for all illnesses in the first policy year and is not applicable in subsequent renewals.

For this benefit Pre-existing diseases will be covered after a waiting period of 48 months.

b) Hospitalization due to an accident:

If an Insured Member, during policy period, is continuously hospitalized due to an accident for more than 1, 2 or 3 weeks and is unable to perform each and every duties pertaining to his/her employment, then We will pay the amount for 3, 6 or 9 number of EMIs as chosen by you. Please note that any combination of weeks of hospitalization and numbers of EMI's can be chosen.

Example: For 1 week of hospitalization, any of the EMI options can be chosen.

Each opted option can be utilized only once per Policy Year. If Policy Period is more than 1 year, then this benefit can be utilized once per Policy Year for every year of Policy Period.

If this benefit is not utilized in a Policy Year, then it shall not be carried forward to any subsequent Policy Year.

c) Permanent Partial Disablement (PPD) or Temporary Total disablement (TTD):

• If an Insured Member suffers an Accident during the Policy Period and within 365 days from the date of the Accident this is the sole and direct cause of his permanent partial disablement in one of the ways detailed in the table below, then we will pay the amount as mentioned in the Benefit table below.

Each arm at the shoulder joint	Each hand at the wrist
Each leg above centre of the femur	Each eye
Each arm to a point above elbow joint	Each leg to a point below the knee
Each leg up to a point below the femur	Each leg up to the centre of tibia
Each arm below elbow joint	Each foot at the ankle.

• If an Insured Member suffers an Accident during the Policy Period which is the sole and direct cause of a temporary disability which completely prevents him from performing each and every duty pertaining to his employment or occupation, then we will pay the amount as mentioned in table below, provided that the temporary total disablement is certified by a Doctor.

Benefit	Static Sum Insured	Reducing Sum Insured
Permanent Partial Disablement (PPD) or Temporary Total disablement (TTD)	EMI payments for a maximum period of upto 3/6/9/12 months.	

Each opted option can be utilized only once per Policy Year. If Policy Period is more than 1 year, then this benefit can be utilized once per Policy Year for every year of Policy Period.

If this benefit is not utilized in a Policy Year, then it shall not be carried forward to any subsequent Policy Year.

CONDITIONS FOR CHOOSING OPTIONAL BENEFITS

- One Base Benefit from each category - Life and Health must be chosen
- Accidental Death Benefit (Health) and Additional Accidental Death Benefit (Life) cannot be chosen together under the same plan.
- Only 1 of the below options can be chosen under the same plan:
 - Accelerated Critical Illness Option 1 (Life)
 - Accelerated Critical Illness Option 2 (Life)
 - Critical Illness Benefit (Health)
- Critical Illness Benefit (Health) and Accelerated Terminal Illness (Life) cannot be chosen together under the same plan.

OTHER BENEFITS

1. Moratorium Period - Life

Member may take a home, mortgage or education loan which may be disbursed in two or more payments. In such cases, we would provide coverage during the moratorium period which is equal to the initial sum assured. Insured Member can choose a moratorium period of 1 to 7 years. The term of the cover must be equal to the term of the moratorium period plus the term of the reducing cover. After moratorium period the death benefit follows the reducing cover as per the repayment schedule. This is available with decreasing cover option only.

2. Surrender Benefit - Life

The main policy cannot be surrendered. At the member level, surrender value shall be available in circumstances where the need for the risk cover has ceased to exist such as full prepayment of the loan. Surrender benefit is available and will be calculated as follows

$$70\% \times \frac{\text{Unexpired Coverage Term (in complete months)}}{\text{Original Coverage Term (in months)}} \times \frac{\text{Current Sum Assured}}{\text{Initial Sum Assured}}$$

3. Maturity Benefit - Life and Health

No maturity benefit is payable under this product.

MEMBER ELIGIBILITY

The following is not an exhaustive list and depends on the scheme being underwritten successfully by HDFC Life and HDFC ERGO Health but it is intended to cover the main terms and conditions:

Parameters	Life	Health
Cover Term	2 to 30 years	1 to 5 years (in multiple of 1 year). Renewable subject to Loan outstanding
Minimum Age at Entry	18 years	
Maximum Age at Entry	65 years	
Maximum Cover Ceasing Age	75 years	No maximum cover ceasing age on continuous renewals
Minimum Sum Assured	Rs. 1,000	Rs. 10,000

All ages are age last birthday.

- Insured Members can join the scheme at anytime, subject to fulfilling the eligibility conditions. The cover will start on acceptance of the duly completed member information form. Insured Members will be issued with individual certificates of insurance.
- Premium component of both the products is separate and at the time of renewal customer can discontinue either part of the policy during the policy term.
- Sum Insured can be up to the amount of loan disbursed.
- Policy can be renewed only up to duration of loan Period for health cover and shall terminate automatically on complete repayment of loan amount.
- In case of Borrower and co-borrower, both can be insured either for 100% of disbursed loan amount each or proportion of loan amount in their respective names.
- Non-earning co-borrower shall not be covered under this policy.
- Plan options have to be chosen at the time of joining the scheme. These cannot be changed later.
- It is advised to familiarize with the policy benefits and policy service structure of the 'Combi Product' before deciding to purchase the policy.

GROUP SIZE

Parameters	Life	Health
Minimum Group Size	50 members	

*For regulatory reference

Minimum and maximum entry age and group size mentioned above have been aligned to satisfy eligibility criteria for both the products.

The premium for each member is calculated as a single premium. The actual premium depends on a number of parameters such as:

- Plan option chosen
- Amount of sum assured
- Cover term
- Cover type (level or decreasing)
- Age of the member
- Underwriting
- Mortality class
- Gender

TERMS AND CONDITIONS

Each of the below stated Terms & Conditions are valid either for 'Life' benefits or 'Health' benefits or for both benefits -

1. Prohibition of Rebates: In accordance with Section 41 of the Insurance Act, 1938 as amended from time to time - Life & Health

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

2. In accordance with Section 45 of the Insurance Act, 1938 as a amended from time to time - Life

- No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
- A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.
- Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in

case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

- A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

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

Regulated Entities shall mean to include the following:

- a. Reserve Bank of India ("RBI") regulated Scheduled Commercial Banks (including co-operative Banks),
- b. NBFCs having Certificate of Registration from RBI or
- c. National Housing Bank ("NHB") regulated Housing Finance Companies
- d. National Minority Development Finance Corporation (NMDFC) and its State Channelizing Agencies
- e. Small Finance Banks regulated by RBI
- f. Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies
- g. Microfinance Companies registered under Section 8 of the Companies Act, 2013
- h. Any other category as approved by the Authority

Other Entities shall mean to include the entities other than Regulated Entities

3. Cancellation in the Free-Look period - Life & Health

In case you are not agreeable to any of the terms and conditions stated in the Policy, you have the option to return the Policy to us stating the reasons thereof, within 15 days from the date of receipt of this Policy. If you have purchased your Policy through Distance Marketing mode, this period will be 30 days. Kindly note that Free Look Cancellation option is not available at the time of renewal and can be availed only if no claims have been made under the Policy. On receipt of your letter along with the original Policy, we shall arrange to refund the Premium paid by you, subject to deduction of the proportionate risk Premium for the period on cover and the expenses incurred by us for medical examination (if any) and stamp duty (if any). You shall not be allowed to cancel any coverage individually during the Free-look Period. Any application for cancellation during the Free-look Period will cancel this Policy in its entirety.

4. Geography - Health

This Policy applies to events or occurrences taking place anywhere in the world

5. Alterations - Life

Members would not be allowed to alter or amend benefits once their Certificate of Insurance has been issued except to correct any error. If the purpose for which the risk cover is provided changes (for example if the member repays a loan for which he had then taken life cover) then the

insured member would be entitled to the surrender benefits as per the specified surrender value formula.

6. Taxes

Indirect Taxes

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

Direct Taxes

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

7. Payments to group policyholder - Life

We may leverage the existing infrastructure of the group master policyholder for better administration of the scheme with respect to services such as data management, collection of premiums, issuance of Certificates of Insurance and claims settlement. For the services rendered, we may make payments directly to the group master policyholder as per the limits allowed under the prevailing regulations which currently stand as follows::

- Data Management - Rs 20 per member per annum
- Premium Collection - Rs 10 per member per annum
- Issuance of Certificates of Insurance - Rs 20 per member subject to a minimum of Rs 500
- Claims Settlement - Rs 15 per claim

If the business is procured through an intermediary, no such payments will be payable to the master policyholder.

8. Exclusion - Life

In case of death due to suicide, within 12 months from the date of inception of the membership, the nominee shall be entitled to at least 80% of the total premiums paid till the date of death or the surrender value available as on the date of death whichever is higher, where total premiums paid refers to total of all the premiums received, excluding any extra premium, any rider premium and taxes

9. The Liability to settle claims - Life and Health

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

10. The legal/ quasi legal disputes - Life and Health

The legal/ quasi legal disputes, if any, are dealt by the respective insurers for respective benefits. For protection benefits all the legal disputes will be handled by HDFC Life Insurance Company Limited and for health benefits all the legal disputes will be handled by HDFC ERGO Health Insurance Limited.

11. Acceptance of Risk - Life and Health

Where the risk is not accepted by one of the Parties, the Combi-Product(s) shall not be issued and the other Insurer shall be free to issue their respective policy individually to the Customers, if the Customer so desires, as if the business was done by that respective Insurer individually without any obligation of confirmation being taken from the other Insurer.

13. Termination of tie-up between the Insurers

Any insurer may terminate this tie up wholly or in part only with cause and after making a joint application for the requisite approval from IRDAI. The insurers agree that upon receipt of such approval from IRDAI, the insurers may terminate this tie up within a period of 90 (ninety) days from the date of such approval. The insurers may mutually decide to terminate the Agreement and intimate the same to you ninety (90) day prior to the termination of the relationship. However, Your Policy will continue until the

expiry or termination of the coverage in accordance with the policy wordings for respective coverage.

Upon termination of the arrangement, each insurer has equal rights over the Customers sourced under this arrangement and it shall be at the sole discretion of the Customer with whom she/ he would like to continue his/ her insurance. However, both the insurer shall also mutually agree for Customer engagement/ servicing programme post termination of the arrangement. Each insurer shall remain liable for its respective portion of Ultra Loan Shield for all policies in force at the time of termination of the tie up until their expiry or lapsation.

14. Grievance

Customer can lodge a grievance for either or both products at branches of both Insurers. Complaint belonging to any product shall be routed to the respective insurer who shall then respond / address to the Customer directly. Complaints shall be forwarded by the receiving Insurer to the respective Insurer within T+ 2 days, T being the complaint receivable date. In case the Customer is not satisfied with the resolution offered, Customer can also approach the Insurance Ombudsman in his region. Please refer relevant grievance redressal mechanism section mentioned under each policy document.

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

16. Nomination as per Sec 39 of insurance Act 1938 as amended from time to time - Life & Health

- The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death
- Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer
- Nomination can be made at any time before the maturity of the policy
- Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy
- Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be
- A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer
- Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations
- A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.

- The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment), Bill 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

DEFINITION AND EXCLUSIONS - LIFE

1. Accelerated Critical Illness Option 1& 2

Critical Illness includes 19 critical illnesses as following:

1. Cancer	11. End Stage Lung Disease
2. Coronary Artery Bypass Graft Surgery (CABGS)	12. Heart Valve Surgery
3. Heart Attack	13. Loss of Independent Existence
4. Kidney Failure	14. Loss of Limbs
5. Major Organ Transplant (as recipient)	15. Loss of Sight
6. Stroke	16. Major Burns
7. Apallic Syndrome	17. Major Head Trauma
8. Benign Brain Tumour	18. Paralysis / Paraplegia
9. Coma	19. Surgery of Aorta
10. End Stage Liver Disease	

The benefit will be payable only on survival of 30 days from first diagnosis of the critical illness. Waiting period of 90 days from the date of commencement of risk or reinstatement whichever is later will apply.

Specific Exclusions for this benefit are listed below:

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

- Any of the listed critical illness conditions where death occurs within 30 days of the diagnosis
- Any sickness related condition manifesting itself within 90 days of the commencement of the policy/date of acceptance of risk or reinstatement, whichever is later.
- Intentionally self-inflicted injury or attempted suicide, irrespective of mental condition.
- Alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner.
- War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
- Service in any military, police, paramilitary or similar organisation.
- Taking part in any act with a criminal intent.
- Any Pre-existing medical condition.
- HIV or AIDS
- Unreasonable failure to seek medical advice
- Radioactive contamination due to nuclear accident
- Diagnosis or treatment outside India

Conditions under which claims will not be payable

- Only one claim will be payable and no more than one claim will be paid in respect of Critical Illness benefit.

Definitions of covered critical illnesses are listed below:

<p>(1) Apallic Syndrome</p> <p>Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a neurologist acceptable to the Company and the condition must be documented for at least one month.</p>	<p>(4) Coma</p> <p>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:</p> <ol style="list-style-type: none">No response to external stimuli continuously for at least 96 hours;Life support measures are necessary to sustain life; andPermanent neurological deficit which must be assessed at least 30 days after the onset of the coma. <p>The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.</p>
<p>(2) Benign Brain Tumour</p> <p>A benign tumour in the brain where all of the following conditions are met:</p> <ul style="list-style-type: none">• It is life threatening;• It has caused damage to the brain;• It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit such as (but not restricted to) characteristic symptoms of increased intracranial pressure such as papilloedema, mental seizures and sensory impairment; and• Its presence must be confirmed by a neurologist or neurosurgeon acceptable to the Company and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging technique. <p>The following are excluded:</p> <ul style="list-style-type: none">• Cysts;• Granulomas;• Vascular malformations;• Haematomas;• Tumours of the pituitary gland or spinal cord; and• Tumours of acoustic nerve (acoustic neuroma).	<p>(5) Coronary Artery Bypass Graft Surgery (CABGS)</p> <p>The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.</p> <p>The following are excluded:</p> <ol style="list-style-type: none">Angioplasty and/or any other intra-arterial proceduresany key-hole or laser surgery.
<p>(3) Cancer</p> <p>A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.</p> <p>The following are excluded -</p> <ol style="list-style-type: none">Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.Any skin cancer other than invasive malignant melanomaAll tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMOPapillary micro - carcinoma of the thyroid less than 1 cm in diameterChronic lymphocytic leukaemia less than RAI stage 3Microcarcinoma of the bladderAll tumours in the presence of HIV infection.	<p>(6) End Stage Liver Disease</p> <p>End-stage liver disease or cirrhosis means chronic end-stage liver failure that causes all of the following:</p> <ul style="list-style-type: none">• Uncontrollable ascites;• Permanent jaundice;• Oesophageal or gastric varices; or• Hepatic encephalopathy. <p>Liver disease secondary to alcohol or drug abuse is excluded.</p>
	<p>(7) End Stage Lung Disease</p> <p>Final or end-stage of lung disease, causing chronic respiratory failure, as demonstrated by all of the following:</p> <ul style="list-style-type: none">• FEV1 test results consistently less than 1 litre;• Requiring permanent supplementary oxygen therapy for hypoxemia;• Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO2 < 55mmHg); and• Dyspnea at rest. <p>The diagnoses must be confirmed by a qualified pulmonologist acceptable to the Company.</p>

<p>(8)Heart Attack</p> <p>The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:</p> <ul style="list-style-type: none"> 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. <p>The following are excluded:</p> <ul style="list-style-type: none"> i. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T ii. Other acute Coronary Syndromes iii. Any type of angina pectoris.. 	<p>(13) Loss of Independent Existence</p> <p>Confirmation by a consultant physician acceptable to the Company of the loss of independent existence due to illness or trauma, which has lasted for a minimum period of 6 months and results in a permanent inability to perform at least three (3) of the Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled members) as mentioned below. For the purpose of this benefit, the word “permanent”, shall mean beyond the hope of recovery with current medical knowledge and technology.</p>
<p>(9) Heart Valve Surgery</p>	<p>(14) Major Burns</p> <p>Third degree (full thickness of the skin) burns covering at least 20% of the surface of the life assured's body. The condition should be confirmed by a consultant physician/specialist acceptable to the Company.</p>
<p>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.</p>	<p>(15) Major Head Trauma</p> <p>Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist acceptable to the Company and be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means, independently of all other causes.</p> <p>The accidental head injury must result in a permanent inability to perform at least three (3) of the Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled members) as mentioned below. For the purpose of this benefit, the word “permanent” shall mean beyond the hope of recovery with current medical knowledge and technology.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> • Spinal cord injury; and • Head injury due to any other cause.
<p>(10) Kidney Failure</p> <p>End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.</p>	
<p>(11) Loss of Limbs</p> <p>The loss by severance of two or more limbs at or above the wrist or ankle.</p> <p>Loss of limbs resulting directly or indirectly from self inflicted injury, alcohol or drug abuse is excluded.</p>	
<p>(12) Loss of Sight</p> <p>Total and irreversible loss of sight in both eyes as a result of illness or accident. The blindness must be confirmed by an ophthalmologist acceptable to the Company.</p> <p>The blindness must not be able to be corrected by medical procedure.</p>	<p>(16)Major Organ Transplant (as recipient)</p> <p>The actual undergoing of a transplant of:</p> <ul style="list-style-type: none"> 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. <p>The following are excluded:</p> <ul style="list-style-type: none"> i. Other stem-cell transplants ii. Where only islets of langerhans are transplanted

<p>(17) Paralysis / paraplegia</p> <p>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.</p>	<p>(19) Surgery of Aorta</p> <p>The actual undergoing of surgery (including key-hole type) for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft.</p> <p>The term "aorta" means the thoracic and abdominal aorta but not its branches. Stent-grafting is not covered.</p>
<p>(18) Stroke</p> <p>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.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> i. Transient ischemic attacks (TIA) ii. Traumatic injury of the brain iii. Vascular disease affecting only the eye or optic nerve or vestibular functions. 	

Activities of daily living are:

- Bathing (ability to wash in the bath or shower)
- Dressing (ability to put on, take off, secure and unfasten garments)
- Member's hygiene (ability to use the lavatory and to maintain reasonable level of hygiene),
- Mobility (ability to move indoors on a level surface),
- Continence (ability to manage bowel and bladder functions),
- Eating/drinking (ability to feed oneself [but not to prepare food])

2. Accidental Death Benefit

1. The specified benefit will be payable on an accidental death. Accidental Death shall be defined as a bodily injury leading to death caused solely and directly by outward, violent and visible means and independent of all other causes of death. Death due to an accident must be caused within 90 days of any bodily injury.

2. Specific Exclusions for this benefit are listed below

We will not pay accidental death benefit, if accidental death is caused directly or indirectly by any of the following:

- Infection: Death or Disability caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained
- Drug Abuse: Member under the influence of Alcohol or solvent abuse or use of drugs except under the direction of a registered medical practitioner
- Self-inflicted Injury: Intentional self- Inflicted injury.
- Criminal acts: Member involvement in Criminal and/or unlawful acts.
- War and Civil Commotion: War, invasion, hostilities, (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
- 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.
- Aviation: Member participation in any flying activity, other than as a passenger in a commercially licensed aircraft.

- Hazardous sports and pastimes: Taking part or practicing for any hazardous hobby, pursuit or any race not previously declared and accepted by the Company.
- Poison: Taking or absorbing, accidentally or otherwise, any poison.
- Toxic Gases: Inhaling any gas or fumes, accidentally or otherwise, except accidentally in the course of duty.
- Physical Infirmary: Body or mental infirmity or any disease.

3. Accelerated Total Permanent Disability

1. Total Permanent Disability means disablement of the life assured which meets the definitions in any of parts A & B as defined below

Part A: Unable to work:

The life assured suffers an injury/accident and:

- The injury causes the insured member to be unable to engage in any occupation or employment or business for remuneration or profit for an uninterrupted period of at least six months; and
- The injury means that the insured member is unlikely to ever be able to engage in any occupation or employment or business for remuneration or profit

Part B: Physical Impairments:

The Life Assured suffers an injury/accident and the insured member suffers from total and irrecoverable loss of:

- The use of two limbs; or
- The sight of both eyes; or
- The use of one limb and the sight of one eye; or
- Loss by severance of two or more limbs at or above wrists or ankles; or
- The total and irrecoverable loss of sight of one eye and loss by severance of one limb at or above wrist or ankle.

Disability should occur within 90 days of the occurrence of such accident, but before the expiry of the cover. The above disabilities for loss of use of limb/s or sight (as defined in point 1 to 3 above) must have lasted, without interruption, for at least six consecutive months and must, in the opinion of an appropriate medical practitioner appointed by the Company, be deemed permanent. For disabilities defined in point 4 and 5 above the claim will be paid immediately.

2. Specific Exclusions for this benefit are listed below:

Total Permanent Disability benefit will be paid only if the disability has persisted for at least 6 consecutive months and must, in the opinion of a registered medical practitioner appointed by us, be deemed to be permanent.

The Total Permanent Disability benefit will not be paid due to:

- Pre-existing injuries
- Disability directly or indirectly, wholly or partly due to an Acquired Immuno-Deficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV).
- Taking part in any hazardous sport or pastimes (including hunting, mountaineering, racing, steeple chasing, bungee jumping, etc)
- Self-inflicted injury or attempted suicide-whether sane or insane
- Service in any military, air force, naval, police, paramilitary or similar organisation
- Nuclear reaction, radiation or nuclear or chemical contamination
- Life Assured flying in any kind of aircraft, other than as a bona fide passenger (whether fare - paying or not) on an aircraft of a licensed airline
- Under influence or abuse of drugs, alcohol, narcotics or psychotropic substance not prescribed by a registered medical practitioner
- War , civil commotion, invasion, terrorism , hostilities (whether war be declared or not)
- The Life Assured taking part in any strike, industrial dispute , riot etc
- The Life assured taking part in any criminal or illegal activity or committing any breach of law.

4. Accelerated Terminal illness

1. Terminal illness is defined as a condition, which in the opinion of two practicing medical consultants specializing in the relevant field of medicine, is highly likely to lead to death within six months. The member should no longer be receiving treatment other than that for symptomatic relief.

2. No terminal illness benefit is payable if it is caused directly or indirectly by any of the following:

- Intentionally self-inflicted injury or attempted suicide, irrespective of mental condition.
- Alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner.
- War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
- Taking part in any flying activity, other than as a passenger in a commercially licensed aircraft.
- Taking part in any act with a criminal intent.
- Infection with Human Immunodeficiency Virus (HIV) or conditions due to any Acquired Immune Deficiency Syndrome (AIDS).

DEFINITION AND EXCLUSIONS - HEALTH

1. Critical Illness

List of Specified 35 Critical Illness

1. Cancer of specified severity	17. End Stage Lung Disease
2. First Heart Attack – of Specified Severity	18. End Stage Liver Failure
3. Open Chest CABG	19. Major Burns
4. Open Heart Replacement or Repair of Heart Valves	20. Primary Pulmonary Hypertension
5. Coma of Specified Severity	21. Benign Brain Tumor
6. Kidney Failure Requiring Regular Dialysis	22. Apallic Syndrome
7. Stroke	23. Parkinson's Disease
8. Major Organ / Bone Marrow Transplant	24. Medullary Cystic Disease
9. Permanent Paralysis of Limbs	25. Muscular Dystrophy
10. Motor Neuron Disease with Permanent Symptoms	26. Loss of Speech
11. Multiple Sclerosis with Persisting Symptoms	27. Systemic Lupus Erythematosus
12. Alzheimer's Disease	28. Major Head Trauma
13. Aorta Graft Surgery	29. Poliomyelitis
14. Loss of Hearing	30. Encephalitis
15. Loss of Sight	31. Progressive scleroderma
16. Aplastic Anemia	32. Cardiomyopathy
	33. Chronic Pancreatitis
	34. Amyotrophic Lateral Sclerosis
	35. Terminal Illness

Please refer to Policy wordings for the definitions of the listed critical illnesses and exclusions specifically applicable to the listed critical illnesses.

2. General Exclusions - Health

We will not pay for any claim which is caused by, arising from or in any way attributable to any of the following, including their associated complications, unless expressly stated to the contrary in this Policy.

1. Special Exclusions to Accidental death [AD], Permanent Total Disablement [PTD], Permanent Partial Disablement [PPD], Temporary Total Disablement [TTD] and Hospitalization due to Accident
 - Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
 - Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
 - Hernia.
2. General Exclusions applicable to all Benefits

<p>Non-Medical Exclusions</p>	<p>i) War or similar situations: Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.</p> <p>ii) Any Insured Member committing or attempting to commit a breach of law with criminal intent.</p> <p>iii) Intentional self injury, suicide or attempted suicide while sane or insane.</p> <p>iv) Dangerous acts (including sports): An Insured Member's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing in a professional or semi professional nature.</p>
<p>Medical Exclusions</p>	<p>v) Treatment of illness or injury resulting as a consequence of the use of alcohol, tobacco, narcotic or psychotropic substances.</p> <p>vi) Prosthetic and other devices which are self detachable /removable without surgery involving anaesthesia</p> <p>vii) Treatment at a healthcare facility which is NOT a Hospital.</p> <p>viii) Treatment of obesity and any weight control program.</p> <p>ix) Treatment for correction of eye sight due to refractive error</p> <p>x) Cosmetic, aesthetic and re-shaping treatments and surgeries:</p> <ul style="list-style-type: none"> • Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns. • Circumcisions (unless necessitated by illness or injury and forming part of treatment); aesthetic or change-of-life treatments of any description such as sex transformation operations.

<p>Medical Exclusions</p>	<p>xi) Types of treatment, defined illnesses/ conditions/ supplies:</p> <ul style="list-style-type: none"> • Non allopathic treatment. • Conditions for which treatment could have been done on an outpatient basis without any Hospitalisation. • Charges related to peritoneal dialysis, including supplies • Admission primarily for administration of monoclonal antibodies or IV immunoglobulin infusion. Experimental, investigational or unproven treatment devices and pharmacological regimens. • Admission primarily for diagnostic and evaluation purposes only • Any diagnostic expenses related to illnesses which we do not cover under this Policy. • Convalescence, rest cure, sanatorium treatment, rehabilitation measures, respite care, long-term nursing care, custodial care, safe confinement, de-addiction, general debility or exhaustion ("run-down condition"). • Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment); • Admission for enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements • Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products. • Parkinson and Alzheimer's disease, • Sleep-apnoea. • External congenital diseases, defects or anomalies, genetic disorders. • Stem cell therapy or surgery, or growth hormone therapy. • Venereal disease, sexually transmitted disease or illness;
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<p>Medical Exclusions</p>	<ul style="list-style-type: none"> • "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human Immunodeficiency Virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS Related Complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis. • Any expense attributable directly or indirectly to pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or child birth (including caesarean section), except in the case of ectopic pregnancy in relation to a claim under 1a) for In-patient Treatment only. • Treatment for sterility, infertility (primary or secondary), assisted conception or other related conditions and complications arising out of the same. • Birth control, and similar procedures including complications arising out of the same. • The expense incurred by the Insured Member on organ donation. • Treatment for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities. <p>xii) Healthcare providers (Hospitals /Medical Practitioners)</p> <ul style="list-style-type: none"> • Any Medical Expenses incurred using facility of any Medical Practitioners or institution that We have told You/Insured Member (in writing) is not to be used at the time of renewal or at any specific time during the Policy Period. This exclusion is not applicable for life saving emergency situations and in such cases claims will be settled on reimbursement basis only
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	<p>xii) Healthcare providers (Hospitals /Medical Practitioners)</p> <ul style="list-style-type: none"> • Treatments rendered by a Medical Practitioner who is a member of the Insured Member's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
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3. Waiting Period - Health

We are not liable for any claim arising due to condition for which appearance of signs/symptoms, consultation, investigation, treatment or admission started within 30 days from Policy Commencement Date, except for the claims arising due to an Accident.

If any time period is specifically mentioned in Benefits, then it shall supersede the time periods mentioned above.

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

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