

You strive to keep your heart healthy.

Now, protect it financially with

HDFC Life Cardiac Care

A Non-Linked, Non-Par Fixed Benefit Health Plan



With heart related incidents and medical inflation on the rise, any heart ailment could strain you financially. Presenting HDFC Life Cardiac Care, to protect you financially from an extensive list of heart ailments.

Cardiac Cover of ₹ 10 lakhs for ₹ 5/day¹



Covers
18 heart
ailments



Premium
waiver²



Opt for
Hospitalization
Benefit³

HDFC
Life

Sar utha ke jiyō!

1. Annual Premium amount ₹ 1869 for Male aged 35 years, Base Benefit, 10 years term, Regular Pay option, Sum Assured=10 lakhs, excluding Taxes & levies as applicable.

2. Premiums for outstanding term waived off after first claim of moderate/mild severity.

3. Lumpsum payout incase of hospitalization due to any of the covered conditions up to 30 days and 15 days of Non-ICU and ICU hospitalization respectively.

This benefit needs to be opted for at inception and is available at an additional premium.

India, today, is poised to become the country with the highest incidence of cardiovascular (cardiac) diseases in the world. Currently, out of the estimated population of 1.27 billion, around 45 million people suffer from coronary artery diseases. Such diseases are expected to account for around 36% of all deaths by the year 2030⁴. The impact of these diseases is not just limited to your health, but they also affect your finances. Ambulance rides, diagnostic treatment, hospital stays and surgeries can deplete one's savings as well as hamper one's earning capabilities. The share of out-of-pocket expenses in these scenarios may go as high as 80%⁵ and majority of the time, individuals are unaware of the presence of these conditions and hence, they are not treated at the initial stages.

In such a scenario, we at HDFC Life understand the importance of having adequate financial protection to be prepared for such exigencies related to cardiovascular conditions and present to you, HDFC Life Cardiac Care plan.



WHAT IS HDFC LIFE CARDIAC CARE?

- Comprehensive cover for an extensive list of cardiac conditions and procedures
- Fixed lump sum payout irrespective of actual expenses incurred for diagnosis/procedure
- Multiple Claims of same or different conditions / procedures can be covered subject to the exhaustion of applicable Sum Insured
- Option to choose Indexation benefit to ensure you stay ahead of medical inflation
- Option to choose Hospitalization benefit to get lump sum payout in case you are hospitalized due to any of the covered conditions
- Tax benefits under Section 80D of the Income Tax Act 1961



WHY BUY HDFC LIFE CARDIAC CARE?

With the alarming rise in incidence rates of cardiac ailments in India as well as around the world and the rising costs of medical expenses, we at HDFC Life understand the need for exclusive financial protection specifically designed for cardiac conditions and procedures. In our endeavour to ensure that you stay financially healthy during a stressful time, we present HDFC Life Cardiac Care, a comprehensive plan aimed at providing financial protection in case you are diagnosed with a cardiac condition or are undergoing a procedure as covered under the policy.

4. Source: <http://www.thehealthsite.com/diseases-conditions/heart-disease-in-india-6-shocking-facts-you-should-know/>

5. Source : <http://www.cadiresearch.org/topic/asian-indian-heart-disease/cadi-india/economic-burden>

How is HDFC Life Cardiac Care different from common critical illness policies available in the market?

A number of cardiac conditions or procedures which are not covered or are excluded under critical illness policy are covered under HDFC Life Cardiac Care Plan

Conditions / Procedures	Covered under HDFC Life Cardiac Care	Covered under critical illness policy
Keyhole or Minimally Invasive or Robotic CABG	✓	X
Balloon Valvotomy or Valvuloplasty	✓	X
Minimally invasive surgery of Aorta	✓	X
Insertion of Pacemaker	✓	X
Maze Surgery/RF Ablation	✓	X
Insertion of ICD	✓	X
Infective Endocarditis	✓	X

For further details, please refer to the section of Benefit Structure below.



ELIGIBILITY CRITERIA

Eligibility Criteria		
Minimum Entry Age (Last birthday)	18 years	
Maximum Entry Age (Last birthday)	65 years	
Minimum Maturity Age (Last birthday)	23 years	
Maximum Maturity Age (Last birthday)	Single Pay: 70 years, Regular Pay: 75 years	
Policy Term	Single Pay: Only 5 years, Regular Pay : 5 to 40 years	
Premium Payment Frequency	Single Pay, Regular Pay (Equal to the Policy Term)	
Premium Payment Mode	Single Premium, Annual, Half-yearly, Quarterly and Monthly	
Sum Insured (At policy inception) ⁶	Minimum	₹ 2,00,000
	Maximum	₹ 50,00,000
Premium ⁷	Minimum	Regular Pay: ₹ 357.40 Single Pay: ₹ 1,313.20
	Maximum	Regular Pay: ₹ 6,55,860 Single Pay: ₹ 14,43,435

6. The Maximum Sum Insured may increase subject to the Indexation Benefit (Please refer to the section on Indexation Benefit for details)

7. The premium amount is exclusive of Taxes and other levies and underwriting extra premium, if any



BENEFIT STRUCTURE

We have considered the severity levels for the following 18 conditions/procedures related to the heart and have classified them into 3 Groups - High Severity Conditions, Moderate Severity Conditions and Mild Severity Conditions.

Please refer to the table below for the classification of the various conditions/procedures that are covered under the plan into 3 Groups that they belong to. The benefit payable shall depend on the Group where the condition belongs to as mentioned below:

Severity	Group A (High Severity Condition)	Group B (Moderate Severity Condition)	Group C (Mild Severity Condition)
Benefit Payable	(100% of Sum Insured)	(50% of Sum Insured)	(25% of Sum Insured)
Conditions or Procedures covered	First Heart Attack - of Specified Severity	Balloon Valvotomy or Valvuloplasty	Pericardectomy
	Open Chest Coronary Artery Bypass Graft	Surgery to place Ventricular Assist Devices or Total Artificial Hearts	Minimally Invasive Surgery of Aorta
	Open Heart Replacement or Repair of Heart Valves	Implantable Cardioverter Defibrillator (ICD)	Angioplasty
	Major Surgery of Aorta	Carotid Artery Surgery	Infective Endocarditis
	Heart Transplant		Surgery for Cardiac Arrhythmia
	Cardiomyopathy		Insertion of Pacemaker
	Primary Pulmonary Arterial Hypertension		Pulmonary Thrombo Embolism



PLAN OPTIONS

HDFC Life Cardiac Care offers you Base Benefit as described below. In addition to this benefit you also have the flexibility to choose from the following optional benefits:

Option A: Hospitalization Benefit

Option B: Indexation Benefit

Option C: Income Benefit

You may choose any one or more of the optional benefits at the inception of the policy; however once opted, the plan benefits cannot be changed later during the Policy Term.

Base Benefit:

- In the event of occurrence or undergoing any of the conditions / procedures listed in the table above, you shall receive a fixed benefit equal to:
 - i) 100% of the Sum Insured under Group A
 - ii) 50% of the Sum Insured under Group B
 - iii) 25% of the Sum Insured under Group C
- You have the flexibility to claim for the same or different conditions / procedures (falling under Group B & Group C) subject to the exhaustion of 100% of applicable Sum Insured (plus Indexation Benefit, if any) and Cooling-off Period. (Please refer to the section on Cooling Off Period)
- In the event of occurrence / undergoing more than one condition / procedure the claim shall be payable for only one condition
- Benefit payable to you shall not exceed unclaimed Sum Insured. Unclaimed Sum Insured shall be calculated as follows:
 - ♦ Unclaimed Sum Insured = Original Sum Insured - Total Benefits paid out (since inception)
- The policy shall terminate on earlier of
 - ♦ payment of 100% of Sum Insured against all valid claims and
 - ♦ expiry of policy term

In addition to the Base Benefit, on valid claim for any covered condition falling under Groups B&C, future premiums for both base benefit & optional benefit (if any) shall be waived.

Hospitalization Benefit (HB):

- In case you are hospitalized due to the occurrence of any of the covered and admissible conditions or have undergone any of the procedures as listed previously, the lump sum amount payable shall be as follow:

Benefit Type	Lump Sum amount payable per day	Maximum Number of days per policy year	Maximum Number of days throughout Policy Term
Non-ICU	1% of Original Sum Insured (Maximum ₹ 10,000)	10	30
ICU	2% of Original Sum Insured (Maximum ₹ 20,000)	5	15

- Non-ICU and ICU benefits shall be independent and subjective to their respective limits
- The maximum claim limit during a policy year is limited to 10% of Original Sum Insured and maximum claim limit during the policy term is limited to 30% of Original Sum Insured for both Non-ICU and ICU benefits
- In case, you have exhausted the maximum admissible limit under the Non-ICU benefit, Hospitalization Benefit (HB) shall continue with only the remaining limit under the ICU benefit and vice-versa
- You may choose this option only at inception and the Benefit payable under Hospitalization shall be independent of the Base Benefit under this product

- Benefit shall be payable only after a minimum of 24 hrs of hospitalization due to one of the covered and admissible conditions as per the plan and for which the claim has been successfully admitted
- In case you have also chosen the Indexation Benefit, this Benefit shall increase with an increase in the Original Sum Insured through Indexation. However, the maximum Benefit payable under Hospitalization Benefit shall be subject to the limits mentioned above
- In case the Hospitalization Benefit gets exhausted, you shall need to pay premiums only towards the other benefits i.e. Base Benefit and Indexation Benefit and/or Income Benefit if applicable, effective from the immediate following policy anniversary

Indexation Benefit (IB):

- If no claim has been made during the first policy year, the Original Sum Insured opted for at the inception of the policy shall increase by 10% p.a. starting from the first policy anniversary
- The Sum Insured shall continue to increase till earlier of:
 - ♦ maximum of 200% of the Original Sum Insured opted at policy inception
 - ♦ any claim event (excluding claim for hospitalization benefit)
- You may opt for this option only at policy inception
- Once there is a successful admission of a claim (Mild, Moderate or Severe), there shall be no further increase in Original Sum Insured.

Income Benefit:

- In event of occurrence/diagnosis of condition or procedure from those listed under Group A, you will receive 1% of Sum Insured opted at inception for a fixed period of 5 years
- This benefit will be paid in addition to the base benefit and optional benefit (if any)
- In case of the unfortunate event of death of policyholder during the income benefit period, the remaining payouts will be made to the nominee.
- During the income period, future income payments or part thereof can be surrendered in exchange for a lump sum. This lump sum shall be the discounted value of the future income payments at the prevailing revival interest rate charged by the company.



IS THERE ANY DEATH BENEFIT?

There is no benefit payable on death of the Life Insured. On such an event, the policy shall terminate.



IS THERE ANY MATURITY BENEFIT?

There is no maturity benefit available under this plan. The policy terminates at the end of the Policy Term.



IS THERE ANY SURRENDER BENEFIT?

In case of regular pay option, there is no surrender value available under this plan.

In case of single pay option, surrender value paid out is calculated as per the formula given below:

$$60\% \times (\text{Single Premium} - \text{U/W cost}) \times (1 - \text{M/P})$$

Where,

UW cost: ₹ 2,750 for medically underwritten life

M: policy month of surrender

P: policy term in months

T&C TERMS AND CONDITIONS AS APPLICABLE UNDER THE PLAN

- For any valid claim made under the Base Benefit for the first time under the plan, the payout shall be made based on the Sum Insured (plus Indexation Benefit, if any) opted for at inception
- Subsequent claims shall be paid as a percentage of the Sum Insured (plus Indexation Benefit, if any) opted for at inception
- However, the maximum amount payable across all valid claims shall not exceed the Sum Insured (plus Indexation Benefit, if any)



PREMIUM REVIEW AND RENEWAL CONDITIONS

- HDFC Life Cardiac Care is a Fixed Benefit, health insurance product. The premiums shall be reviewed at the end of every 3 plan years⁸
- In case, the premium is modified, you shall be notified of the change in premium rates 3 months before the change is effected and shall be given a period of 30 days from the date of premium due (on or after the effective date of change) to continue the policy with the revised premium rates



WAITING PERIOD & COOLING OFF PERIOD

- Waiting period

Under the policy, we shall not pay any claims within 180 days from the date of risk commencement of the policy

On Revival:

- ♦ If the policy is revived within 60 days of the premium due date, only the remaining part of the waiting period shall apply
- ♦ If the policy is revived after 60 days of the premium due date, the entire waiting period of 180 days shall apply afresh

No claim shall be payable for any disease/disorder of the heart having occurred and/or hospitalization and/or treatment (availed or advised) for the same within aforesaid waiting period. The Company will refund the premiums paid without any interest from risk commencement date of the policy, the policy shall terminate and no future premiums and benefits shall be payable. However, no refund shall be made where coverage is called in question on the grounds as provided under section 45 of the Insurance Act, 1938 as amended from time to time.

8. From the date of product approval by IRDAI.

- **Cooling Off Period:** In case you make multiple claims under same or different categories, the acceptance of the claims shall be subject to a Cooling Off Period. Cooling off Period shall apply after each occurrence of the condition/ procedure, provided such occurrence resulted into a valid claim.
- The applicable Cooling Off Period for **recurrence** of covered condition shall be **12 months** following previous occurrence of covered condition provided it resulted into a valid claim.
- The applicable Cooling Off Period for **occurrence** of other covered condition from the same or lower severity category shall be **6 months** following occurrence of covered condition provided it resulted into a valid claim. No claims shall be payable in this period for the aforementioned scenarios.
- The applicable Cooling Off Period for **occurrence** of other covered condition from higher severity category shall be **6 months** following occurrence of covered condition provided it resulted into a valid claim. In case of claim, the benefit paid will be the applicable benefit amount at the time of claim less claims made during the immediately preceding 6 months.
- No Cooling Off period is applicable in case of occurrence of other covered condition which is unrelated to disease/disorder of the heart or any of the covered conditions claimed earlier. This must be certified by a cardiologist appointed by the Company and cost of such certification shall be borne by the Company. In case of such claim, the benefit amount as applicable will be payable. The Cooling Off period shall apply afresh on each valid claim.



SURVIVAL PERIOD TO BECOME ELIGIBLE FOR BENEFIT PAYOUT

- Any benefit under this product will be paid only if the Life Assured survives for a period of 30 days from the date of occurrence of the Covered condition.
- Aforesaid survival period shall also apply to Hospitalisation Benefit claim.
- If the covered condition occurs within the policy term but the survival period crosses the end of policy term, a valid claim arising as a result of such an occurrence shall not be denied.



GRACE PERIOD

Premium(s) due on this policy should be paid on or before the premium due date. You are advised to pay the premium in time to continue enjoying the benefits of this policy. However, in case you are unable to do so, you have a grace period after the premium due date within which you can pay the due premium. Grace period available for monthly frequency is 15 days and for non-monthly frequency is 30 days. If you pay the due premium within grace period, the policy shall continue without lapse.

Following conditions shall apply during grace period.

- The cover under the policy shall remain in-force during the grace period
- Should a valid claim arise under the policy during the grace period, but before the payment of due premium, we shall still honour the claim. In such cases, the due and unpaid premium shall be deducted from any benefit payable.



POLICY LAPSE AND REVIVAL

Lapsation:

In the event of non-payment of premiums due under the policy by the expiry of the grace period, the policy shall lapse. The cover shall cease and no benefits shall be payable in case of lapsed policy.

Revival:

If your policy is lapsed, you may request us in writing to revive your policy within **2 consecutive** years from the date of first unpaid premium. The following conditions shall apply in case of revival of the policy:

- All due unpaid premium should be immediately paid along with any interest, as applicable and satisfactory evidence of good health being provided
- Any agreement to revive or reinstate would be subject to Board Approved Underwriting Policy (BAUP)
- Reinstatement request shall attract the following:
 - ♦ If the policy is revived **within** 60 days from the premium due date, only the remaining part of waiting period shall apply
 - ♦ If the policy is revived **after** 60 days from the premium due date, full waiting period shall be applied afresh



RENEWABILITY OF THE POLICY AFTER THE EXPIRY OF THE POLICY TERM

Since this is a Fixed Benefit product, it does not offer renewability after the expiry of the Policy Term

NOMINATION OR ASSIGNMENT

Nomination

1. 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
2. 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
3. Nomination can be made at any time before the maturity of the policy
4. 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
5. 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
6. 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 shall not be liable if a bona-fide payment is made to the person named in the text of the policy or in the registered records of the insurer
7. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations

8. 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 shall not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination shall get revived on repayment of the loan
9. 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) Act, 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 shall not apply

Assignment or Transfer

Assignment shall be subject to Section 38 of the Insurance Act 1938, as amended from time to time.

Section 1 (Nomination) is a simplified version prepared for general information only and hence is not comprehensive. For full texts of these sections please refer to Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015



TAX BENEFITS

You may be eligible for tax benefits under Section 80D of the Income Tax Act 1961. The above-mentioned tax-benefits are subject to changes in the tax laws. Please contact your financial advisor for more details

T&C TERMS AND CONDITIONS

A. Risk Factors

1. HDFC Standard Life Insurance Company Limited is the name of our Insurance Company and HDFC Life Cardiac Care is the name of this product. The name of our company and the name of our product do not, in any way, indicate the quality of the product
2. The health premium is guaranteed for a period of 3 years, post which it may be reviewed.
3. Please know the associated risks and the applicable charges, from your Insurance agent or the Intermediary or policy document issued by insurance company
4. Tax Benefits are subject to change as per Income Tax Act, 1961. Please check with your financial advisor for more details

B. Cancellation in the Free-Look period:

In case you are not agreeable to any of the terms and conditions under this product, you shall have the option to return the policy to us stating the reasons thereof, within 15 days from the date of receipt of the policy. If you have purchased the policy through the Distance Marketing mode, this period shall be 30 days. On receipt of the letter along with the original policy document, we shall arrange to refund you the premium amount paid subject to deduction of the expenses incurred by us on medical examination (if any) and stamp duty (if any). A policy once returned shall not be revived, reinstated or restored at any point of time and a new proposal shall have to be made for a new policy.

Distance Marketing refers to insurance policies sold through any mode apart from face-to-face interactions such as telephone, internet etc (Please refer to "Guidelines on Distance Marketing of Insurance Product" for exhaustive definition of Distance Marketing)

C. Prohibition of Rebates: Section 41 of the Insurance Act, 1938 as amended from time to time states:

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.

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by 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

D. Non-Disclosure: Section 45 of the Insurance Act, 1938 as amended from time to time states:

1. 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 cover or the date of commencement of risk or the date of reinstatement of the cover or the date of the rider to the policy, whichever is later
2. 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 reinstatement of the cover 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 Life Insured or the legal representatives or nominees or assignees of the Life Insured the grounds and materials on which such decision is based
3. Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the Life 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
4. 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 reinstatement of the cover 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 Life 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 Life Insured or the legal representatives or nominees or assignees of the Life 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 Life Insured or the legal representatives or nominees or assignees of the Life Insured within a period of ninety days from the date of such repudiation

5. 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

E. Indirect & Direct Taxes

Indirect Taxes

Taxes and Levies as applicable will be charged and 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.

F. 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>

DEFINITIONS OF COVERED CONDITIONS AND EVIDENCE REQUIRED

The conditions as covered under HDFC Life Cardiac Care are listed in details below. Please have a thorough understanding to understand the benefit structure in a complete manner:

1. Myocardial Infarction (First Heart Attack - of Specific Severity)

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

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

II. The following are excluded:

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

2. Open Chest CABG

- I. 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

3. Open Heart Replacement or Repair of Heart Valves

- I. 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.

4. Major Surgery of Aorta

- I. The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches

The following are excluded:

- Surgery performed using only minimally invasive or intra-arterial techniques
- Claim arising due to Internal Congenital Anomalies within 4 years from the date of commencement of cover or revival of coverage, whichever occurs later.

5. Heart Transplant

The actual undergoing of a transplant of human heart that resulted from irreversible end stage heart failure. The undergoing of a heart transplant has to be confirmed by a specialist medical practitioner.

6. Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:

- Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced and
- Echocardiography findings confirming presence of cardiomyopathy and Left Ventricular Ejection Fraction (LVEF %) of 40% or less

The following are excluded:

Cardiomyopathy directly related to alcohol or drug abuse.

7. Primary (Idiopathic) Pulmonary Hypertension

- I. 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 Catheterization. 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.
- II. 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.
- III. 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.

8. Balloon Valvotomy or Valvuloplasty

The actual undergoing of Valvotomy or Valvuloplasty necessitated by damage of the heart valve as confirmed by a specialist in the relevant field and established by a cardiac echocardiogram or any other appropriate diagnostic test that is available.

The following are excluded:

Procedures done for treatment of Congenital Heart Disease within 4 years from the date of commencement of cover or revival of coverage, whichever occurs later.

9. Surgery to place Ventricular Assist Devices or Total Artificial Hearts

The actual undergoing of open heart surgery to place a Ventricular Assist Device or Total Artificial Heart medically necessitated by severe ventricular dysfunction or severe heart failure, with cardiac echocardiographic evidence of reduced left ventricular ejection fraction of less than 30%.

The following are excluded:

Ventricular dysfunction or Heart failure directly related to alcohol or drug abuse is excluded.

10. Implantable Cardioverter Defibrillator

Insertion of a permanent cardiac defibrillator as a result of cardiac arrhythmia which cannot be treated via any other method. The surgical procedure must be certified to be medically necessary by a specialist in the relevant field.

Documentary evidence of cardiac arrhythmia must be provided.

11. Carotid Artery Surgery

The actual undergoing of surgery to the Carotid Artery to treat carotid artery stenosis of fifty percent (50%) or above, as proven by angiographic evidence, of one (1) or more carotid arteries. Both criteria (a) and (b) below must be met:

a) Either:

- i). Actual undergoing of endarterectomy to alleviate the symptoms; or
- ii). Actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms; and

- b) The Diagnosis and medical necessity of the treatment must be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.

12. Pericardectomy

The undergoing of a Pericardectomy performed by open heart surgery or keyhole techniques as a result of pericardial disease. The surgical procedures must be certified to be medically necessary by a consultant cardiologist.

The following are excluded:

Other procedures on the pericardium including pericardial biopsies and pericardial drainage procedures by needle aspiration.

13. Minimally Invasive surgery of Aorta

The actual undergoing of minimally invasive surgical repair (i.e. via percutaneous intra-arterial route) of a diseased portion of an aorta to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

The following are excluded:

- Claim arising due to Internal Congenital Anomalies within 4 years from the date of commencement of cover or revival of coverage, whichever occurs later.

14. Angioplasty

I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

III. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

15. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- Positive result of the blood culture proving presence of the infectious organism(s)
- Presence of at least moderate heart valve incompetence (meaning regurgitate fraction of twenty percent (20%) or above) or moderate heart valve stenosis (resulting in heart valve area of thirty percent (30%) or less of normal value) attributable to Infective Endocarditis; and
- The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a cardiologist.

16. Surgery for Cardiac Arrhythmia

Procedures like Maze surgery, RF Ablation therapy or any relevant procedure/surgery deemed absolutely necessary by a cardiologist to treat life threatening arrhythmias. Diagnosis must be evidenced by monitoring through a Holter monitor, event monitor or loop recorder and should be confirmed by a consultant cardiologist.

The following are excluded:

- Cardio version and any other form of non-surgical treatments
- Claim arising due to Internal Congenital Anomalies within 4 years from the date of commencement of cover or revival of coverage, whichever occurs later.

17. Insertion of Pacemaker

Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be medically necessary by a specialist in the relevant field.

The following are excluded:

- Claim arising due to Internal Congenital Anomalies within 4 years from the date of commencement of cover or revival of coverage, whichever occurs later.

18. Pulmonary Thrombo Embolism

The blockage of an artery in the lung by a clot or other tissue from another part of the body. The Pulmonary Embolus must be unequivocally diagnosed by a specialist on either a V/Q scan (the isotope investigation which shows the ventilation and perfusion of the lungs), angiography or echocardiography, with evidence of right ventricular dysfunction and requiring medical or surgical treatment on an inpatient basis.

ANNEXURE 1: PERMANENT EXCLUSIONS

Unless expressly stated to the contrary in this Policy, we will not make any payment for any claim in respect of any Life Assured if it is directly or indirectly- caused by or aggravated directly or indirectly by or arises from or is in any way attributable to any of the following:

1. Pre-Existing Disease. Any investigation or treatment for any illness, disorder, complication or ailment arising out of or connected with the pre-existing illness shall be considered part of that pre-existing illness. No benefits will be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless life assured has disclosed the same at the time of proposal or date of reinstatement whichever is later and the company has accepted the same.
2. Any disease/disorder of the heart having occurred and/or hospitalization and/or treatment (availed or advised) for the same within the waiting period.
3. Failure to seek or follow medical advice, the Life assured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy.
4. Self-inflicted injuries, suicide, insanity, and immorality, and deliberate participation of the life insured in an illegal or criminal act.
5. Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner.
6. Radioactive contamination due to nuclear accident.
7. Engaging in hazardous sports / pastimes, i.e. taking part in (or practising for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off pastel skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport, bungee jumping, hand gliding etc. or Any injury, sickness or disease received as a result of aviation (including parachuting or skydiving), gliding or any form of aerial flight other than as a fare-paying passenger or crew on a licensed passenger-carrying commercial aircraft operating on regular routes and on a scheduled timetable unless agreed by special endorsement.
8. Any heart disease in the presence of HIV infection / AIDS.

ANNEXURE 2: IMPORTANT TERMINOLOGY

1. **Cancellation:** Cancellation defines the terms on which the policy contract can be terminated either by the insurer or the Life Assured by giving sufficient notice to other which is not lower than a period of fifteen days subject to the following conditions:
 - (1) Subject to Section 45 of the Insurance Act, 1938 as amended from time to time
 - (2) On disease/disorder of the heart having occurred and/or hospitalization and/or treatment (availed or advised) for the same within the waiting period

In case of cancellation, premiums paid since risk commencement date will be refunded without any interest, subject to Section 45 of the Insurance Act, 1938 as amended from time to time.
2. **Congenital Anomaly:** Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - a) Internal Congenital Anomaly: Congenital anomaly which is not in the visible and accessible parts of the body
 - b) External Congenital Anomaly: Congenital anomaly which is in the visible and accessible parts of the body
3. **Disclosure to information norm:** The Policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
4. **Grace Period:** Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
5. **Hospital:** A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
 - has qualified nursing staff under its employment round the clock;
 - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - has qualified medical practitioner(s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
6. **Hospitalisation:** Hospitalisation means admission in a Hospital for a minimum period of 24 consecutive "in-patient care" hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.
7. **Intensive Care Unit:** Intensive Care Unit (ICU) means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

- 8. Medical Advice:** Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- 9. Medical Practitioner:** A Medical Practitioner means a person who holds a valid registration from the Medical Council of any State 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 licence. The person must be qualified in allopathic system of medicine and shall not be the Life Assured himself/herself.
- 10. Pre-existing Disease:** "Pre-existing Disease" means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which received medical advice / treatment within 48 months prior to the first policy issued by the insurer or date of reinstatement of the policy, whichever is later.
- Since this product does not offer portability option, "the first policy issued by the insurer" means the date of inception of the first policy with us.
- 11. Sum Insured:** Sum Insured is the face value of the policy contracted between you and us. All the morbidity benefits applicable under the product have been expressed as a proportion of this amount.
- 12. Surgery:** Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner



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IRDAI clarifies to public that ● IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums.

● IRDAI does not announce any bonus.

● Public receiving such phone calls are requested to lodge a police complaint along with details of phone call, number.