

KEY FEATURES DOCUMENT

The information mentioned below is illustrative and not exhaustive. This Information must be read in conjunction with the product brochures and policy document. In case of any conflict between this Key Features Document (KFD) and the policy document, the terms and conditions mentioned in the policy document shall prevail.

S. No.	Title	Description	Reference to relevant Policy Clause
1.	Product Name	HDFC Life Health Assure Plan [UIN 101N087V01]	
2.	Plan Description	HDFC Life Health Assure Plan is a pure protection medical expenses claim (Med-E-Claim) plan that covers actual medical expenses incurred by the Life Insured up to the Annual Limit and subject to terms, conditions and exclusions stated in the policy document. The medical expenses must be incurred in India.	Section 2
3.	Benefits you are covered for (Subject to, term, conditions, waiting periods and exclusions as specified in the policy document)	<ul style="list-style-type: none"> • In-Patient Hospitalisation Benefit – Covers hospitalisation expenses if you are admitted to a hospital for a period longer than 24 hours, subject to Daily Room Rent Limit of 1% of Sum Insured in case of normal room and 2% of Sum Insured in case of ICU room. • Day Care Benefit – Covers Day Care Procedures which do not require admission to a hospital for 24 hours. 200 procedures are listed in Appendix-1 of the policy document. Day Care Procedures not listed will also be covered if they are pre-authorized by us. • Pre and Post Hospitalisation Benefit– Covers medical expenses incurred 30 days prior to date of admission and 60 days from date of discharge from hospital. • Emergency Ambulance Benefit– Reimbursement of actual expenses incurred up to Rs.2,000 per policy year per Life Insured on any ambulance service used to transport the Life Insured for admission to Hospital • Donor Expense Benefit – Reimbursement of medical expenses of the organ donor, incurred for harvesting of the organ for transplantation into Life Insured’s body. <p><u>Following Benefits are available only under Gold Plans. The plan option chosen by you is mentioned in the Policy Schedule.</u></p> <ul style="list-style-type: none"> • Hospital Cash Benefit– If we accept a claim under Inpatient Hospitalisation Benefit, then in addition to reimbursement of medical expenses therein, this benefit pays fixed amount for each day spent in the hospital, excluding the first 24 hours. This is not a standalone benefit. • Maternity (Family Floater Policy only) – Covers hospitalisation expenses pertaining to Pregnancy or any complications thereof incurred by the Life Insured (female life) if she is either a Policyholder herself or 	<p style="text-align: center;">Section 3.1</p> <p style="text-align: center;">Section 3.2</p> <p style="text-align: center;">Section 3.3</p> <p style="text-align: center;">Section 3.4</p> <p style="text-align: center;">Section 3.5</p> <p style="text-align: center;">Section 3.6</p> <p style="text-align: center;">Section 3.7</p> <p style="text-align: center;">Section 3.8</p>

	<p>spouse of the Policyholder.</p> <ul style="list-style-type: none"> • Wellness – Offers health check-up vouchers to each Life Insured in the second policy year once in every three years policy term. 	
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S. No.	Title	Description	Reference to relevant Policy Clause
4.	Multiplier Benefit	Annual limit increases by 50% of Sum Insured for every claim free year, subject to maximum increase of 100% of Sum Insured. Similarly, the Annual Limit reduces if there is a claim in preceding policy year. The Annual Limit however does not fall below the Sum Insured due to claims in the previous policy years.	Section 4
5.	Conversion Option for Dependent Children	Allows dependent children covered in a Family Floater Policy to convert their cover into a separate policy upon attaining age 18 years.	Section 5
6.	Waiting Periods	<ul style="list-style-type: none"> • No benefits are payable during initial Waiting Period of 30 days, except where the benefits become payable in case of an Accident. • Two Year Waiting period for specific illnesses and diseases mentioned in the policy document. • Three year Waiting period for Pre-Existing diseases and Maternity Benefit. 	<p>Section 7.1</p> <p>Section 7.2</p> <p>Section 7.3 & 7.4</p>
7.	Are there any exclusions applicable?	<p>Yes, this plan has 31 permanent exclusions. Some of them are listed below:</p> <ul style="list-style-type: none"> • Treatment received outside India • Non Allopathic and Experimental Treatment • Self inflicted injuries or attempted suicide • Substance misuse and de-addiction • Cosmetic treatments • Sleep and Obesity • Dental Treatment (except due to Accident) • Routine Eye and Ear Ailments • HIV/AIDS <p>Please refer to Policy Document for complete list and wordings of the Exclusions</p>	Section 9
8.	How will the payout happen?	Payment to the Life Insured can happen in form of Cashless or Reimbursement of covered expenses upto specified limits.	Section 10
9.	Cost Sharing	<ul style="list-style-type: none"> • Pro-ration of claims – If the actual room rent is higher than the eligible room rent, then the claim amount will be settled on a pro-rata basis. • Co-pay – You will have to bear 20% of the eligible claim if the medical treatment is done in a non network hospital 	<p>Section 11.1</p> <p>Section 11.2</p>
10.	Policy Renewal conditions	<ul style="list-style-type: none"> • Premium Guaranteed for the policy term of 3 years • Grace Period of 30 days to pay renewal premium 	<p>Section 13</p> <p>Section 14</p> <p>Section 15, 16</p>

		<ul style="list-style-type: none"> Policy will be lapsed if premiums remain unpaid until expiry of Grace Period. The policy can be reinstated within 1 year from Lapse date subject to underwriting and fresh application of waiting periods. Life Long Renewability at the then prevailing premium rates and product terms and conditions 	Section 17
11.	Non Disclosure	In case of any incorrect information or non disclosure of material fact, Sec 45 of Insurance Act, 1938 will be applicable.	Section 22
12.	Fraud	The Policy will be deemed as Null and Void and all claims shall be forfeited in case of any fraud.	Section 25
13.	Free-Look Period	<ul style="list-style-type: none"> 15 days from the date of receipt of the original policy document. 30 days from the date of receipt of the original policy document for policies purchased through distance marketing (as defined by IRDA). 	

For any further query or clarification, kindly contact us as below:

- Call us on our help line number **18602679999** (local charges apply). DO NOT prefix any country code e.g. +91 or 00.
- Send us a call back request- SMS **SERVICE** to **5676727**
- Email us at service@hdfclife.com or visit our website www.hdfclife.com

We request you to also read your policy document. It will familiarise you with the benefits, other charges and significant details of the product.

Insurance is the subject matter of the solicitation.

**HDFC Standard Life Insurance Company Limited. In partnership with Standard Life. Regn no. 101
Regd Off: Ramon House, H.T. Parekh Marg, 169, Backbay Reclamation, Churchgate, Mumbai-400020, India
ARN NO: CS/03/2013/3313**

For more details on risk factors, terms, conditions and exclusions, please read the product brochure before conclusion of sale. In case of any inconsistency in this document and the policy bond, the policy bond will prevail.