



Protector Rider - Prospectus

Suitability:

- a) This Rider can only be bought along with the Base Plan and cannot be bought in isolation or as a separate product.
- b) The Rider is subject to the terms and conditions stated below and also the Policy terms, conditions, exclusions and applicable endorsements of the Base Plan.
- c) This policy covers persons in the age group 91 days to 65 years. The maximum entry age is restricted to 65 years. The Minimum entry age for adult dependent: is 18 years and maximum entry age is 65 years.
- d) Children between 91 days and 5 years can be insured provided either parent is getting insured under the Base Plan.
- e) There is no maximum cover ceasing age on renewals. However, this Policy will be renewed only if Base Plan is being renewed.
- f) The policy will be issued for a period of 1, 2 & 3 year(s) period depending on the period of Base Plan.
- g) The policy offers option of covering on individual sum insured basis and on family floater basis, as opted in Base Plan.
- h) A maximum of 6 members can be added in a single policy, whether on an individual or family floater basis.
- i) The relationships allowed will be as defined in base policy.
- j) In a family floater policy, a maximum of 2 adults and a maximum of 5 children can be included in a single policy.
- k) In a family floater the age of the eldest member will be considered while computing premium for the family.
- l) In an individual policy, a maximum of 4 adults and a maximum of 5 children can be included in a single policy.

Salient Features & Benefits:

Please Note: Any claim under any of the benefits mentioned in this rider Policy will only be admissible when it qualifies according to the terms, conditions and exclusions in the Base Plan.

A. Claim Protector

If a claim has been accepted under the Base plan, then the items which are not payable under the Base Plan as per the List of Excluded items released by IRDA (Refer Annexure 1) related to the particular claim will become payable. The maximum claim payout under this benefit shall be limited to Base Sum Insured under Base Plan.

B. Sum Insured Protector



The Sum Insured protector is designed to protect Your Sum Insured against rising inflation by linking the Basic Sum Insured under the Base Plan to the Consumer Price index (CPI).

The Basic Sum Insured will be increased on cumulative basis at each renewal on the basis of inflation rate in previous year. Inflation rate would be computed as the average CPI of the entire calendar year published by the Central Statistical Organisation (CSO).

The % increase will be applicable only on Basic Sum Insured under the Policy and not on Multiplier Benefit/Cumulative Bonus or any other benefit which leads to increase in Sum Insured.

What is Consumer Price Index (CPI)?

CPI is a measure of inflation, changes in the CPI are used to assess price changes associated with the cost of living.

It is a measure that examines the weighted average of prices of a basket of consumer goods and services, such as transportation, food and medical care. It is calculated by taking price changes for each item in the predetermined basket of goods and averaging them.

The Central Statistics Office (CSO) is a government agency in India under the Ministry of Statistics and Programme Implementation responsible for co-ordination of statistical activities in India, and

Illustration:

Consider an Insured Person is having a Base plan of Rs.5 Lakhs and along with Base plan he/she purchases this rider.

Policy Year	Year 1	Year 2	Year 3	Year 4
Basic Sum Insured (in Rs.)	500,000	500,000	500,000	500,000
CPI Linked inflation Rate (%)	6%	5%	5%	-
Total Sum Insured (in Rs., at beginning of the year)	500,000	530,000 (6% X 500,000)	556,500 (5% X 530,000)	584,325 (5% X 556,500)

In case of Sum Insured enhancement or reduction at the time of renewal, any accumulated sum Insured due to Sum Insured Protector Benefit will be added to the enhanced or reduced Sum Insured opted by Insured at the time of renewal.

Referring to above illustration,

	Consider Insured opts to increase the Sum Insured to Rs. 10 Lakhs at the time of renewal in Year 4	Consider Insured opts to decrease the Sum Insured to Rs. 3 Lakhs at the time of renewal in Year 4
Basic Sum insured (in Rs.)	1,000,000	300,000
Accumulated Sum Insured Protector Benefit (in Rs.)	84,325 (584,325 – 500,000)	84,325 (584,325 – 500,000)
Total Sum Insured (in Rs., at beginning of Year 5)	1,084,325	384,325

*Accumulated Sum Insured Protector Benefit = Total Sum Insured at beginning of Year 4 - Total Sum Insured at beginning of Year 1



Please Note that all the accumulated Sum Insured Protector benefit will lapse and your Sum Insured under Base Plan will roll back to the Basic Sum Insured opted under the Base Plan if this rider Policy is not renewed.

Exclusions

- All exclusions as mentioned in the Base Plan unless otherwise stated and covered in Benefits section under Protector Rider policy wordings.

Policy Period

- The policy will be issued for 1 year, 2 years and 3 years period depending on the period of Base Plan.

Loading

- Premium of this Policy is dependent on premium of Base Plan. In case a risk loading is applied on Base Policy leading to increase in premium of Base Plan, premium of this rider Policy will be increased in commensuration with premium of Base Plan.

Discount

- Discount of 7.5% on 2 years and 10% on 3years policy premiums when paid on lump sum payment mode.
- Family Discount of 10% if 2 or more family members are covered under Individual Sum Insured Plan of this Policy.

Waiting Period

- There are no waiting periods in this Policy. However, this Policy shall follow waiting periods applicable in Base Plan.

Premium Payment Modes

- Monthly
- Quarterly
- Semi-Annually
- Lump sum

Premium payment mode can be same as that of premium payment mode chosen in Base Plan or it can be lump sum payment.

Premium Payment in Instalments (monthly, quarterly, semi-annually)

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- i. Grace Period of 15 days would be given to pay the instalment premium due for the policy.
- ii. If premium is paid in instalments then coverage will be available during the grace period also. (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).
- iii. The insured person will get the accrued continuity benefit in respect of the “Waiting Periods”, “Specific Waiting Periods” in the event of payment of premium within the stipulated grace Period.



- iv. No interest will be charged If the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

However, premium payment mode under this rider Policy will be same as that of premium payment mode chosen in Base Plan or it can be lump sum payment.

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Payment Facility

- Online
- Cheque/ Credit Card Payment
- Electronic Clearing System

Policy Cancellation & Termination

- The Policyholder may cancel this Policy by giving 7 days' written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period.
- Note : For Policies where premium is paid by instalment : In case of admissible claim under the Policy, future instalment for the current Policy Year will be adjusted in the claim amount and no refund of any premium will be applicable during the Policy Year.
- The Company may cancel the Policy at any time on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of established fraud or non-disclosure or misrepresentation.
- Refund of Policy premium in case of death of Insured Person/s: Policy premium shall be refunded proportionately for the deceased Insured Person, for the unexpired Policy Period in case of death of any Insured Person/s.
- Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or any benefit has been availed by the Insured Person under the Policy.

Non-Disclosure or Misrepresentation:

- I. If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:



- i. cancelled ab initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at our sole discretion, upon 30 day notice by sending an endorsement to Your address shown in the Schedule; and
 - ii. the claim under such Policy if any, shall be prejudiced.
- II. We may also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of Non-Disclosure/Misrepresentation of Pre-existing diseases subject to your prior consent;
- i. Permanently exclude the disease/condition and continue with the Policy
 - ii. Incorporate additional waiting period of not exceeding 3 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.
 - iii. Levy underwriting loading from the first year of issuance of policy or renewal, whichever is later.

The above options will not prejudice the rights of the Company to invoke cancellation under clause I above.

Fraud:

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of



his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits

Renewal of Policy

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to conditions stated under Moratorium clause of this schedule.

- a) Renewal of a health insurance policy shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policies.
- b) The company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.
- c) No loading shall apply on renewals based on individual claims experience



- d) The Company shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the Policyholder, the Insurer may underwrite only to the extent of increased sum insured.
- e) Renewal premium due can be paid prior to the due date as per norms set out by the Company.

Claim Procedure:

Please quote your member ID/policy number in all your correspondences.

a) **Intimation & Assistance** - Please contact HDFC ERGO at least 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact HDFC ERGO within 24 hours of the hospitalization. Please use the Claim Intimation Form (available on our website under Other Forms in the Downloads section) for intimation of a claim

b) **Procedure for Reimbursement of Medical Expenses –**

- HDFC ERGO must be informed no later than 7 days of completion of such treatment, consultation or procedure using the Claim Intimation Form.
- Please send the duly signed claim form and all the information/documents mentioned therein to HDFC ERGO 15 days of the occurrence of the Incident. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. Please refer to claim form for complete documentation.
- If there is any deficiency in the documents/information submitted by you, HDFC ERGO will send the deficiency letter within 7 days of receipt of the claim documents.
- The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.
- The payment will be made in the name of the Policyholder.

Note: Payment will only be made for items covered under your Base Plan and upto the limits therein.

c) **Procedure to avail Cashless facility -**

- For any emergency Hospitalization, HDFC ERGO must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from HDFC ERGO at least 48 hours prior to the hospitalization.
- HDFC ERGO will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 1 hour of receipt of documents.
- In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 1 hour.

Note:

- **Insured person is entitled for cashless coverage only in our empaneled hospitals.**



- Please refer to the list of empaneled hospitals on our website or the list provided along with Policy kit or call us on our Contact number at 022 6242 6242.
- Rejection of cashless facility in no way indicates rejection of the claim.

Tax Benefit

The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act.

Requirement

Completed proposal form

Premium rates

- The premium under individual coverage will be charged on the completed age of the individual insured member and for family floater coverage the premium will be considered on the completed age of the eldest insured member.
- The premium for the policy will remain the same for the Policy Period mentioned in the Policy Schedule.
- Please note that your premium at renewal may change due to a change in your age or change in premium of your Base Plan or changes in the applicable tax rate.

Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

Gross Premium (Exclusive of Service taxes)

- 10% of Premium of Base Plan for Sum Insured up to 5 lakhs and 7.5% of Premium of Base Plan for Sum Insured more than 5 lakhs.
(Premium of Base Plan is premium exclusive of any discounts, applicable taxes but includes any risk based loading)

Illustration

If the Proposer opts for a Base plan with 1 year Policy Period with Gross Premium of INR 49,500 (exclusive of taxes and discounts) which has a Sum Insured of Rs. 5 Lakhs and makes payment in lump sum mode. Then

Gross Premium under Protector Rider for 1 year Policy Period would be Rs. 4,950 (10% * of 49,500)

2 Year Premium Calculation (For lump sum premium payment mode)

7.5% Discount on premium if Insured Person is paying premium of 2 years in lump sum mode.

Example,

If the Proposer opts for a Base plan with yearly Gross Premium of INR 49,500 (exclusive of taxes and discounts) which has a Sum Insured of Rs. 5 Lakhs.



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Gross Premium under Protector Rider for 1 year Policy Period with lump sum payment mode would be Rs. 4,950 (10% * of 49,500)

Gross Premium under Protector Rider for 2 year Policy Period with lump sum payment would be = Rs. 9,157.50 (4,950*2*92.5%)

3 Year Premium Calculation (For lump sum premium payment mode)

10% Discount on premium if Insured Person is paying premium of 3 years in lump sum mode.

Example,

If the Proposer opts for a Base plan with yearly Gross Premium of INR 49,500 (exclusive of taxes and discounts) which has a Sum Insured of Rs. 5 Lakhs.

Gross Premium under Protector Rider for 1 year Policy Period with lump sum payment mode would be Rs. 4,950 (10% * of 49,500)

Gross Premium under Protector Rider for 3 year Policy Period with lump sum payment would be = Rs. 13,365 (4,950*3*90%)

Premium Calculation for Monthly, Quarterly and Semi-annually premium payment modes

Premium for each instalment under monthly, quarterly and semi-annually payment modes are shown as % of premium for lump sum premium payment mode.

Premium Payment Mode	Policy Period		
	1-year	2-year	3-year
Half-yearly	51.60%	25.80%	17.80%
Quarterly	26.20%	13.10%	9.10%
Monthly	8.90%	4.50%	3.10%

Illustration – If Proposer opts for a Base plan with yearly Gross Premium of INR 49,500 (exclusive of taxes and discounts) which has a Sum Insured of Rs. 5 Lakhs. Then, Gross Premium under Protector Rider for 1 year Policy Period with lump sum payment mode would be Rs. 4,950. Below grid shows each instalment amount that Proposer has to pay under different premium payment options and different policy term.

Premium Payment Mode	Policy Period		
	1-year	2-year	3-year
Lump sum	4,950	9,158 (4,950*2*92.5%) Discount of 7.5%	13,365 (4,950*3*90%) Discount of 10%
Half-yearly	2,554 (4,950*51.60%)	2,554 (4,950*2*25.80%)	2,643 (4,950*3*17.80%)
Quarterly	1,297	1,297	1,351



	(4,950*26.20%)	(4,950*2*13.10%)	(4,950*3*9.10%)
Monthly	441 (4,950*8.90%)	446 (4,950*2*4.50%)	460 (4,950*3*3.10%)

Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates):

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 insurers.
2. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDA.

Redressal of Grievance

In case of any grievance the insured person may contact the Company through:

- Website: www.hdfcergo.com
- Contact us: 022 6234 6234 / 0120 6234 6234
- E-mail: grievance@hdfcergo.com
- Contact Details for Senior Citizen: 022 – 6242 – 6226
- E-mail specific for Senior citizens : seniorcitizen@hdfcergo.com

Insured Person may also approach the grievance cell at any of the Company's branches with the details of grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at cgo@hdfcergo.com

For updated details of grievance officer, kindly refer the link: <https://www.hdfcergo.com/customer-voice/grievances>



Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contact us at	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation-level-1 Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation-level-2 Call - : 022 6234 6234 / 0120 6234 6234
Contact Point for Senior Citizen	022 – 6242 – 6226 seniorcitizen@hdfcergo.com	022 – 6242 – 6226 seniorcitizen@hdfcergo.com	022 – 6242 – 6226 seniorcitizen@hdfcergo.com
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
Visit us	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai-400078	The Chief Grievance Officer, Registered & Corporate Office: HDFC House, 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at IRDAI Integrated Grievance Management System -<https://bimabharosa.irdai.gov.in/>.

Disclaimer:

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification.

Annexure I – List of excluded items

S. No.	Item	S. No.	Item
1	BABY FOOD	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
2	BABY UTILITIES CHARGES	36	SPACER



3	BEAUTY SERVICES	37	SPIROMETRE
4	BELTS/ BRACES	38	NEBULIZER KIT
5	BUDS	39	STEAM INHALER
6	COLD PACK/HOT PACK	40	ARMSLING
7	CARRY BAGS	41	THERMOMETER
8	EMAIL / INTERNET CHARGES	42	CERVICAL COLLAR
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	43	SPLINT
10	LEGGINGS	44	DIABETIC FOOT WEAR
11	LAUNDRY CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
12	MINERAL WATER	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
13	SANITARY PAD	47	LUMBO SACRAL BELT
14	TELEPHONE CHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
15	GUEST SERVICES	49	AMBULANCE COLLAR
16	CREPE BANDAGE	50	AMBULANCE EQUIPMENT
17	DIAPER OF ANY TYPE	51	ABDOMINAL BINDER
18	EYELET COLLAR	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
19	SLINGS	53	SUGAR FREE TABLETS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	55	ECG ELECTRODES
22	TELEVISION CHARGES	56	GLOVES
23	SURCHARGES	57	NEBULISATION KIT
24	ATTENDANT CHARGES	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	59	KIDNEY TRAY
26	BIRTH CERTIFICATE	60	MASK
27	CERTIFICATE CHARGES	61	OUNCE GLASS
28	COURIER CHARGES	62	OXYGEN MASK
29	CONVEYANCE CHARGES	63	PELVIC TRACTION BELT



30	MEDICAL CERTIFICATE	64	PAN CAN
31	MEDICAL RECORDS	65	TROLLY COVER
32	PHOTOCOPIES CHARGES	66	UROMETER, URINE JUG
33	MORTUARY CHARGES	67	AMBULANCE
34	WALKING AIDS CHARGES	68	VASOFIX SAFETY