

**“Fighting cancer isn’t easy.  
Financially preparing for it is.”**

## **HDFC Life Cancer Care**

A Non-Linked, Non-Participating Protection Plan



**Get a Cancer Cover of ₹ 20 Lakhs @ Less than ₹ 4 / day<sup>1</sup>**



**Cover for  
Early and Major Stage  
Cancer**



**Lump Sum Benefit  
on diagnosis of major  
or early stage Cancer**



**No Medicals  
Required<sup>2</sup>**

**HDFC  
Life**

*Sar utha ke jiyō!*

1. Annual premium amount ₹1411 for Male aged 35 years, 10 years term, Silver option, excluding Taxes and levies as applicable.

2. Policy is issued on the basis of Short Medical Questionnaire.

If Cancer is diagnosed then what might you and your family have to sacrifice?

### Home? Savings? Car?

With a million new cases being reported every year, cancer seems to be tightening its grip on India. Experts say the incidence of this killer disease is expected to rise five-fold by 2025.

-Times of India, Feb 3, 2014

While it is important for you to strive towards achieving your life goals, it is also important to have a Cancer insurance plan which will take care of emergencies and help you to continue achieving your life goals without any speed breaker. To ensure that you and your family are financially protected against this giant disease, Cancer, HDFC Life brings for you HDFC Life Cancer Care.

#### Why buy HDFC Life Cancer Care?

- (1) Comprehensive cancer plan that provides financial protection to you and your family against early or major stages of cancer
- (2) Lump sum payout is provided on diagnosis of major as well as early stages of cancer
- (3) Future Premiums for next 3 policy years will be waived off on receiving a valid claim of cancer diagnosis
- (4) Receive Income benefit for next 5 years, under Platinum option
- (5) Under Gold and Platinum option, the Sum Insured will be increased by 10% every year. This will continue till the increased Sum Insured becomes 200% of the Initial Sum Insured.
- (6) All benefits and payouts are independent of any other health insurance plan
- (7) Provides tax benefits as per prevailing Tax Laws

#### What is HDFC Life Cancer Care?

HDFC Life brings to you a comprehensive cancer care plan that provides financial protection for both early and major stage of cancer. So you receive payouts not only on diagnosis of major stage of cancer but also on early stage of cancer. Moreover, we also waive premiums for the next 3 policy years on diagnosis of early stage of cancer. In addition you will receive an income benefit on diagnosis of major cancer under Platinum option. And the Gold and Platinum options have an increased benefit whereby the Sum Insured under the policy increases every year.

Various plan options and the benefits offered under these options are as follows:

Plan options →	Silver	Gold	Platinum
Base Benefit	✓	✓	✓
Increased Benefit	X	✓	✓
Income Benefit	X	X	✓

Let us understand the Plan Options in detail:

#### Silver

Under this option the following benefits are payable:

##### 1. Cancer Diagnosis Benefit:

A lump sum benefit, as per the table below, will be paid on diagnosis of:

- Carcinoma-in-situ or Malignant cancer
- Early Stage cancers,
- Major Cancer

Diagnosis of	% of Applicable Sum Insured
Early Stage cancer or Carcinoma-in-situ (CIS)	25
Major Cancer	100 less Early Stage Cancer or CIS claims, if any

##### 2. Waiver on Premium Benefit:

On a valid claim of Early Stage Cancer or Carcinoma-in-situ (CIS) diagnosis, premiums will be waived for a period of 3 policy years. In case the outstanding term is less than 3 years then premiums for the outstanding term would be waived.

#### Gold

Under this option the policyholder receives the benefits described under the Silver option plus an Increased benefit.

Under Increased benefit, the Sum Insured increases by 10% of initial Sum Insured each year starting from the first policy anniversary. This will continue till the earlier of:

- a. Increased Sum Insured becoming 200% of the Initial Sum Insured
- or
- b. Any claim event

Once the claim is made, all future claims shall be based on the Increased Sum Insured at the time of first claim and further increases to the Increased Sum Insured shall not be applicable.

#### Platinum

Under this option the policyholder receives the benefits described under the Gold option benefit plus regular Income Benefit.

Under Income benefit option a monthly income equivalent to 1% of applicable Sum Insured would be paid out to you on diagnosis of the listed major cancers for a fixed period of next 5 policy years.

The benefits for Early Stage Cancer or Carcinoma-in-situ (CIS) shall be payable only once during the policy term and for its first occurrence only. On payment of benefits for Major Cancer, the benefits under the policy will terminate and no further benefits will be payable. Any outstanding Income Benefits will be paid as scheduled. In the event of the policyholder's death while receiving the Income Benefit, the remaining payouts under this benefit will be paid to his/her nominee as scheduled.

#### Can I buy HDFC Life Cancer Care?

Yes, if you are between 5 to 65 years

#### For what term can I buy?

You can choose Policy term between 5 to (85 - Entry Age) years, subject to maximum Maturity age of 85 years

#### How much cover can I get?

The initial Sum Insured available under this policy is as below:

Minimum Sum Insured: ₹ 10 Lakhs

Maximum Sum Insured: ₹50 Lakhs

### What premium modes are allowed?

You can choose to pay your premiums by either annually, half-yearly, quarterly or monthly frequency of premium payment.

### Am I eligible for any discounts on my premium?

Discounts in the form of lower premium rates for incremental Sum Insured over & above ₹10,00,000 are being offered.

For example, to derive the premium for a Sum Insured of ₹30,00,000, the following formula will be used:

$$10,00,000 * \text{Rate A} + (30,00,000 - 10,00,000) * \text{Rate B}$$

For policies bought online directly by the prospective policyholder, a discount of 5.5% on premium would be provided.

### Is there any Death benefit?

This plan aims to aid the expenses to survive through the dreaded disease like Cancer. And hence it has benefits linked to diagnosis of disease and no death benefit is payable.

### Is there any Maturity benefit?

There is no maturity benefit available under this plan

### Is there any Surrender benefit?

There is no surrender value available under this plan

### Is there any Waiting Period to become eligible to file a claim?

- (1) A 180 day waiting period is applicable from the date of commencement or the date of reinstatement of cover.
- (2) The waiting period of 180 days will not reapply -
  - a. Provided a continuous waiting period of 180 days has been served under the plan, and
  - b. If the policy is revived within 60 days of lapse
- (3) For all other cases, the waiting period will begin afresh.

### Is there any Survival Period to become eligible for claim payouts?

- (1) 7 day survival period between the date of diagnosis of a condition and the date of eligibility for a benefit payment would be applicable.

### Are there any other Exclusions?

No benefit shall be payable under the policy in respect of any Major Cancer, Carcinoma-in-situ or Early Stage Cancer resulting directly or indirectly from or caused or contributed by (in whole or in part):

- (1) Any congenital conditions
- (2) Any pre-existing disease
- (3) Intoxication by alcohol or narcotics or voluntarily taking or using any drug, medication or sedative unless it is an "over the counter" drug, medication or sedative taken according to package directions;
- (4) Nuclear, biological or chemical contamination (NBC),
- (5) The policy shall terminate and no benefit shall be payable under the policy if the
  - diagnosis or
  - signs or symptoms (related to the diagnosed cancer)

first occurred during the waiting period.

### What if I don't/miss to pay premiums?

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 annually, half-yearly and quarterly frequency is 30 days while for monthly frequency grace period is 15 days. The policy is considered to be in-force with the risk cover during the grace period without any interruption. If you pay the due premium within grace period the policy will continue without any break. Following conditions will apply during grace period.

- (1) The cover under the policy shall remain in-force during the grace period
- (2) 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 will be deducted from any benefit payable.

### What if I don't/miss to pay premiums even in the Grace period?

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

In case of claim received during the grace period, the claim payout if paid will be reduced by outstanding premium.

### Can I renew the policy after the expiry of the chosen policy term?

You will be allowed a period of 30 days from the expiry of the policy term to renew the policy, subject to maximum maturity age and minimum policy term allowed under the product.

### Can I reinstate the policy if it is lapsed?

The company may agree to reinstate a policy as per the board approved underwriting policy and this will be subject to such terms and conditions as the company may specify from time to time.

A lapsed policy can be revived within a period of 5 years from first unpaid premium subject to all the outstanding premiums being paid along with interest and satisfactory evidence of good health being provided. Interest rate will be as prevailing from time to time. The current rate of interest for revival is 9.5% p.a. Please contact our Customer Service department to know the applicable interest rate.

Reinstatement request will attract the following:

- (1) The waiting period of 180 days will not reapply -
  - a. Provided a continuous waiting period of 180 days has been served under the plan, and
  - b. If the policy is revived within 60 days of lapse.
- (2) For all other cases, the waiting period will begin afresh.

### Can I Nominate or Assign?

#### 1. Nomination: as per Section 39 of insurance Act 1938 as amended from time to time:

- (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 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
- (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) 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 will not apply

**2. Assignment or Transfer: as per Section 38 of insurance Act 1938 as amended from time to time:**

- (1) This policy may be transferred/assigned, wholly or in part, with or without consideration.
- (2) An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
- (3) The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
- (4) The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
- (5) The transfer or assignment shall not be operative as against an Insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the Insurer.
- (6) Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
- (7) On receipt of notice with fee, the Insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
- (8) The Insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is (a) not bonafide or (b) not in the interest of the policyholder or (c) not in public interest or (d) is for the purpose of trading of the insurance policy.
- (9) In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.

Section 1 (Nomination) and 2 (Assignment or Transfer) are simplified versions prepared for general information only and hence are not comprehensive. For full texts of these sections please refer to Section 38 and Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

**Will I be eligible for any Income tax benefits?**

Tax Benefits may be available as per prevailing tax laws. You are requested to consult your tax advisor.

**Are there any other terms and Conditions?**

**1. Cancellation in the Free-Look period**

In case you are not agreeable to any of the terms and conditions, you have the option of returning the policy to us stating the reasons thereof, within 15 days from the date of receipt of the policy. The Free - Look period for policies purchased through distance marketing (as defined by IRDAI) will be 30 days. On receipt of your letter along with the original policy documents, we shall arrange to refund you the premium amount paid subject to deduction of the expenses incurred by us on medical examination and stamp duty, if any.

Distance Marketing refers to insurance policies sold over the telephone or the internet or any other method that does not involve face-to-face selling.

**2. Premium Guarantee:**

The premiums shall remain unchanged for a period of three years from the date of issue. Upon the completion of three policy years, the premiums may be revised subject to IRDAI's approval. Any revision in the tabular premium rates shall be notified to the policyholder at least three months prior to the date of such revision and policy holder will be given a period of 30 days from the date of premium due (on or after the effective date of change) to renew the policy. If the policy holder is not willing to continue the policy with the revised premium rates, the policy will lapse.

Premium rates, if and when revised, shall be guaranteed to the policyholder for a subsequent block of three years.

**3. Portability**

This policy is portable as per IRDAI (Health Insurance) Regulation, 2016 and you should initiate action to approach another insurer, to take advantage of portability, well before the renewal date to avoid any break in the policy coverage due to delay in acceptance of the proposal by the other insurer.

**4. Policy Loans**

Not available on this plan.

**5. Alterations**

Change in policy term and premium paying term is not allowed. Change in frequency of premium payment is allowed

**6. Non-Disclosure: In accordance with Section 45 of the Insurance Act, 1938 as amended from time to time:**

- (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 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.
- (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 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.
- (3) 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.

- (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 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.
- 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.

#### **7. Prohibition of Rebates - In accordance with Section 41 of the Insurance Act, 1938 as amended from time to time:**

- (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
- (2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten Lakh rupees.

#### **8. Taxes**

##### **Indirect Taxes**

Tax and other levies 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, if any, 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.

## **Definitions**

### **Early Stage Cancer**

Early Stage Cancer shall mean the presence of one of the following malignant conditions:

- a. Tumour of the thyroid histologically classified as T1N0M0 according to the TNM classification;
- b. Prostate tumour should be histologically described as TNM Classification T1a or T1b or T1c are of another equivalent or lesser classification.
- c. Chronic lymphocytic leukaemia classified as RAI Stage I or II;
- d. Basal cell and squamous skin cancer that has spread to distant organs beyond the skin,
- e. Hodgkin's lymphoma Stage I by the Cotswolds classification staging system.

The Diagnosis must be based on histopathological features and confirmed by a Pathologist. Pre-malignant lesions and conditions, unless listed above, are excluded.

### **Carcinoma-in-situ**

Carcinoma-in-situ shall mean a histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any one of the following covered organ groups, and subject to any classification stated:

- a. breast, where the tumour is classified as Tis according to the TNM Staging method;
- b. corpus uteri, vagina, vulva or fallopian tubes where the tumour is classified as Tis according to the TNM Staging method or FIGO\* Stage 0;
- c. cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or as Tis according to the TNM Staging method or FIGO\* Stage 0;
- d. ovary -include borderline ovarian tumours with intact capsule, no tumour on the ovarian surface, classified as T1aN0M0, T1bN0M0 (TMN Staging) or FIGO1A, FIGO1B
- e. Colon and rectum;
- f. Penis;
- g. Testis;
- h. Lung;
- I Liver;
- j. Stomach and esophagus;
- k. Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included
- l. Nasopharynx

For purposes of this Policy, Carcinoma-in-situ must be confirmed by a biopsy.

\* FIGO refers to the staging method of the Federation Internationale de Gynecologie et d'Obstetrique

Pre-malignant lesions and Carcinoma-in-situ of any organ unless listed above are excluded.

### **Major Cancer**

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.

The following are excluded -

- a. 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.
- b. Any skin cancer other than invasive malignant melanoma
- c. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO.
- d. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- e. Chronic lymphocytic leukaemia less than RAI stage 3
- f. All tumours of the urinary bladder histologically classified as T1NOMO (TNM Classification) or below

### Portability

Portability means transfer by an individual health insurance policyholder of credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

### Pre-existing Disease

Pre-existing Disease means any condition, ailment, injury or disease:

- a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
- b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

### Contact us today



To buy: 1800-266-9777 (Toll free)  
(Available all days 9am to 9pm)



Visit us at [www.hdfclife.com](http://www.hdfclife.com)



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Email: [service@hdfclife.com](mailto:service@hdfclife.com), Tel. No: 1860 267 9999 (Mon-Sat 10 am to 7 pm) Local charges apply. Do NOT prefix any country code. e.g. +91 or 00. Website: [www.hdfclife.com](http://www.hdfclife.com)  
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### **BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS**

- IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums.  
Public receiving such phone calls are requested to lodge a police complaint.