



DHFL Pramerica Life Flexi E-Term, A Non-Participating, Non-Linked, Pure Term Insurance Plan

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***Flexi*E-Term**
A non-participating, non-linked, Pure Term Insurance Plan



Your life revolves around the lives of your family members. Doesn't it? Their dreams and aspirations mean the world to you. You strive hard so that their dreams can come true. But it's also a fact that no matter how hard you try, you have no control over the uncertainties that might appear in future.

Since life is unpredictable, you need to have a plan in place so that even if something happens to you, the dreams and wishes of your loved ones still get completed. Worried? Don't be. We have got just the right plan for you. Flexi e-Term is our answer to all the uncertainties of life.

Presenting

DHFL Pramerica Life

Flexi e-Term

A non-participating, non-linked, Pure Term Insurance Plan

DHFL Pramerica presents Flexi e-Term, a term plan that gives you protection in case of uncertainty along with Critical Illness Cover, Terminal Illness Cover and Accidental Death Benefit. This plan covers Death, Accidental Death, Terminal Illness & Critical Illness basis chosen option and provides unparalleled peace of mind. It also gives a choice of flexible term, policy payment term and a cover that is difficult to match otherwise.

Key Features

- Insurance protection at affordable cost
- Flexibility in benefit pay-outs as Fixed or Increasing; Lumpsum or Staggered; depending on your needs.
- Extended coverage with a lump sum payout upon diagnosis of any of the 35 Critical Illnesses
- Increase your life cover with changing life stages and protection needs in the same plan
- Augment your life cover with accidental death benefit, terminal and critical illness options
- Avail tax benefits on the Premiums paid and pay-out benefits received as per prevailing tax laws.

How to buy this plan?

You can purchase DHFL Pramerica Life Flexi e-Term plan in 6 simple steps while customizing it to your needs.

Step 1: Plan the Sum Assured as per the following available Benefit options. Premiums charged will vary with the chosen option.

Option1: Life Cover only

Option2: Life Cover + Terminal Illness

Option3: Life Cover + Terminal Illness + Accidental Death Benefit

Option4: Life Cover + Terminal Illness + Critical Illness

Option5: Life Cover + Terminal Illness + Critical Illness + Accidental Death Benefit

Step 2: You can choose the Benefit Payout Options to receive applicable benefit either as lump-sum or in form of Monthly Income payouts.

As Monthly Income Payouts, you can choose to get the entire benefit amount paid in form of level monthly or increasing monthly incomes over a period from 5 to 15 years.

Step 3: Choose the duration for which you want to avail protection cover subject to a maximum coverage expiry age of 75 years. You can also choose to pay the premium during entire policy term under regular pay option or pay only till you turn 60 years old.

Step 4: Complete your details and pay the premium based on the age, Base Sum Assured, Policy Term, Premium Payment Term, gender, tobacco usage, benefit option chosen at inception.

Step 5: Send us your self attested documents through courier or upload their scanned copies on our portal or email them from your registered email id.

Step 6: In case of the unfortunate event as demise of life insured, or diagnosis of any critical illness/terminal illness, or death due to accident during the Policy Term, the Death Sum Assured will be paid out to the Nominee as per the benefit payout option chosen by policyholder at the inception.

Benefits in Details

• Benefit Options:

The benefits shall be payable as per the Option chosen by the Policyholder at inception of the Policy.

(a) Option 1: Life Cover

In unfortunate event of death of Life Assured during the Policy Term, while the Policy is in-force, Death Sum Assured will be paid out to the Nominee as per the Benefit payout option chosen at inception. The policy will terminate on payment of this benefit.

However, Death Sum Assured under the policy will be

highest of the following:

- 10 times the Annualized Premium#
- 105% of all the Premiums paid* as on date of death
- Absolute amount payable on death which is equal to Base Sum Assured,

#The Annualized premium shall be the premium payable in a year chosen by the policyholder, excluding the underwriting extra premiums and loadings for modal premiums.

*Premium paid for this purpose is Premium exclusive of any underwriting extras, if any.

(b) Option 2: Life Cover + Terminal Illness

On occurrence of either death of life assured or diagnosis of Terminal Illness, whichever is earlier, the Death Sum Assured will be paid out to the Nominee as per the Benefit payout option chosen by policyholder at inception, subject to the Policy being in force.

Terminal illness is an accelerated benefit and the policy will continue with the remaining Base Sum Assured, if any, (reduced by the extent of the Terminal Illness benefit paid) and the benefit payment upon diagnosis of Terminal Illness would be restricted to 1 crore. Terminal Illness benefit will be payable to the Life Insured as lump sum only.

(c) Option 3: Life Cover + Terminal Illness + Accidental Death Benefit

In addition to the benefits payable under option 2 (Life cover plus Terminal Illness), the policy also provides an extra cover in case of accidental death. The additional death benefit equal to Accident Death Benefit would become payable as lump sum in case Life Assured dies due to an Accident.

An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

(d) Option 4: Life Cover + Terminal Illness + Critical Illness

Under this option, in addition to the Death Sum Assured under option 2 (Life cover plus Terminal Illness), the policy provides Critical Illness Benefit as chosen by the

policyholder at inception, upon diagnosis of any of the 35 critical illnesses.

Critical Illness benefit is also an accelerated benefit and the policy will continue with the remaining Base Sum Assured (reduced by the extent of the Critical Illness benefit paid). The Policy will continue for remaining Base Sum Assured. Premium payment towards CI Benefit will cease after payment of Critical Illness Benefit.

Critical Illness benefit is payable as Lump Sum only, on first occurrence of any of the covered 35 critical illnesses.

(e) Option 5: Life Cover + Terminal Illness + Critical Illness + Accidental Death Benefit

In addition to the benefits payable under option 4 (Life cover plus Terminal Illness plus Critical Illness), the policy also provides an extra cover in case of accidental death.

Critical Illness and Terminal Illness Benefits are Accelerated Benefits while ADB is an Additional Benefit

Options 4 and 5 are available, only if the policyholder has opted for regular premium option.

Please note that premium payment towards the Base Sum Assured greater than 1 crore, if any, would be calculated for Option 1 (Life Cover) only.

Benefit Payout Option

The aforesaid benefit will be paid out to the Nominee, depending on the Benefit Payout option chosen at the inception of the policy:

Benefit Payout Options	In case of death, following benefits payable to Beneficiary
Option 1: Lumpsum	Death Sum Assured will be payable as 'Lump Sum' immediately on death. Death Sum Assured will be equal to Base Sum Assured.
Option 2: Level Monthly Income	Under this option, Base Sum Assured would become payable in equal Level Monthly Income over a period from 5 to 15 years as chosen by the policyholder. Level Monthly Income would be calculated as: Level Monthly Factor x Base Sum Assured. Level Monthly Income Factors vary with period of payout as follows:

	Payout Period	Level Monthly Income Factor
	5	1.8556%
	6	1.5828%
	7	1.3884%
	8	1.2430%
	9	1.1303%
	10	1.0404%
	11	0.9672%
	12	0.9064%
	13	0.8552%
	14	0.8116%
	15	0.7740%
	Death Sum Assured: Sum of Level Monthly Incomes payable during payout period.	
Option 3: Increasing Monthly Income	Under this option, Base Sum Assured would become payable in monthly installments over a period from 5 to 15 years as chosen by the policyholder. Initial Monthly Income would be calculated as: Increasing Monthly Income Factor x Base Sum Assured. Monthly installment would increase by 10% per annum at simple interest at the end of each completed year. Increasing Monthly Income Factors vary with period of payout as follows:	
	Payout Period	Increasing Monthly Income Factor
	5	1.5590%
	6	1.2808%
	7	1.0842%
	8	0.9385%
	9	0.8265%
	10	0.7379%
	11	0.6663%
	12	0.6074%
	13	0.5582%
	14	0.5165%
	15	0.4808%
	Death Sum Assured: Sum of Increasing Monthly Income payable during payout period.	

The above benefits will be payable, only if all due premiums have been paid and the policy is in force.

Please note that flexibility of payout in monthly income form as defined above would be available for payment of Base Death benefit and not for Accelerated Terminal illness, Accelerated Critical illness and Accidental Death Benefit.

Option to convert Monthly Installments in Lump sum:

At any time during the payout period, the nominee would have the option to receive the outstanding monthly incomes as a lump sum amount.

Lump sum Amount will be equal to Monthly Income at inception (multiplied by) Lump sum Factor

Please refer Company website for Lump sum factors applicable to this plan.

Maturity Benefit

No Maturity Benefit is payable on completion of policy term under this plan.

Additional Benefits:

Life Stage Cover Enhancement Option: Under this option, you can be sure that you have enough cover as your financial circumstances change and as you go on to achieve different milestones in your life. With this feature, you can choose to Increase Base Sum Assured under your policy without any medicals on achieving any one or all of the following events upon payment of an additional premium.

Events*	Additional Cover (% of original Base Sum Assured)	Subject to maximum Additional Cover
Marriage	25%	Rs. 25,00,000
Birth/Legal Adoption of 1st child	25%	Rs. 25,00,000
Birth/Legal Adoption of 2nd child	25%	Rs. 25,00,000
On purchase of a house where loan has been taken	25%	Rs. 25,00,000 or maximum loan amount, whichever is lower

* Occurrence of these events must be during the term of the policy.

- This feature is available only for regular premium paying policies and to standard healthy life at inception of the policy.
- The additional Premium for enhanced cover shall be calculated based on attained age of the Policyholder at the time of cover enhancement and prevailing premium rates and outstanding policy duration.
- This feature will be available only for a six month period from the date of occurrence of events and provided the insured person is less than 45 years of age at the time of exercising this option.
- See Terms & Conditions section for further details.

The maximum additional sum assured put together under all these events will subject to 50% of original Base Sum Assured under the plan subject to a maximum limit of Rs. 50 lacs.



Eligibility Conditions:

Age at Entry[^]	Minimum:	Maximum	
	18 Years	For regular pay option - 65 years For 60 Years less Age at entry option - 50 years	
Maturity Age[^]	75 years		
Policy Term	Premium Payment Term (years)	Minimum	Maximum
	Regular Pay	10 Years	75 Years – Entry Age
	60 Years less Age at Entry * (subject to minimum PPT of 10 years)	PPT + 1	
Premium Paying Term	Regular Pay - Pay for entire Policy Term 60 Years less Age at entry		
Premium Paying Mode	Annual, Monthly		
Base Sum Assured	Rs 25,00,000	No limit subject to underwriting	
ADB Sum Assured	Rs 25,00,000	1 Crore	
TI Sum Assured	Rs 25,00,000	1 Crore	
CI Sum Assured	Rs 1,00,000	Rs 50,00,000	
Minimum Annual Premium	Rs. 3,000		
Maximum Annual Premium	As per the Base Sum Assured chosen, subject to underwriting		

[^]Age as on last birthday

Substandard lives may also be covered subject to Company's underwriting norms and with any extra Premium, if applicable Goods & Service Tax as applicable, if any, will be charged over and above the quoted Premium.

If premium payment mode is monthly then multiply the above premium by 0.090 to arrive at modal premium.

*Monthly mode of Premium payment is available only through credit card, direct debit and ECS.

Terminal Illness Conditions:

Terminal Illness is defined as an advanced or rapidly progressing incurable disease which, in the opinion of two Independent Medical Practitioner specializing in treatment of such illness, is highly likely to lead to death within 6 months from the date of notification of claim

The terminal illness must be diagnosed and confirmed by medical consultants registered with the Indian Medical Association and approved by the Company.

The Company reserves the right for independent assessment. Terminal Illness due to AIDS is excluded. Subsequent Death benefit will be reduced to the extent of payout under terminal illness benefit.

Critical Illness Conditions

1. Alzheimer's Disease

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by the Company's appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 6

“Activities of Daily Living” for a continuous period of at least 3 months:

Activities of Daily Living are defined as:

1. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
2. Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
5. Feeding – the ability to feed oneself once food has been prepared and made available.
6. Mobility - the ability to move from room to room without requiring any physical assistance.

The following are excluded:

- Drug-induced or toxic causes of Parkinsonism
- Any other type of irreversible organic disorder/dementia
- Non-organic disease such as neurosis and psychiatric illnesses; and
- Alcohol-related brain damage.

2. Aplastic Anaemia

Chronic Irreversible persistent bone marrow failure which results in Anaemia, Neutropenia and Thrombocytopenia requiring treatment with at least TWO of the following:

- Regular blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

The diagnosis and suggested line of treatment must be confirmed by a Haematologist acceptable to the Company using relevant laboratory investigations, including bone-marrow biopsy. Two out of the following

three values should be present:

- Absolute neutrophil count of 500 per cubic millimetre or less;
- Absolute erythrocyte count of 20 000 per cubic millimetre or less; and
- Platelet count of 20 000 per cubic millimetre or less.

Temporary or reversible aplastic anaemia is excluded.

3. Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

The Blindness is evidenced by :

- i. corrected visual acuity being 3/60 or less in both eyes or ;
- ii. the field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

4. Benign Brain Tumour

Benign brain tumour is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

The brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

- i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- ii. Undergone surgical resection or radiation therapy to treat the brain tumor

The following conditions are excluded:

- Cysts
- Granulomas
- Malformations in the arteries and veins of the brain,

- Hematomas;
- Abscesses
- pituitary tumors,
- Tumors of skull bones and tumors of spinal cord;

5. Brain Surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy with removal of bone flap to access the brain is performed. The following are excluded:

- a) Burr hole procedures, transphenoidal procedures and other minimally invasive procedures such as irradiation by gamma knife or endovascular embolizations, thrombolysis and stereotactic biopsy
- b) Brain surgery as a result of an accident

6. Cancer of specified severity

- I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded –
 - i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
 - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
 - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
 - v. All Thyroid cancers histologically classified as T1N0M0

(TNM Classification) or below;

- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- ix. All tumors in the presence of HIV infection.

7. Myocardial Infarction- First Heart Attack Of Specified Severity

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 of Myocardial Infarction should be evidenced by all of the following criteria:

- a) a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- b) new characteristic electrocardiogram changes
- c) elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

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.

8. 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 III or Class IV, or its equivalent, based on the following classification criteria:

Class III - Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure.

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. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded

9. Stroke Resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for atleast 3 months has to be produced.

The following are excluded:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

10. Open Chest CABG

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 is excluded:

Angioplasty and/or any other intra-arterial procedures

11. Major surgery of the Aorta

The actual undergoing of surgery for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft.

The term "aorta" means the thoracic and abdominal aorta but not its branches

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

12. Open Heart Replacement or Repair of Heart Valves

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.

13. Primary (Idiopathic) Pulmonary hypertension

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 mmHG 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.

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.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, disease of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

14. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident . The diagnosis must be supported by pure tone audiogram test and certified by an ear, nose and throat (ENT) specialist.

Total means "the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing" in both ears.

15. Loss of Speech

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The

inability to speak must be established for a continuous period of 12 months. The diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

All psychiatric related causes are excluded.

16. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met

- the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

Isolated or benign kidney cysts are specifically excluded from this benefit.

17. Motor Neurone Disease with permanent symptoms

Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis.

There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

18. Multiple Sclerosis with persisting symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- investigations including typical MRI findings, which unequivocally confirm the diagnosis to be multiple sclerosis; and
- there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months,

Other causes of neurological damage such as SLE and HIV are excluded.

19. Parkinson's Disease

The unequivocal diagnosis of primary idiopathic Parkinson's disease (all other forms of Parkinsonism are excluded) made by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication; and
- Objective signs of progressive impairment; and
- There is an inability of the Life assured to perform (whether aided or unaided) at least 3 of the following six (6) "Activities of Daily Living" for a continuous period of at least 6 months.

The Activities of Daily Living are:

1. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Mobility: the ability to move indoors from room to room on level surfaces;
5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
6. Feeding: the ability to feed oneself once food has been prepared and made available

20. Systemic Lupus Erythematosus (SLE) with Lupus Nephritis

A multi-system, multifactorial, autoimmune disease characterized by the development of autoantibodies directed against various self-antigens. In respect of this Contract, Systemic Lupus Erythematosus (SLE) will be restricted to those forms of systemic lupus

erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a certified doctor specializing in Rheumatology and Immunology. There must be positive antinuclear antibody test.

Other forms, discoid lupus, and those forms with only haematological and joint involvement will be specifically excluded.

WHO Classification of Lupus Nephritis:

Class I: Minimal change Lupus Glomerulonephritis – Negative, normal urine.

Class II: Mesangial Lupus Glomerulonephritis – Moderate Proteinuria, active sediment

Class III: Focal Segmental Proliferative Lupus Glomerulonephritis – Proteinuria, active sediment

Class IV: Diffuse Proliferative Lupus Glomerulonephritis – Acute nephritis with active sediment and / or nephritic syndrome.

Class V: Membranous Lupus Glomerulonephritis – Nephrotic Syndrome or severe proteinuria.

21. Apallic Syndrome

Universal necrosis of the brain cortex, with the brain stem remaining intact. Diagnosis must be definitely confirmed by a Registered Medical practitioner who is also a neurologist holding such an appointment at an approved hospital. This condition must be documented for at least one (1) month.

22. End-stage Lung Disease

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- FEV₁ test results consistently less than 1 litre measured on 3 occasions 3 months apart ; and
- Requiring continuous permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO₂ < 55mm Hg); and

- Dyspnea at rest.

23. Coma of specified severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs.

This diagnosis must be supported by evidence of all of the following:

- no response to external stimuli continuously for at least 96 hours;
- life support measures are necessary to sustain life; and
- permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

24. End stage liver disease

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- Ascites ;and
- Permanent jaundice ;and
- Hepatic encephalopathy.

Liver failure secondary to alcohol or drug abuse is excluded.

25. Kidney Failure requiring regular dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

26. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to

be permanent without any chance of surgical correction.

Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

27. Major Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

28. Major Head Trauma

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 3 months from the date of the Accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The Accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

The following are excluded:

- (a) Spinal cord injury; and

The Activities of Daily Living are:

1. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Mobility: the ability to move indoors from room to

room on level surfaces;

5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
6. Feeding: the ability to feed oneself once food has been prepared and made available.

29. Permanent paralysis of limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months

The condition must be confirmed by a consultant Neurologist on basis of appropriate Imaging techniques such as CT/MRI scans.

30. Major Organ/bone Marrow transplant

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:
- i. Other stem-cell transplants
 - ii. Where only islets of langerhans are transplanted

31. Muscular dystrophy

Diagnosis of muscular dystrophy by a Registered Medical Practitioner who is a neurologist based on three (3) out of four (4) of the following conditions:

- (a) Family history of other affected individuals;
- (b) Clinical presentation including absence of sensory disturbance, normal cerebro- spinal fluid and mild tendon reflex reduction;
- (c) Characteristic electromyogram; or

(d) Clinical suspicion confirmed by muscle biopsy.

The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least three (3) of the six (6) 'Activities of Daily Living' as defined, for a continuous period of at least six (6) months.

32. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

1. Poliovirus is identified as the cause and is proved by Stool Analysis,
2. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

33. Pneumonectomy

The undergoing of surgery on the advice of a consultant medical specialist to remove an entire lung for any physical injury or disease.

34. Fulminant Viral Hepatitis

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- rapid decreasing of liver size as confirmed by abdominal ultrasound; and
- necrosis involving entire lobules, leaving only a collapsed reticular framework(histological evidence is required); and
- rapid deterioration of liver function tests; and
- deepening jaundice; and
- hepatic encephalopathy.

Hepatitis B infection carrier alone does not meet the diagnostic criteria.

This excludes Fulminant Viral Hepatitis caused by alcohol, toxic substance or drug.

35. Loss of independent Existence

Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in permanent inability to perform at least three (3) of the

following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent”, shall mean beyond the scope of recovery with current medical knowledge and technology

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 its scope and jurisdiction of license. The registered practitioner should not be the insured or close member of the family.

Can loans be availed against this Policy?

Loans are not available under this policy.

Surrender

It is always advisable to pay Premiums for the full Premium Payment Term to enjoy maximum benefits under the Policy.

A regular premium policy will not be entitled for any surrender value.

A limited pay policy, will acquire surrender value only after Premium Payment Term is over, and the Company has received all due Premiums payable under the Policy in full. Surrender Value will be calculated using the following formula:

$70\% \times (\text{Sum of premiums paid}^* \text{ excluding the first year's complete premium}) \times (\text{outstanding Policy duration (in months)}) / (\text{Policy Term (in months)})$

The Policy shall terminate on payment of Surrender Value and all rights, benefits and interests under this Policy shall cease.

*Premium paid for this purpose is Premium exclusive of any underwriting extras if any.

What is the grace period in the plan?

A grace period of 30 days is allowed for all modes of payment of premiums under this plan. If death happens

during grace period, the Company will pay the applicable benefit after deducting outstanding Premiums, if any.

What happens if I am unable to pay Premium?

If the Policyholder discontinues the Premium Payment, the Policy will lapse on the expiry of the grace period. Such lapsed policies can be revived within a period of two years from the date of first unpaid Premium but before Maturity Date by paying all due Premiums with interest subject to Company's underwriting policy, as applicable from time to time.

Are there any Tax Benefits available?

Tax benefits will be applicable as per prevailing tax laws. Tax laws are subject to change. Please consult your tax advisor for details.

Suicide Claim provisions

In case of death due to suicide within 12 months:

- i. from the date of inception of the policy, the Company's only obligation under this Policy shall be to pay an amount equal to 80% of total Premium paid (excluding underwriting extra, if any)
- ii. from the date of revival of the policy, the Company's only obligation under this Policy shall be to pay an amount equal to 80% of total Premium paid (excluding underwriting extra, if any)

Free look cancellation

Policyholder will have a period of 30 days from the date of receipt of the policy bond to review the terms and conditions of the policy. If the policyholder disagrees to any of those terms or conditions, he has the option to return the policy stating the reasons for his objection. He shall be entitled to a refund of the premiums paid subject to a deduction of appropriate risk premium for the period of risk cover, any expenses incurred by the company towards medical examination of the life insured and the stamp duty charges.

In case of non-acceptance of the proposal

The premium received will be refunded after deducting the medical expenses incurred towards the medical test.

Exclusions only for Accidental Death Benefit

The company will not pay accidental death benefit, for any losses associated (either directly or indirectly), voluntarily or involuntarily, with any of the following:

1. The Life insured taking part in any hazardous sport or pastime (including, but not limited to, hunting, mountaineering, racing, steeple chasing, bungee jumping, etc.)
2. The Life insured flying in any kind of aircraft, other than as a fare-paying passenger on an aircraft of a licensed airline
3. The Life insured performing service in any military, police, paramilitary or similar organization
4. The Life insured taking part in any strike, industrial dispute, riot, etc.
5. The Life insured taking part in any criminal or illegal activity
6. Self-inflicted injury, suicide, whether sane or insane
7. The Life insured being under the influence of, or the Life insured abusing, any drug, alcohol, narcotic or psychotropic substance not prescribed by a registered medical practitioner
8. War, civil commotion, invasion, terrorism, hostilities (whether war be declared or not)
9. Nuclear reaction, radiation or contamination

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 medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

General Exclusions:

- Apart from the disease specific exclusions, no benefit will be payable if any of the critical illness condition is caused or aggravated directly or indirectly by any of the following:
- Any medical condition which first manifests itself

within 180 days of the risk commencement date or reinstatement date whichever is later.

- Any Pre-existing condition (as defined above)
- Any congenital disorder, or related illness.
- Suicide or attempted suicide or intentional self-inflicted injury, by the life insured, whether sane or not at that time.
- Life assured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner
- War, invasion, hostilities (whether war is declared or not), civil war, rebellion, terrorist activity, revolution or taking part in a riot or civil commotion, strikes or industrial action.
- Participation by the life assured in a criminal or unlawful act with criminal intent or committing any breach of law including involvement in any fight or affray.
- Treatment for injury or illness caused by avocations / activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
- Any underwater or subterranean operation or activity. Racing of any kind other than on foot.
- Existence of any sexually Transmitted Disease (STD) and its related complications or Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immunodeficiency Virus (HIV).
- Participation by the insured person in any flying activity other than as a bona fide fare paying passenger, in a licensed aircraft.
- Unreasonable failure to seek 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.
- Nuclear reaction, Biological, radioactive or chemical contamination due to nuclear accident.

- Ayurvedic, Homeopathy, Unani, herbalist treatment, any other treatments other than Allopathy / western medicines.
- Any treatment of donor for the replacement of an organ

Nominee under Section 39 of Insurance Act, 1938

Nomination shall be as per Section 39 of the Insurance Act, 1938 as amended from time to time.

Assignment under Section 38 of Insurance Act, 1938

Assignment may be done as per Section 38 of the Insurance Act 1938, as amended from time to time.

Section 41 of the Insurance Act 1938: Prohibition of rebate (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 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.
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees.

The brochure gives the salient features for the product. Please refer to policy bond for further details of the terms and conditions

About DHFL Pramerica Life Insurance (DPLI)

DHFL Pramerica Life Insurance is a joint venture between DHFL Investments Limited (DIL), a wholly-owned subsidiary of Dewan Housing Finance Corporation Ltd. (DHFL), India's second largest private sector housing finance company and Prudential International Insurance Holdings, Ltd. (PIIH), a fully owned subsidiary of Prudential Financial, Inc. (PFI), a financial services leader headquartered in the U.S. DPLI represents the coming together of two renowned financial services organizations with a legacy of business excellence spread over decades. The life insurance joint venture agreement between the two partners was signed in July 2013.

DHFL Pramerica Life Insurance, which was earlier known as DLF Pramerica Life Insurance started operations in India on September 01, 2008 and has a pan India presence through multiple distribution channels which have been customized to address the specific insurance needs of diverse customer segments. The Company is committed to providing protection and quality financial advice to its customers.

For further information on the Company, please visit www.dhflpramerica.com

About DHFL

DHFL was founded in 1984 by Late Shri Rajesh Kumar Wadhawan with a vision to provide financial access to the lower and middle income segments of the society. Today, led by Mr. Kapil Wadhawan, CMD, DHFL, the Company is one of India's leading mortgage finance institutions with presence in over 450 locations across the country, in addition to representative offices in Dubai and London.

All through its years of growth, DHFL has stayed with its core vision of financial inclusion. The Company's wide network, coupled with insights into local customer needs has enabled the Company to provide meaningful financial access to customers even in India's smallest towns. With a strong business foundation, an extensive distribution network, proven industry expertise and a deep understanding of the Indian customer, DHFL is one of India's largest financial services companies.

For further information, please visit www.dhfl.com

About PFI

Pramerica is a trade name used by Prudential Financial, Inc. (PFI), a company incorporated and with its principal place of business in the United States, and its affiliated companies in select countries outside the United States. PFI (NYSE: PRU), a financial services leader with more than \$1 trillion of assets under management as of September 30, 2013, has operations in the United States, Asia, Europe and Latin America. PFI's diverse and talented employees are committed to helping individual and institutional customers grow and protect their wealth through a variety of products and services, including life insurance, annuities, retirement-related services, mutual funds and investment management. In the U.S., PFI's iconic Rock symbol has stood for strength, stability, expertise and innovation for more than a century. Prudential Financial, Inc. of the United States is not affiliated in any manner with Prudential plc, a company incorporated in the United Kingdom.

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Note:

For information on timeframes for proposal processing, policy servicing, claims servicing and grievance redressal, please refer our website at www.dhflpramerica.com

This product provides life insurance coverage.

Goods & Service Tax as applicable will be charged over and above the quoted premium.

DHFL Pramerica Life Flexi e-Term UIN: 140N055V01

IRDAI Registration Number: 140

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