



Insurance benefits available with
Wealthsurance™ and Homesurance®

Highlights of IDBI Federal InsuranceBasket®

➤ IDBI Federal InsuranceBasket is designed to offer

- Protection for wealth plans so that your wealth-building efforts are unaffected by unforeseen events
- Protection of loan liabilities so that debt does not become a burden when life throws surprises
- A whole package of Living Benefits so that you are well cared for in the event of health crises, accidents or disablement

➤ Life Insurance and Terminal Illness Benefit

- Flexibility to choose the amount of life cover
- Accelerated payment of benefit in the event of terminal illness

➤ Major Diseases Benefit in the event of diagnosis of any of 17 specified diseases

- 17 major diseases, conditions and medical procedures covered
- Lump sum cash benefit paid upon doctor's diagnosis or undergoing of the medical procedure

➤ Hospital Cash Benefit in the event of hospitalisation

- Daily Cash Benefit paid for each day of hospitalisation beyond two days
- Recovery Benefit paid for hospital stays of longer than five days

➤ Accidental Death and Disablement Benefit to cover risk of accidents

- Additional benefit upon death due to accident
- Benefits paid in the event of permanent disablement due to bodily injury

➤ Waiver of Premium Benefit in the event of death or total and permanent disablement

- Ensures that your saving plans are realised even in the event of death or total and permanent disablement
- Premiums can be waived in the event of death
- Premiums can be waived in the event of total and permanent disablement

➤ Flexibility to manage your insurance benefits

- Add or remove optional insurance benefits to suit your needs
- Increase or decrease the amount of benefits
- Pay only for the benefits you choose



IDBI Federal InsuranceBasket®: Get Living Benefits and protect your plans

Protection is useful in many ways. The insurance benefits we offer under IDBI Federal InsuranceBasket can protect you in the event of death, terminal illness, diagnosis of major diseases, sickness requiring hospitalisation, accidental death and serious accidental injuries and disablement from engaging in any occupation to earn income. When you make a wealth plan, protecting the plan with insurance benefits ensures that the plan can still be achieved if life throws surprises. When you take a loan, protecting the loan with insurance benefits ensures that the loan does not become a burden if the unforeseen happens. Our package of benefits is designed to also offer Living Benefits. Living Benefits help you to overcome crises during your lifetime so that you are financially well taken care of in the case of any health crises.

We offer life, terminal illness, health, accident and disablement insurance benefits as part of IDBI Federal InsuranceBasket. You can choose what you need and pay for only those benefits. With these benefits, you can ensure that:

- your family is not affected financially and your financial goals are still met in the event of death or accident
- you are protected against high medical expenses and loss of earning capacity in the event you suffer a serious illness, undergo hospitalisation or become disabled.

Types of insurance benefits offered

The following benefits are offered in the IDBI Federal InsuranceBasket:

Life and Terminal Illness Insurance	Life and Terminal Illness Benefit: Benefit is paid in the following events: <ul style="list-style-type: none">• Death Benefit is paid on death of the Insured Person.• Terminal Illness Benefit is paid on diagnosis of terminal illness where the Insured Person is expected to live for not more than six months.
Health Insurance	We offer two Health Benefits as optional Riders: (a) Major Diseases Benefit: If the Insured Person is diagnosed with any of the 17 specified major diseases, a lump sum cash amount is paid as benefit. (b) Hospital Cash Benefit: If the Insured Person is admitted to a hospital upon medical advice for treatment of any illness or injury, a daily cash allowance and other benefits as specified are paid.
Accident and Disability Insurance	We offer two Accident Death and Disablement Benefits as optional Riders: (a) Accidental Death Benefit: In the event of death of the Insured Person due to accident, an additional lump sum cash amount is paid as benefit. (b) Accidental Death and Disablement Benefit: In the event of death or permanent disablement of the Insured Person due to accident, a lump sum cash amount is paid as benefit.
Waiver of Premiums	We offer two Waiver of Premium Benefits as optional Riders: (a) Waiver of Premium Benefit on Death: In the event of death of the Policy Owner, the future regular premiums are waived and treated as paid. (b) Waiver of Premium Benefit on Total and Permanent Disablement: In the event of total and permanent disablement of the Policy Owner, the future regular premiums are waived and treated as paid.

Automatic and Optional Benefits

Life and Terminal Illness Benefit

Life and Terminal Illness Benefit is an automatic benefit under the IDBI Federal Wealthsurance Foundation Plan (hereinafter known as Wealthsurance) and the IDBI Federal Homesurance Plan. The Benefit is automatically available to all. Please refer to the brochures of the base plans for details of the Life and Terminal Illness Benefit.

Other Insurance Benefits

All other benefits are optional and you can choose any or all of them as needed. The Optional Benefits available are described in this brochure.

How to choose Optional Benefits?

Add or Remove an optional benefit at anytime:

You can choose any or all of the optional insurance benefits at the time of taking the Wealthsurance or Homesurance Plan. If you have not chosen a benefit at the time of taking the Plan, you can add it at anytime by applying to us. The benefit is, however, added to your Plan if approved by us after underwriting. You can also cancel at anytime any optional benefits which you might have chosen if you no longer need them.

You can apply to increase or reduce the amount of your optional insurance benefits at anytime. The increase in amount is, however, subject to our acceptance after underwriting and medical assessment as we may require.

Charges deducted from Investment Account in Wealthsurance

If your base plan is Wealthsurance, the charges for the benefits you choose are deducted monthly in advance (at one-twelfth of the annual charges) from your Wealthsurance Investment Account by cancellation of units. Service tax, cess and any other statutory levies are collected in addition to the charges specified under each benefit.

Charges payable separately in Homesurance

If your base plan is Homesurance, the charges for the benefits are payable separately in advance. The charges are 100% of the amounts mentioned under each benefit if you choose annual payment mode. If you choose half-yearly, quarterly or monthly payment mode, the charges payable are 51%, 26% and 9% of the amounts payable annually. Service tax, cess and any other

statutory levies are payable separately in addition.

Who can be insured? Who receives the benefits?

You can take insurance benefits not only for yourself but also for others. However, you have to take a separate Wealthsurance Plan for each person. For example, you can take a Wealthsurance Plan where you are the Policy Owner as also the Insured Person. You can take another Plan where you are the Policy Owner and your spouse is the Insured Person.

There are three parties in the Wealthsurance Plan which is an insurance contract.

Policy Owner	<p>Policy Owner (also known as Proposer or Policyholder) is the person who makes an application to us to take the Wealthsurance Plan and is issued the policy.</p> <p>Obligation to pay Premiums. Policy Owner is responsible to pay the premiums to us and gets the tax benefits.</p> <p>Right to manage the Plan. The Policy Owner gets all the rights to manage the Wealthsurance Plan including making switches, withdrawals, changing the plan terms as permitted and even changing the Nominee. In effect, we take all instructions only from the Policy Owner.</p> <p>Right to receive benefits. All the benefits under the Wealthsurance Plan, whether maturity benefit or the insurance benefits, are paid to the Policy Owner as long as he/she is alive, whether the Policy Owner is the same as the Insured Person or is different.</p>
Insured Person	<p>Insured Person is the person whose risk of death, accident, health crisis or disability is covered under the Plan. As a Policy Owner, you can choose the Insured Person at the time of taking the Plan. It can be yourself or any person in whom you have insurable interest. Generally, you are assumed to have insurable interest in a person if you would incur expense or loss if anything happens to the life or health of that person, e.g., your spouse or child.</p> <p>You need to specify the Insured Person at the time of applying for the Wealthsurance Plan. Once specified, you cannot change the Insured Person.</p>
Nominee	<p>In case of your death, the Nominee specified by you will receive the benefits under the Plan. As a Policy Owner, you can choose and also change the Nominee as you wish during your lifetime.</p> <p>When you apply for your Plan, you need to specify the Nominee. You have to specify the Nominee only if you are the Policy Owner as also the Insured Person. If the Insured Person is different, the Policy Owner is assumed to be the Nominee.</p>

In Homesurance Plan, the borrower of the home loan is usually the Policy Owner as well as the Insured Person.

Living Benefits

As Policy Owner, what benefits do you receive in your lifetime?

Sometimes people think of life insurance as providing benefits only after their death. However, Wealthsurance is designed to provide benefits during your lifetime, whether you are yourself the Insured Person or you designate another person as the Insured Person.

You will receive the following benefits during your lifetime.

If you are also the Insured Person	If another person is the Insured Person
<ul style="list-style-type: none">• The ability to create and manage wealth, get tax benefits• Withdraw funds for any needs as permitted• Terminal Illness Benefit if you are diagnosed with Terminal Illness which is expected to lead to death within six months• Major Diseases Benefit if you are diagnosed with any of the 17 specified major diseases• Hospitalisation Benefit if you are hospitalised for treatment of any illness or injury• Accidental Death and Disablement Benefit if you suffer permanent disablement due to accident• Waiver of Premium Benefit to ensure that your plan continues even in the unfortunate event of Total and Permanent Disablement due to accident or illness• Maturity Benefit on the date of Maturity of the Plan	<ul style="list-style-type: none">• The ability to create and manage wealth, get tax benefits• Withdraw funds for any needs as permitted• Death and Terminal Illness Benefits if the Insured Person dies or is diagnosed with Terminal Illness which is expected to lead to death within six months• Major Diseases Benefit if the Insured Person is diagnosed with any of the 17 specified major diseases• Hospitalisation Benefit if the Insured Person is hospitalised for the treatment of any illness or injury• Accidental Death or Disablement Benefit if the Insured Person dies or suffers permanent disablement due to accident• Waiver of Premium Benefits to ensure that your plan for your loved ones continues even in the unfortunate event of your death or disablement• Maturity Benefit on the date of Maturity of the Plan

Death Benefits

What benefits does your nominee or legal heirs receive after your death?

If you are the Insured Person, Death Benefit or Accidental Death Benefit is paid to your Nominee in the event of your death.

New Insurance Benefits

IDBI Federal may introduce new insurance benefits into the IDBI Federal InsuranceBasket from time to time, which will be available to you as the Policy Owner of the base plan unless they are specifically excluded. Similarly, the insurance benefits in the IDBI Federal InsuranceBasket may be modified, improved or removed from time to time.



Major Diseases Benefit: Get benefits on diagnosis of 17 major diseases

Benefit Type: Optional

AVAILABLE WITH: IDBI Federal Wealthsurance Foundation Plan, Homesurance Plan

UIN: 135C005V01

Lifestyles have changed due to which the incidence of major critical illnesses has substantially increased. With the advances in medicine, the chances of successful treatment of these diseases have increased but the cost of treatment has also gone up substantially. When such diseases strike, they result in expenditure over a long period for treatment and may result in loss of earning capacity. Major Diseases Benefit is designed to protect you financially when such major illnesses happen. The Benefit can ensure that additional expenses can be met and your wealth plans are not affected if a major disease strikes.

Eligibility: Who can choose the Benefit?

Major Diseases Benefit is an optional rider benefit that can be chosen if the Insured Person is at least 18 years old and is not older than 55 years.

Insured Event: When are the benefits paid?

Benefit Amount is paid on diagnosis of a major disease

We pay Major Diseases Benefit if, before the expiry date of the Benefit, the Insured Person is diagnosed with or undergoes any one of the 17 specified diseases, conditions and medical procedures given in the Table. You can claim the Benefit Amount based on doctor's diagnosis or the actual undergoing of the surgery or procedure, as the case may be. We require satisfactory evidence about the diagnosis and, if we require, may ask for examination at our cost of the Insured Person by a doctor designated by us to confirm the diagnosis.

There is no time limit for claiming a Major Disease Benefit, although we advise you to notify us as soon as you are aware that there may be a potential claim. The first step is for you to complete a Major Disease Claim form and provide us with the hospital discharge and any medical reports you may have regarding the Major Disease.

Benefit Amount: What benefits are paid?

Lump Sum Cash Benefit is paid, without regard to actual expenditure

We pay a lump sum cash amount as Major Diseases Benefit if the Insured Person is diagnosed with or undergoes any one of the 17 specified illnesses, conditions and medical procedures. The amount you receive is fixed and is not dependent upon the actual cost of treatment. You do not need to submit any bills but only proof that the Insured Person has been diagnosed with the disease.

The lump sum cash benefit allows you:

- To meet all the direct expenses involved in the treatment of the disease, both immediate and over the long term

- To meet all incidental expenses for yourself and other caregivers or engage nursing care as required
- To compensate for reduced income earning capacity or loss of income due to the disease

You can choose Benefit Amount and Benefit Term

When you opt for Major Diseases Benefit, you need to choose (a) Benefit Amount, and (b) Benefit Term.

Benefit Amount: Benefit Amount (called Rider Sum Insured) should be a minimum of Rs 50,000 and can be a maximum of Rs 20,00,000, but not more than the Sum Insured of the base plan.

The Benefit Amount chosen by you is paid as a lump sum upon diagnosis. Choose an amount that allows you to meet medical expenses and also meet your financial goals.

Benefit Term: Benefit Term, after which the Benefit will expire, should be a minimum of 5 years and can be a maximum of 20 years. The age of the Insured Person in completed years cannot exceed 65 at the end of the Benefit Term. The Benefit Term cannot be longer than the term of the base plan.

Benefit is paid even if you have other medical reimbursement or cover

We pay you Major Diseases Benefit if you suffer any of the specified diseases, even if you receive payments under any other scheme or insurance policy. Therefore, we will pay you the benefit even if you receive any payments from your employer under the employer's medical scheme or from any other insurance company under that company's insurance policy for the same disease or hospitalisation.

Major Diseases Benefit is also paid in addition to any other optional insurance benefits you might have chosen. For example, with your Wealthsurance Plan if you had chosen Major Diseases Benefit as also Hospital Cash Benefit and are admitted to a hospital due to coronary bypass surgery, you are entitled to benefits under both Major Diseases Benefit and Hospital Cash Benefit.

Claim Procedure:

The Policy Owner can claim the Major Diseases Benefit based on doctor's diagnosis or the actual undergoing of the surgery or procedure, as the case may be. We require satisfactory evidence about the diagnosis and, if we require, may ask for examination at our cost of the Insured Person by a doctor designated by us to confirm the diagnosis. There is no time limit for claiming a Major Diseases Benefit, although we advise the Policy Owner to notify us as soon as he/she is aware that there may be a potential claim. The first step is for the Policy Owner to complete a Major Diseases claim form and provide us with the hospital discharge and any medical reports you may have regarding the Major Diseases.

Base Plan will continue

Upon payment of the Major Diseases Benefit, your Major Diseases Cover will terminate. However, your base plan and all other optional insurance benefits will continue.

Exclusions: When are benefits not paid?

General Exclusions

Waiting period: If the Insured Person was diagnosed with, suffered symptoms of, knew or could reasonably have been expected to know of existence of the disease prior to or within six months of opting for the Benefit or its reinstatement, no benefits are paid (even if the medical procedure or surgery is performed after six months). The waiting period is intended to protect against taking the Benefit with prior knowledge or inkling of the disease.

Survival for 30 days: Major Diseases Benefit is paid only if the Insured Person survives for a minimum of 30 days after the onset of the Major Disease in the case of Heart Attack, Coronary Artery Bypass Surgery, Heart Valve Replacement, Surgery for Disease of the Aorta, Cancer, Kidney Failure, Major Organ Transplant, Coma, Major Head Trauma and Major Burns. In the event of death before 30 days, only the Death Benefit is paid under the base policy.

Self-injury or Unlawful Activity: No benefit is paid if the disease results from deliberate self injury (including any injury due to alcohol or drug abuse) or participating in any unlawful activity or attempted suicide by the Insured Person whether sane or insane.

HIV/AIDS: No benefit is paid if the disease occurs in the presence of an HIV infection or from conditions due to any Acquired Immune Deficiency Syndrome (AIDS).

Previous occurrence: No benefit will be paid if the disease has previously occurred in the Insured Person. The benefit covers only the first occurrence of the disease.

Specific Exclusions

Besides, in the Table, exclusions have been specified for specific diseases.

Charges: How much do you pay?

Charges are based on Age, Sex and Benefit Term

Charges are based on (a) your age at the time of opting for the Benefit, (b) your gender, and (c) Benefit Term you have chosen. Annual Charges for Benefit Amount of Rs 1 lakh for a healthy male is given in the Table below. Charges for females are less. From the Table, you can calculate charges for a different Benefit Amount. For example, for Benefit Amount of Rs 5 lakhs, multiply the charges below by 5.

Annual Charges in Rupees per Rs 1 lakh of Major Diseases Benefit Amount for sample ages for a healthy male

Age at Entry	Term of the Major Diseases Benefit			
	5 years	10 years	15 years	20 years
25	191	195	220	264
30	251	273	330	404
35	373	432	527	650
40	606	700	860	1044
45	957	1139	1378	1623
50	1579	1839	2154	-

Please contact us for charges for your specific age, sex and benefit term. Higher charges than the above may be applied for a specific applicant, based on family history and medical assessment, which will be indicated when your application is processed.

Guaranteed Availability for the term chosen

If you choose a longer term for the Benefit, it is guaranteed to be renewable for the term chosen. The charges are, however, guaranteed for five years and can be changed thereafter for all policyholders, subject to IRDA approval.

If you choose a shorter term for the Benefit, you can apply to us to add the Benefit again after expiry of the term but it is subject to acceptance by us after underwriting including medical assessment at that time.

Table of Major Diseases, Conditions and Medical Procedures Covered

Major Diseases and Definitions	
1	Heart Attack
	The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. Diagnosis has to be confirmed by a specialist and evidenced by all of the following criteria: a. History of typical chest pain b. New characteristic electrocardiogram changes c. Elevation of infarction specific enzymes, troponins or other biochemical markers Excluded are: a. Non-ST-segment elevation myocardial infarction (NSTEMI) with only elevation of troponin I or T b. Other acute coronary syndromes (e.g. stable/unstable angina pectoris) c. Silent myocardial infarction
2	Coronary Artery Bypass Surgery
	The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which are narrowed or blocked, by coronary artery bypass graft (CABG). The surgery must have been proven to be necessary by means of coronary angiography and realization of surgery has to be confirmed by a specialist. Excluded are: a. Angioplasty b. Any other intra-arterial procedures c. Key-hole surgery
3	Heart Valve Replacement Surgery
	Surgical replacement of one or more heart valves with prosthetic valves. This includes the replacement of aortic, mitral, pulmonary or tricuspid valves with prosthetic valves due to stenosis or incompetence or a combination of these factors. Excluded are: Heart valve repair; valvulotomy; valvuloplasty
4	Surgery for Disease of the Aorta
	The actual undergoing of surgery for a chronic disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.



5	Cancer
	A disease manifested by the presence of a malignant tumour characterised by the uncontrolled growth and spread of malignant cells, and the invasion of tissue. The diagnosis must be confirmed by a specialist and evidenced by definite histology. The term cancer also includes leukaemia and malignant disease of the lymphatic system such as Hodgkin's Disease. Excluded are: a. Any CIN stage (cervical intraepithelial neoplasia) b. Any pre-malignant tumour c. Any non-invasive cancer (cancer in situ) d. Prostate cancer stage 1 (T1a, 1b, 1c) e. Basal cell carcinoma and squamous cell carcinoma f. Malignant melanoma stage IA (T1a N0 M0) g. Any malignant tumour in the presence of any human immunodeficiency virus
6	Stroke
	Any cerebrovascular incident producing permanent neurological sequelae and including infarction of brain tissue, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist and evidenced by typical clinical symptoms as well as typical findings in a CCT scan or MRI of the brain. Evidence of neurological deficit for at least three months has to be produced. Excluded are: a. Transient ischemic attacks (TIA) b. Traumatic injury of the brain c. Neurological symptoms due to migraine d. Lacunar strokes without neurological deficit
7	Kidney Failure
	End stage renal disease presented as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist.
8	Major Organ Transplant
	The actual undergoing of transplantation as the recipient of a heart, lung, liver, pancreas, small bowel, kidney or bone marrow. Realisation of the transplantation has to be confirmed by a specialist.
9	Paralysis
	Total and irreversible loss of use of two or more limbs through paralysis due to accident or sickness of the spinal cord. These conditions have to be medically documented for at least 3 months. Excluded is: Paralysis due to Guillain-Barré-Syndrome.
10	Coma
	A state of unconsciousness with no reaction or response to external stimuli or internal needs persisting continuously with the use of life support systems for a period of at least 96 hours and resulting in permanent neurological deficit. Excluded is: Coma secondary to alcohol or drug misuse is not covered.

11 Multiple Sclerosis	Unequivocal diagnosis of Multiple Sclerosis by a neurologist. The disease has to be evidenced by typical clinical symptoms of demyelination and impairment of motor and sensory functions as well as by typical MRI findings. For proving the diagnosis the insured person must either exhibit neurological abnormalities that have existed for a continuous period of at least 6 months or must have had at least two clinically documented episodes at least one month apart or must have had at least one clinically documented episode together with characteristic findings in the cerebrospinal fluid as well as specific cerebral MRI lesions.
12 Alzheimer's Disease (before age 61)	Unequivocal diagnosis of Alzheimer's Disease (presenile dementia) before age 61 that has to be confirmed by a specialist and evidenced by typical findings in cognitive and neuroradiological tests (e.g. CT scan, MRI, PET of the brain). The disease must result in a permanent inability to perform independently three or more activities of daily living – <ul style="list-style-type: none"> • bathing (ability to wash in the bath or shower), • dressing (ability to put on, take off, secure and unfasten garments) • personal hygiene (ability to use the lavatory and to maintain a reasonable level of hygiene) • mobility (ability to move indoors on a level surface) • continence (ability to manage bowel and bladder functions) • eating/drinking (ability to feed oneself, but not to prepare the food) or must result in the need of supervision and the permanent presence of care staff due to the disease. These conditions have to be medically documented for at least three months.
13 Parkinson's Disease (before age 61)	Unequivocal diagnosis of idiopathic or primary Parkinson's Disease (all other forms of Parkinsonism are excluded) before age 61 that has to be confirmed by a specialist. The disease must result in a permanent inability to perform independently three or more activities of daily living – <ul style="list-style-type: none"> • bathing (ability to wash in the bath or shower) • dressing (ability to put on, take off, secure and unfasten garments) • personal hygiene (ability to use the lavatory and to maintain a reasonable level of hygiene) • mobility (ability to move indoors on a level surface) • continence (ability to manage bowel and bladder functions) • eating/drinking (ability to feed oneself, but not to prepare the food) or must result in a permanent bed-ridden situation and inability to get up without outside assistance. These conditions have to be medically documented for at least three months.

14 Benign Brain Tumour	Removal of non-cancerous growth of tissue in brain under general anaesthesia leading to permanent neurological deficit or if inoperable also leading to permanent neurological deficit. Diagnosis must be confirmed by a specialist and evidence by typical findings in CT scan or MRI of the brain. Permanent neurological deficit means the condition has to be medically documented for at least three months. Excluded are: All cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in pituitary gland or spine.
15 Major Head Trauma	Major trauma to the head with disturbance of the brain function that has to be confirmed by a specialist and evidenced by typical findings in neuroradiological tests (e.g. CT scan or MRI of the brain). The trauma must result in a permanent inability to perform independently three or more activities of daily living – <ul style="list-style-type: none"> • bathing (ability to wash in the bath or shower) • dressing (ability to put on, take off, secure and unfasten garments) • personal hygiene (ability to use the lavatory and to maintain a reasonable level of hygiene) • mobility (ability to move indoors on a level surface) • continence (ability to manage bowel and bladder functions) • eating/drinking (ability to feed oneself, but not to prepare the food) or must result in the Insured Person being permanently bed-ridden.
16 Major Burns	Third degree burns covering at least 20% of the surface area of the insured person's body. Diagnosis has to be confirmed by a specialist and evidenced by specific results using the Lund Browder Chart or equivalent burn area calculators.
17 Primary Pulmonary Arterial Hypertension	An increase in the blood pressure in the pulmonary arteries, caused by either an increase in pulmonary capillary pressure, increased pulmonary blood flow or increased pulmonary vascular resistance. Diagnosis has to be confirmed by a specialist and evidenced by cardiac catheterization showing a mean pulmonary artery pressure during rest of at least 20 mm Hg. Furthermore right ventricular hypertrophy or dilatation and signs of right heart failure have to be medically documented for at least 3 months.



Hospital Cash Benefit: Get benefits when admitted to a hospital

Benefit Type: Optional

AVAILABLE WITH: IDBI Federal Wealthsurance Foundation Plan, Homesurance Plan

UIN: 135C004V01

Hospital Cash Benefit gives you Cash Benefits in case the Insured Person is admitted to a hospital for treatment of any illness or injury. In this age of rising medical costs, it allows you to seek the best medical care to treat the illness, without worrying about expense.

Eligibility: Who can choose the Benefit?

Hospital Cash Benefit is an optional rider benefit that can be chosen if the Insured Person is at least 18 years old and is not older than 55 years.

Insured Event: When are benefits paid?

Cash Benefit is paid if admitted to hospital

Hospital Cash Benefit is paid if the Insured Person is admitted to a hospital for treatment of any illness or injury. It does not matter what illness or injury caused hospitalisation. We require satisfactory evidence that hospitalisation was medically necessary and that hospitalisation was advised by a registered medical practitioner.

There is no requirement of admittance to any specified hospital. You could be admitted to any hospital at any place in India. The hospital should have at least 15 beds, well-equipped and should be registered and licensed as a hospital by responsible authorities. Daily medical and patient records should be properly maintained which should be made available to us.

If you are admitted to a hospital only for observation or diagnosis, you are not entitled to any benefit. No benefit is paid for treatment received only as out-patient, without admittance to a hospital.

Claim Procedure

You must advise us of any hospitalisation which is likely to give rise to a claim under this benefit within 72 hours of the Insured Person being admitted to hospital. If you cannot advise us within 72 hours, then you must do so as soon as reasonably possible. If you do not give us timely advice of hospitalisation we may refuse the claim.

You must give us prior advice if hospitalisation will be required or is likely to be required for a period longer than 14 days. If you do not give us prior advice we may refuse the claim for benefits beyond 14 days of hospitalisation.

In order to process the claim under hospital cash benefit we will require copies of the records and reports of the hospital you have received and a certificate of the attending medical practitioner(s) to confirm the purpose and duration of

hospitalisation. We also require your authorisation to seek any information we need from the hospital.

Benefit Amount: What benefits are paid?

When you opt for Hospital Cash Cover, you need to choose (a) No. of Capsules which determines the Benefit Amount, and (b) Benefit Term.

You can choose the amount of Hospital Cash Benefit

Hospital Cash Benefit is available in Capsules. Each Capsule gives you specified amount of benefits as given in the Table below. Premium is specified for each Capsule. You can buy the number of Capsules you need, subject however to a maximum of 8 Capsules.

Benefit	Benefit Amount			
	1 Capsule	2 Capsules	4 Capsules	8 Capsules
Daily Cash Benefit*				
- Normal Benefit	Rs 500	Rs 1,000	Rs 2,000	Rs 4,000
- ICU Benefit	Rs 1,000	Rs 2,000	Rs 4,000	Rs 5,000
Recovery Benefit#	Rs 1,000	Rs 2,000	Rs 4,000	Rs 8,000

*Daily Cash Benefit is paid for each day of hospitalisation from the third day onwards. Normal Benefit is paid for stay other than in ICU. ICU Benefit is paid for stay in ICU.

#Recovery Benefit is paid in case of hospitalisation for more than 5 days.

Daily Cash Benefit and Recovery Benefit

In the event of hospitalisation, we pay two benefits:

(a) Daily Cash Benefit, and (b) Recovery Benefit.

(a) Daily Cash Benefit

Daily Cash Benefit is paid for each full day (24 hours) that the Insured Person spends in a hospital as in-patient. The amount of Cash Benefit paid depends on the number of Capsules you have purchased and whether the Insured Person was admitted in ICU or other than ICU.

Normal Benefit: Normal Benefit is paid for each day of hospitalisation in other than ICU. Each capsule entitles you to daily cash allowance of Rs 500 per day, subject to a maximum of Rs 4,000 per day.

ICU Benefit: ICU Benefit is paid for each day of hospitalisation in ICU. Each Capsule entitles you to daily cash allowance of Rs 1,000 per day, subject to a maximum of Rs 5,000 per day.

Thus, for example, if you have purchased 4 Capsules, then you are entitled to Rs 4,000 per day if the Insured Person is admitted in ICU and Rs 2,000 per day if admitted in other than ICU. If you have purchased 8 Capsules, then you are entitled to Rs 5,000 per day if admitted in ICU, and Rs 4,000 per day if admitted in other than ICU.

Benefit starts from the third day

No benefit is paid for the first two days of hospitalisation. The benefit starts from the third day. For example, if the Insured Person is admitted for only two days, you will not be entitled to any benefit. If admitted for 10 days, then you are entitled to benefit for 8 days. The intent is that insurance does not cover first two days of hospitalisation.

Cash Benefit paid without regard to actual expenditure

The cash benefit is fixed based on the number of Capsules you have purchased and is paid without regard to the actual expenditure you incurred at the hospital, which may be higher or lower. The class of admission at the hospital also does not matter and you are paid fixed allowance whether you are admitted in general ward, special room or shared room. Hospital Cash Benefit allows you to meet not only direct hospital costs but also incidental expenses that you and your family will incur in case of hospitalisation.

(b) Recovery Benefit

If the Insured Person is hospitalised continuously for more than five full days (120 hours), you are also entitled to a lump sum Recovery Benefit. The amount of Recovery Benefit is fixed and is equal to twice the Normal Daily Cash Benefit. For example, if you have purchased 4 Capsules, then you are entitled to Rs 4,000 as fixed Recovery Benefit if the Insured Person is admitted for more than five full days.

In illnesses that require longer hospitalisation, usually there is need to continue treatment at home and make doctor visits as out-patient. The Recovery Benefit allows you to meet such post-hospitalisation costs.

Recovery Benefit is paid for each episode of hospitalisation if such hospitalisation exceeds five days.

Limits

You can make claims under the Hospital Cash Cover any number of times, if the Insured Person is hospitalised several times. However, the following limits apply:

- **Waiting period:** In the first 90 days after start date or reinstatement of the benefit, only hospitalisation due to accident is covered. This is to guard against the misuse of taking the benefit with the knowledge of possible hospitalisation due to illness.
- **Annual Limit:** In the first policy year, total benefits paid are limited to 14 times the Normal Daily Cash Benefit. In subsequent years, total benefits paid are limited to 60 times the Normal Daily Cash Benefit per year.
- **Lifetime Limit:** Total benefits paid during the entire Benefit Term are limited to 180 times the Normal Daily Cash Benefit. This is your Lifetime Limit under Hospital Cash Benefit

Benefit Term

You can choose the period for which you want the Hospital Cash Benefit. The minimum Benefit Term you can choose is 5 years and the maximum term is 15 years, but not longer than the term of the base plan. The age of the Insured Person in completed years should not exceed 65 at the end of the Benefit Term.

Get the benefit even if you have other medical reimbursement or cover

Hospital Cash Benefit is paid to you even if you get any other reimbursement or insurance claim for the same hospitalisation. For example, you might receive medical reimbursement from your employer or you might have another mediclaim policy. Nevertheless, you are still entitled to benefits under our Hospital Cash Benefit.

Hospital Cash Benefit is also paid in addition to any other optional insurance benefits you might have chosen. For example, with your Wealthsurance Plan if you had chosen Major Diseases Benefit as also Hospital Cash Benefit and are admitted to a hospital due to heart attack, you are entitled to benefits under both Major Disease Benefit and Hospital Cash Benefit. Similarly, if you had chosen Accidental Death and Disablement Benefit as also Hospital Cash Benefit and you are admitted to a hospital due to an accident which has resulted in permanent disablement, you are entitled to benefits under both Accidental Death and Disablement Benefit and also Hospital Cash Benefit.

Base Plan will continue

Upon payment of the Lifetime Limit under the Hospital Cash Benefit, your Hospital Cash Benefit will terminate. However, your base plan will continue.

Exclusions: When are benefits not paid?

Hospital Cash Benefit is not paid in the following cases:

- Any pre-existing condition, unless otherwise specified in the schedule
- Any sickness (but not an accidental injury) which begins within 90 days of the commencement date or the date of any reinstatement of the hospital cash benefit
- Routine examinations, check-ups, preventative measures, or medical examination not performed for the purpose of treating sickness or injury
- Any treatment which is not medically necessary and not undertaken by a registered medical practitioner
- Pregnancy or childbirth (but not including toxæmia, ectopic pregnancy and hyperemesis gravidarum)
- Abortion, contraceptive measures, fertility tests, treatment of infertility
- Elective surgery, cosmetic or plastic surgery, unless necessitated by sickness or injury
- Idiopathic epilepsy and psychiatric conditions
- Congenital defect or hereditary condition which has manifested itself or been diagnosed before the Insured Person attained the age of 17 years
- Dental treatment unless due to accidental injury, supply or fitting of eye glasses or hearing aids
- AIDS, illnesses in the presence of HIV or any sexually-transmitted disease
- Food poisoning
- Care other than allopathic care
- Attempted suicide or self-inflicted injury, whether the Insured Person is sane or insane at the time
- War (whether declared or not), terrorism, invasion, war like activities, civil war, martial law, rebellion, revolution, insurrection, military or usurped power
- Service in the Armed Forces, or any police organization, of any country at war (whether declared or not) or in a state of conflict
- The insured person participating in a riot, a strike, civil commotion or any criminal or unlawful act
- Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a licensed medical practitioner
- Aviation other than as a fare-paying passenger in an aircraft which is authorized by the relevant regulations to carry

passengers between established airports

- Engaging in or taking part in professional sport or any hazardous pursuits, including but not limited to, diving or riding or any kind of race, underwater activities involving the use of breathing apparatus or not, martial arts, hunting, mountaineering, parachuting, bungee-jumping
- The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accidents arising from such nature

Charges: How much do you pay?

Charges are based on Age and Benefit Term

Annual Charges for Hospital Cash Benefit for a healthy adult based on the age of entry and the Benefit Term is given in the table below for 2 Capsules (i.e. Rs 1,000 per day of Normal Daily Cash Benefit). From the Table, you can calculate the charges for the number of Capsules you need. For example, the charges are half the amount given in the Table for 1 Capsule. Similarly, for 8 Capsules you should multiply the charges below by 4.

Annual Charges in Rupees for 2 Capsules (i.e. Rs 1,000 of Normal Daily Hospital Cash Benefit)

Age at Entry	Benefit Term		
	5 to 7 years	8 to 12 years	13 to 15 years
18 - 24	430	440	450
25 - 29	440	450	460
30 - 34	480	490	500
35 - 39	530	540	550
40 - 44	560	590	620
45 - 49	660	690	720
50 - 54	790	820	880
55	790	820	-

Charges are the same for males as well as females. Higher charges may be applied for a specific applicant based on family history and medical assessment, which will be indicated when your application is processed.

Guaranteed availability for the term chosen

If you choose a term for the Benefit, it is guaranteed to be renewable for the term chosen. The charges are, however, guaranteed for three years and can be changed thereafter for all policyholders, with IRDA approval.

If you choose a shorter term for the Cover, you can apply to us to add the Benefit again after the expiry of the term but it is subject to acceptance by us after underwriting including medical assessment at that time.

Accidental Death and Disablement Benefits: Protect against death or serious injuries from accidents

Benefit Type: Optional

AVAILABLE WITH: IDBI Federal Wealthsurance Foundation Plan, Homesurance Plan

Accidental Benefits protect you and your loved ones from death or disablement due to an accident. Death or disablement by accident can happen to anyone and you should consider taking adequate Accidental Benefits for all members of your family exposed to the risk.

We offer the following optional Accidental Death and Disablement Benefits as Riders:

Accidental Death Benefit Benefit Type: Optional UIN: 135C001V01	Pays benefits upon death of the Insured Person resulting from an accident
Accidental Death and Disablement Benefit Benefit Type: Optional UIN: 135C002V01	Pays benefits upon death or permanent disablement of the Insured Person resulting from an accident

The difference between the two benefits is that while the first pays benefit only upon death due to accident; the second pays benefit upon death and also disablement due to accident.

Eligibility: Who can choose the Benefit?

Accidental Benefits can be chosen if the Insured Person is at least 18 years old and is not older than 60 years.

Insured Event: When are the Benefits paid?

Benefits are paid in the following two events: (a) Accidental Death, and (b) Accidental Disablement. If you choose Accidental Death Benefit, the Benefit Amount is paid only upon death resulting from an accident. If you choose Accidental Death and Disablement Benefit, the Benefit Amount is paid upon either death or disablement resulting from an accident.

The type of accident does not matter and is not restricted to road, rail or air accidents. Any accident resulting in death or disablement by violent external and visible means is covered. Accident could be anywhere in India or while travelling abroad.

Accidental Death: Benefit Amount is paid if the Insured Person dies due to bodily injury resulting solely and directly from an accident. Death should result within six months from the date of the accident.

Accidental Disablement: Benefit Amount is paid if the Insured Person suffers permanent disablement for at least six months from any of the bodily injuries described in the table alongside resulting from an accident.

Description of Bodily Injury	% of Benefit Amount
Loss or total and permanent loss of use of both hands from the wrist joint	100%
Loss or total and permanent loss of use of both feet from the ankle joint	100%
Total and permanent loss of sight in both eyes	100%
Loss or total and permanent loss of use of one hand from the wrist joint and of one foot from the ankle joint	100%
Loss or total and permanent loss of use of one hand from the wrist joint and total and permanent loss of sight in one eye	100%
Loss or total and permanent loss of use of one foot from the ankle joint and total and permanent loss of sight in one eye	100%
Total and permanent loss of speech and of hearing in both ears	50%
Total and permanent loss of hearing in both ears	25%
Loss or total and permanent loss of use of one hand from the wrist joint	25%
Loss or total and permanent loss of use of one foot from the ankle joint	25%
Total and permanent loss of sight in one eye	25%
Total and permanent loss of speech	20%
Total and permanent loss of hearing in one ear	5%

If the Insured Person suffers more than one injury, we will pay more than one benefit as per the above table but the total of all benefit payments will be limited to 100% of Benefit Amount. If a partial amount is paid, the Benefit Rider will continue and the remaining benefit can be paid even in the event of another accident. The premium payment for this Rider continues till 100% of the benefit is paid.

Benefit Amount: What benefits are paid?

You can choose Benefit Amount and Benefit Term

When you opt for Accidental Death Benefit or Accidental Death and Disablement Benefit, you need to choose (a) Benefit Amount, and (b) Benefit Term.

Benefit Amount: Benefit Amount under Accidental Benefits (called Rider Sum Insured) should be a minimum of Rs 50,000 and can be a maximum of Rs 50,00,000, but not more than the Sum Insured of the base policy.

Benefit Term: Benefit Term is the period for which you want the Accidental Benefits to be available. It should be a minimum of 5 years and not more than the term of the base policy. The age of the Insured Person in completed years cannot exceed 65 at the end of the Benefit Term.

Accidental Benefits are additional benefits

Accidental Benefits are paid in addition to the other benefits. Thus under your Wealthsurance Plan if death occurs by accident, you will receive not only the normal Death Benefit but also the Accidental Death Benefit. Similarly, if you had also chosen Hospital Cash Benefit and are hospitalised due to accident and suffer permanent disablement, you will receive benefits under Accidental Death and Disablement Benefit and also Hospital Cash Benefit.

Basic Plan may terminate or continue

In the event of death due to accident, your base plan will terminate. However, in the event of disablement due to accident, your Accidental Death and Disablement Benefit will terminate after payment of 100% of Benefit Amount but your base plan will continue.

Exclusions: When are benefits not paid?

Accidental Death Benefit and Accidental Death and Disablement Benefit will not be paid if death results from or accelerated by:

- Suicide or attempted suicide or self-inflicted injury, whether the Insured Person is sane or insane at the time.
- War (whether declared or not), terrorism, invasion, war-like activities, civil war, martial law, rebellion, revolution, insurrection, military or usurped power.
- Service in the Armed Forces, or any police organization, of

any country at war (whether declared or not) or in a state of conflict.

- The Insured Person participating in a riot, a strike, civil commotion or any criminal or unlawful act.
- Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a licensed medical practitioner.
- Aviation other than as a fare-paying passenger in an aircraft which is authorized by the relevant regulations to carry passengers between established airports.
- Engaging in or taking part in professional sport or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.
- The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

Charges: How much do you pay?

The charges for Accidental Death Benefit are Re 1.00 per Rs 1,000 of the Benefit Amount (i.e. Rider Sum Insured) chosen by you.

The charges for Accidental Death and Disablement Benefit are Rs 1.50 per Rs 1,000 of the Benefit Amount (i.e. Rider Sum Insured) chosen by you.

These charges are exclusive of service tax, cess or other levies as may be imposed by statutory authorities from time to time.



Waiver of Premium Benefits: Ensure completion of your plans even in the event of death or total and permanent disablement

Benefit Type: Optional

AVAILABLE WITH: IDBI Federal Regular Premium Wealthsurance Foundation Plan, IDBI Federal Regular Premium Homesurance Plan

Waiver of Premium Benefits allow you to ensure that your financial goals are met even in the event of death or total and permanent disablement. They ensure that the Wealthsurance or Homesurance Plans which you have established, whether for your own benefit or for the benefit of your loved ones, continue as you have planned and the premiums payable thereon are waived and automatically treated as paid up in the unfortunate event of your death or total and permanent disablement.

We offer the following optional Waiver of Premium benefits as Riders:

Waiver of Premium Benefit on Total and Permanent Disablement Benefit Type: Optional UIN: 135C006V01	Future Regular Premiums are waived on total and permanent disablement of the Policy Owner
Waiver of Premium Benefit on Death Benefit Type: Optional UIN: 135C003V01	Future Regular Premiums are waived in the event of death of the Policy Owner

Eligibility: Who can choose the Benefit?

Waiver of Premium Benefit can be chosen if the Policy Owner is at least 18 years old and is not older than 60 years. The Policy Owner may opt for the Waiver of Premium Benefit on Death or the Waiver of Premium Benefit on Total and Permanent Disablement, but not both.

In case of Homesurance, only the Waiver of Premium Benefit on Total and Permanent Disablement is available.

How should you choose the Benefits?

Waiver of Premium Benefit on Total and Permanent Disablement

The Waiver of Premium Benefit on Total and Permanent Disablement is suitable both where the Policy Owner and the Insured Person are the same individual and where they are different individuals.

Suppose you establish a Wealthsurance Plan to save for buying a house and commit to pay regular premiums every year. Suppose you are also the Insured Person under the Plan. By choosing the Waiver of Premium Benefit on Total and Permanent Disablement, you can ensure that the future premiums payable by you are waived and treated as paid if you unfortunately become disabled. This makes sure that your goal of buying a house for the family can still be achieved.

The premiums payable by you are paid by us on your behalf and invested into the investment options chosen by you so that your fund value grows as you had planned. If you unfortunately die after the waiver of premiums has started, the Death Benefit is paid and your Wealthsurance Plan is terminated.

Suppose you, as the husband, establish a Wealthsurance Plan to ensure the financial security of your wife during her old age. You may designate her as the Insured Person with life, terminal illness and health benefits, and commit to pay regular premiums every year. By choosing the Waiver of Premium Benefit on Total and Permanent Disablement for yourself, you can ensure that the future premiums payable by you are waived and treated as paid if you unfortunately become disabled. This makes sure that your goal of providing for the financial security of your wife can still be achieved. The premiums payable by you are paid by us on your behalf and invested into the investment options chosen by you so that your fund value grows as you had planned. The insurance benefits for your wife will also continue. Even if you unfortunately die after the waiver of premiums has started, the policy and the benefit of waiver of premiums will continue.

If you choose Waiver of Premium Benefit on Total and Permanent Disablement, waiver of premiums will commence only in the event of Total and Permanent Disablement and not in the event of death.

Waiver of Premium Benefit on Death

The Waiver of Premium Benefit on Death is suitable where the Insured Person is not the same as the Policy Owner. The Insured Person should also have an insurable interest in the Policy Owner.

Suppose, you as the father establish a Wealthsurance Plan to ensure that the educational expenses of your child are met comfortably. You may designate the child as the Insured Person with life and terminal illness benefits and commit to pay regular premiums every year. By also choosing Waiver of Premium

Benefit on Death you can ensure that the policy will continue and that your goal is still achieved even in the unfortunate event of your death. The future premiums payable by you will be waived and paid by us on your behalf, so that the fund value grows as you had planned and your child's education can be ensured even if you were not around.

If you choose Waiver of Premium Benefit on Death, waiver of premiums will commence only in the event of death and not in the event of total and permanent disablement.

Insured Event: When are benefits paid?

Premiums are waived in the following two events, as per your choice, if they happen before the end of the Waiver of Premium Benefit Term when your base plan and the rider benefit are in force:

- (a) Death of the Policy Owner, or
- (b) Total and Permanent Disablement of the Policy Owner.

You can choose (a) or (b) but not both. If you choose (a), waiver of premiums will commence only upon death. If you choose (b), waiver of premiums will commence only upon total and permanent disablement, whether caused by sickness or accident.

Definitions

Death:

Death of the Policy Owner may be due to any cause, natural or accidental.

Total and permanent disablement:

Total and permanent disablement means the disablement of the Policy Owner which meets the definitions in any of Parts 1, 2 or 3:

Part 1 – unable to work

The Policy Owner suffers an illness or injury and

- the illness or injury causes the Policy Owner to be unable to engage in any occupation or employment or business for remuneration or profit for an uninterrupted period of at least six months; and
- the illness or injury means that the Policy Owner is unlikely to ever be able to engage in any occupation or employment or business for remuneration or profit.

Part 2 – loss of use of limbs or sight

The Policy Owner suffers from total and irrecoverable loss of:

- the use of two limbs; or
- the sight of both eyes; or

- the use of one limb and the sight of one eye, for an uninterrupted period of at least six months. Limb means the whole hand below the wrist or the whole foot below the ankle.

Part 3 – loss of independent living

The Policy Owner is permanently unable to perform independently three or more of the following six activities of daily living, namely:

- bathing (ability to wash in the bath or shower)
- dressing (ability to put on, take off, secure and unfasten garments)
- personal hygiene (ability to use the lavatory and to maintain a reasonable level of hygiene)
- mobility (ability to move indoors on a level surface)
- continence (ability to manage bowel and bladder functions)
- eating and drinking (ability to feed oneself, but not to prepare the food).

Loss of independent living must be medically documented for an uninterrupted period of at least six months.

The uninterrupted period of at least six months referred to in Parts 1, 2 and 3 of the definition of total and permanent disablement is called as **waiting period**.

Claim Procedure

You must give us written notice of death or illness or injury on which a claim may be based within 30 days of death or the commencement of illness or the date of accident or injury, or as soon as reasonably possible if notice cannot be given within 30 days.

We will not waive any premiums falling due or refund any premiums paid more than 12 months before we receive written notice of claim from you.

In case of total and permanent disablement, you must also provide us with evidence of the total and permanent disablement of the Policy Owner to our satisfaction and at our expense from medical practitioners or other experts we nominate for this purpose.

Benefit Amount: What benefits are paid?

Waiver of Premium Benefit Term should match the Premium Payment Term of the base plan

When you choose the Waiver of Premium Benefit, its term should match the remaining Premium Payment Term of your base plan. This is necessary to ensure that in the event of death or total and permanent disablement, the remaining premiums payable under the base plan are waived. In any event, the age of the Policy Owner cannot exceed 65 at the end of the Waiver of Benefit Term.

The Waiver of Premium Benefit Amount should match the annual premium of your base plan.

The Benefit Amount for the purpose of Waiver of Premium should be equal to the premium payable on your base plan.

In case of Wealthsurance, rider premiums and charges are met by cancellation of units. Benefit Amount for Waiver of Premium will be the premium under the base plan which will automatically fund charges and any rider premiums.

In case of Homesurance, rider premiums and any additional premiums assessed after underwriting are payable in addition to the base premium, and as such should be included in the Benefit Amount for Waiver of Premium.

The premiums for the Waiver of Premium Benefit itself terminate in the event of a valid claim.

Benefits upon Death

Future premiums are waived: In the event of death of the Policy Owner when the base plan and the rider benefit are in force, future Regular Premiums payable under the base plan are waived until the end of the Waiver of Premium Benefit Term. The premiums are treated as if they have been paid and the benefits of your base plan remain intact. If you have a Wealthsurance plan, the premiums are invested into the investment options chosen by you. Your Fund Value thus grows as you had planned.

Benefits upon Total and Permanent Disablement

In the event of Total and Permanent Disablement of the Policy Owner when the base plan and the rider benefit are in force, the following benefits apply:

1. Refund of premiums during waiting period: Regular Premiums paid in the waiting period of six months are refunded.

If you had been unable to pay premiums due during the six month waiting period and because of this your cover had ceased, we will still waive your premiums due in that six month period and also reinstate the cover under this benefit.

2. Future premiums are waived: Future Regular Premiums payable under the base plan are waived until the end of the Waiver of Premium Benefit Term. The premiums are treated as if they have been paid and the benefits of your plan remain intact. If you have a Wealthsurance plan, the premiums are invested into the investment options chosen by you. Your Fund Value thus grows as you had planned.

If the Policy Owner should unfortunately die after the waiver of premiums has started, the policy and the benefit of waiver of premiums will continue.

Limit on Waiver of Premiums

The actual amount of premium we will waive is limited to the benefit amount for Waiver of Premium.

The maximum amount of premium we will waive under any one plan is Rs 1,00,000 per annum.

If the Insured Person is a minor, the Waiver of Premium Benefit is only available in the event of death or total and permanent disablement of the Policy Owner before the minor completes 18 years of age. The charges for the Waiver of Premium Benefit will also cease when the minor completes 18 years of age. If death or total and permanent disablement of the Policy Owner occurs before the minor completes 18 years, the premiums will be waived for the whole Premium Payment Term of the base plan which will also be the Waiver of Premium Benefit Term.

Death of the Insured Person

On the death of the Insured Person the basic Homesurance or Wealthsurance death benefits under the policy will become payable and the whole policy will terminate. No further premiums will be due under the policy and no further premiums will be waived.

Exclusions: When are benefits not paid?

We will not waive any premiums if death or total and permanent disablement results from or is accelerated by:

- Suicide or attempted suicide or self-inflicted injury, whether the Policy Owner is sane or insane at the time.
- War (whether declared or not), terrorism, invasion, war like activities, civil war, martial law, rebellion, revolution, insurrection, military or usurped power.
- Service in the Armed Forces, or any police organization, of any country at war (whether declared or not) or in a state of conflict.
- Participating in a riot, a strike, civil commotion or any criminal or unlawful act.
- Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a licensed doctor.
- Aviation other than as a fare-paying passenger in an aircraft which is authorised by the relevant regulations to carry passengers between established airports.
- Engaging in or taking part in professional sport or any hazardous pursuits including but not limited to diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.

- The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

Charges: How much do you pay?

The charges for Waiver of Premium Benefits depend upon your age and the premium payment term you choose for your Wealthsurance or Homesurance base policy.

Waiver of Premium Benefit on Total and Permanent Disablement

The annual charges per Rs 100 of annual regular premium waived are as follows:

Waiver of Premium Benefit on Total and Permanent Disablement rates per Rs 100 of annual premium									
Age Term (in years)	Premium paying term of the base plan (in years)								
	3 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 47
18-24	1.20	1.20	1.20	1.20	1.20	1.20	1.40	1.60	1.60
25-29	1.20	1.30	1.30	1.30	1.50	1.70	2.00	2.00	
30-34	1.30	1.40	1.50	1.70	2.00	2.40	2.40		
35-39	1.40	1.70	2.00	2.40	2.80	2.90			
40-44	1.60	2.20	2.80	3.30	3.50				
45-49	2.00	3.10	3.80	4.00					
50-54	2.60	4.10	4.50						
55-60	3.20	4.70							

Waiver of Premium Benefit on Death

The annual charges per Rs 100 of annual regular premium waived are as follows:

Waiver of Premium Benefit on Death - rates per Rs 100 of premium									
Age	Premium paying term of the base plan (in years)								
	3 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 47
18-24	1.50	1.80	1.80	2.00	2.30	2.60	3.00	3.30	3.40
25-29	1.50	1.90	2.00	2.30	2.80	3.30	3.80	3.90	
30-34	1.60	2.10	2.40	2.90	3.60	4.30	4.40		
35-39	1.80	2.50	3.20	4.10	5.00	5.10			
40-44	2.20	3.40	4.60	5.70	6.00				
45-49	2.80	4.90	6.40	6.90					
50-54	4.00	6.80	7.70						
55-60	5.10	7.70							

- Notes:
- The above tables are applicable for both male and female lives. The rates are guaranteed for the term of the rider
 - The maximum age at expiry is age 65
 - Service tax, cess and other statutory levies will be charged extra

General Terms applicable to all the Riders

Free-look Period: You are entitled to a free-look period of 15 days from the time that you receive the policy document. Before the end of this time, if you do not wish to continue the Policy then you may write a letter requesting us to cancel it. We will refund you the premium paid, subject only to a deduction of the proportionate risk premium for the period of cover and the expenses incurred by us on medical examination of the Insured Person and stamp duty charges. In case of Wealthsurance Plan, we are entitled to repurchase the units at the price of the units on the date of cancellation.

Premium Discontinuance: For regular premium Homesurance policies, we allow a grace period of 30 days, after 30 days' period the policy will lapse and no benefits will be payable.

In case of premium discontinuance of Wealthsurance policy within first three years, we allow a grace period of 30 days, after 30 days' period the policy will lapse and no benefits will be payable.

In case of premium discontinuance of Wealthsurance policy after first three years, Rider Benefits will continue and charges will be collected as applicable until the end of revival period. You can revive the Plan within two years, failing which the Plan will be terminated. If you wish to continue the cover after revival period, without payment of premiums, you can apply to us and we may agree to continue at our discretion and subject to our underwriting requirements. In this case the Plan will continue with full cover for Mortality and Rider Benefits for the balance of the original policy term and Rider Benefit terms respectively, provided that the fund value exceeds one year's premium. If on a monthly policy anniversary during the time you have not paid premiums, your Surrender Value is estimated to fall below the Annual Regular Premium Amount, your plan will be automatically terminated and you will be paid the Surrender Value, subject to a minimum value of one annual premium. All Rider Benefits will also cease.

Reinstatement: Reinstatement of Rider will follow as per the base plan to which it is attached. The revival period for both Wealthsurance and Homesurance Plans is two years from the date of lapse.

Paid-up Value: Riders have no paid-up value.

Loans: There are no automatic premium loan facilities.

Without participation in profits: Riders in InsuranceBasket do not participate in the surplus earnings of our policyholders' funds.

Surrender Value: There is no Surrender Value on Riders.

Nomination: Nomination for the base policy applies to Riders as well.

Prohibition of Rebate:

Insurance Act, 1938, prohibits an agent or any other person from passing any portion of his commission to the customer, whether as incentive or rebate of premium. Section 41 of the Act states:

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
2. Any person making default in complying with the provisions of this Section shall be punishable with a fine, which may extend to five hundred rupees.

Non-Disclosure Clause - Sec 45 of Insurance Act states

"No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the Insured, or in any other document leading to the issue of the Policy, was inaccurate or false, unless the Insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

Provided that nothing in this Section shall prevent the Insurer from calling for proof of age at anytime 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."

Policy Document:

This brochure gives only the salient features of the optional benefits. It uses easy-to-understand language to explain the features. Your Plan is governed only by the full legal terms, conditions and exclusions contained in the Policy Document.

IDBI Federal Life Insurance Co Ltd (formerly known as IDBI Fortis Life Insurance Company Limited) is a fully-licensed Life Assurance Company registered with the Insurance Regulatory and Development Authority (IRDA).

TM – IDBI Federal Life Insurance Co Ltd has applied for the registration of Wealthsurance as a trademark with the Trademark Registry. ® - InsuranceBasket and Homesurance are registered trademarks and all rights are reserved with IDBI Federal Life Insurance Co Ltd. • Registration No. 135 • Ref. No. 230/WS/ENG/IB/061008

Registered Office Address: IDBI Federal Life Insurance Co Ltd, 1st Floor, Tradeview, Oasis Complex, Kamala City, P. B. Marg, Lower Parel (W), Mumbai 400 013.

Toll-free: 1-800-102-5005 (for non-MTNL subscribers), 1-800-22-1120 (for MTNL subscribers). **INSURANCE IS THE SUBJECT MATTER OF SOLICITATION**

+ SMS charges up to Rs 3 apply.

How to contact us

You can reach us in the following convenient ways:



Branches

You can visit or call any branch of IDBI Bank, Federal Bank or IDBI Federal Life Insurance Co Ltd. For the list of branches, please visit www.idbifederal.com



Phone

You can call our nationwide toll-free number 1800 102 5005 (for non-MTNL subscribers), 1800 22 1120 (for MTNL subscribers) at anytime from 8 am to 8 pm.



Website

You can visit our website www.idbifederal.com



SMS

You can SMS 'Wealth' or 'Home' to 5757515⁺. We will call you.



Write

You can write to IDBI Federal Life Insurance Co Ltd., 1st Floor, Tradeview, Oasis Complex, Kamala City, P. B. Marg, Lower Parel (W), Mumbai 400 013. India



Email

You can email us at support@idbifederal.com

Ask for our representative to visit you

Ask for our advisor mentioned below to visit you to give information, answer questions and help you choose optional insurance benefits on your IDBI Federal Wealthsurance Foundation Plan or IDBI Federal Homesurance Plan.