CANARA HSBC LIFE INSURANCE

GROUP TERM EDGE PLAN

Non-Linked Non-Par One Year Renewable Group Term Pure Risk Life Insurance Plan

UIN : 136N070V02

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Advantages of Group Term Edge Plan

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For Organisation

- Securing group members will help to attract & retain them
- Improving satisfaction level of members by offering them financial security at an affordable cost
- Flexible Premium payment modes - Yearly, Half-Yearly, Quarterly or Monthly
- Tax Benefits as per the Income Tax Act, 1961 as amended from time to time may be available
- Rebate in case the total premium of the group exceeds Rs. 2 crores per scheme in a year
- Risk cover in lieu of EDLI (Employee Deposit Linked Insurance) Scheme as per provisions of the Employees Provident Fund and Miscellaneous Provisions Act, 1952

For Members

Financial security for Insured Member's loved ones Option to add additional protection against Terminal Illness and Critical Illness Get life protection at relatively affordable cost Easy and simple joining process No medical examination is required up to Free Cover Limit [subject to Board Approved Underwriting Policy ("BAUP")] Flexibility to revise the Sum Assured as per any mutually agreed terms and conditions Premium paid by a member may be eligible for tax benefits under Section 80C and Section 10(10D), as per the Income Tax Act, 1961, as amended from time to time

Key Benefits

- One year renewable group term pure risk life insurance product
- Flexibility to choose one of following Coverage Options:
  - **Option 1 - Death Only**
  - **Option 2 - Death & Terminal Illness(TI)**
  - **Option 3 - Death, Terminal Illness(TI) & Critical Illness(CI)**
- Coverage Option chosen can be changed on subsequent scheme renewals
- Simplified and hassle free administration of Master Policy
- Flexibility to use this plan in lieu of EDLI*
- Customization of Death/TI Sum Assured/CI Sum Assured
- Flexibility to increase or decrease Cover
- Option to Backdate Master Policy

*EDLI : Employee Deposit Linked Insurance

Entry and Cover Ceasing Age

1 Death Benefit

Entry Age
Minimum : 18 years
Maximum : 80 years

Cover Ceasing Age
81 years

2 Terminal Illness Benefit

Entry Age
Minimum : 18 years
Maximum : 80 years

Cover Ceasing Age
81 years

3 Critical Illness Benefit

Entry Age
Minimum : 18 years
Maximum : 69 years

Cover Ceasing Age
70 years

Group Term Life requirements in lieu of EDLI

- Maximum Entry Age : as long as he/she is a member of Provident Fund scheme
- Maximum Maturity Age : day on which he/she ceases to be a member of Provident Fund scheme

Sum Assured

1

Death Benefit

Minimum Sum Assured
₹ 10,000 per member

Maximum Sum Assured
No Limit*

2

Terminal Illness Benefit

Minimum Sum Assured
₹ 10,000 per member

Maximum Sum Assured
No Limit*

3

Critical Illness Benefit

Minimum Sum Assured
₹ 10,000 per member

Maximum Sum Assured
₹ 100,00,000 per member, capped at Death /TI Sum Assured

Group Term Life requirements in lieu of EDLI	**Minimum Sum Assured** ₹2,50,000 per member	**Maximum Sum Assured** ₹10,00,000 per member

*Subject to Board Approved Underwriting Policy of the Company

Premium Payment Mode

Payment Mode	Yearly	Half-Yearly	Quarterly	Monthly
Modal Factors	1.00	0.51	0.26	0.09

- Chosen at inception/scheme renewal
- Where Insured Members pay part/full premium, same will be payable in premium payment mode as opted

Group Size

- **Minimum number of members :** 10*
- **Maximum** : No limit

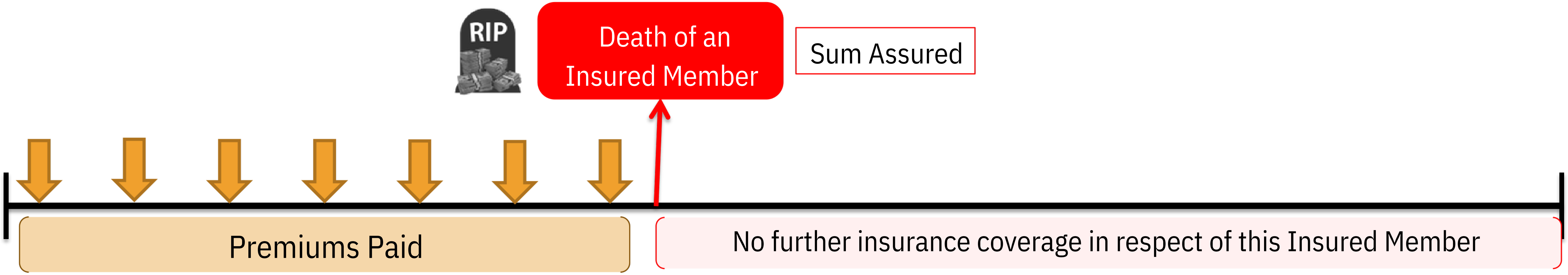
*After Master Policy issuance if the group size falls below 10 members, Master Policy will continue until renewal date, after which it will be terminated

Maturity Benefit

NO Maturity Benefit

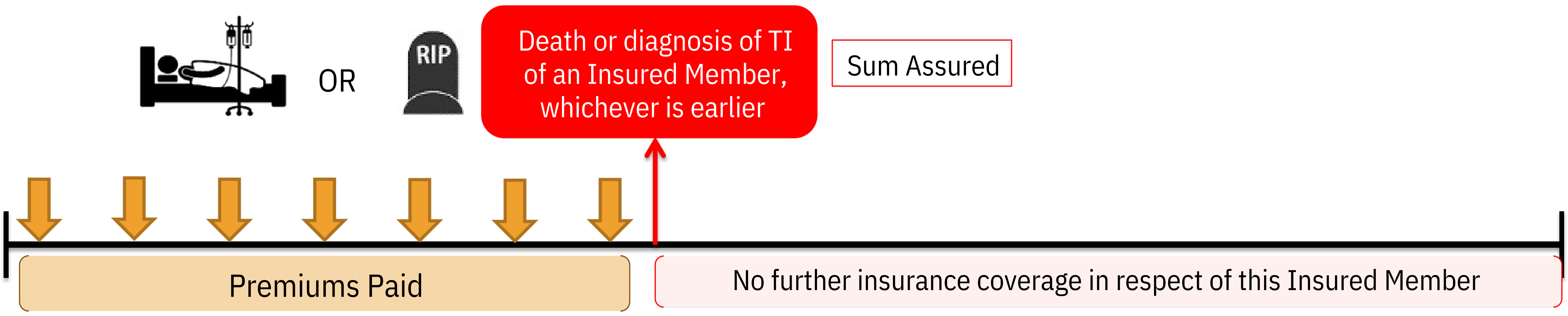
Death Benefit

Option 1- Death Only



Death or Terminal Illness Benefit

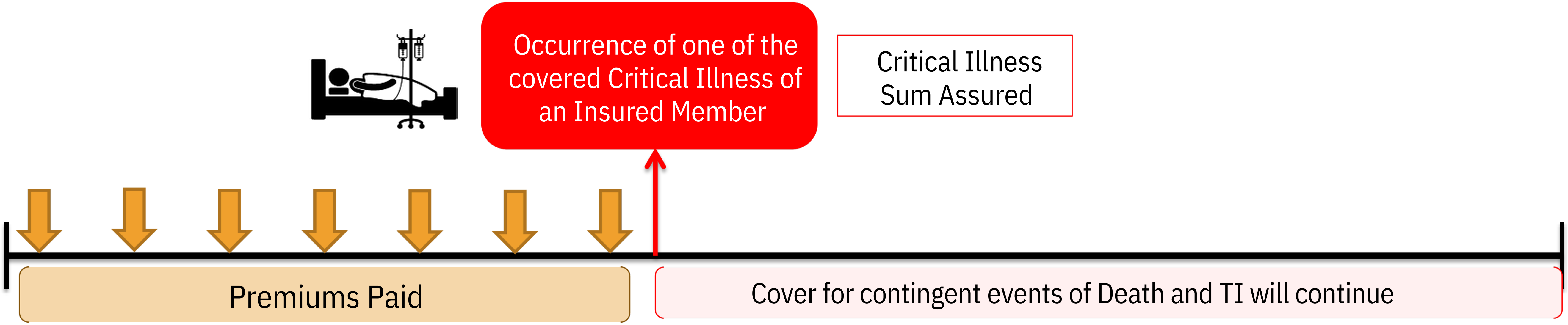
Option 2 - Death and Terminal Illness (TI)



- In case insurance coverage ceases due to diagnosis of TI, Insured Member will not be covered for any benefit on subsequent renewals
- Terminal Illness Benefit is 100% accelerated benefit and is payable only once during life time of Insured Member

Death or Terminal Illness or Critical Illness Benefit

Option 3 - Death, Terminal Illness (TI) & Critical Illness (CI)



- CI claim becomes payable only when Insured Member survives Survival Period (28 days)
- Claim is valid as per the terms and conditions of product
- Claim under CI benefits is subject to waiting period (90 days)
- TI Benefit is 100% accelerated benefit and CI Benefit is an additional benefit
- TI and/or CI Benefits are payable only once during the life time of Insured Member

Critical Illnesses Covered

1. Cancer
2. Myocardial Infarction (First Heart Attack - of specified severity)
3. Open Chest CABG
4. Open Heart Replacement or Repair of heart valves
5. Coma of specified severity
6. Kidney failure requiring regular dialysis
7. Stroke resulting in permanent symptoms
8. Major organ/ bone marrow transplant
9. Permanent paralysis of limbs
10. Major Surgery of Aorta
11. Multiple sclerosis with Persisting Symptoms
12. Blindness
13. Parkinson’s disease
14. Benign brain tumor
15. Third Degree Burns

> Refer to product brochure available on our corporate website for details on covered critical illnesses and conditions associated with it

Flexibility to change Sum Assured

Sum Assured with respect to an Insured Member may be increased or decreased during the term of the Master Policy, subject to below conditions

Allowed within minimum and maximum limits as per plan specifications

Applied basis defined criteria as mutually agreed between Company and Master Policyholder

Receipt of additional premium/refund of excess premium, calculated on a pro-rata basis for the remaining duration of coverage term basis the increase / decrease in the Sum Assured

Acceptance of change in Sum Assured for each Insured member is subject to Company’s Board Approved Underwriting Policy

Option to backdate Master Policy

→Backdate Policy Commencement Date (PCD) (start date of Master Policy) to a date prior than Risk Commencement Date (RCD)

→Pro-rata premium will be payable for period starting from RCD up to next renewal date or next premium due date, whichever is earlier

→No claim will be admissible which occurs prior to the RCD

→PCD can be backdated

- Up to maximum of 3 months from RCD and
- Within same Financial Year

Free Cover Limit

- Free cover limits for Death / TI / CI
- Sum Assured would be determined as per Board Approved Underwriting Policy of Company

- Each member is accepted without any individual evidence of health upto free cover limit
- Members are subject to individual underwriting beyond free cover limit

Lapsation of Master Policy/Insurance Coverage of Insured Member

After expiry of Grace Period without payment of the premium in full

→Insurance Coverage under Master Policy for relevant Insured Member(s) shall be deemed to have automatically lapsed

→All liability of Company shall cease

→Company is not liable to pay any benefit in case of contingent event of death / TI / CI of the Insured Member(s)

Revival

- Lapsed Master Policy/Insured Member's cover can be revived earlier of 90 days from due date of premium or scheme renewal date
- Not allowed for annual mode policies
- Payment of due premiums along with interest (as notified by the Company from time to time)
- Company will not be liable to pay for any benefit while Master Policy/Insured Member's cover is in lapsed state
- Company may require Insured Member(s) to furnish satisfactory evidence of health and other requirements in accordance with Company's BAUP*
- Company reserves right to revive Master Policy/Insured Member's cover at original terms, revive with modified terms or decline revival of the Policy/Insured Member's cover, in accordance with Company's BAUP*

For more details on Revival, refer to product brochure available on company's website

*Board Approved Underwriting Policy

Surrender/Termination Benefit

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- NO surrender value upon termination/surrender of Scheme

- Refund of 100% of unexpired premium
  - For Members exiting the Scheme
  - In case Scheme is terminated by Master Policyholder

- In case of termination of a scheme, Individual Insured Member(s) will have the option to continue the risk cover on individual basis till the termination of risk cover or next annual renewal date whichever is earlier

Freelook Period

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At Master Policy level

- In case You does not agree with the terms and conditions of the Master Policy or otherwise and have not made any claim, You have the option to request for cancellation of the Master Policy by returning the Master Policy Document along with a request stating the reasons for non-acceptance to the insurer within 30 days from the receipt of Master Policy Document, whether received electronically or otherwise (Whichever is earlier). Upon the receipt of such a cancellation request, the Company will cancel the Master Policy and refund the premiums received after deducting proportionate risk premium for the period of insurance cover and expenses incurred on medicals, if any and applicable stamp duty. All Insured Members' coverage will cease post the request for free look cancellation by You.

At Member level

- Where the Insured Member is paying the premium for his / her coverage and the Insured Member does not agree with the terms and conditions of the Master Policy or otherwise and has not made any claim, he / she has the option to request for cancellation of the insurance coverage with a request stating the reasons for non-acceptance to the insurer within 30 days the inception of coverage. Upon such cancellation request, the Company will cancel the insurance coverage in respect of the Insured Member and refund the premiums received in respect of Insured Member after deducting proportionate risk premium for the period of insurance cover and expenses incurred on medicals, if any and applicable stamp duty, for that Insured Member. The coverage for the Insured Member will cease post the request for such free look cancellation.

For more details on Freelook period, refer to product brochure available on company's website

Grace Period

30 days for half-yearly and quarterly premium payment mode and
15 days for monthly premium payment mode will be allowed to pay due premium from the due date of premium

There is no grace period applicable for annual premium payment mode

During the grace period, Insured Member's cover is considered to be in-force

If contingent event of death / Terminal Illness / Critical Illness (as applicable) occurs during the grace period, benefit shall be payable after deducting due unpaid premium in respect of Insured Member, subject to the conditions mentioned in suicide clause

Survival Period & Waiting Period

Applicable for Critical Illness Coverage (option 3)

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- **Survival Period (28 days)** : Period of time after date of the occurrence of covered Critical Illness Condition that Insured Member has to survive to be eligible for receiving CI Sum Assured under Coverage Option 3

- **Waiting Period (90 days)** : No amount shall be payable in case of occurrence of covered Critical Illness Condition within a **Waiting Period (90 days) from the date of commencement of risk of the Master Policy** or effective date of joining of the Insured Member, whichever is later

• Waiting Period is applicable for all new schemes, any new Insured Member joining the scheme and all Insured Members of the takeover schemes where a Critical Illness benefit was not provided by the previous Insurer

• Waiting Period will not be applicable for the continuing members of the takeover schemes if the previous scheme provided for a Critical Illness benefit or for the Insured Member whose cover is renewed with the Company at policy renewal

Other Conditions

- In this Master Policy, **Nomination** is effected as per Section 39 of Insurance Act, 1938 as amended from time to time
- **Assignment** shall be applicable in accordance with provisions of Section 38 of the Insurance Act 1938, as amended from time to time
- **Tax Benefits** will be as per prevailing tax laws and are subject to amendments from time to time. For tax related queries, contact Your independent tax advisor
- **Policy Loan** is not available under this plan
- This product is also available online. A rebate of 5% in the rates will be provided if product is sold through the online channel

Suicide Clause

- In case of death of an Insured Member due to suicide within 12 months:
    - From date of commencement of risk for the Insured Member, nominee shall be entitled to 80% of the premiums paid in respect of the Insured Member’s cover till the date of death or the surrender value (if any) as available on the date of death whichever is higher, provided the cover is in-force
    - or from the date of revival of the Master Policy / Insured Member’s cover, nominee shall be entitled to an amount which is higher of 80% of the premiums paid in respect of the Insured Member’s cover till the date of death or the surrender value (if any) as available on the date of death
- Suicide provision will not be applicable to Members who migrate from an existing scheme of another insurance provider to the scheme provided by the Company. Similarly, this provision will not be applicable for Insured Members whose insurance coverage gets renewed upon renewal of the scheme with the Company
- Further, Suicide provision shall not apply to EDLI schemes / schemes with compulsory participation

Terminal Illness

- Terminal Illness is defined as an advanced or rapidly progressing incurable disease where, in the opinion of appropriate independent Medical Practitioner, life expectancy is no greater than six (6) months from the date of notification of claim
- Terminal Illness must be diagnosed and confirmed by Medical Practitioner.
- Medical Practitioner should be a specialist from that field of medicine for which the Terminal Illness is being claimed

Critical Illness (CI) - Exclusions

- Notwithstanding anything to the contrary stated herein and in addition to the foregoing exclusions, no Critical Illness Benefit will be payable if the Critical Illness Condition occurs from, or is caused by, either directly or indirectly, voluntarily or involuntarily, due to one of the following:
- Congenital Condition: Any external congenital condition or related illness is not covered under the policy. In case any Internal congenital condition or related illness is known and was/is being treated, is disclosed at proposal stage and accepted, claims will be processed as per policy terms and conditions.
- Drug Abuse: Member is under the influence of Alcohol or solvent abuse or use of drugs except under the direction of a registered medical practitioner.
- Pre-existing disease: Pre-existing disease (PED) means any condition, ailment, injury or disease: a) that is/are diagnosed by a physician not more than 36 months prior to the date of the commencement of the Coverage by the insurer; or its reinstatement , whichever is later or b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of the commencement of the Coverage, or its reinstatement, whichever is later.
- Self-inflicted Injury: Intentional self- Inflicted injury.
- Suicide: If the Serious illness/ death was contracted due to attempted suicide or intentional self inflicted injury by the Member, whether sane or insane at that time.
- Criminal acts: Member involvement in criminal activities with criminal intent.
- War and Civil Commotion: War, invasion, hostilities, (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
- Nuclear Contamination: The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- Aviation: Member's participation in any flying activity, other than as a passenger in a commercially licensed aircraft.
- Hazardous sports and pastimes: Taking part or practicing for any hazardous hobby, pursuit or any race not previously declared and accepted by the Company.
- Pregnancy: Any complications arising from pregnancy or childbirth.
- Any disease occurring within 90 days of the start of coverage (i.e. during the waiting period)

Thank you

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