



Date: DD / MM / YYYY

Place: \_\_\_\_\_.

**Terms & Conditions: HDFC Bank HealthCover FD. (Fixed Deposit with Hospital Cash Cover)**

I/We hereby agree and acknowledge that HDFC Bank HealthCover FD is a new product variant which provides complimentary Hospital Cash Cover for the 1<sup>st</sup> year of the Fixed Deposit tenure to the primary holder of the Fixed Deposit (FD) only and the same shall not be available for the joint holders (if any). The Hospital Cash Cover (Policy) shall be available subject to the below terms and conditions.

1. That the eligible age criteria of the primary holder (Resident individual) of the FD shall be between 18 years to 59 years
2. The minimum amount of the FD is Rs 5 lacs and maximum amount of the FD is Rs 1.99 cr
3. The tenure for the FD is Min 1 year and Max 120 months
4. The Hospital Cash Cover offered shall be dependent on principal amount of the FD. Hospital Cash cover Rs 500 per day for 15 days: FD amount >=5 lacs to < 10 lacs and Hospital Cash cover Rs 1000 per day for 15 days: FD amount >= 10 lac to 1.99 cr
5. The Complimentary insurance is applicable only for 1st year of the Fixed Deposit tenure
6. The complimentary Policy (Group Hospital Cash Cover) issued in my favour shall be cancelled upon premature/partial liquidation of FD principal amount >=50% of the total FD booked by me. Also, if the same is force closed by the bank due to non-servicing of OD against FD
7. Nomination in the FD and Hospital Cash Cover (policy) is mandatory. If nominee is minor, guardian/appointee details should be shared and guardian/appointee should not be a minor
8. Customer can avail only one Hospital Cash Cover (Policy) against each FD per cust id. New Hospital Cash Cover (Policy) against the FD can be availed only after a year from premature withdrawal/closure/maturity of the earlier FD
9. Hospital Cash Cover (policy) will be applicable only to the primary holder of the FD
10. The details for the renewal of the Hospital Cash Cover (Policy) for the subsequent year (i.e. 2<sup>nd</sup> year onwards) shall be shared by the concerned Insurance company on or before the expiry of the Policy
11. For any dispute/grievances in relation to the Policy, Customer to contact the Insurance Company for grievance redressal
12. For any queries related to the policy, customer can write to [abhi.grievance@adityabirlacapital.com](mailto:abhi.grievance@adityabirlacapital.com) or [care.healthinsurance@adityabirlacapital.com](mailto:care.healthinsurance@adityabirlacapital.com) or visit nearest branch
13. For any queries related to the claim, customer can write to [abhi.grievance@adityabirlacapital.com](mailto:abhi.grievance@adityabirlacapital.com) or [care.healthinsurance@adityabirlacapital.com](mailto:care.healthinsurance@adityabirlacapital.com)
14. TDS will be applicable on these FDs as per the extant statutory guidelines
15. All terms and conditions with respect to FD will be applicable
16. That the eligible age criteria of the primary holder of the FD shall be between 18 years to 59 years. In the event of the change in age of member between the date of receipt of member consent and the risk commencement date, the Hospital Cash Cover of the member shall be provided as per the age on the risk commencement date
17. The coverage shall terminate if you fail to satisfy any of the eligibility criteria, if you cease to be a member of the group for whatsoever reason or your relationship ceases with the master policy holder or if the premium is not paid within the allowed premium payment period
18. Nominee details updated are applicable only for current Hospital Cash Cover (Policy) being issued in the name of the primary holder
19. On change of status i.e. from resident to non-resident, benefits of HealthCover FD will be discontinued and HealthCover FD will have to be closed
20. **If a primary applicant changes the date of birth, name etc after HealthCover fd is booked and if the details are not as per the eligibility defined for the product, claim will not be settled for such cases**
21. Benefits under hospital cash shall not be payable for more than 15 days per Hospitalization claim per Policy Year
22. Benefits under hospital cash shall not be payable for more than 15 days per Policy Year
23. Benefits under hospital cash will trigger only after a Deductible of 1 day
24. Specified Disease / Procedure waiting period: A waiting period of 24 months from the Inception Date shall apply to the treatment, whether medical or Surgical and of the Illness/conditions and their complications mentioned in Annexure I.
25. Pre- Existing Diseases Waiting Period Payment will not be done for any claim in respect of any Insured Person directly or indirectly caused by, based on, arising out of, relating to or howsoever attributable to any Pre-Existing Diseases or any complication arising from the same, until 4 years in this regard has elapsed since the Start Date of the first Policy with Us
26. Initial waiting period: A waiting period of 30 days from the Inception Date of the Policy will be applicable for all Hospitalisation claims except in case of Accidents.
27. Permanent Exclusion- Aditya Birla Health Insurance company shall not be liable to make any payment for any claim under any Benefit in respect of any Insured Person directly or indirectly caused by, based on, arising out of, relating to or howsoever attributable to any of the reasons mentioned in Annexure II
28. **GOOD Health Declaration**

I/We hereby declare that I/We are not suffering from or have been diagnosed with advised taken treatment or observation is suggested or undergone any investigation or consulted a doctor or undergone or advised surgery for any one or more from the following

- a. High Blood Pressure, Heart Attack or any other Heart Disease, abnormal lipid levels;
- b. Stroke, Paralysis in any form, or any other Cerebrovascular Disease;
- c. Diabetes or thyroid/parathyroid or any other Endocrinal Disease, Any Kidney Disease;
- d. Acute / Chronic Liver (Failure/ Disease), Cirrhosis of Liver, Alcoholic liver disease; any pancreatic disease
- e. Any Lung Disease (e.g. Chronic Obstructive Pulmonary Diseases, Parenchymal lung Disease, Pulmonary Embolism etc.).
- f. Blood Disorders, Gastro-Intestinal Diseases, Ulcer or any other disorder of the bones, spine or muscle;
- g. Any Cancer or Cancerous growth;
- h. Any Mental or Psychiatric condition, any Genetic Disease, autoimmune or any disease related to central nervous system (disease related to brain); Congenital conditions;
- i. HIV / AIDS or AIDS related complications,
- j. Covid positive in last 3 months
- k. Any h/o sudden loss of weight in last 1 yr

- I have read, understood and agree the above Terms and Conditions and I/We further agree and confirm if any of the above declarations are untrue or there has been any non-disclosure of any material fact, then the Policy to be issued by the insurer in my name shall be treated as void during the settlement of the said Policy by the Insurer.
- I have read, understood and agree Health insurance product (Group Hospital Cash) belongs to insurance company (Aditya Birla Health Insurance) and the claim settlement will be as per Insurer's process and Bank does not have any role to play in the same
- I have read and agree to data privacy notice updated on HDFC Bank's website: [www.hdfcbank.com](http://www.hdfcbank.com) > Personal> Useful Links > Privacy

Signature of 1<sup>st</sup> Applicant

Signature of 2<sup>nd</sup> Applicant

Signature of 3<sup>rd</sup> Applicant

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Bank Use Section	
Name of Bank Official:	
LG/LC code:	
Stamp/Signature of Bank official:	
Date: (DD/MM/YYYY)	

**Annexure I**

**Specified Disease / Procedure waiting period:**

A waiting period of 24 months from the Inception Date shall apply to the treatment, whether medical or Surgical and of the Illness/conditions and their complications mentioned below.

Aditya Birla Health Insurance company also have an option to waive the 'Two Year Waiting Period', if specified in the Policy Schedule or Certificate of Insurance.

	<b>Body System</b>	<b>Illness</b>	<b>Treatment/ Surgery</b>
1	Eye	Cataract	Cataract Surgery
		Glaucoma	Glaucoma Surgery
2	Ear Nose Throat	Serous Otitis Media	
		Sinusitis	Sinus Surgery
		Rhinitis	Surgery for the nose
		Tonsillitis	Tonsillectomy
		Tympanitis	Tympanoplasty
		Deviated Nasal Septum	Surgery for Deviated Nasal Septum
		Otitis Media	Surgery or Treatment for Otitis Media
		Adenoiditis	Adenoidectomy
		Mastoiditis	Mastoidectomy
		Cholesteatoma	Resection of the Nasal Concha
3	Gynecology	All Cysts & Polyps of the female genito urinary system	Dilatation & Curettage
		Polycystic Ovarian Disease	Myomectomy
		Uterine Prolapse	Uterine prolapsed Surgery
		Fibroids (Fibromyoma)	Hysterectomy unless necessitated by malignancy
		Breast lumps	Any treatment for Menorrhagia
		Prolapse of the uterus	
		Dysfunctional Uterine Bleeding (DUB)	
		Endometriosis	
		Menorrhagia	
		Pelvic Inflammatory Disease	
4	Orthopedic / Rheumatological	Gout	Joint replacement Surgery Surgery for Prolapse of the intervertebral disc
		Rheumatism, Rheumatoid Arthritis	
		Non infective arthritis	
		Osteoarthritis	
		Osteoporosis	
		Prolapse of the intervertebral disc	
		Spondylopathies	

5	Gastroenterology (Alimentary Canal and related Organs)	Stone in Gall Bladder and Bile duct	Cholecystectomy / Surgery for Gall Bladder
		Cholecystitis	Surgery for Ulcers (Gastric / Duodenal)
		Pancreatitis	
		Fissure, Fistula in ano, hemorrhoids (piles), Pilonidal Sinus, Ano-rectal & Perianal Abscess	
		Rectal Prolapse	
		Gastric or Duodenal Erosions or Ulcers + Gastritis & Duodenitis	
		Gastro Esophageal Reflux Disease (GERD)	
		Cirrhosis	
6	Urogenital (Urinary and Reproductive system)	Stones in Urinary system (Stone in the Kidney, Ureter, Urinary Bladder)	Prostate Surgery
		Benign Hypertrophy / Enlargement of Prostate (BHP / BEP)	
		Hernia, Hydrocele,	Surgery for Hydrocele, Rectocele and Hernia
		Varicocoele / Spermatocele	Surgery for Varicocoele / Spermatocele
7	Skin	skin tumour (unless malignant)	Removal of such tumour unless malignant
		All skin diseases	
8	General Surgery	Any swelling, tumour, cyst, nodule, ulcer, polyp anywhere in the body (unless malignant)	Surgery for cyst, tumour, nodule, polyp unless malignant
		Varicose veins, Varicose ulcers	Surgery for Varicose veins and Varicose ulcers
		Congenital Internal Diseases or Anomalies	

## Annexure II

### Permanent Exclusion-

We shall not be liable to make any payment for any claim under any Benefit in respect of any Insured Person directly or indirectly caused by, based on, arising out of, relating to or howsoever attributable to any of the following:

1. Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, uprising, revolution, insurrection, military or usurped acts, nuclear weapons / materials, chemical and biological weapons, ionizing radiation, contamination by radioactive material or radiation of any kind, nuclear fuel, nuclear waste.
2. Breach of law: (Code- Excl10) - Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
3. Willful or deliberate exposure to danger, intentional self- Injury, non- adherence to Medical Advice, participation or involvement in naval, military or air force operation.
4. Hazardous or Adventure sports: (Code- Excl09) - Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
5. Any Illness/Injury/Accident due to abuse of intoxicants or hallucinogenic substances smoking cessation programs and the treatment of nicotine addiction unless prescribed by a Medical Practitioner.
6. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)
7. Obesity/ Weight Control (Code- Excl06). Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
  - 1) Surgery to be conducted is upon the advice of the Doctor.
  - 2) The surgery/Procedure conducted should be supported by clinical protocols.
  - 3) The member has to be 18 years of age or older and;
  - 4) Body Mass Index (BMI).
    - a. Greater than or equal to 40 or;
    - b. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
      - i. Obesity-related cardiomyopathy.

- ii. Coronary heart disease.
  - iii. Severe Sleep Apnea.
  - iv. Uncontrolled Type2 Diabetes.
8. Refractive Error: (Code- Excl15) - Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
9. All routine examinations and preventive health check-ups.
10. Cosmetic or plastic Surgery: (Code- Excl08) Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
11. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).
12. Change-of-Gender treatments: (Code- Excl07) Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
13. Non- allopathic treatment, except as per coverage of AYUSH Treatment.
14. Conditions for which treatment could have been done on an out-patient basis without any Hospitalization.
15. Experimental treatment, investigational treatment, devices and pharmacological regimens.
16. Unproven Treatments: (Code- Excl16) Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
17. Investigation & Evaluation (Code- Excl04)
- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
  - b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. Diagnostic expenses means and includes Diagnostic tests/procedures/treatment/consumables.
18. Rest Cure, rehabilitation and respite care (Code- Excl05) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
19. Convalescence (except as per the coverage as coverage defined in Section 11 - Recovery Benefit), cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing.
20. Preventive care, vaccination including inoculation and immunizations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing.
21. Admission for nutritional and electrolyte supplements unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
22. Hearing aids, spectacles or contact lenses including optometric therapy, multifocal lens.
23. Treatment for alopecia, baldness, wigs, or toupees, and all treatment related to the same.
24. Medical supplies including elastic stockings, diabetic test strips, and similar products.

25. Any expenses incurred on prosthesis, corrective devices external durable medical equipment of any kind, like wheelchairs crutches, instruments used in treatment of sleep apnea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for bronchial asthmatic condition, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively. Cost of artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment. (except when used intra-operatively).
26. Parkinson and Alzheimer's disease, general debility or exhaustion ("rundown condition"), sleep-apnea, stress.
27. External Congenital Anomalies, diseases or defects.
28. Stem cell therapy or surgery (except Hematopoietic stem cells for bone marrow transplant for hematological conditions), or growth hormone therapy.
29. Venereal disease, all sexually transmitted disease or Illness including but not limited to genital warts, Syphilis, Gonorrhea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.
30. "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human Immunodeficiency Virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS Related Complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
31. Maternity Expenses (Code - Excl18): i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
32. Sterility and Infertility: (Code- Excl17) Expenses related to sterility and infertility. This includes: i. Any type of contraception, sterilization. ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI. iii. Gestational Surrogacy. iv. Reversal of sterilization.
33. Expenses for organ donor screening, or save as and to the extent provided for in the treatment of the donor (including Surgery to remove organs from a donor in the case of transplant Surgery).
34. Admission for Organ Transplant but not compliant under the Transplantation of Human Organs Act, 1994 (amended).
35. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
36. Dentures and artificial teeth, Dental Treatment and Surgery of any kind, unless requiring Hospitalization due to an Accident.
37. Cost incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose.
38. Treatment for Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy.
39. Expenses which are medically not required such as items of personal comfort and convenience including but not limited to television (if specifically charged), charges for access to telephone and telephone calls (if specifically charged), food stuffs (save for patient's diet), cosmetics, hygiene articles, body care products and bath additives, barber expenses, beauty service, guest service as well as similar incidental services and supplies, vitamins and tonics unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
40. Treatment taken from a person not falling within the scope of definition of Medical Practitioner.

41. Treatment charges or fees charged by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical council.
42. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, save for the proven material costs are eligible for reimbursement as per the applicable cover.
43. Any treatment or part of a treatment that is not of a reasonable charge, is not a Medically Necessary Treatment; drugs or treatments which are not supported by a prescription.
44. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of hospitalization claim or day care procedure (Code- Excl14).
45. Excluded Providers: (Code- Excl11) Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer as per Annexure VII and as disclosed in website ([www.adityabirlahealth.com/healthinsurance](http://www.adityabirlahealth.com/healthinsurance)) / notified to the Policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
46. Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing, including MRD charges (medical records department charges).
47. Non-medical expenses including but not limited to RMO charges, surcharges, night charges, service charges levied by the Hospital under any head and as specified in the Annexure V for non-medical expenses.
48. Treatment taken outside India.
49. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons (Code- Excl13).
50. In respect of the existing diseases, disclosed by the insured and mentioned in the Policy Schedule (based on insured's consent), Policyholder is not entitled to get the coverage for specified ICD codes.