Liberty General Insurance Ltd.
Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656

Group Hospi-Cash Connect Policy
Policy Wordings
(UIN –LIBHLGP21497V022021)

PREAMBLE & OPERATIVE CLAUSE

Liberty General Insurance Limited (hereinafter called the **"Company**", **"We, Our, or Us"**) will provide insurance cover to the person(s) (hereinafter called the "**Insured"**, **"You, Your, or Yourself"**) based on the Proposal made and agreed premium paid within such time, as may be prescribed under the provisions of the Insurance Act, 1938 and the realization thereof by the Company, for the Policy Period stated in the Schedule or during any further period for which the Company may accept payment for the Renewal or extension of this Policy and subject to the terms, conditions, provisos, exclusions contained herein or endorsed or otherwise expressed herein. This Policy records the agreement between the Company (We) and the Insured (You), and sets out the terms of insurance and obligations of each party.

A. INTERPRETATIONS & DEFINITION The words or expressions defined below have specific meanings ascribed to them wherever they appear in this Policy. For purposes of this Policy, please note that references to the singular or masculine include references to the plural or to the female.

1. **"Accident"** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. "**Age**" means the completed age of the Insured Person as on his last birthday.

3. **"Any One Illness"** means continuous Period of Illness and it includes relapse within 45 days from the date of last consultation with the Hospital/ Nursing Home where treatment may have been taken.

4. **"AYUSH Hospital":** An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
   a. Central or State Government AYUSH Hospital; or

   b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or

   c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
      i. Having at least 5 in-patient beds;
      ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
      iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
      iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

5. "AYUSH Day Care Centre": AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:
i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

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5. **"AYUSH Treatment"** refers to the Inpatient hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

6. **"AYUSH Medical Practitioner"** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy or Ayurvedic and or such other authorities set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license and acceptable to Us.

7. **"Break in policy"** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

8. **"Condition Precedent"** Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

9. "**Congenital Anomaly**" refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
   a. **"Internal Congenital Anomaly**" means which is not in the visible and accessible parts of the body
   b. **"External Congenital Anomaly"**

   means which is in the visible and accessible parts of the body

10. "**Day Care Centre"** means any institution established for day care treatment of Illness and /or injuries or a medical set up within a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under-
    a) has qualified nursing staff under its employment;
    b) has qualified medical practitioner/s in charge;
    c) has a fully equipped operation theater of
    d) its own where surgical procedures are carried out;
    e) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

11. "**Day care Procedure/ treatment"** refers to medical treatment, and/or surgical procedure which is
    a) undertaken under General or Local Anesthesia in a Hospital/day care centre for less than 24 hours because of technological advancement, and
    b) which would have otherwise required Hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

12. **"Dental Treatment**" is treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

13. **"Disclosure to information norm"** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

14. **"Endorsement"** means written evidence of change to the Policy including but not limited to increase or decrease in the period, extent and nature of the cover agreed by Us in writing.

15. **"Family"** means the Primary Insured Person whose name forms the first Insured Person, his/her lawful spouse, child/children, parents/ parents-in-laws, Siblings, Son-in-law, Daughter-in-law Grand-children, Grand-parents as mentioned in the Schedule to this Policy.

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16. **"Grace period**" means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
    Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

17. **"Hospital"** means any institution established for in- patient care and day care treatment of Illness and / or injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
    a) has qualified nursing staff under its employment round the clock;
    b) has at least 10 inpatient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
    c) has qualified medical practitioner (s) in charge round the clock;
    d) has a fully equipped operation theatre of its own where surgical procedures are carried out;
    e) maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel.

18. **"Hospitalization "** means admission in a Hospital for a minimum period of 24 consecutive "In patient Care" hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

19. **"Illness"** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
    a) **Acute Condition-** is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/Illness/Injury which leads to full recovery.
    b) **Chronic Condition**- is defined as a disease, Illness or Injury that has one or more of the following characteristics: it needs ongoing or long term monitoring through consultations, examinations, check-ups, and/or tests – it needs ongoing or long term control or relief of symptoms- it requires rehabilitation for the patient or for the patient to be specially trained to cope with it- it continues indefinitely – it recurs or is likely to recur.

20. "**Injury**" means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a registered Medical Practitioner.

21. **"Inpatient Care"** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

22. **"Intensive Care Unit"** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

23. **"Insured/ You/ Your/ Yourself"** means the employer or legally constituted group named in the Schedule who has concluded this Policy with Us.

24. "**Insured Person/s"** means the person/s named in the Schedule to the Policy, who is/are Indian Resident /s and for whom the insurance is also proposed and appropriate premium paid.

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Group Hospi-Cash Connect Policy
Policy Wordings
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25. **"Medical Advise"** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

26. **"Maternity expense/treatment"** shall include -
    a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections) incurred during Hospitalization ;
    b) Expenses towards lawful medical termination of pregnancy during the Policy Period.

27. **"Medical expenses"** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.

28. **"Medical Practitioner"** means a person who holds a valid registration from the medical council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license provided that this person is not a member of the Insured Person's family.

29. **"Medically Necessary"** Medically Necessary treatment is defined as any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which
    - is required for the medical management of the Illness or Injury suffered by the Insured;
    - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
    - must have been prescribed by a medical practitioner,
    - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

30. **"Migration"** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.

31. **"Nominee"** means the person named in the proposal or schedule to whom the benefits under the Policy is nominated by the Insured Person.

32. **"Notification of Claim"** is the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication .

33. **"OPD treatment"** is one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

34. **"Policy"** means this document of Policy describing the terms and conditions of this contract of **insurance** including the Company's covering letter to the Insured if any, the Schedule attached to and forming part of this Policy, the Insured's Proposal form and any applicable endorsement attaching to and forming part thereof either at inception or during the period of insurance.

35. **"Policy period"** means the period between the inception date and the expiry date as specified in the Schedule to this Policy or the cancellation of this insurance, whichever is earlier.

36. **"Policy Year"** means a Year following the Commencement Date and its subsequent annual anniversary.

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Policy Wordings
(UIN –LIBHLGP21497V022021)

37. **"Portability"** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

38. **"Pre-existing Condition"** 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 commencement of the policy issued by the insurer; 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 commencement of the policy.

39. "**Proposal and Declaration Form**" means any initial or subsequent declaration made by the Insured/ Insured Person/s and is deemed to be attached and forming part of this Policy.

40. **"Qualified Nurse"** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

41. **"Reasonable and Customary Charges"** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.

42. **"Renewal"** Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

43. **"Restore Sum Insured"** The amount is restored in accordance with Section B2.8 of this Policy.

1

44. **"Service Provider"** means a Health care provider appointed by Insurer to provide services as enlisted under Section B2.11 of the Policy.

45. **"Schedule"** means Schedule attached to and forming part of this Policy mentioning the details of the Insured/ Insured Persons, the Sum Insured in respect of each Insured Person (s), the period, Coverage and the limits to which benefits under the Policy are subject to.

46. **"Surgery"** means manual and/or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering and prolongation of life performed in a Hospital or day care centre by a medical practitioner.

47. **"Sum Insured"** means the amount stated in the policy Schedule as such or limited to the specific insurance details in any Section of this Policy. The Sum Insured shall be subject at all times to the terms and conditions of the Policy, including but not limited to the exclusions and any additional limitations noted in the wording of each Section.

48. **"Third Party Administrator or TPA**" means any person who is licensed under the IRDA (Third Party Administrator-Health Services) Regulations, 2016 by the Authority, and is engaged , for a fee or remuneration by an Insurance Company, for the purpose of providing health Services.

49. **"Threshold limit"** is a minimum amount of medical expenses that must be incurred by the Insured for the insurance coverage to be triggered under 'Special Care on listed Minor Surgery' (B.6 of this document) and 'Special Care on listed Major Surgery' (B.7 of this document).

50. **"Unproven/Experimental treatment"** means treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

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Policy Wordings
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B. SCOPE OF COVER

The Company undertakes to pay the Insured Person against disease or Any One Illness or any bodily Injury due to Accident during the Policy Period and if such disease or Injury shall require any such Insured Person, upon the advice of a duly qualified physician/Medical Practitioner to incur Medical Expenses for medical/surgical treatment at any Hospital/ Nursing Home in India as an inpatient, subject to the terms, conditions, exclusions and definitions contained herein or endorsed.

The Company will pay the benefit as mentioned in the Schedule to the Policy and not exceeding the Sum Insured mentioned therein.

Claims made in respect of any of the benefits below will be subject to the Sum Insured and is reflected only if noted as such in the Schedule to this Policy.

B1. Basic Cover

This Policy offers selection of either of the cover as mentioned below under Section B1.1 and 2.

1. Daily Hospital Cash Benefit (DHC): In case of Hospitalization of the Insured/ Insured Person/s for a Medically Necessary treatment (including AYUSH Treatment#) due to any Illness or accidental bodily Injury sustained or contracted within the Policy Period, for a continuous period of more than 24 hours, a daily Hospital cash benefit as mentioned in the Schedule to the Policy, shall be payable for every completed 24 hours of Hospitalization, subject to per event /Hospitalisation limited to 30 days (inclusive of both ICU & Non-ICU stay) and upto balance Sum Insured for that Policy Year.

2. Daily Hospital Cash (DHC)-Accident: In case of Hospitalization of the Insured/ Insured Person/s due to accidental bodily Injury and/or any Illness/sickness arising due to consequences of accidental bodily Injury sustained or contracted during the Policy Period, for a continuous period of more than 24 hours, a Daily Hospital Cash– Accident as mentioned in the Schedule to the Policy shall be payable, for every completed 24 hours of Hospitalization subject to per event/ Hospitalisation limited to 30 days (inclusive of both ICU & Non-ICU stay) and upto balance Sum Insured for that Policy Year.

#Added pursuant to "Guidelines on providing AYUSH Coverage in Health insurance policies" dated 31 January, 2024 issued by the IRDAI effective 1st April 2024.

B2. Choose and Pick Covers

The Policy would also offer covers as listed below which are available as optional covers and may be opted individually or for the entire Group as specified so in the Schedule to this Policy.

1. Double Accident Benefit (DAB): In case of Hospitalization of the Insured/ Insured Person/s due to accidental bodily Injury and/or any Illness/sickness arising due to consequences of accidental bodily Injury sustained or contracted during the Policy Period, for more than 3 consecutive completed days, then the Daily Hospital Cash benefit as mentioned in the Schedule to the Policy shall be doubled and the Insured would be entitled to a Double Accident Benefit payable for every completed 24 hours of Hospitalization , subject to per event/Hospitalisation limited to 30 days (inclusive of both ICU & Non-ICU stay), payable upto balance Sum Insured for that Policy Year.
If this cover is admissible, We will then not pay separately for the Daily Hospital Cash benefit or Daily Hospital Cash-Accident under Section B1 of the Policy.

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2. Double ICU Benefit (DIB)-Sickness: In case the Insured/Insured Person/s is/are required to be admitted in an Intensive Care Unit (ICU) for a Medically Necessary treatment due to any Illness not traceable to accidental bodily Injury, for a continuous period of more than 24 hours, a Daily Hospital Cash Benefit as mentioned in the Schedule to the Policy shall be doubled and payable for every completed 24 hours in an ICU, subject to per event/ Hospitalisation limited to 30 days (inclusive of both ICU & Non-ICU stay), payable upto balance Sum Insured for that Policy Year.
If this cover is admissible, We will then not pay separately for the Daily Hospital Cash benefit or Daily Hospital Cash-Accident under Section B1 of the Policy

3. Double ICU Benefit (DIB)-Accident: In case the Insured/Insured Person/s is/are required to be admitted in an Intensive Care Unit (ICU) for a Medically Necessary treatment due to accidental bodily Injury and includes any Illness/sickness arising from such accidental bodily Injury sustained or contracted within the Policy Period, for a continuous period of more than 24 hours, a Daily Hospital Cash Benefit or Daily Hospital Cash –Accident as mentioned in the Schedule to the Policy shall be doubled and payable for every completed 24 hours in an ICU, subject to per event/Hospitalization limited to 30 days (inclusive of both ICU & Non-ICU stay), payable upto balance Sum Insured for that Policy Year.
If this cover is admissible, We will then not pay separately for the Daily Hospital Cash benefit or Daily Hospital Cash-Accident under Section B1. of the Policy

4. Recovery Benefit: In case of Hospitalization of the Insured/ Insured Person/s for a Medically Necessary treatment due to any Illness or accidental bodily Injury sustained or contracted within the Policy Period, for more than 15 consecutive days of Hospitalization then a onetime lump sum payment as mentioned in the Schedule to the Policy will be payable towards Recovery in addition to Daily Hospital Cash Benefit and/or any other lump sum benefits applicable subject to the maximum of balance Sum Insured for that Policy Year.

5. Convalescence benefit: If in case 2 or more family members covered under Our "Hospi-Cash Connect" Policy are Hospitalized due to the same accident sustained or contracted within the Policy Period, for more than 24 consecutive hours, and the Hospitalization of the members is within a weeks' time from the first date of accident of an Insured member, then a onetime lump sum payment, as mentioned in the Schedule to the Policy will be payable towards convalescence individually and separately to all the member/s Hospitalized due to same accident, in addition to the Daily Hospital Cash Benefit and/or any other lump sum benefits applicable subject to the maximum of balance Sum Insured for that Policy Year.

6. Special Care on Listed Minor Surgeries: In case the Insured/ Insured Person/s is/are Hospitalized and has incurred expenses more than the threshold limit of Rs 50,000 , for a Medically Necessary treatment due to any Illness or accidental Injury involving minor Surgical Procedure/s as listed below and performed within the Policy Period, then a onetime lump sum payment as specified under Schedule of the Policy shall be payable, in addition to Daily Hospital Cash Benefit and/or any other lump sum benefits applicable subject to the maximum of balance Sum Insured for that Policy Year.
This benefit is available only once for each of the listed minor surgeries performed during the Policy Period.

List of Minor Surgeries	
Sr. No	**Minor Surgeries**
1	Removal of Appendix
2	Removal of Renal Calculi
3	Haemorrhoidectomy
4	Removal of Gall Stone/Gall Bladder

Group Hospi-Cash Connect Policy
Policy Wordings
(UIN –LIBHLGP21497V022021)

5	All types of Hernia repair
6	Benign Prostatic Hypertrophy(TURP)

7. Special Care on Listed Major Surgeries: While this Policy is in force, in case the Insured/ Insured Person/s is/are Hospitalized and has incurred expenses more than the threshold limit of Rs 2,00,000, for a Medically Necessary treatment due to any Illness or accidental Injury involving a Major Surgical Procedure as listed below and performed within the Policy Period, then a onetime lump sum payment as specified under Schedule of the Policy shall be payable, in addition to Daily Hospital Cash Benefit and/or any other lump sum benefits applicable subject to the maximum of balance Sum Insured for that Policy Year.
This benefit is available only once for each of the listed major surgeries performed during the Policy Period.

List of Major Surgeries	
Sr.No	**Major Surgeries**
1	CABG- Coronary Artery Bypass Grafting
2	Angioplasty – PTCA
3	Brain surgery including Craniotomy, tumor removal and intracranial drainage
4	Major organ transplant (Heart, Lung, Liver, Pancreas, kidney)
5	Bone marrow transplant Surgery
6	Post traumatic Surgeries including Skull fracture, amputation of upper and / or lower limb, pelvis fracture / hip fracture, compound communicated fracture of any part where ORIF is required.
7	Knee replacement (traumatic / septic arthritis, severe irreparable knee Injury)
8	Knee ligament surgery -trauma related
9	Hip replacement (traumatic hip Injury- both partial and total)
10	Spinal surgeries
11	Heart valve replacement
12	Surgery of Aorta
13	Thyroidectomy

8. Restore Benefit: The Policy provides, a Restore Sum Insured equivalent to the opted Sum Insured as per the Plan selected, if the Sum Insured is exhausted due to claims made and paid during the Policy or made during the Policy Year and accepted as payable, for the particular Policy Year, provided that:

a) The Restored Sum Insured will be utilized only after the selected Sum Insured have been completely exhausted in that Policy Year.
b) The Restored Sum Insured will be available during the Policy Year till it is exhausted completely.
c) Any unutilized restored amount cannot be carried forward to any subsequent Policy Year.
d) The total amount of restored Sum Insured shall not exceed the selected Sum Insured for that Policy Year and shall be available for all the covers specified under the Policy Schedule.
e) In case of Portability, the credit for Sum Insured would be given only to the extent of Sum Insured selected at First Policy Inception Date.

9. Double Critical Illness Benefit (DCI)-: In case of Hospitalization of the Insured/ Insured Person/s for a Medically Necessary treatment as an inpatient in a Hospital for more than 24 consecutive hours for any of the listed surgical procedure/

Group Hospi-Cash Connect Policy
Policy Wordings
(UIN –LIBHLGP21497V022021)

Illness as defined under Listed Critical Illness herein below contracted within the Policy Period , a daily Hospital cash benefit as mentioned in the Schedule to the Policy will be doubled and payable for every completed 24 hours of Hospitalization , to the maximum of balance Sum Insured for that Policy Year, subject to all of the following conditions are satisfied,

a) The Insured Person experiences a Critical Illness specifically listed and defined in this Policy;
b) The signs or symptoms of the Critical Illness experienced by the Insured/ Insured Person commenced beyond waiting period of more than 90 days following the First Policy Inception Date with us;
c) None of the General Exclusions specifically contained in this Policy applies and
d) Critical Illness coverage is available for Individual Insured Person and up to the Sum Insured as specified in the Schedule to this Policy
e) Per event Hospitalisation is limited to 30 days;
f) Payable upto balance Sum Insured for that Policy Year;
g) This benefit is available only once per listed Critical Illness in the entire Policy duration of the Insured/ Insured Person/s with Us- however it shall be available for other listed Critical Illnesses contracted within the Policy Period but not arising due to complications/consequences of any reported and paid listed Critical Illness/s within the entire Policy duration of the Insured/ Insured Person/s with Us
h) Payment under this benefit will be made provided that the:
i) Insured Person is first diagnosed as suffering from a Critical Illness during the Policy Period
j) Insured Person survives for at least 30 days following such diagnosis
k) If this cover is admissible, We will then not pay separately for the Daily Hospital Cash benefit or Daily Hospital Cash- Accident under Section B1 of the Policy

Covered Critical Illness:

C1	Cancer of specified severity
C2	Kidney Failure requiring regular Dialysis
C3	Multiple Sclerosis with persisting symptoms
C4	Major Organ/Bone marrow Transplant
C5	Open Heart Valve Replacement/Repair of Heart Valves
C6	Open Chest Coronary Artery Bypass Graft
C7	Stroke resulting in permanent symptoms
C8	Permanent Paralysis of Limbs
C9	First Heart Attack of specified Severity
C10	Benign Brain Tumor
C11	Parkinson's Disease
C12	Alzheimer's Disease
C13	End Stage Liver Disease
C14	Surgery of Aorta
C15	Major Burns
C16	Loss of Speech
C17	Deafness
C18	Coma of specified severity

C1- Cancer of specified severity

Group Hospi-Cash Connect Policy
Policy Wordings
(UIN –LIBHLGP21497V022021)

I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded –

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
iii. Malignant melanoma that has not caused invasion beyond the epidermis;
iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukaemia less than RAI stage 3
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
ix. All tumors in the presence of HIV infection.

C2-Kidney Failure requiring regular Dialysis

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

C3- Multiple Sclerosis with persisting symptoms

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following: i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
II. Other causes of neurological damage such as SLE and HIV are excluded.

C4- Major Organ Transplant/Bone Marrow Transplant

The actual undergoing of a transplant of:

1. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
2. Human bone marrow using haematopoietic stem cells
3. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

a) Other stem-cell transplants
b) Where only islets of langerhans are transplanted

C5- Open Heart Valve Replacement/Repair of Heart Valves

The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist Medical Practitioner.

Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

C6- Open chest Coronary Artery Bypass Graft (CABG)

Group Hospi-Cash Connect Policy
Policy Wordings
(UIN –LIBHLGP21497V022021)

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:
Angioplasty and/or any other intra-arterial procedures

C7- Stroke resulting in permanent symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain.

Evidence of permanent neurological deficit lasting for atleast 3 months has to be produced.

The following are excluded:
a. Transient ischemic attacks (TIA)
b. Traumatic Injury of the brain
c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

C8- Permanent Paralysis of Limbs

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

C9- First Heart Attack of specified Severity

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
ii. New characteristic electrocardiogram changes
iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:
a) Other acute Coronary Syndromes
b) Any type of angina pectoris
c) A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

C10- Benign Brain Tumor

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

Group Hospi-Cash Connect Policy
Policy Wordings
(UIN –LIBHLGP21497V022021)

The following conditions are excluded:
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

C11- Parkinson's Disease

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease and all of the following conditions are met and confirmed by a Neurologist and supported by Our Appointed Doctor.

a) which cannot be controlled with medication
b) signs of progressive impairment; and
c) inability of the Insured person to perform at least 3 of the 6 activities of daily living activities must be supported by all of the following conditions;

The living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months

Activities of Daily Living:

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

Drug induced or toxic causes of Parkinsonism are excluded.

C12- Alzheimer's Disease

Alzheimer's Disease is a progressive degenerative Illness of the brain, characterized by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes.
Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease, resulting in progressive significant reduction in mental and social functioning requiring the continuous supervision of the Insured Person.
The diagnosis must be supported by the clinical confirmation of a Neurologist and supported by Our Appointed Doctor.

The following are excluded:

a. non-organic diseases such as neurosis and psychiatric Illnesses;
b. alcohol related brain damage;
c. any other type of irreversible organic disorder/dementia.

C13- End Stage Liver Disease

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

1. Permanent jaundice; and
2. Ascites; and

Group Hospi-Cash Connect Policy
Policy Wordings
(UIN –LIBHLGP21497V022021)

3. Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

C14- Surgery of Aorta
The actual undergoing of surgery (including key-hole type) for an Illness or Injury of the aorta needing excision and surgical replacement of diseased part of the aorta with a graft.
The term 'aorta' means the thoracic and abdominal aorta but not its branches.
Stent –grafting is excluded.

C15- Major Burns
There must be third-degree burns with scarring that cover at least 20% of the body's surface area.
The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

C16- Loss of Speech
It means total and irrecoverable loss of the ability to speak as a result of Injury or disease to the Vocal Cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist and supported by our Company Doctor.
All psychiatric related causes are excluded.

C17- Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

C18- Coma of specified severity
A state of unconsciousness with no reaction or response to external stimuli or internal needs.
This diagnosis must be supported by evidence of all of the following:
1. No response to external stimuli continuously for at least 96 hours;
2. Life support measures are necessary to sustain life; and
3. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
4. The condition has to be confirmed by a specialist medical practitioner.

Coma resulting directly from alcohol or drug abuse is excluded.

10. Day Care Procedure cash (DCP):- In case of Hospitalization of the Insured/ Insured Person/s for a Medically Necessary treatment as an inpatient for less than 24 hours in a Hospital or standalone day care centre for any of the below listed Procedures, then We will pay Day care Procedure Cash as mentioned in the Schedule to this Policy, for each procedure undertaken subject to the maximum of Yearly Sum Insured for that Policy Year.

Covered Day Care Procedures:

1.	Cataract
2.	Dilatation and Curettage
3.	Lithotripsy
4.	Manipulation for Dislocation under General Anesthesia
5.	Cystoscopy

11. Wellness & Assistance Program-

Liberty General Insurance Ltd.
Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656

Group Hospi-Cash Connect Policy
Policy Wordings
(UIN –LIBHLGP21497V022021)

The below services will be available when the Insured/Insured member/s is/are more than 150 kilometers within Indian territory from their residential address. The services would be provided by Us /through our appointed Service provider, with prior intimation and acceptance by the Company.

1. **Medical Consultation, Evaluation and Referral**- In case of any emergency situation, We/our Service Provider will evaluate, troubleshoot and make immediate recommendations including referrals to qualified doctors and/or Hospitals.
    a. *The company will only arrange for the medical consultant, the consultant fee will be borne by the policyholder*

2. **Medical Monitoring and Case Management-** A team of doctors, nurses, and other medically trained personnel would be in regular communication with the attending physician and Hospital, monitors appropriate levels of care and relay necessary and legally permissible information to the members of the Family / employer.

3. **Emergency Medical Evacuation-** If the Insured / Insured member/s becomes ill or injured in an area where appropriate care is not available, the Company /via Service Provider will intervene and use available transportation, equipment and personnel necessary to evacuate the Individual safely to the nearest facility for medical care.

4. **Compassionate Visit:** When an Insured Peron/s is/are Hospitalized for more than seven (7) consecutive days, The Company/ Service Provider will arrange for a family member or a personal friend to travel to visit the Insured Person/s, by providing an appropriate means of transportation

12. Special Care – You can opt this cover and get a fully recharged Policy without any Duration limits as specified under Schedule of Benefits attached to this document.

13. Special Limits- You can opt for this cover and select lower Daily Hospital Cash (DHC) Benefit than as eligible as per the Schedule of Benefits attached to this document.. The minimum DHC limit can be 0.5% of Sum Insured.

A. EXCLUSIONS

1. Pre-Existing Diseases [Excl 01]

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
d) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified disease/procedure waiting period [Excl 02]

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of twelve (12) months* and twenty four (24) months** of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

Group Hospi-Cash Connect Policy
Policy Wordings
(UIN –LIBHLGP21497V022021)

f) *List of specific diseases/procedures/treatments is as under for 12 months of waiting period:
g) Cataract, Benign Prostatic Hypertrophy, Hernia, Hydrocele, Fistula in anus, piles, Sinusitis and related disorders, Fissure, Gastric and Duodenal ulcers, gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus, polycystic ovarian diseases; skin tumors unless malignant, benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); & Congenital Internal Diseases
h) **List of specific diseases/procedures/treatments is as under for 24 months of waiting period:
i) Calculus diseases of Gall bladder and Urogenital system, Hypertension and Diabetes and related complications, Joint Replacement due to Degenerative condition, Surgery for prolapsed inter vertebral disc unless arising from accident, Age related Osteoarthritis and Osteoporosis, Spondylosis / Spondylitis, Surgery of varicose veins and varicose ulcers.
j) Diabetes & related complications including but not limited to: Diabetic Retinopathy, Diabetic Nephropathy, Diabetic Foot/Wound, Diabetic Angiopathy, Diabetic Neuropathy, Hypo/Hyperglycemic Shocks.
k) Hypertension & related complications including but not limited to: Coronory Artery Disease, Cerebrovascular Accident, Hypertensive Nephropathy, Internal Bleed/Haemorrhages.

3. 30-day waiting period [Excl 03]

Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

a) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
b) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4. Investigation & Evaluation [Excl 04]

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.

5. Rest Cure, rehabilitation and respite care [Excl 05]

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

1. 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.
2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6. Obesity/ Weight Control Code [Excl 06]

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

a) Surgery to be conducted is upon the advice of the Doctor
b) The surgery/Procedure conducted should be supported by clinical protocols
c) The member has to be 18 years of age or older and
d) Body Mass Index (BMI);
   i. greater than or equal to 40 or
   ii. 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:
   iii. Obesity-related cardiomyopathy
   iv. Coronary heart disease
   v. Severe Sleep Apnea
   vi. Uncontrolled Type2 Diabetes

7. Change-of-Gender treatments [Excl 07]

Group Hospi-Cash Connect Policy
Policy Wordings
(UIN –LIBHLGP21497V022021)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. Cosmetic or plastic Surgery [Excl 08]

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.

9. Hazardous or Adventure sports [Excl 09]

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.

10. Breach of law [Excl 10]

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

11. Excluded Providers [Excl 11]

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / 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.

12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof [Excl 12]

13. Treatments received in heath 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 [Excl 13]

14. 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. [Excl14]

15. Refractive Error [Excl 15]

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

16. Unproven Treatments [Excl 16]

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. Sterility and Infertility [Excl 17]

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

18. Maternity [Excl 18]

Group Hospi-Cash Connect Policy
Policy Wordings
(UIN –LIBHLGP21497V022021)

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.

19. 90 days Waiting Period Exclusion:
A waiting period of 90 days from the commencement date of the first Policy will apply to Critical Illness (es) contracted other than accidental bodily Injury requiring Hospitalization .

20. Any dental treatment Surgery which is corrective, cosmetic or of aesthetic procedure, unless it requires Hospitalization and is carried out under general anesthesia and is necessitated by Illness or Accidental Injury.

21. Any OPD treatment

22. Treatment received outside India

23. Suicide, attempted suicide or willfully self-inflicted injury or illness

24. Injury or disease directly or indirectly caused by or arising from or attributable to 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) including Chemical & Biological. civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, radiation of any kind

a) "Chemical" shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

b) "Biological" shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials

25. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an Accident.

26. Any treatment/loss required arising from Insured Person's participation in any hazardous activity including but not limited to scuba diving, engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parachuting, hang gliding, rock or mountain climbing, winter sports, mountaineering (where ropes or guides are customarily used), caving or potholing, hunting or equestrian, ski diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), polo, snow and ice sports, professional sports or any other potentially dangerous sport.

27. We shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

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Phone: +91 226700 1313 Fax: +91 226700 1606
IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656

B. CLAIM PROCEDURE

A) Notification and Submission of Claim-

Upon the happening of any event giving rise or likely to give rise to a claim under this Policy, a notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of Illness/Injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us immediately or not later than 7 days from the date of Hospitalization /Injury/death.

Please ensure to send the claim form duly completed in all respects along with all the following documents within 15 days from the date of discharge from Hospital.

The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons beyond the control of the Insured Person/s. The Insured Person/s shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder. The Company shall settle claims, including its rejection, within thirty working days of receipt of the last required documents.

B) Documentation-

a. You shall deliver to Us, within 15 days from the date of discharge a detailed statement in writing as per the claim form together with bills, vouchers and any other material particular, relevant to the making of such claim.

b. We may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons Your beyond the control.

C) Claim Settlement (provision for Penal Interest)

The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

("Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

CHECK LIST OF ENCLOSURES FOR SUBMISSION OF CLAIM

In-patient Treatment /Day Care Procedures

- ❑ Duly filled and signed Claim Form.
- ❑ Photocopy of ID card / Photocopy of current Year policy.
- ❑ Attested copy of Detailed Discharge Summary / Day care summary from the Hospital.
- ❑ Attested copy of consolidated Hospital bill with bill no and break up of each Item, duly signed by the insured.
- ❑ Attested copy of payment Receipt of the Hospital bill with receipt number.

Group Hospi-Cash Connect Policy
Policy Wordings
(UIN –LIBHLGP21497V022021)

- ❑ First Consultation letter and subsequent Prescriptions.
- ❑ Attested copy of bills, original payment receipts and Reports for investigation supported by the note from Attending Medical Practitioner / Surgeon demanding such test.
- ❑ Surgeons certificate stating nature of Operation performed and Surgeons Bills and Receipts
- ❑ Attending Doctors/ Consultants/ Specialist's/ Anesthetist Bill and receipt and certificate regarding same
- ❑ Attested copy of medicine bills and receipts with corresponding Prescriptions.
- ❑ Attested copy of invoice/bills for Implants (viz. Stent /PHS Mesh/ IOL etc.) with original payment receipts.

Road Traffic Accident

In addition to the In-patient Treatment documents:
- ❑ Copy of the First Information Report from Police Department / Copy of the Medico-Legal Certificate

In Non Medico legal cases
- ❑ Treating Doctor's Certificate giving details of injuries (How, when and where Injury sustained)

In Accidental Death cases
- ❑ Copy of Post Mortem Report (if conducted) & Death Certificate

For Death Cases

In addition to the In-patient Treatment documents:
- ❑ Attested copy of Death Summary from the Hospital.
- ❑ Attested copy of of the Death certificate from treating doctor or the Hospital authority.
- ❑ Attested copy of of the Legal heir certificate, if the claim is for the death of the principle insured.

We may call for additional documents/ information as relevant to the claim.

Applicable to all claims under the Policy:

- In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, We shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider.
- The Insured Person must give Us at his expense, all the information We ask for about the claim and he must help Us to take legal action against anyone if required.
- We are entitled to verify medical records of the case retained by the Hospital as and when required for verification of claim.
- If required, the Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
- If required, the Insured person must agree to be examined by a medical practitioner of our choice at Our expenses.
- The Policy would generally exclude the Standard List of excluded items as may be stipulated by the Authority from time to time unless otherwise agreed upon by the Company and specified so in the Policy document.
- In an event claim event falls within two Policy Period then We shall settle claim by taking into consideration the available Sum Insured and applicable deductible in the two Policy Periods. Such eligible claim amount to be payable to the Insured shall be reduced to the extent of premium to be received for the renewal /due date of the premium of health insurance policy, if not received earlier.

C. DISCOUNT /LOADING PARAMETERS

Liberty General Insurance Ltd.
Unit 1501&1502, 15th Floor, Tower 2, One International Center,
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Phone: +91 226700 1313 Fax: +91 226700 1606
IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656

The following discount is applicable on the Premium as provided in the Annexure-Premium Rate Chart:

1. **Group discount-** It is permissible as per the following scale depending upon the total number of Insured persons covered under the Group policy at the inception.This discount mainly reflects savings on expenses in large group policies.

No. of Persons Insured under the Group Policy	Group Discounts %
Up to 100 persons	0%
101 Persons - 250 Persons	2.5%
251 Persons - 500 Persons	5%
501 Persons – 1000 Persons	7.5%
1001 Persons - 2000 Persons	10%
2001 Persons - 5000 Persons	12.5%
5001 Persons – 10000 Persons	15%
10001 Persons - 15000 Persons	20%
15001 Persons - 25000 Persons	22%
25001 Persons - 50000 Persons	25%
Above 50001 Persons	30%

D. GENERAL TERMS AND CONDITIONS

1. Disclosure of information norm

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact by the policyholder.
"Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

3. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

4. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

Group Hospi-Cash Connect Policy
Policy Wordings
(UIN –LIBHLGP21497V022021)

a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
c) any other act fitted to deceive; and
d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

5. Cancellation

(i) The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Company shall

a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.

b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

(ii) The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

6. Migration (If applicable)

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for Migration of the policy atleast 30 days before the policy renewal date as per the IRDA Guidelines on Migration. If such person is presently covered and has been continuously covered without any lapse under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDA Guidelines on Migration.

7. Portability (If applicable)

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. lf such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

8. Renewal of Policy ((If applicable)

The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person.

i. The Company shall give notice for renewal atleast 30 days prior to expiry of the policy

ii. Renewal of a health insurance policy shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy.

iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

9. Free look period (if applicable)

The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. The Free Look Period shall be applicable only for new individual health insurance policies, except for those policies with tenure of less than a year and not on renewals.

Group Hospi-Cash Connect Policy
Policy Wordings
(UIN –LIBHLGP21497V022021)

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to -

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or

ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

10. Withdrawal of Policy

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

11. Moratorium Period (If applicable)

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

Note :The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.

12. Reasonable Care

The Insured shall take all reasonable steps to safeguard the interests of the Insured against accidental loss or damage that may give rise to the claim.

13. Alterations to the Policy

This Policy together with the Policy Schedule constitutes the complete contract of insurance. This Policy cannot be changed or varied by any one (including an insurance agent or broker) except the Company, and any change We make will be evidenced by a written endorsement signed and stamped by the Company.

14. Material Change

It is a Condition Precedent to the Company's liability under the Policy that the Insured Person/s shall immediately notify the Company in writing of any material change in the risk on account of change in nature of occupation or business at his/ their own expense. The Company may, in its discretion, adjust the scope of cover and/or the premium paid or payable, accordingly.

15. Records to be maintained

The Insured Person/s shall keep an accurate record containing all relevant medical records and shall allow the Company to inspect such record. The Insured Person/s shall furnish such information to the Company as may be required under this Policy at any time during the Policy Period or until the final adjustment, if any and resolution of all Claims under this Policy.

16. Notice of charge

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured Person/s, his/her nominees or legal representatives, as the case may be, of any Medical Expenses or compensation or benefit under the Policy shall in all cases be complete and construe as an effectual discharge in favor of the Company.

Liberty General Insurance Ltd.
Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656

17. Assignment

You can assign this policy under intimation to Us. Assignment of a policy shall be in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time .

1) An assignment of a policy of insurance, wholly or in part, whether with or without consideration, may be made only by an endorsement upon the policy itself or by a separate instrument, signed in either case by the assignor or his duly authorised agent and attested by at least one witness, specifically setting forth the fact of assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made.

(2) An insurer may, accept the assignment, or decline to act upon any endorsement made under sub-section (1), where it has sufficient reason to believe that such assignment is not bona fide or is not in the interest of the Insured Person or in public interest or is for the purpose of trading of insurance policy.

(3) The insurer shall, before refusing to act upon the endorsement, record in writing the reasons for such refusal and communicate the same to the Insured Person not later than thirty days from the date of the Insured Person giving notice of such assignment.

(4) Any person aggrieved by the decision of an insurer to decline to act upon such assignment may within a period of thirty days from the date of receipt of the communication from the insurer containing reasons for such refusal, prefer a claim to the Authority.

(5) Subject to the provisions in sub-section (2), the assignment shall be complete and effectual upon the execution of such endorsement or instrument duly attested but except, where the assignment is in favour of the insurer, shall not be operative as against an insurer, and shall not confer upon the assignee, or his legal representative, any right to sue for the amount of such policy or the moneys secured thereby until a notice in writing of the assignment and either the said endorsement or instrument itself or a copy thereof certified to be correct by both assignor and assignee or their duly authorised agents have been delivered to the insurer: Provided that where the insurer maintains one or more places of business in India, such notice shall be delivered only at the place where the policy is being serviced.

(6) The date on which the notice referred to in sub-section (5) is delivered to the insurer shall regulate the priority of all claims under the assignment as between persons interested in the policy; and where there is more than one instrument of assignment the priority of the claims under such instruments shall be governed by the order in which the notices referred to in sub-section (5) are delivered: Provided that if any dispute as to priority of payment arises as between assignees, the dispute shall be referred to the Authority.

(7) Upon the receipt of the notice referred to in sub-section (5), the insurer shall record the fact of such assignment together with the date thereof and the name of the assignee and shall, on the request of the person by whom the notice was given, or of the assignee, on payment of such fee as may be specified by the regulations, grant a written acknowledgement of the receipt of such notice; and any such acknowledgement shall be conclusive evidence against the insurer that he has duly received the notice to which such acknowledgment relates.

(8) Subject to the terms and conditions of the assignment, the insurer shall, from the date of the receipt of the notice referred to in sub-section (5), recognise the assignee named in the notice as the absolute assignee entitled to benefit under the policy, and such person shall be subject to all liabilities and equities to which the assignor was subject at the date of the assignment and may institute any proceedings in relation to the policy, obtain a loan under the policy or surrender the policy without obtaining the consent of the assignor or making him a party to such proceedings. Explanation. Except where the endorsement referred to in sub-section (1) expressly indicates that the assignment is conditional in terms of subsection (10) hereunder, every assignment shall be deemed to be an absolute assignment and the assignee shall be deemed to be the absolute assignee.

(9) Notwithstanding any law or custom having the force of law to the contrary, an assignment in favour of a person made upon the condition that —

(a) the proceeds under the policy shall become payable to the Insured Person or the nominee or nominees in the event of either the assignee predeceasing the insured Person; or

(b) the Insured Person surviving the term of the policy, shall be valid: Provided that a conditional assignee shall not be entitled to obtain a loan on the policy or surrender a policy.

(10) In the case of the partial assignment of a policy of insurance under sub-section (1), the liability of the insurer shall be limited to the amount secured by partial assignment and such insured person shall not be entitled to further assign the residual amount payable under the same policy.

18. Possibility of Revision of Terms of the Policy Including the Premium Rates
The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

19. Entry Age
Minimum entry Age: Adult –18 Years and 91 days for children

20. Multiple Policies
a) Indemnity based policies: In case of multiple policies held by Insured person, insured person has a choice to file claim settlement under any policy. if insured person chooses to file such claim under policy held with the Company, then same shall be treated as the primary Insurer. In case the available coverage under the said policy is less than the admissible claim amount, then we, Liberty General Insurance as primary Insurer shall seek the details of other available policies of the Insured and shall coordinate with other Insurers to ensure settlement of the balance amount as per the policy conditions, without causing any hassles to the Insured.
b) Benefit based Policies: On occurrence of the insured event, the policyholders can claim from all Insurers under all policies.

21. Sum Insured Enhancement
The Sum Insured can be enhanced only at the time of Renewal and subject to approval and acceptance by the Company.

22. Disclaimer
It is being expressly agreed and declared that if the Company shall disclaim liability for any claim hereunder and such claim shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in a court of law then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

23. Area of Validity
The Policy shall provide for eligible medical treatment taken within India & all the benefits under the Policy shall be payable in Indian rupees only.

24. Policy Disputes
The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to, by both the Insured and the Company to be subject to Indian law. Each party agrees to be subject to the executive jurisdiction of Court in Mumbai and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

25. Arbitration
If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration,

the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.
It is clearly agreed and understood that no dispute or difference shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy. It is hereby expressly stipulated and declared that it shall be a Condition Precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

26. Notice
Every notice and communication to the Company required by this Policy shall be in writing, within specified time and be addressed to the nearest office of the Company. In case the Policy is sold via voice log the notice to the Company may be placed via same mode.

27. Electronic Transaction
The Insured agrees to adhere to and comply with all such terms, conditions and exclusions as the Company may prescribe from time to time, and hereby agrees and validates that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the policy or its terms, or the Company's other products and services, has his concurrence and full understanding of the terms and conditions affecting this Contract and shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. Sales through such electronic transactions shall ensure adherence to conditions of section 41 of the Insurance Act 1938 with full disclosures on terms, conditions and exclusions. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and sent to the Insured Person, duly validated/confirmed by the Insured Person.

28. Notices: Any notice, direction or instruction given under this policy shall be in writing and delivered by hand, post, or fax to:

In case of Insured –
As mentioned in the schedule

In case of the Company:
Liberty General Insurance Limited
Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013
Tel: +91 22 6700 1313
Fax : +91 22 6700 1606

Notice and instruction will be deemed served 7 days after posting or immediately upon recipient in the case of hand delivery, fax or e-mail.

29. Customer Service: If at any time the Insured requires any clarification or assistance, the insured may contact the offices of the Company at the address specified during normal business hours.

30. Entire Contract: The Policy constitutes the complete contract of insurance. No change or alteration in this Policy, shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an Endorsement on the Policy. No agent shall or has the authority to change in any respect whatsoever, any term of this Policy or waive any of its provisions.

31. Payment of premium on Installment

Group Hospi-Cash Connect Policy
Policy Wordings
(UIN –LIBHLGP21497V022021)

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly or any other specific frequency as mentioned in the policy Schedule/Certificate of Insurance the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

i. The grace period of fifteen days (where premium is paid in monthly installments) and thirty days (where premium is paid in quarterly/half-yearly/annual installments) is available on the premium due date, is available to the policyholder to pay the premium.
ii. If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.
iii. If the policy is renewed during grace period, all the credits (Sum Insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected.
iv. In case of instalment premium due not received within the grace period, the policy will get cancelled.
v. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
vi. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

E. GRIEVANCE REDRESSAL PROCEDURE

Grievance–In case of any grievance relating to servicing the Policy, the Insured Person may contact the Company through

Website: www.libertyinsurance.in

Toll free:1800166584

Email: care@libertyinsurance.in

Courier: Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at gro@libertyinsurance.in

For grievance redressal mechanism and details of grievance office of the Company, kindly refer the link - https://www.libertyinsurance.in/customer-support/grievance-redressal

Senior Citizens can email us at: seniorcitizen@libertyinsurance.in

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/

Insurance Ombudsman –If the insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-A

Insurance is the subject matter of solicitation

Annexure A

The contact details of the **Insurance Ombudsman** offices are as below –

Group Hospi-Cash Connect Policy
Policy Wordings
(UIN –LIBHLGP21497V022021)

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, Dadra & Nagar Haveli, Daman and Diu.	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in
Karnataka	Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in
Orissa	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in
Punjab, Haryana(excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in
Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in
Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in

Group Hospi-Cash Connect Policy
Policy Wordings
(UIN –LIBHLGP21497V022021)

Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in
Rajasthan	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in
Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	Office Of The Insurance Ombudsman LIC Of India, 10Th Floor, 'Jeevan Prakash', Divisional Office, M G Road, Ernakulam Kochi – 682011 Tel.:- 0484-2358759/2359338 Fax:- 0484-2359336 Email: bimalokpal.ernakulam@cioins.co.in
West Bengal, Sikkim, Andaman & Nicobar Islands.	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in
Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in
State of Uttaranchal and the following Districts of Uttar	Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15,

Group Hospi-Cash Connect Policy
Policy Wordings
(UIN –LIBHLGP21497V022021)

Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in
Bihar, Jharkhand.	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in

F. Addendum to the Policy Wording (to be attached as applicable)

1. Additions/Deletion of Members

The Insured shall provide data in the prescribed format for all the additions and deletions in the member information as per the agreed intervals & timelines and premium thereon will be calculated on a pro rata basis.

a) During the currency of the Policy, additions will be permitted for new joiners and their Family members, newly married spouse, newborn child subject to the Age criteria under this Policy. The deletions will be permitted for the employees (including their Family members) leaving the organization. No interchange of Family members is allowed under this Policy.

b) The cover will commence from the joining date to the Group for such Insured Person/s (as requested by the Insured and agreed to by the Insurance Company) subject to adequate premium balance maintained with the insurer for such additions. In case of inadequate premium balance with the Insurer on the day of inclusion of the additional members, the balance premium available as on that date would be reckoned for such members as per the serial number of the list received from the Insured. Where no such premium balance is maintained, the cover for such additions will commence from the date of receipt of premium by the Insurer.

c) In case of intimation received beyond the stipulated time period, the risk commencement date for additional members would be from the date of intimation to the Insurer or as otherwise specifically agreed to by the Insurer subject to adequate premium balance.

d) Refunds in respect of any deletion of Insured Persons shall be made on pro-rata basis from the date of deletion until the expiry date of the Policy provided no claim has been made in respect of that Insured Person.

All other terms, conditions, warranties & exclusions of the Policy remain unaltered.

Liberty General Insurance Ltd.
Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656

Group Hospi-Cash Connect Policy
Policy Wordings
(UIN –LIBHLGP21497V022021)

Further, below shall be mentioned in the Policy schedule/COI

a) First installment of INR ..... (Inclusive of Goods & Service Tax) payable before the commencement of risk.
b) Second installment of INR ..... due and payable on or before 00.00 hours of the ..... day of ……..(month) of ……(year).
c) Third installment of INR ..... due and payable on or before 00.00 hours of the ..... day of……(month) of ……..(year).
d) Fourth installment of INR due and payable on or before 00.00 hours of the .....day of .....(month) of ……..(year).
e) (Any subsequent installments to be specified likewise)

NOTE : IT IS NOT OBLIGATORY ON THE PART OF THE INSURERS TO GIVE ANY NOTICE TO THE INSURED FOR PAYMENT OF PREMIUM INSTALMENT.

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Group Hospi-Cash Connect Policy
Policy Wordings
(UIN –LIBHLGP21497V022021)

G. BENEFIT SCHEDULE

Group Hospi-Cash Connect Benefit Schedule			
	Sum Insured per Annum (Rs.)	**Range for selection: Rs 10,000 to Rs 15,00,000 (in multiples of '00)**	**Duration Limits**
A.	**Basic Cover: Mandatory Cover**		
	Daily Hospital Cash (DHC) Benefit(Rs./day)	1% of SI	Per event/Hospitalization limit- Upto 30 days
OR	Daily Hospital Cash (DHC)- Only Accidents Benefit(Rs./day)	1% of SI	Per event/Hospitalization limit- Upto 30 days
B.	**Choose and Pick covers: Optional**		
1	Double Accident Benefit (DAB)- in case of Hospitalization more than 3 days	Double the DHC limit	Per event/Hospitalization limit- Upto 30 days
2	Double ICU Benefit (DIB) –Sickness	Double the DHC limit	Per event/Hospitalization limit- Upto 30 days
3	Double ICU Benefit (DIB) –Accident	Double the DHC limit	Per event/Hospitalization limit- Upto 30 days
4	Double Critical Illness Benefit (DCI)- Listed Critical Illnesses	Double the DHC limit	Per event/Hospitalization limit- Upto 30 days
5	Day care Procedure Cash- Listed Procedures	50% of DHC Limit	Max upto 5 Day Care Procedures
6	Recovery Benefit	Option to choose up to 15 times of DHC limit	Range (Min INR 100, Max INR 15,000*15=2,25,000)
7	Convalescence Benefit	Option to choose up to 15 times of DHC limit	Range (Min INR 100, Max INR 15,000*15=2,25,000)
8	Special care on Minor Surgeries	Option to choose up to 15 times of DHC limit	Range (Min INR 100, Max INR 15,000*15=2,25,000)
	Threshold Limit Applicable of Rs. 50000		
9	Special care on Major Surgeries	Option to choose up to 15 times of DHC limit	Range (Min INR 100, Max INR 15,000*15=2,25,000)
	Threshold Limit Applicable of Rs. 200000		
10	Restore Benefit	Equivalent to the Sum Insured	
11	Wellness & Assistance Program	Available and serviced by Us/Our Service Provider	
12	Special Limit	Option to select lower DHC limit (Minimum 0.5% of the Sum Insured)	
13	Special Care	Policy without any Duration limits	

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Group Hospi-Cash Connect Policy
Policy Wordings
(UIN –LIBHLGP21497V022021)