Liberty General Insurance Ltd.
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IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656

Liberty Complete Protect Group Policy
Prospectus
(UIN –LIBHLGP25002V032425)

Introduction

Liberty Complete Protect Group Policy is available to anybody Corporate / Association / Institution / Group as defined under relevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time.

General Features

1. Available to any Corporate / Association / Institution / Group as defined under relevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time, seeking insurance for its group members.

2. An Individual may cover himself /herself and his or her spouse and dependent children under the policy.

3. Borrower and Co-Borrower relationship can also be covered under one single policy.

4. **Entry age** :

	Adult	**Child**
Minimum entry Age	18 Years	1 day

Renewal can be continued life long

5. **Policy Tenure** :
Non Credit Linked - The Policy will be issued for a period of maximum 1 year
Credit Linked - The Policy will be issued for a period of maximum 5 year

6. Waiting Period are applicable as per the benefit section opted.

7. **Pre Policy Medical Checkup :**
We may ask the insured person to undergo medical check up if the insured person age in completed year is above 50 years and or if the sum insured opted under Critical Illness Benefit is 10 Lac and above, and the proposal may be accepted as per the board approved underwriting policy of the Company. This is not applicable for all subsequent renewal(s) involving age slab changes. If the proposal is accepted, we shall refund 50% of the health check-up cost.

Pre Policy Medical Checkup is applicable if Section I and / or Section III and / or Section V© and / or Section VI(b) and / or Section VIII(b) is opted.

1. List of tests applicable for the member above 50 years of age:

FME	RUA	FBS	CBC
Lipid profile	LFT	RFT	HbA1c
TMT	PSA (for male)	PAP smear (for female)	USG
Chest X-Ray			

FME – Full Medical examination, RUA (Routine Urine Analysis), FBS (Fasting Blood Sugar), CBC (Complete Blood Count), Lipid profile, TMT (Tread Mill Test), LFT (Liver Function Test), RFT (Renal Function Test), HbA1c, PSA (Prostate Specific Antigen for Males), PAP Smear (females only), USG Abdomen -males & females (Ultrasonogram).

2. List of tests for proposals with SI above INR 10 Lacs

Sum Insured (INR)	Entry Age			
	20 – 35	36 – 45	46 – 55	56 & Above
10 Lacs to 25 Lacs	NA	NA	Health Form + FME + CBC + RUA + Chest X-ray + Lipid Profile + LFT + HbA1c +	Health Form + FME + CBC + RUA + Chest X-ray + Lipid Profile + LFT + HbA1c + TMT +

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			TMT + RFT + USG+ Tumour Markers	RFT + USG + PAP Smear + Tumour Markers
Above 25 Lacs	Health Form + FME + CBC + RUA + Chest X-ray + Lipid Profile + LFT	Health Form + FME + CBC + RUA + Chest X-ray + Lipid Profile + LFT + HbA1c + TMT	Health Form + FME + CBC + RUA + Chest X-ray + Lipid Profile + LFT + HbA1c + TMT + RFT + USG+ Tumour Markers	Health Form + FME + CBC + RUA + Chest X-ray + Lipid Profile + LFT + HbA1c + TMT + RFT + USG + PAP Smear + Tumour Markers

Tumour marker test to be included

a. Carcinoembryonic Antigen (CEA)
b. Prostate-specific Antigen (PSA)

Key Features

Selection of covers available as per your needs.

- Daily Hospital Cash benefit
- Personal Accident benefit
- Critical Illness benefit
- Vector Borne Diseases benefit
- EMI Protector Benefit
- Loan Protector Benefit
- Infectious Diseases Benefit
- Income Protection Benefit

This Policy offers selection of cover as per your need by providing options to choose from either of the cover as mentioned below under Section I, II, III, IV, V, VI, VII and VIII.

Section I: Daily Hospital Cash Benefit

a. **Daily Hospital Cash Benefit (DHC) - Illness / Injury :** In case of Hospitalization of the 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 Year, for a continuous period of more than the number of days as mentioned in policy schedule, a daily Hospital cash benefit as mentioned in the Schedule to the Policy, shall be payable for every completed 24 hours of Hospitalization, maximum up to the number of days as mentioned in the Schedule to the Policy (inclusive of both ICU & Non-ICU stay) with a maximum period of benefit during the Policy Year as per plan Opted

   This benefit is available in Single Event Per Year and Multiple Event Per Year Option as opted and mentioned in the Policy Schedule or Certificate of Insurance.

OR

b. **Daily Hospital Cash (DHC) - Only Accidents:** In case of Hospitalization of the 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 Year, for a continuous period of more than the number of days as mentioned in policy schedule, a Daily Hospital Cash – Only Accidents as mentioned in the Schedule to the Policy shall be payable, for every completed 24 hours of Hospitalization,

maximum up to the number of days as mentioned in the Schedule to the Policy (inclusive of both ICU & Non-ICU stay) with a maximum period of benefit during the Policy Year as per plan Opted

This benefit is available in Single Event Per Year and Multiple Event Per Year Option as opted and mentioned in the Policy Schedule or Certificate of Insurance.

Specific Condition applicable to Section I (Hospital Cash Benefit)

The cover as described under this Section, for specific Insured Person/s, shall terminate for that Policy Year in the event of complete utilization of the maximum number of coverage day opted, by one/or more claim as the case may be in respect of that Insured Person/s becoming admissible and accepted by the Company under this Section and the Company admitting liability against this Section I for that Insured Person/s.

Section II: Personal Accident Benefit

This section of the policy if opted provides compensation to the Insured Person, his or her nominee or legal representatives, as the case may be, the sum or sums as set forth in the Tables of Benefits below, subject to the **Section Sum Insured** being the maximum liability of the Company towards injury, solely and directly from accident and resulting in death or disability within 12 (twelve) calendar months of occurrence of such injury. The compensation under more than one benefit for same period of disability shall not exceed the **Section Sum Insured**. The policy allows the Insured Person to choose any one or all the listed benefit coverage (1 and or 2 and or 3 and or 4) and Optional Cover as per his or her insurance needs:

Coverage

1. Accidental Death Only
2. Permanent Total disablement Only
3. Permanent Partial disablement Only
4. Temporary Total Disablement Only

Table of Benefits:

Coverage	Benefit
Accidental Death	Covered up to 100% of Section Sum Insured
Permanent Total Disability	Covered up to 100% of Section Sum Insured
Permanent Partial disablement Only	Covered as per the Permanent Partial disablement Table of benefit
Temporary Total Disablement Only	Covered up to 1% of the CSI per week or up to maximum of Rs. 100,000 per week or actual wages for a maximum of 104 weeks.

Permanent Total Disability: Means

Table of Benefit –(I)

Permanent Total Disability – Table of Benefits	
Loss of	**% of CSI**
Limbs (both hands or both feet or one hand and one foot)	100%
Loss of a Limb and an eye	100%
Complete and irrecoverable loss of sight of both eye	100%
Complete and irrecoverable loss of speech & hearing of both ears	100%

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In this benefit

i. Limb means a hand at or above the wrist or a foot above the ankle.
ii. Loss of Limb means physical separation of a limb above the wrist or ankle respectively

In case of physical severance of Limbs, waiting period of 12 months shall not be applicable and the claim would be payable immediately subject to admission of claim as per the Policy terms and conditions and submission of all necessary documents / information and any other additional information required for the settlement of the claim.

Permanent Partial Disability: Means

Table of Benefit –(II)

Permanent Partial Disability – Table of Benefits	
Loss of	**% of CSI**
Each arm at the shoulder joint	70%
Each arm to a point above elbow joint	65%
Each arm below elbow joint	60%
Each hand at the wrist	55%
Each thumb	20%
Each index finger	10%
Each other finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%
Each leg to a point below the knee	50%
Each leg up to the center of tibia	45%
Each foot at the ankle.	40%
Each big toe	5%
Each other toe	2%
Each eye	50%
Hearing in each ear	30%
Sense of smell	10%
Sense of taste	5%
Any other Permanent Partial Disability	Percentage as assessed by Registered medical practitioner

The total liability for payment of compensation for an Insured Person under Accident benefit(s) in aggregate shall not exceed the amount mentioned as Sum Insured against each Insured Person in Policy Schedule. On payment of the Sum Insured as referred for all the above benefits, such benefits and relevant extensions shall cease to exist.

In case of multiple claims under Permanent Partial Disability arising due to multiple events during the Policy Period, the total claim payable amount shall not exceed the Section Sum Insured stated under this cover.

Temporary Total Disability: If an Insured Person suffers an accidental injury during the Policy Period which is the sole and direct cause of a Temporary Total Disability which completely prevents him/her from performing each and every duty pertaining to his/her employment or occupation of any description whatsoever, we will pay a weekly benefit amount as mentioned in the Policy Schedule / Certificate of Insurance, provided that:

- The temporary total disability is certified by the treating Doctor, and

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- Our maximum liability to make payment will be limited to the amount per week and disability period not exceeding 104 weeks from the date of accident as opted and stated in the Schedule of this Policy towards this benefit.

The total liability for payment of compensation for an Insured Person under Accident benefit(s) in aggregate shall not exceed the amount mentioned as Section Sum Insured against each Insured Person named in the Policy Schedule. On payment of the Sum Insured as referred for all the above benefits, such benefits and relevant extensions shall cease to exist.

Specific Condition applicable to Section II (Personal Accident Benefit)

a) The cover as described under this Section, for specific Insured Person/s, shall terminate in the event of claim exhausting the liability under this section in respect of that Insured Person/s becoming admissible and accepted by the Company under this Section and the Company admitting liability against Section II for the Insured Person/s
b) The compensation under more than one benefit for same period of disability shall not exceed the Section II Sum Insured mentioned in the Policy Schedule/Certificate of Insurance
c) The geographical scope of this benefit will be worldwide; however the claims shall be settled in India in Indian rupees

Section III: Critical Illness Benefit

Under this Section, while this Policy is in force, the Company shall provide the benefit in one lump sum or percentage of Sum Insured as stated in the Schedule to this Policy subject to the provisions, conditions and limitations contained herein or which may be endorsed hereinafter if the Insured Person is diagnosed to be suffering from or undergoing for the first time any of the listed surgical procedure for Covered Critical Illness as per the plan opted by the Insured Person subject to fulfillment of below conditions:

(a) The Insured Person experiences a Critical Illness specifically listed and defined in this Policy; and
(b) The Critical Illness experienced by the Insured Person is the first incidence of that Critical Illness; and
(c) Any illness, medical event or surgical procedure as specifically defined which was first diagnosed more than 90 days after the commencement of first Policy Period; and
(d) The Insured person survives the illness by 30 days or more, from the date of diagnosis.
(e) Critical Illness coverage is available for Individual Insured Person and up to the Sum Insured as specified in the Schedule to this Policy.

A "Critical Illness" shall mean any one of the following critical illness and it is subject to fulfillment of all conditions as defined above of this benefit and as applicable particularly to each Critical Illness as per plan opted and mentioned in Policy Schedule / Certificate of Insurance.

For list of Critical Illness and Plans available refer annexure B
Option-I and Option-II

Insured has option to choose any one or more than 1 plan as per his requirement.
In case of minor illness under Option-II our liability shall be limited to the percentage of Sum Insured as agreed and mentioned in the Policy Schedule / Certificate of Insurance.

Specific Condition applicable to Section III (Critical Illness Benefit)

a) The cover as described under this Section, for specific Insured Person/s, shall terminate in the event of one claim in respect of that Insured Person/s becoming admissible and accepted by the Company under this Section and the Company admitting liability against Section III for the Insured Person/s.
b) The geographical scope of this benefit will be worldwide; however the claims shall be settled in India in Indian rupees

Section IV: Vector Borne Diseases Benefit

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a. In-patient Hospitalization Benefit

This is a mandatory cover under this Section.

We will pay the Section Sum Insured for the Policy Year in the manner as specified in the Policy Schedule or Certificate of Insurance to an Insured Person due to medically necessary Hospitalization of an Insured Person due to;

1. Plan A - Dengue Fever
2. Plan B – Malaria
3. Plan C - Other Vector Borne Diseases listed below
    a. Chikungunya
    b. Japanese Encephalitis
    c. Kala-azar
    d. Lymphatic Filariasis
    e. Zika Virus

which is/are covered as specified in the Policy Schedule or Certificate of Insurance and contracted during the Policy Year and as defined and opted under the Policy subject to waiting Period as specified in the Policy Schedule.

b. Double Vector Borne Diseases Benefit

We will pay the Section Sum Insured against this Benefit as specified in the Policy Schedule/Certificate of Insurance if the insured person is diagnosed and/or hospitalized for the 2nd time for the same Vector Borne disease for which the claim was admissible in Section 4(a) provided the 2nd diagnosis and/or hospitalisation is within 7 days from the date of discharge of 1st hospitalisation and with the severity as defined below.

Plans are as follow-

1) **Plan A - Dengue Fever**

Dengue Shock Syndrome is a complication of Dengue haemorrhagic fever which is a potentially fatal complication of dengue causing an

i. enlarged liver with shock (a sudden drop in blood pressure),
ii. irregular breathing,
iii. dilated pupils
iv. circulatory system failure
v. damage to the lymphatic system
vi. Encephalopathy presenting with dengue encephalitis associated with development of seizures and altered sensorium.

2) **Plan B – Malaria**

i. Cerebral malaria affects the brain, which can cause brain to swell, sometimes leading to permanent brain damage altered mental status, or multiple seizures with P falciparum in the blood
ii. Other severe complications like
    - Liver failure and Hepatic Toxicity
    - Shock – a sudden drop in blood pressure,
    - ARDS (acute respiratory distress syndrome)
    - Acute Renal Failure
    - Swelling and Rapture of Spleen

3) Plan C - Other Vector Borne Diseases listed below

i. Chikungunya - Severe complications such as liver failure, myocarditis/pericarditis, encephalitis, pneumonia, renal failure, and pancreatitis
ii. Japanese Encephalitis - Underlying injury to the brain, leading to memory loss and personality behaviour changes and epilepsy.
iii. Kala-azar – Visceral leishmaniasis – Causing damage to Liver, spleen, and septicaemia
iv. Lymphatic Filariasis – Payable only once in a lifetime The most common symptom of elephantiasis is swelling of body parts. The swelling tends to happen in the below most common
    a. legs

b. genitals
c. breasts
d. arms

v. Zika Virus - Neurologic complications in adults and children, including Guillain-Barré syndrome, neuropathy and myeliti

Specific Condition applicable to Section IV (Vector Borne diseases Benefit)
If we pay the claim for any of the listed vector borne diseases as per plan opted under Section IV(a) the cover under this section of Policy shall cease for the named Insured Person, as the case may be for that Policy Year. However, in case of multiyear policy, the sum insured shall get reinstated automatically for the next Policy Year.

Section V: EMI Protector Benefit

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy, to pay once during the Policy Period, on occurrence of the Insured Event as stated below under this Section and as per the Benefit Section opted and stated in the Policy Schedule/Certificate of Insurance, in relation to the Insured Person, the number of EMI Amount(s) as specified in the Policy Schedule/Certificate of Insurance, falling due in respect of the Loan (Loan account number as stated in Certificate of Insurance) after the commencement of the Insured Event as per the Benefit Section opted and stated in the Policy Schedule/Certificate of Insurance till the expiry of Policy Period, subject to a maximum of Section Sum Insured as stated under Schedule to this Policy / Certificate of Insurance for the Insured Person mentioned in the Policy.

However, if the Section Sum Insured opted is less than the Loan Amount, then the EMI payable will be in proportion to the Section Sum Insured opted and will not be the actual EMI corresponding to the Loan amount. In any case, the EMI payable cannot exceed the actual EMI. The benefit under this Section is available only for the Loan taken in the name of the Insured Person within India.

Insured Event: For the purposes of this Section and the determination of the Company's liability under it, Insured Event in relation to the Insured Person, shall mean –

a) **In-patient Hospitalization Benefit:** We shall pay the number of EMIs as specified in the Policy Schedule/Certificate of Insurance due to Illness/ Injury or Accident only as opted, for every completed continuous hospitalization exceeding the number of days mentioned in the Policy Schedule/Certificate of Insurance.

Explanation
1. Exceeds minimum no of days mentioned in Policy Schedule / Certificate of Insurance in single continuous hospitalisation – Benefit amount opted
2. Exceeds 2 times the minimum no of days mentioned in Policy Schedule / Certificate of Insurance in single continuous hospitalisation - 2 times of benefit amount
3. Exceeds 3 times the minimum no of days mentioned in Policy Schedule / Certificate of Insurance in single continuous hospitalisation - 3 times of benefit amount

In case the continuous hospitalization exceeds the number of days opted, the company shall pay the number of EMIs as stated in the Policy Schedule / Certificate of Insurance, subject to the Policy terms and conditions.

b) **Personal Accident Benefit:** We shall pay the number of EMIs as specified in the Policy Schedule/Certificate of Insurance or Actuals whichever is less, subject to the Policy terms and conditions, in case of Accidental Death and/or Permanent Total Disability and / or Permanent Partial Disability of the Insured Person.

c) **Critical Illness Benefit:** We shall pay the number of EMIs as specified in the Policy Schedule/Certificate of Insurance or Actuals whichever is less, subject to the Policy terms and conditions, in case the Insured

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Person is diagnosed to be suffering from or undergoing for the first time any of the listed surgical procedure as opted and as defined under Covered Critical Illness herein below and if all of the following conditions are satisfied.

i. The Insured Person experiences a Critical Illness specifically listed and defined in this Policy; and
ii. The Critical Illness experienced by the Insured Person is the first incidence of that Critical Illness; and
iii. Any illness, medical event or surgical procedure as specifically defined below which was first diagnosed more than 90 days after the commencement of first Policy Period; and
iv. The Insured person survives the illness by 30 days or more, from the date of diagnosis.
v. Critical Illness coverage is available for Individual Insured Person and up to the Sum Insured as specified in the Schedule to this Policy.

****Listed Critical Illnesses as opted (for admissibility of Claim under Section V):*** A "Critical Illness" shall mean any one of the following critical illness and it is subject to fulfillment of all conditions as defined above of this benefit and as applicable particularly to each Critical Illness as per plan opted and mentioned in Policy Schedule / Certificate of Insurance.

For list of Critical Illness and Plans available refer annexure B
Option-I and Option-II

d) **Vector Borne Disease Benefit:** We shall pay the number of EMIs as specified in the Policy Schedule/Certificate of Insurance or Actuals whichever is less, subject to the Policy terms and conditions, due to medically necessary Hospitalization of the Insured Person due to:

1. Plan A - Dengue Fever
2. Plan B – Malaria
3. Plan C - Other Vector Borne Diseases listed below
    a. Chikungunya
    b. Japanese Encephalitis
    c. Kala-azar
    d. Lymphatic Filariasis
    e. Zika Virus

which is/are covered as specified in the Policy Schedule or Certificate of Insurance and contracted during the Policy Year and as defined and opted under the Policy subject to waiting Period as specified in the Policy Schedule.

Specific Condition Applicable to Section V

1. The cover as described under this Section, for Insured Person, shall terminate in the event of one claim in respect of that Insured Person becoming admissible and accepted by the Company under this Section.
2. The geographical scope of this benefit will be worldwide; however the claims shall be settled in India in Indian rupees

Section VI: Loan Protector Benefit

Under this Section, the Company shall pay once during the Policy Period, the Principal Outstanding Loan Amount falling due in respect of the Loan (Loan account number as stated in Certificate of Insurance) after the commencement of the Insured Event as per the Benefit Section opted and stated in the Policy Schedule/Certificate of Insurance, till the expiry of Policy Period, subject to a maximum of the Section Sum Insured as stated under the Schedule to this Policy/Certificate of Insurance for the Insured Person mentioned in the Policy, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy.

If the Section Sum Insured opted is less than the Loan Amount, then the Principal Outstanding Loan Amount payable will be in proportion to the Section Sum Insured opted and will not be the actual Loan amount

corresponding to the Loan account. In any case, the Principal Outstanding Loan Amount payable cannot exceed the actual outstanding amount.

Insured Event: For the purposes of this Section and the determination of the Company's liability under it, Insured Event in relation to the Insured Person, shall mean –

a) **Personal Accident Benefit:** We shall pay the Principal Outstanding Loan Amount falling due in respect of the Loan (Loan account number as stated in Certificate of Insurance) subject to a maximum of the Section Sum Insured or Percentage of Sum Insured as stated under the Schedule to this Policy/Certificate of Insurance, in case of Accidental Death and/or Permanent Total Disability and / or Permanent Partial Disability of the Insured Person, subject to the Policy terms and conditions.
   - Permanent Total Disability - Our liability shall be limited to the percentage of Sum Insured mentioned in the Table of Benefit (I) of Section II
   - Permanent Partial Disability – Our liability shall be limited to the percentage of Sum Insured mentioned in the Table of Benefit (II) of Section II

b) **Critical Illness Benefit:** The Company shall pay the Principal Outstanding Loan Amount falling due in respect of the Loan (Loan account number as stated in Certificate of Insurance) subject to a maximum of the Section Sum Insured as stated under the Schedule to this Policy schedule/Certificate of Insurance, subject to the Policy terms and conditions, in case the Insured Person is diagnosed to be suffering from or undergoing for the first time any of the listed surgical procedure as defined under Covered Critical Illness herein below and if all of the following conditions are satisfied.
   i. The Insured Person experiences a Critical Illness specifically listed and defined in this Policy; and
   ii. The Critical Illness experienced by the Insured Person is the first incidence of that Critical Illness; and
   iii. Any illness, medical event or surgical procedure as specifically defined below which was first diagnosed more than 90 days after the commencement of first Policy Period; and
   iv. The Insured person survives the illness by 30 days or more, from the date of diagnosis.
   v. Critical Illness coverage is available for Individual Insured Person and up to the Sum Insured as specified in the Schedule to this Policy.

A "Critical Illness" shall mean any one of the following critical illness and it is subject to fulfillment of all conditions as defined above of this benefit and as applicable particularly to each Critical Illness as per plan opted and mentioned in Policy Schedule / Certificate of Insurance.

For list of Critical Illness and Plans refer annexure B
Option-I and Option-II

Specific Condition Applicable to Section VI

1. The cover as described under this Section, for Insured Person, shall terminate in the event of one claim in respect of that Insured Person becoming admissible and accepted by the Company under this Section.
2. The geographical scope of this benefit will be worldwide; however the claims shall be settled in India in Indian rupees

Section VII: Infectious Diseases Benefit

For the purposes of this Section and the determination of the Company's liability under it, the Insured Event in relation to the Insured person, shall mean ***any one of the below*** as opted by the Insured Person and specified in the Policy Schedule / Certificate of Insurance –

1) First diagnosis of (or first medical advice or treatment in relation to) illness or medical event, with respect to the Insured Person

OR

2) Medically necessary In-patient Hospitalization for minimum 24 hours of an Insured Person due to illness or medical event

which is/are covered as specified in the Policy Schedule or Certificate of Insurance and contracted during the Policy Year and as defined and opted under the Policy subject to waiting Period as specified in the Policy Schedule.

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Following are the sets of various infectious diseases for which coverage is available under this Section. Set/Sets as opted by Insured Person and as specified in Policy schedule/Certificate of Insurance are covered.

Set A: Infectious Diseases.		**Set B: HIV Infection**	**Set C: Covid Infection**
Typhoid	Ebola	HIV	Covid -19
Hepatitis A, D & E	Swine Influenza Virus, H1N1 Virus		
Amoebiasis	SARS, MERS		
Leptospirosis	Mucormycosis		
Cholera	Diphtheria		
Nipah Virus	Tuberculosis		

Coverage Type for Infectious diseases:

a) Common SI for opted sets:
Sum insured limit for this Section will be applicable for all the sets opted. Therefore, if a claim becomes payable for any of the covered infectious disease, the coverage under this section shall be terminated for remaining policy period. In case of multiyear policy, the Sum Insured shall get reinstated automatically for the next Policy Year.

*If we pay the claim for any of the listed Diseases as per the plan opted under Section VII the cover under this section of Policy shall cease for the named Insured Person, as the case may be for that Policy Year. However, in case of multiyear policy, the sum insured shall get reinstated automatically for the next Policy Year.

b) Separate SI for opted sets:
Sum insured limit for covered sets of infectious diseases will be applicable separately for each of the sets opted. Therefore, if a claim becomes payable for any of the covered infectious disease the coverage under the set to which such disease belongs, shall be terminated for remaining policy period. Coverage will be available for remaining opted set(s), if any, of this Section.

*In case of multiyear policy, the sum insured shall get reinstated automatically for the next Policy Year.

Section VIII: Income Protection Cover

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy, to pay once during the Policy Period, in relation to the Insured Person, after Insured Person has completely utilized the Sick / Casual / Privileged / Paid leaves paid from the time the Insured Person goes on Leave of Absence (without pay) till her/his return to employment (with pay) or till end of maximum number of weeks specified in Policy Schedule /Certificate of Insurance whichever is earlier, arising due to below mentioned insured event:

a) **Loss of Income Due to Accident**- If the Insured Person suffers from an accidental injury during the Policy Period and within twelve calendar months from the date of Accident, which is the sole and direct cause of his Permanent Total Disability and / or Permanent Partial Disability and / or Temporary Total Disability of the Insured Person

OR

b) **Loss of Income Due to Listed Critical Illness**- During the policy period if the Insured Person is being diagnosed to be suffering from or undergoing for the first time any of the listed surgical procedure as defined under Covered Critical Illness herein below and if all the following conditions are satisfied.

i. The Insured Person experiences a Critical Illness specifically listed and defined in this Policy; and
ii. The Critical Illness experienced by the Insured Person is the first incidence of that Critical Illness; and
iii. Any illness, medical event or surgical procedure as specifically defined below which was first diagnosed more than 90 days after the commencement of first Policy Period; and

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iv. The Insured person survives the illness by 30 days or more, from the date of diagnosis.
v. Critical Illness coverage is available for Individual Insured Person and up to the Sum Insured as specified in the Schedule to this Policy.

A "Critical Illness" shall mean any one of the following critical illness and it is subject to fulfillment of all conditions as defined above of this benefit and as applicable particularly to each Critical Illness as per plan opted and mentioned in Policy Schedule / Certificate of Insurance.

For list of Critical Illness and Plans available refer annexure B
Option-I and Option-II

Specific Condition Applicable to Section VIII

3. The cover as described under this Section, for Insured Person, shall terminate in the event of one claim in respect of that Insured Person becoming admissible and accepted by the Company under this Section.
4. The geographical scope of this benefit will be worldwide; however the claims shall be settled in India in Indian rupees

Applicable Waiting Periods.

Waiting Period Applicable to Section I – Daily Hospital Cash Benefit, Section V - EMI Protector Benefit (a) and Section VII – Infectious Diseases Benefit, Optional Cover -Surgical Benefit Cover, Joint Hospitalization Cover and Convalescence Benefit Cover, unless specifically waived off and mentioned in the Policy Schedule / Certificate Of Insurance,

a. 30 days Waiting Period: Code Excl03

a) 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.

b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

b. 90 days Waiting Period: Expenses related to the treatment of Critical illness(s) within 90 days from the first policy commencement date shall be excluded except claims arising due to accidental bodily Injury requiring hospitalization, provided the same are covered

c. Specified disease/procedure waiting period- Code- Excl02

1. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 /24 /36 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.
2. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
3. 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.
4. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
5. 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.
6. List of specific diseases/procedures

i) First Year (12 months) Waiting Period:

During the first Year of operation of this insurance cover, expenses on treatment of the following diseases are not payable: 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.

ii) Two Year (24 months) Waiting Period:
During the first two Years of the operation of this insurance cover, the expenses on treatment of following diseases are not payable: 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.

Diabetes & related complications including but not limited to: Diabetic Retinopathy, Diabetic Nephropathy, Diabetic Foot/Wound, Diabetic Angiopathy, Diabetic Neuropathy, Hypo/Hyperglycemic Shocks.

Hypertension & related complications including but not limited to: Coronory Artery Disease, Cerebrovascular Accident, Hypertensive Nephropathy, Internal Bleed/Haemorrhages.

Treatment related to Anxiety (F06, F40-41), Conduct & Mood disorders (F34, F38-39, F92-93, F98), Personality disorders (F60-61, F93) and stress (F43)*

If these diseases/disorders are pre-existing at the time of proposal or subsequently found to be pre-existing, then Pre-Existing Condition Exclusion ("e" below) shall be applicable.

iii) Three Year (36 months) Waiting Period:
Treatment of Bipolar (F31), Delirium (F05), Dementia (F00-F03), Depression (F30,F32,F33), Hyperkinetic (F90), Mental retardation (F70-79), Schizophrenia (F20-29), including its complications will be covered post 48 continuous months of this Policy with us. The Waiting Period shall apply unless expressly stated to the contrary elsewhere in this Policy.*

* The illnesses/diseases mentioned with the coding in the bracket such as F06, F40 are as per the 'International Classification of Diseases (ICD's). ICD defines the universe of diseases, disorders, injuries and other related health conditions, listed in a comprehensive, hierarchical fashion.

a. **Pre- Existing Diseases: Code- Excl01**
   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 top 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 expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of proposal and accepted by Insurer.

Waiting Period applicable to Section III – Critical Illness Benefit, Section V-EMI Protector Benefit ©, Section VI – Loan Protector Benefit (b) and Section VIII – Income Protection (b) Benefit, unless specifically waived off and mentioned in the Policy Schedule / Certificate Of Insurance

1. **90 days Waiting Period:** 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

2. **Pre-Existing Diseases: Code- Excl01**

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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 top 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 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.

3. **Specified disease/procedure waiting period- Code- Excl02**
   a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 /36 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.
   f) List of specific diseases/procedures
      1. **Two Year (24 months) Waiting Period:**
         Treatment related to Anxiety (F06, F40-41), Conduct & Mood disorders (F34, F38-39, F92-93, F98), Personality disorders (F60-61, F93) and stress (F43)*
         If these diseases/disorders are pre-existing at the time of proposal or subsequently found to be pre-existing, exclusion below shall be applicable.

      2. **Three Year (36 months) Waiting Period:**
         Treatment of Bipolar (F31), Delirium (F05), Dementia (F00-F03), Depression (F30,F32,F33), Hyperkinetic (F90), Mental retardation (F70-79), Schizophrenia (F20-29), including its complications will be covered post 48 continuous months of this Policy with us. The Waiting Period shall apply unless expressly stated to the contrary elsewhere in this Policy.*

         * The illnesses/diseases mentioned with the coding in the bracket such as F06, F40 are as per the 'International Classification of Diseases (ICD's). ICD defines the universe of diseases, disorders, injuries and other related health conditions, listed in a comprehensive, hierarchical fashion.

4. **Survival Period:**
   A claim for an insured condition becomes valid and payable if the Insured Person survive for 30 days after the insured condition.

Waiting Period under Section IV - Vector Borne Diseases Benefit and Section V – EMI Protector Benefit (d), unless specifically waived off and mentioned in the Policy Schedule / Certificate Of Insurance

1. **30 days Waiting Period: Code Excl03**
   a. 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.
   b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
   c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

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2. If the Policy is opted after occurrence of any of the listed vector borne diseases, 60 days waiting period shall be applicable for the specific ailment from date of previous admission. However,
   a. Single Year Policy - Once a benefit is paid under this section during the Policy Period and the Named Insured Person renews the Policy, in such scenario for the renewal Policy, 60 days waiting period from date of previous admission would apply for the specific ailment of which a claim has been paid.
   b. Multi-Year Policy - Once a benefit is paid under this section during the Policy Year and the policy is continued for the next policy year in case of long term policy, in such scenario 60 days waiting period from date of previous admission would apply for the specific ailment of which a claim has been paid.

3. If the Policy is renewed post 60 days from the date of admission of the previously paid claim for the named Insured Persons, then a fresh waiting period of 15 days shall apply for all listed vector borne diseases.

Section Specific Exclusions (In addition to General Exclusions)

Specific Exclusions applicable to Section I – Daily Hospital Cash Benefit, Section V EMI Protector Benefit (a) as per plan opted, unless specifically waived off and mentioned in the Policy Schedule / Certificate Of Insurance

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary elsewhere in this Policy:

1. **Maternity: Code Excl18**
   i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
   ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
2. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident
3. Any OPD treatment
4. Treatment received outside India
5. Charges incurred at Hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury for which Inpatient Care/Day Care Treatment is required
6. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
7. Alopecia, wigs and/or toupee and all hair or hair fall treatment and products
8. EECP & Chelation Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR) or Cytotron therapy.

Specific Exclusions applicable to Section II – Personal Accident Benefit, Section V-EMI Protector Benefit (b), Section VI-Loan Protector Benefit (a) and VIII-Income Protection Benefit (a) as per benefit cover opted.

The Company shall not be liable under this Policy for –

1. Death or disability resulting directly or indirectly caused by, contributed to or aggravated or prolonged by childbirth or from pregnancy excluding ectopic pregnancy.
2. Any pre-existing condition/ disability / accidental injury except where the proximate cause of injury is accident.
3. Any claim arising out of Insured Person(s) serving in any branch of the Military or Armed Forces of any country during war or warlike operations.
4. 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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Specific Exclusion under Section III – Critical Illness Benefit, Section V-EMI Protector Benefit (c), Section VI-Loan Protector Benefit (b) and VIII-Income Protection Benefit (b) as per benefit cover opted and unless specifically waived off and mentioned in the Policy Schedule / Certificate Of Insurance.

The Company shall not be liable to make any payment under this Policy in connection with or in respect of any Insured Event, as stated in this Section, occurred or suffered before the commencement of Period of Insurance or arising within the first 90 days of the commencement of the Period of Insurance.

1. If the Insured Person does not submit a medical certificate from the Doctor evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical / surgical procedure in relation to the claim of the particular insured Person.
2. Any Critical Illness arising out of use, abuse or consequence or influence of any substance (substances that are abused like illegal drugs, opioids, marijuana etc) intoxicant, drug, alcohol or hallucinogen.
3. Any illness which is not a part of the listed Critical Illness, as mentioned under Section III of the Policy and/or not opted by the Insured/Insured Person/s.

Specific Exclusion applicable to Section IV - Vector Borne Diseases Benefit and Section V- EMI Protector Benefit (d) as per benefit cover opted and unless specifically waived off and mentioned in the Policy Schedule / Certificate Of Insurance.

We will not make any payment for any claim in respect of the Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy;

1) Pre-existing Lymphatic Filariasis at the time of taking the policy is excluded for lifetime
2) Any OPD Treatment
3) Any Treatment taken for any illness other than for vector borne diseases as listed in Section IV
4) Admission to hospital for less than 24 hours
5) Diagnosis and treatment outside India.

Specific Exclusion under Section VIII - Infectious Diseases Benefit, unless specifically waived off and mentioned in the Policy Schedule / Certificate Of Insurance

We will not make any payment for any claim in respect of the Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy

1. Any Treatment taken for any illness other than for infectious diseases as listed in Section VII.
2. Diagnosis and treatment outside India.
3. If the Insured does not submit a medical certificate from the Medical Practitioner evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical / surgical procedure in relation to the claim of the particular Insured Person.
4. Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof.
5. Treatment by a family member and self-medication or any treatment that is not scientifically recognized.

General Exclusions applicable to all sections

I. Standard Exclusions

We will not make any payment for any claim in respect of any Insured Person/s directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary elsewhere in this Policy:

1) **Rest Cure, rehabilitation and respite care: Code- Excl05**
   Expenses related to any admission primarily for enforced bed rest and not for receiving treatment, this also includes:
   (i) Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled person
   (ii) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

2) **Obesity /Weight Control: Code-Excl06**

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Expenses related to the surgical treatment of obesity that does not full fill all the below condition

(i) Surgery to be conducted is upon the advice of the doctor
(ii) The Surgery/procedures conducted should be supported by clinical protocols
(iii) The member has to be 18 years of age or older and
(iv) Body Mass Index (BMI)
  (1) Greater than or equals to 40 or
  (2) Greater than or equals to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    (a) Obesity related cardiomyopathy
    (b) Coronary Heart disease
    (c) Severe Sleep Apnea
    (d) Uncontrolled Type2 Diabetes

3) Change of Gender Treatments: Code-Excl07
Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

4) Cosmetic or Plastic Surgery: Code-Excl08
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an accident, burns 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.

5) Hazardous and Adventure Sports: Code-Excl09
Expenses related to any treatment necessitated due to participation 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.

6) Breach of Law: Code-Excl10
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit breach of law with criminal intent.

7) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code-Excl12**

8) 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. **Code-Excl13**

9) **Unproven Treatments: Code-Excl16**
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

10) Sterility and Infertility: Code-Excl17
Expenses related to sterility and infertility. This includes:

a) Any type of contraception, sterilization
b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
c) Gestational Surrogacy
d) Reversal of sterilization

II. <u>Other Exclusions</u>

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IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656

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1) Treatment taken from anyone who is not registered as Medical Practitioners under respective Medical Councils or from a Medical Practitioner who is practicing outside the discipline for which he is licensed, or the treatment is undertaken from an immediate family member or any kind of self-medication.

2) Congenital external diseases, defects or anomalies.

3) Birth control procedures and hormone replacement therapy.

4) War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

5) Dental care or surgery except as occasioned by Accidental Injury and requiring hospitalization.

6) Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
   (i) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
   (ii) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
   (iii) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

7) Any expenses incurred on Domiciliary Hospitalization and OPD treatment

8) Any claim of the Insured Person
   i) from intentional self-injury, suicide or attempted suicide
   ii) whilst under the influence of liquor or drugs or other intoxicants except where the insured person is not directly responsible for the injury / accident though under influence of intoxication.
   iii) as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder
   iv) driving any vehicle without a valid driving licence
   v) whilst engaging as a driver, co-driver or passenger of a vehicle engaging in speed contest or racing of any kind or participating in a trail run.

9) Any loss whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airline or Air Charter Company.

   Fare paying passenger includes person travelling through some concession or benefit in terms of valid boarding pass / voucher

   Expenses for treatment directly arising from or consequence upon any insured person participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion.

10) Any claim caused by or contributed to or arising from-
   i) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel and for the purpose hereof, combustion shall include any self-sustaining process of nuclear fission; or
   ii) Nuclear weapons material

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I. Standard General Terms and Conditions

1. 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.

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. Disclosure of information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder

(Explanation: "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)

4. Material Change / Change of Occupation

The Insured/ Insured Person shall immediately notify the Company in writing of any material change in the risk or change in business or occupation during the currency of the Policy and the Company may adjust the scope of the cover and/or the premium, if necessary, accordingly.
The above notification is not mandatory when only the employer changes, but the nature of occupation does not change.

5. 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 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.

6. 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 shall be forfeited.

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

For the purpose of this clause, the expression "fraud" means any or all of the following acts wilfully committed by the Insured Person or by his agent or intermediary, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy:

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;

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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 mis-statement of or suppression of material fact are within the knowledge of the insurer.

7. Premium Payment in Installments

If the insured person has opted for payment of premium on an installment basis i.e. Half Yearly, Quarterly or Monthly as mentioned in the certificate of insurance, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the policy). This facility needs to be opted before inception of the policy and opting ECS/SI payment mode.

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.

v. In case of instalment premium due not received within the grace period, the policy will get cancelled.

vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

The total premium applicable for a yearly or long-term policy tenure shall be collected by us not later than first year of the policy.

Please review the installment payment terms on the right, which apply to standard premiums.

Installment Frequency	% of Annual Premium
Half Yearly	51%
Quarterly	26%
Monthly	8.75%

8. 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.

9. Cancellation (if applicable)

(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.

10. 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 30days before policy renewal date as per IRDA Guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses 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.

11. Portability (if applicable)

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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 lndian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

12. 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.

13. Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

14. 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.

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;

15. Renewal of Policy

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 at least 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.

16. Notice

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Every notice and communication to the Company required by this Policy shall be in writing and be addressed to the registered office of the Company. In case the Policy is sold via voice log the notice to the Company may be placed via same mode.

10. Withdrawal of Product

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.

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.

II. Specific General Terms and Conditions

1. Observance of Terms and Conditions

The due observance and fulfillment of the terms, conditions and endorsements of this Policy insofar as they relate to anything to be done or complied with by the Insured/Insured Person/s shall be a condition precedent to any liability of the Company to make any payment under this Policy.

2. Notice of charge

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

3. 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.

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(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.

4. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

5. Currency for Payment

All claims shall be payable in India and in Indian Rupees only.

6. Subrogation

In the event of payment under this Policy, the Company shall be subrogated to all the Insured /Insured Person's rights of recovery thereof against any person or organization, and the Insured/Insured Person shall execute and deliver instruments and papers necessary to secure such rights. The Insured/Insured Person and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured /Insured Person's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated. This clause applies only to coverage under the indemnity section of the policy and does not apply to benefit sections.

7. 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 the

appropriate Courts in Mumbai and to comply with all requirements as necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

8. 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 or any subsequent amendment thereto.

It is clearly agreed and understood that no dispute or difference shall be referred 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. The seat of Arbitration shall be Mumbai

Conditions when a Claim arises

1. Notification of Claim

It is a condition precedent to our liability hereunder that written notice of claim must be given by the Insured Person/Nominee/Legal Heir, as applicable, to the Company within 15 days after an actual or potential loss begins or as soon as is reasonably possible and, in any event, not later than 30 days after an actual or potential loss begins.

Claim Intimation for Hospital Cash Benefit / Vector Borne Diseases.

You shall intimate the Claims to us within 2 days hospitalization or diagnosis of Vector Borne Diseases as the case may be or as specified in the policy schedule through any available mode of communication as specified in the Policy, Health Card or our Website

However, the Company may condone the delay on merits of the claim subject to getting satisfied that the delay in notification was due to reasons beyond the control of the Insured Person/Nominee/Legal Heir.

2. Time for Filing Claim Documents

Completed Claim Forms and written evidence of loss must be furnished to us within 30 days after the date of such accident. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if the Insured Person/Nominee/Legal Heir can satisfy the company that it was not reasonably possible for the Insured Person/Nominee/Legal Heir to give proof / documents within such time.

The above time limit will not apply to claims pending action or arbitration.

3. Claim Procedure

It is a condition precedent to the Company's liability that upon the discovery or happening of any loss that may give rise to a claim under this Policy, the Insured Person/Nominee/Legal Heir, as applicable, shall undertake the following:

The claim has to be intimated to the Company directly or through the group administrator.

The following information should be furnished by the Insured Person/s while intimating a claim:

1. Insured Person's contact numbers
2. Policy Number
3. Location, Date and Time of Loss
4. Whether Police authorities has been informed (in case of Road/Rail Accident claim)
5. Name of the Insured Person(s) named in the Policy schedule/Certificate of Insurance availing treatment,
6. Nature of disease/illness/injury,
7. Name and address of the attending Medical Practitioner/Hospital
8. Date and time of event if applicable

9. Date of admission

Claims Processing and Settlement

i. 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.
ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
iii. 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 the claim within 45 days from the date of receipt of last necessary document.
iv. im within 45 days from the date of receipt of last necessary document.
v. In case of delay beyond stipulated 45 days the company shall be liable to pay interest 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 Reserve Bank of India at the beginning of the financial year in which claim have fallen due.

Claims processing and settlement will be as per relevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time.

Proof satisfactory to the Company shall be furnished on all matters upon which a claim is based. Any Medical Officer or other representative of the Company shall be allowed to examine the Insured/Insured Person on the occasion of any alleged injury or disability when and so often as the same may reasonably be required on behalf of the Company. Such evidence as the Company may from time to time require shall be furnished within the space of fourteen days after demand in writing.

No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal and/ or Legal Hair can claim or sue us under this Policy.

Section I: Daily Hospital Cash:

1. Duly Filled and signed claim form;
2. Copy of discharge summary/ Final bill/ investigation reports.
3. Photo ID proof of the insured member whose name the payment is to be done.
4. Address proof of the insured member whose name the payment is to be done.
5. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done
6. Indoor case papers from hospital.

Section II: Personal Accident benefit

A. Accidental Death

1. Duly filled and signed claim form.
2. FIR / MLC from police authorities.
3. Driving License of the Insured Person in case death or injury because of Road Traffic accident and the Insured Person was driving the vehicle involved.
4. Death Certificate issued by competent Authorities.
5. Death Summary from the Hospital Authorities if death is confirmed by the Hospital.
6. Post Mortem Report if conducted (Viscera report may asked in case chemical analysis preserved)
7. Inquest / Panchnama Report.
8. Letter from HR stating the attendance closure to the incident in case if employee for Group policies.
9. Indemnity Bond / Succession Certificate/ Legal Heir Certificate.
10. Latest Photograph of the beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done.
11. Photo ID proof of the beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done.

12. Address proof of the beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done.
13. NEFT mandate form filled by beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done
14. Outstanding Loan Statement

B. PTD/PPD Claim Check List:

a. Duly filled and signed claim form
b. FIR / Medico Legal Case (MLC) report from police authorities.
c. Driving License of the Insured Person in case of injury because of Road Traffic accident and the Insured Person was driving the vehicle involved.
d. Medical Certificate from the attending Medical Practitioner for the injury indicating the extent of disability.
e. Hospital / Nursing Home Medical Records.
f. Radiological / X Ray report relevant to the disability.
g. Photographs of the insured showing affected area.
h. Photo ID proof of the deceased / Insured Person in whose name the payment is to be done.
i. Address proof of the deceased / Insured Person in whose name the payment is to be done.
j. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done.
k. Disability Certificate from Civil Surgeon in PPD & PTD Claim.

C. TTD Claim Check List

1. Duly filled and signed claim form
2. FIR / MLC from police authorities.
3. Driving License of the Insured Person in case of injury because of Road Traffic accident and the Insured Person was driving the vehicle involved.
4. Medical fitness certificate from the Treating consultant indicating duration of rest medically advised
5. Hospital / Nursing Home Medical Records.
6. Radiological / X Ray report relevant to the disability.
7. Leave certificate from HR (for salaried people) if employee for Group policies.
8. Salary certificate / income proof if employee for Group policies.
9. Photo ID proof of the deceased / Insured Person in whose name the payment is to be done.
10. Address proof of the deceased / Insured Person in whose name the payment is to be done.
11. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done.

Section III: Critical Illness Benefit:

1. Dully filled & signed claim form
2. Investigation reports, Histological report or Scan/ X Ray Plates, etc. as applicable confirming diagnosis of the indicated Critical Illness
3. All Documents prior and after, related to the diagnosis of indicated critical illness
4. Medical certificate from the certified Physician confirming the diagnosis of Indicated critical illness
5. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done

Section IV: Vector Borne Diseases Benefit

A. In-patient Hospitalization Benefit

1. Duly Filled and signed claim form;
2. Copy of discharge summary/ Final bill/ investigation reports.
3. Photo ID proof of the insured member whose name the payment is to be done.
4. Address proof of the insured member whose name the payment is to be done.
5. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done
6. Indoor case papers from hospital.

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B. Double Vector Borne Diseases Benefit:

1. Duly filled and signed claim form.
2. Copy of discharge summary/ Final bill/ investigation reports
3. Indoor case papers from hospital
4. Latest Photograph of the beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done.
5. Photo ID proof of the beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done.
6. Address proof of the beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done.
7. NEFT mandate form filled by beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done

Section V & VI: EMI Protector and Loan Protector Benefit:

1. Duly completed claim form
2. Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
3. Photo Id & Address Proof of insured member
4. NEFT mandate form filled by beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done
5. Documents Pertaining to the cover opted.
    i. In Patient Hospitalisation Benefit – as mentioned in Section I-Daily Hospital Cash Benefit
    ii. Personal Accident Benefit – as mentioned in Section II – Personal Accident Benefit
    iii. Critical Illness Benefit – as mentioned in Section III – Critical Illness Benefit
    iv. Vector Borne Diseases Benefit – as mentioned in Section IV – Vector Borne Diseases Benefit

Section VII: Infectious Diseases Benefit: (as applicable)

1. Duly Filled and signed claim form;
2. Copy of discharge summary/ Final bill/ investigation reports.
3. Photo ID proof of the insured member whose name the payment is to be done.
4. Address proof of the insured member whose name the payment is to be done.
5. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done
6. Indoor case papers from hospital.

Section VIII: Income Protection Benefit: (as applicable)

1. Duly Filled and signed claim form;
2. List of documents as mentioned in Section III Critical Illness Benefit, for Loss of Income Due to Critical Illness (as per plan opted)
3. List of documents as mentioned in Section II Personal Accident Benefit, for Loss of Income Due to Personal Accident (as per cover opted)
4. Leave Certificate from Employer confirming loss of pay

Optional Cover

Surgical Benefit Cover / Maternity Benefit Cover / Double Maternity Benefit Cover / Joint Hospitalization Cover / Convalescence Benefit

- Copy of document of hospitalization/medical treatment
- Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization/medical treatment
- Discharge Summary

We may call for additional documents/ information as relevant and necessary for processing of the claim.

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In case you are covered under multiple policies which provide fixed benefits, on the occurrence of the insured condition, We shall make the claim payments as per terms and conditions of this policy, independent of payments received by You under other similar polices

No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal and/ or Legal Hair can claim or sue us under this Policy.

In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, the Company shall accept properly verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider.

Optional Covers

1. **Surgical Benefit Cover**

   In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person, we will pay the Insured Person the Benefit Amount(s) as opted and specified in the Policy Schedule/Certificate of Insurance if the Insured Person is hospitalized as an Inpatient for Surgery performed on the advice of a Medical Practitioner due to Illness/Injury during the policy period and undergoes the surgical procedures under the Policy.

   ❖ Documents required in case of claim:
   - Copy of document of hospitalization/medical treatment
   - Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization/medical treatment
   - Discharge Summary

2. **Maternity Benefit Cover**

   In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person, we will pay the Insured Person the Benefit Amount as opted and specified in the Policy Schedule / Certificate of Insurance for delivery (including complicated deliveries and caesarean sections incurred during hospitalization) during the policy year. 9 months waiting period shall be applicable.

   ❖ Documents required in case of claim:
   - Copy of document of hospitalization/medical treatment
   - Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization/medical treatment
   - Discharge Summary

3. Double Maternity Benefit Cover

In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person, we will pay the Insured Person twice the Benefit Amount(s) as opted and specified in the Policy Schedule / Certificate of Insurance for delivery (including complicated deliveries and caesarean sections incurred during hospitalization) during the policy period. 9 months waiting period shall be applicable.

❖ Documents required in case of claim:
- Copy of document of hospitalization/medical treatment
- Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization/medical treatment
- Discharge Summary

3. **Joint Hospitalization Cover**

   In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person, we will pay twice the Benefit Amount(s) as opted and specified in the Policy Schedule/

Certificate of Insurance, in the event where two or more Insured Persons are concurrently hospitalized as an Inpatient, due to illness/disease/injury, during the policy period, as mentioned in Policy Schedule/ Certificate of Insurance.

- ❖ Documents required in case of claim:
  - Copy of document of hospitalization/medical treatment
  - Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization/medical treatment
  - Discharge Summary

4. Convalescence Benefit

In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person, we will pay such benefit amount each time upto the maximum number of times as opted and specified in the Policy Schedule / Certificate of Insurance in the event of continuous hospitalization exceeding the number of days stated in the Policy Schedule / Certificate of Insurance.

Explanation

1. Exceeds minimum no of days mentioned in Policy Schedule / Certificate of Insurance in single continuous hospitalisation – Benefit amount opted
2. Exceeds 2 times the minimum no of days mentioned in Policy Schedule / Certificate of Insurance in single continuous hospitalisation - 2 times of benefit amount
3. Exceeds 3 times the minimum no of days mentioned in Policy Schedule / Certificate of Insurance in single continuous hospitalisation - 3 times of benefit amount

- ❖ Documents required in case of claim:
  - Copy of document of hospitalization/medical treatment
  - Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization/medical treatment
  - Discharge Summary

5. Waiting Period Waiver applicable to Optional Cover -Surgical Benefit Cover, Joint Hospitalization Cover and Convalescence Benefit Cover Unless specifically waived off and mentioned in the Policy Schedule / Certificate Of Insurance.

In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person, following standard waiting periods applicable under this Section of the policy can be waived for all Insured Person(s) covered under the policy.

(1). 30 Days Waiting Period and/or
(2). 90 Days Waiting Period and/or
(3). First Year Waiting Period and/or
(4). Two Year Waiting Period and/or
(5). Pre-Existing Disease Waiting Period
(6). 9 months waiting period wavier for maternity.

Optional Cover Under Section I

1) **Double ICU Benefit (DIB)-Sickness:** In case the Insured Person/s is/are required to be admitted in an Intensive Care Unit (ICU) for a Medically Necessary treatment (Including AYUSH Treatment) due to any Illness not traceable to accidental bodily Injury, for a continuous period of more than the number of days as mentioned in policy schedule, 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, maximum up to the number of days

as mentioned in the Schedule to the Policy. If this cover is admissible, we will then not pay separately for the Daily Hospital Cash benefit or Daily Hospital Cash- Accident under Section I, (a) and (b) of the Policy.

2) **Double ICU Benefit (DIB)- Only Accidents:** In case the 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 Year, for a continuous period of more than the number of days as mentioned in the policy schedule, a Daily Hospital Cash Benefit or Daily Hospital Cash –Only Accidents as mentioned in the Schedule to the Policy shall be doubled and payable for every completed 24 hours in an ICU, maximum up to the number of days as mentioned in the Schedule to the Policy. If this cover is admissible, we will then not pay separately for the Daily Hospital Cash benefit or Daily Hospital Cash- Accident under Section I, (a) and (b) of the Policy.

3) **Family Floater Cover:** A Policy where the Insured Person(s) in a family are insured under a single Sum Insured under Section I. This Section Sum Insured represents the maximum liability for any and all claims made by the Insured Person(s) covered under this Family Floater during the Policy Year.
Primary Insured Person means the first Insured Person with other members insured under the Policy being treated as secondary members to this Policy. The secondary member/s shall mean his/her lawful spouse &/or two dependent child/children.

4) **Deductible:** It is a cost sharing requirement under this section that provides that the company will not be liable for a specified number of days in case of hospitalization which will apply before any benefits are payable by the company.
The insured person have the option to choose the deductible no of days applicable as per the options available. A discount in premium shall be applicable as per the deductible opted.
There are 5 deductible options available which are
   a. 1 day or
   b. 2 days or
   c. 3 days or
   d. 4 days or
   e. 5 days .

5) **Day Care Procedure Cash (DCP):** In case of Hospitalization of the Insured Person(s) for a Medically Necessary treatment as an inpatient for less than 24 hours in a Hospital or day care center 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, limited to the maximum number of days as mentioned in the Schedule to the Policy.

Covered Day Care Procedures:

Sr. No	Microsurgical operations on the middle ear	Sr. No	Operations on the tonsils & adenoids
1	Stapedotomy	71	Transoral incision and drainage of a pharyngeal abscess
2	Stapedectomy	72	Tonsillectomy without adenoidectomy
3	Revision of a stapedectomy	73	Tonsillectomy with adenoidectomy
4	Other operations on the auditory ossicles	74	Excision and destruction of a lingual tonsil
5	Myringoplasty (Type -I Tympanoplasty)	75	Other operations on the tonsils and adenoids

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6	Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)	76	Trauma surgery and orthopaedics
7	Revision of a tympanoplasty	77	Incision on bone, septic and aseptic
8	Other microsurgical operations on the middle ear	78	Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
	Other operations on the middle & internal ear	79	Suture and other operations on tendons and tendon sheath
9	Myringotomy	80	Reduction of dislocation under GA
10	Removal of a tympanic drain	81	Arthroscopic knee aspiration
11	Incision of the mastoid process and middle ear		**Operations on the digestive tract**
12	Mastoidectomy	82	Incision and excision of tissue in the perianal region
13	Reconstruction of the middle ear	83	Surgical treatment of anal fistulas
14	Other excisions of the middle and inner ear	84	Surgical treatment of haemorrhoids
15	Fenestration of the inner ear	85	Division of the anal sphincter (sphincterotomy)
16	Revision of a fenestration of the inner ear	86	Other operations on the anus
17	Incision (opening) and destruction (elimination) of the inner ear	87	Ultrasound guided aspirations
18	Other operations on the middle and inner ear	88	Sclerotherapy
	Operations on the nose & the nasal sinuses		**Operations on the female sexual organs**
19	Excision and destruction of diseased tissue of the nose	89	Incision of the ovary
20	Operations on the turbinates (nasal concha)	90	Insufflation of the Fallopian tubes
21	Other operations on the nose	91	Other operations on the Fallopian tube
22	Nasal sinus aspiration	92	Dilatation of the cervical canal
	Operations on the eyes	93	Conisation of the uterine cervix
23	Incision of tear glands	94	Other operations on the uterine cervix
24	Other operations on the tear ducts	95	Incision of the uterus (hysterotomy)
25	Incision of diseased eyelids	96	Therapeutic curettage
26	Excision and destruction of diseased tissue of the eyelid	97	Culdotomy
27	Operations on the canthus and epicanthus	98	Incision of the vagina
28	Corrective surgery for entropion and ectropion	99	Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
29	Corrective surgery for blepharoptosis	100	Incision of the vulva
30	Removal of a foreign body from the conjunctiva	101	Operations on Bartholin's glands (cyst)
31	Removal of a foreign body from the cornea		**Operations on the prostate & seminal vesicles**
32	Incision of the cornea	102	Incision of the prostate
33	Operations for pterygium	103	Transurethral excision and destruction of prostate tissue

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34	Other operations on the cornea	104	Transurethral and percutaneous destruction of prostate tissue
35	Removal of a foreign body from the lens of the eye	105	Open surgical excision and destruction of prostate tissue
36	Removal of a foreign body from the posterior chamber of the eye	106	Radical prostatovesiculectomy
37	Removal of a foreign body from the orbit and eyeball	107	Other excision and destruction of prostate tissue
38	Operation of cataract	108	Operations on the seminal vesicles
	Operations on the skin & subcutaneous tissues	109	Incision and excision of periprostatic tissue
39	Incision of a pilonidal sinus	110	Other operations on the prostate
40	Other incisions of the skin and subcutaneous tissues		**Operations on the scrotum & tunica vaginalis testis**
41	Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues	111	Incision of the scrotum and tunica vaginalis testis
42	Local excision of diseased tissue of the skin and subcutaneous tissues	112	Operation on a testicular hydrocele
43	Other excisions of the skin and subcutaneous tissues	113	Excision and destruction of diseased scrotal tissue
44	Simple restoration of surface continuity of the skin and subcutaneous tissues	114	Plastic reconstruction of the scrotum and tunica vaginalis testis
45	Free skin transplantation, donor site	115	Other operations on the scrotum and tunica vaginalis testis
46	Free skin transplantation, recipient site		**Operations on the testes**
47	Revision of skin plasty	116	Incision of the testes
48	Other restoration and reconstruction of the skin and subcutaneous tissues	117	Excision and destruction of diseased tissue of the testes
49	Chemosurgery to the skin	118	Unilateral orchidectomy
50	Destruction of diseased tissue in the skin and subcutaneous tissues	119	Bilateral orchidectomy
	Operations on the tongue	120	Orchidopexy
51	Incision, excision and destruction of diseased tissue of the tongue	121	Abdominal exploration in cryptorchidism
52	Partial glossectomy	122	Surgical repositioning of an abdominal testis
53	Glossectomy	123	Reconstruction of the testis
54	Reconstruction of the tongue	124	Implantation, exchange and removal of a testicular prosthesis
55	Other operations on the tongue	125	Other operations on the testis
	Operations on the salivary glands & salivary ducts		**Operations on the spermatic cord, epididymis und ductus deferens**
56	Incision and lancing of a salivary gland and a salivary duct	126	Surgical treatment of a varicocele and a hydrocele of the spermatic cord
57	Excision of diseased tissue of a salivary gland and a salivary duct	127	Excision in the area of the epididymis
58	Resection of a salivary gland	128	Epididymectomy

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59	Reconstruction of a salivary gland and a salivary duct	129	Reconstruction of the spermatic cord
60	Other operations on the salivary glands and salivary ducts	130	Reconstruction of the ductus deferens and epididymis
	Other operations on the mouth & face	131	Other operations on the spermatic cord, epididymis and ductus deferens
61	External incision and drainage in the region of the mouth, jaw and face		**Operations on the penis**
62	Incision of the hard and soft palate	132	Operations on the foreskin
63	Excision and destruction of diseased hard and soft palate	133	Local excision and destruction of diseased tissue of the penis
64	Incision, excision and destruction in the mouth	134	Amputation of the penis
65	Plastic surgery to the floor of the mouth	135	Plastic reconstruction of the penis
66	Palatoplasty	136	Other operations on the penis
67	Other operations in the mouth		**Other Operations**
	Operations on the breast	137	Lithotripsy
68	Incision of the breast	138	Coronary angiography
69	Operations on the nipple	139	Haemodialysis
	Operations on the urinary system	140	Radiotherapy for Cancer
70	Cystoscopical removal of stones	141	Cancer Chemotherapy

6) Waiting Period Waiver

In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person, following standard waiting periods applicable under this Section of the policy can be waived for all Insured Person(s) covered under the policy.

6 (1). 30 Days Waiting Period and/or
6 (2). 90 Days Waiting Period and/or
6 (3). First Year Waiting Period and/or
6 (4). Two Year Waiting Period and/or
6 (5). Pre-Existing Disease Waiting Period
6 (6). 9 months waiting period wavier for maternity.

7) Maternity Hospital Cash Benefit

In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person, coverage under Section I shall be extended to pay Daily Hospital Cash benefit for each continuous and completed period of 24 hours of hospitalization undergone for delivery (including complicated deliveries and caesarean sections incurred during hospitalization) during the policy period. The benefit under this cover shall be subject to deductible no of days as opted. Accordingly, Specific Exclusion – Maternity: Code Excl18 shall stand deleted on opting this cover under the Section I of the Policy. 9 months waiting period shall be applicable.

8) Pre and Post natal Hospitalisation

In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person, we will pay a lump sum benefit as opted and specified in the Policy Schedule / Certificate of Insurance in the event of inpatient Hospitalization for any treatment taken from the date of conception till the completion of 6 weeks after child birth. 9 months waiting period shall be applicable.

Optional Cover Under Section II: Personal Accident Benefit

1. **Child Education Support:**

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If the Insured Person suffers an Accident during the Policy Period for which a valid claim has been admitted for Accidental Death or Permanent Total Disability, We will make payment towards child education support of the Insured Person(s)' dependent child /children maximum for two dependent children to the extent of the sum insured mentioned against this benefit.

In case of one child, the benefit payable would be the maximum Sum Insured as specified under this extension and in the case of more than one child, the benefit will be equally divided between maximum two dependent children.

"Dependent Child" refers to a child (natural or legally adopted) below 25 years of age, who is pursuing an educational course as a fulltime student in an Educational Institution.

❖ Documents required in case of claim:
- Proof of number of dependent child /children viz. Ration card
- Age proof of the dependent child /children
- Proof of education and payment of fee

2. Accidental Medical Expenses

If an Insured Person suffers an Accident during the Policy Period requiring immediate medical treatment following such accident, we will reimburse Reasonable and Customary Charges for Medical Expenses that are incurred towards treatment of such person to the extent of limit/s mentioned in the schedule forming part of the policy, provided a valid claim has been admitted in respect of any of the accident benefit(s) defined in the Table of Benefits.

Specific Exclusions Under Accidental Medical Expenses (In addition to General Exclusion)

a) Any treatment for an existing disability from a previous accident.
b) Vaccination and inoculation of any kind unless forming part of treatment for injury due to an accident as prescribed by the Medical Practitioner.
c) Vitamins and tonics unless forming part of treatment for injury due to an accident as prescribed by the Medical Practitioner.
d) Dietary supplements and substances that can be purchased without prescription, including Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure
e) Any treatment received outside India if accidental injury happened within India
f) Costs incurred on all methods of treatment except Allopathic.
g) Naturopathy treatment.
h) Loss caused directly or indirectly, wholly or partly by Bacterial infections (except pyogenic infections which shall occur through an accident) or any other kind of disease
i) Medical or surgical treatment except as may be necessary solely as a result of injury;

❖ Documents required in case of claim:
- Copy of document of hospitalization/medical treatment
- Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization/medical treatment
- Bills and receipts towards medical expenses.
- Copy of the test reports
- Hospital / Nursing Home Medical Records, when required for verification of claims

3. Transportation of Mortal Remains

In the event of We, making payment for a claim for Accidental Death, We will reimburse

i. Expenses incurred for transportation of the mortal remains from the place of death to Your city of residence/residential place as mentioned in the Policy Schedule provided the place of death is not less than 100 kms from Your normal place of residence.
ii. Our liability to make payment will be actuals or up to the maximum amount as mentioned in the Policy Schedule whichever is lower.

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❖ Documents required in case of claim:
- Bills and receipt towards cost of transportation of the mortal remains to the place of residence/hospital and/or cremation/burial ground.
- NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done

4. Performance of Funeral Ceremony

In the event of We, making payment for a claim for Accidental Death, We will reimburse

i. Expenses incurred for preparation for burial or cremation service of mortal remains
ii. Our liability to make payment will be actuals or up to the maximum amount as mentioned in the Policy Schedule whichever is lower.

❖ Documents required in case of claim:
- Bills and receipt towards cost of transportation of the mortal remains to the place of residence/hospital and/or cremation/burial ground.
- NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done

5. Ambulance Hiring Charges

Following an Accident, if it is necessary to immediately transfer the Insured Person to the nearest Hospital / Nursing Home by an ambulance offered by a healthcare or an ambulance service provider, then We shall reimburse the actual expenses of the transfer using the shortest route or up to a maximum amount as specified in the Policy Schedule subject to a valid claim admitted under the Accident benefit(s) covers provided under the Policy.

❖ Documents required in case of claim:
- Bills and receipt towards cost of ambulance services
- NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done

6. Modification of Vehicle/Residence

If the Insured Person suffers an Accident during the Policy Period for which a valid claim has been admitted under Permanent Total Disability or Permanent Partial Disability and if there is requirement for modification of insured persons accommodation or vehicle, we will reimburse the reasonable expenses incurred to modify Insured Person's residential accommodation and/or vehicle within India and as certified by a Doctor to be necessary, up to the limit as specified in the Policy Schedule.

Special Exclusions: Any modifications or alterations not compliant with the Motor Vehicle Act and Construction of residential houses laws applicable in the respective city / State of India.

❖ Documents required in case of claim:
- Permanent Total Disability / Permanent Partial Disability related documents
- Bills and receipts towards vehicle or residence modifications

7. Permanent Total Disability (Enhanced)

Notwithstanding anything contrary to the terms & conditions under the Permanent Disability benefit cover of the Policy and in consideration of the extra premium charged, it is hereby agreed and declared that, if the Insured Person suffers from an accidental injury during the Policy Period and within 12 (twelve) Calendar months from the date of Accident and this is the sole and direct cause of Permanent Total Disability in one of the ways detailed in the table below, we will pay the percentage of the Section Sum Insured shown in the table:

Permanent Total Disability – Table of Benefits	Option 1	Option 2	Option 3
Loss of	% of CSI	% of CSI	% of CSI

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Limbs (both hands or both feet or one hand and one foot)	125%	150%	200%
Loss of a Limb and an eye	125%	150%	200%
Complete and irrecoverable loss of sight of both eye	125%	150%	200%
Complete and irrecoverable loss of speech & hearing of both ears	125%	150%	200%

For this benefit

i. Limb means a hand at or above the wrist or a foot above the ankle.
ii. Loss of Limb means physical separation of a limb above the wrist or ankle respectively

8. Accidental Hospitalization Expenses (In-patient)

If any Insured Person suffers an Accident during the Policy Period that requires the Insured Person's Hospitalization as an Inpatient, then We will reimburse the Reasonable and Customary Charges for Medical Expenses that are incurred for the treatment of such Insured Person provided that the Hospitalization commences within the Policy Period. Our liability to meet Medical Expenses caused by such Accident will be limited to the Sum Insured mentioned against this benefit in the Policy Schedule / Certificate of Insurance.

Specific Exclusions

a. Any treatment for an existing disability from a previous accident.
b. Vaccination and inoculation of any kind unless forming part of treatment for injury due to an accident as prescribed by the Medical Practitioner.
c. Vitamins and tonics unless forming part of treatment for injury due to an accident as prescribed by the Medical Practitioner.
d. Any treatment received outside India.
e. Naturopathy treatment.
f. Costs incurred on all methods of treatment except Allopathic.
g. Loss caused directly or indirectly, wholly or partly by Bacterial infections (except pyogenic infections which shall occur through an accident) or any other kind of disease.
h. Medical or surgical treatment except as may be necessary solely as a result of injury;

Documents required in case of claim:

- Copy of document of hospitalization/medical treatment
- Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization/medical treatment
- Bills and receipts towards medical expenses.
- Copy of the test reports
- Hospital / Nursing Home Medical Records, when required for verification of claims.

9. Accidental Hospitalization Expenses (Outpatient)

If any Insured Person suffers an Accident during the Policy Period that requires the Insured Person's Medical treatment as an Outpatient, then We will reimburse the Reasonable and Customary Charges for Medical Expenses that are incurred for the treatment of such Insured Person provided that the medical treatment commences within the Policy Period. Our liability to meet Medical Expenses caused by such Accident will be limited to the Sum Insured mentioned against this benefit in the Policy Schedule / Certificate of Insurance.

This cover is also subject to deductible per event as opted and mentioned in the Policy Schedule / Certificate of Insurance against this benefit.

Documents required in case of claim:

- Copy of document of medical treatment
- Certificate from treating doctor about the diagnosis and line of treatment given during medical treatment.
- Clinic/Diagnostic Centre / Hospital / Nursing Home Medical Records, when required for verification of claims

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- Bills and receipts towards medical expenses.
- Copy of the test reports

10. 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:

i. No response to external stimuli continuously for at least 96 hours;
ii. Life support measures are necessary to sustain life; and
iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner

Coma resulting from alcohol or drug abuse is excluded.

If Insured Person has opted for this Cover and has sustained accidental bodily injury which solely and directly results in his/her hospitalization in a state of Coma, within 30 days of date of accident, then We will pay Insured Person the benefit amount for the number of months as opted and mentioned in the Policy Schedule/Certificate of Insurance against this Section, subject to maximum of number of months in a state of coma or number of months opted whichever is less.

This Cover is subject to terms, conditions, limitations, and exclusions mentioned in the Policy.

Documents required in case of claim:

a. FIR / Medico Legal Case (MLC) report from police authorities.
b. Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization/medical treatment and confirming the severity of Coma
c. Bills and receipts towards medical expenses.
d. Copy of the test reports
e. Hospital / Nursing Home Medical Records, when required for verification of claims

11. Burns Cover

If Insured Person has opted for this Cover and has sustained Second Degree Burns or Third Degree Burns solely and directly due to an accident, then We will pay the percentage shown in the below table of benefits applied to the Sum Insured opted by the Insured Person and mentioned in the Policy Schedule/Certificate of Insurance against this Section.

Nature of Burns	% of Sum Insured
SECOND DEGREE BURNS	
Head	
Second degree burns of 30% or more of the total head surface area	50%
Second degree burns of 20% or more, but less than 30% of the total head surface area	40%
Second degree burns of 10% or more, but less than 20% of the total head surface area	30%
Rest of the Body	
Second degree burns of 20% or more of the total body surface area 50%	50%
Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
Second degree burns of 5% or more, but less than 10% of the total body surface area	10%
THIRD DEGREE BURNS Head	
Head	

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Third degree burns of 30% or more of the total head surface area	100%
Third degree burns of 20% or more, but less than 30% of the total head surface area	80%
Third degree burns of 10% or more, less than 20% of the total head surface area	60%
Rest of the Body	
Third degree burns of 20% or more of the total body surface area	100%
Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
Third degree burns of 10% or more, less than 15% of the total head body area	60%
Third degree burns of 5% or more, less than 10% of the total head body area	20%

For the purpose of this cover,
1. Burns means an injury caused by exposure to heat or flame including chemical and electric burns.
2. Second Degree Burns means Burns which involve the epidermis and part of the dermis layer of skin, causing
the burn site to appear red, blistered, and may be swollen and painful.
3. Third Degree Burns (full thickness burns) means the burns that destroy the outer layer of the skin (epidermis) and the entire layer beneath i.e. the dermis. It also affects deeper tissues resulting in white or blackened, charred skin that may cause numbness, loss of fluid and sometimes shock.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

Documents required in case of claim:

a. FIR / Medico Legal Case (MLC) report from police authorities.
b. Certificate from treating doctor confirming the degree of Burn and line of treatment given during hospitalization/medical treatment.
c. Bills and receipts towards medical expenses.
d. Copy of the test reports
e. Hospital / Nursing Home Medical Records, when required for verification of claims

12. Broken Bone

If the Insured Person sustains an Injury which results in fracture of bones/dislocation of joints in one of the ways detailed in the table below and this is certified by a Medical Practitioner then We will pay the percentage of the Sum Insured opted for such fracture/dislocation of joints as mentioned in the table below.

Broken Bones – Benefit Chart	% of Sum Insured
Injury to vertebral body resulting in spinal cord damage	100%
Pelvis	100%
Skull (excluding nose and teeth)	30%
Chest (all ribs and breast bone)	50%
Shoulder (collar bone and shoulder blade)	30%
Arm	25%
Leg	25%
Vertebra – vertebral arch (excluding coccyx)	30%
Wrist (collies or similar fractures)	10%
Ankle (Potts or similar fracture)	10%
Coccyx	5%
Hand	3%
Finger	3%

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Foot	3%
Toe	3%
Nasal bone	3%
Any other Broken Bone	Percentage as assessed by the Registered medical practitioner

Joints Defined:

i. "Hip Joint" comprises of Acetabulum of the Pelvis & Head of the femur.
ii. "Knee Joint" comprises of Base of the femur, tibia and fibula & Patella.
iii. "Shoulder Joint" comprises of Humerus, Clavicle and Scapula.
iv. "Wrist Joint" comprises of Distal Radius & Ulna and Carpals.
v. "Ankle Joint" comprises of lower end of the tibia (shinbone), the fibula (the small bone of the lower leg) and the talus.
vi. "Elbow Joint" comprises of the Distal Humerus and the two bones of the forearm (ulna and radius).
vii. "Pelvis Bone" comprises of Illium, Ischium and Pubis bones

Special Exclusions:

2. Loss caused directly or indirectly, wholly or partly by the Insured Person suffering from sickness or disease not resulting from bodily injury.
3. Any hair line fracture

Documents required in case of claim:

- Bills and receipts towards medical expenses.
- Copy of the test reports
- X-Ray plates reflecting broken bones

13. Vacation Cancellation Cover

In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person, we will pay maximum up to expenses incurred by the Insured Person against travel tickets and hotel bookings or the benefit amount opted and as specified in the Policy Schedule/ Certificate of Insurance whichever is lower, subject to

vacation trip getting cancelled prior to the departure date on account of Accidental Death and/or Permanent Total Disability and / or Permanent Partial Disability and or Temporary Total Disability of the Insured Person or any of the family members.

Family members shall include insured person, spouse, children and parents only.

Documents required in case of claim:

- Copy of document of hospitalization/medical treatment
- Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization/medical treatment
- Bills and receipts towards medical expenses.
- Copy of the test reports
- Hospital / Nursing Home Medical Records, when required for verification of claims.
- Vacation / Trip booking details, Travel ticket/ hotel bookings, Bills etc

14. Return to Home Benefit

In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person, we will pay the Insured Person a fixed benefit amount related to transportation / travel expenses from the place of accident to insureds city of residence / residential place, as specified in the Policy Schedule/Certificate of Insurance. This benefit is payable in the event Insured Person suffers Permanent Total Disability / Permanent Partial Disability /Temporary Total Disablement (TTD) whilst overseas / Out of home town as a result of accidental bodily injury and has to return to home.

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Documents required in case of claim:
- Permanent Total Disability / Permanent Partial Disability / Temporary Total Disability related documents
- Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization/medical treatment
- Travel bills / receipts / Tickets

Optional Cover under Section III – Critical Illness Benefit

1. **Option to reduce Survival Period:**
   In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person, Survival Period will be reduced to the no of days opted and mentioned in the Policy Schedule/ Certificate of Insurance.

2. **Waiting Period Waiver**
   In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person following standard waiting periods applicable under this Section of the policy can be waived for all Insured Person(s) covered under the policy.
   2(1). 90 Days Waiting Period and/or
   2(2). Two Year Waiting Period and/or
   2(3). Pre-Existing Disease Waiting Period

3. **Second Opinion Cover**
   In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person and insured person suffering from one of the listed critical illness as opted, we will arrange for a second opinion through our empaneled network providers or pay the cost incurred for availing second opinion, subject to the maximum amount specified in the Policy Schedule /Certificate of Insurance. This benefit can be availed only once in a policy year.

   The Second Opinion shall not be construed as medical advice. Second Opinion should not be used as a substitute to medical professional advice or visit or call consultation of your choice and any reliance on any opinion, advice, statement, memorandum, or information available on the Second Opinion, otherwise, shall be at your sole risk and responsibility. Second Opinion from a Medical professional on our panel shall be that person's independent assessment of information that you share. We do not warrant the accuracy or completeness of the information, materials, services or the reliability of any Second Opinion. We and our affiliates, subsidiaries, employees, officers, directors and agents, expressly disclaim any liability for or arising out of any deficiency in the Second Opinion obtained by you.

Optional Cover under Section IV – Vector Borne Diseases Benefit

1. **Waiting Period Waiver**
   In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person, following standard waiting periods applicable under this Section of the policy can be waived for all Insured Person(s) covered under the policy.
   1(1). 30 Days Waiting Period and/or
   1(2). 60 Days Waiting Period

Optional Cover under Section V – EMI Protector Benefit

1. **Waiting Period Waiver for Hospitalisation Benefit (applicable to Section V.(a))**
   In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person, following standard waiting periods applicable under this Section of the policy can be waived for all Insured Person(s) covered under the policy.
   6 (1). 30 Days Waiting Period and/or
   6 (2). 90 Days Waiting Period and/or
   6 (3). First Year Waiting Period and/or
   6 (4). Two Year Waiting Period and/or

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6 (5). Pre-Existing Disease Waiting Period

2. **Option to reduce Survival Period for Critical Illness Benefit (applicable to Section V.(c))**
In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person, Survival Period will be reduced to the no of days opted and mentioned in the Policy Schedule/ Certificate of Insurance.

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3. **Waiting Period Waiver for Critical Illness Benefit (applicable to Section V.(c))**
In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person following standard waiting periods applicable under this Section of the policy can be waived for all Insured Person(s) covered under the policy.
2(1). 90 Days Waiting Period and/or
2(2). Two Year Waiting Period and/or
2(3). Pre-Existing Disease Waiting Period

Optional Cover under Section VI – Loan Protector Benefit

1. **Option to reduce Survival Period for Critical Illness Benefit (applicable to Section VI.(b))**
In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person, Survival Period will be reduced to the no of days opted and mentioned in the Policy Schedule/ Certificate of Insurance.

2. **Waiting Period Waiver for Critical Illness Benefit (applicable to Section VI.(b))**
In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person following standard waiting periods applicable under this Section of the policy can be waived for all Insured Person(s) covered under the policy.
2(1). 90 Days Waiting Period and/or
2(2). Two Year Waiting Period and/or
2(3). Pre-Existing Disease Waiting Period

Optional Cover under Section VII – Infectious Diseases Benefit

1. **Waiting Period Waiver**
In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person, following standard waiting periods applicable under this Section of the policy can be waived for all Insured Person(s) covered under the policy.
(1). 30 Days Waiting Period and/or
(2). 90 Days Waiting Period and/or
(3). First Year Waiting Period and/or
(4). Two Year Waiting Period and/or
(5). Pre-Existing Disease Waiting Period

Section VIII: Income Protection Cover

1. **Option to reduce Survival Period for Critical Illness Benefit**
In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person, Survival Period will be reduced to the no of days opted and mentioned in the Policy Schedule/ Certificate of Insurance.

2. **Waiting Period Waiver for Critical Illness Benefit**
In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person following standard waiting periods applicable under this Section of the policy can be waived for all Insured Person(s) covered under the policy.
2(1). 90 Days Waiting Period and/or
2(2). Two Year Waiting Period and/or
2(3). Pre-Existing Disease Waiting Period

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Critical Illness Plan (Annexure B)
Option-I

Plan Name		Plan-A	Plan-B	Plan-C	Plan-D	Plan- E	Plan- F
Sr.No	**No of Critical Illness Covered**	**9**	**25**	**43**	**16**	**18**	**34**
1	Alzheimer's Disease		Y	Y	Y		Y
2	Apallic Syndrome			Y		Y	Y
3	Aplastic Anemia			Y		Y	Y
4	Bacterial Meningitis			Y		Y	Y
5	Benign Brain Tumor		Y	Y	Y		Y
6	Blindness			Y		Y	Y
7	Brain Surgery			Y		Y	Y
8	Cancer of Specified Severity	Y	Y	Y			
9	Cardiomyopathy			Y		Y	Y
10	Coma of Specified Severity		Y	Y	Y		Y
11	Creutzfeldt-Jakob Disease (CJD)			Y		Y	Y
12	Deafness			Y		Y	Y
13	Encephalitis			Y		Y	Y
14	End-Stage Liver Failure		Y	Y	Y		Y
15	End-Stage Lung Failure			Y		Y	Y
16	Fulminant Viral Hepatitis			Y		Y	Y
17	Goodpasture's Syndrome			Y		Y	Y
18	Kidney Failure Requiring Regular Dialysis	Y	Y	Y			
19	Loss of Speech		Y	Y	Y		Y
20	Loss of Limbs		Y	Y	Y		Y
21	Major Head Trauma			Y		Y	Y
22	Major Organ / Bone Marrow Transplant	Y	Y	Y			
23	Medullary Cystic Disease		Y	Y	Y		Y
24	Motor Neuron Disease with Permanent Symptoms		Y	Y	Y		Y
25	Multiple Sclerosis with Persisting Symptoms	Y	Y	Y			
26	Multiple System Atrophy			Y		Y	Y
27	Muscular Dystrophy		Y	Y	Y		Y
28	Myocardial Infarction (First Heart Attack of Specified Severity)	Y	Y	Y			
29	Open Chest CABG / Coronary Artery Bypass Surgery	Y	Y	Y			
30	Open Heart Replacement or Repair of Heart Valves		Y	Y	Y		Y
31	Parkinson's Disease		Y	Y	Y		Y
32	Permanent Paralysis of Limbs	Y	Y	Y			
33	Pneumonectomy		Y	Y	Y		Y
34	Primary (Idiopathic) Pulmonary Hypertension		Y	Y	Y		Y

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35	Progressive Supranuclear Palsy			Y		Y	Y
36	Progressive Scleroderma			Y		Y	Y
37	Pulmonary Artery Graft Surgery		Y	Y	Y		Y
38	Pulmonary-Renal Syndrome			Y		Y	Y
39	Severe Rheumatoid Arthritis			Y		Y	Y
40	Stroke Resulting in Permanent Symptoms	Y	Y	Y			
41	Surgery to Aorta / Aorta Graft Surgery	Y	Y	Y			
42	Systemic Lupus Erythematosus		Y	Y	Y		Y
43	Third-Degree Burns (Major Burns)		Y	Y	Y		Y

Option-II

Brain Protect	Heart Protect	Cancer Protect	RenoLiv Protect
Apallic Syndrome	Cardiomyopathy	Cancer of Specified Severity	End-Stage Liver Failure
Motor Neuron Disease with Permanent Symptoms	Heart Transplant		Kidney Failure Requiring Regular Dialysis
Multiple Sclerosis with Persisting Symptoms	Myocardial Infarction (First Heart Attack of Specified Severity)		Kidney / Liver Transplant
Permanent Paralysis of Limbs	Open Chest CABG / Coronary Artery Bypass Surgery		Medullary Cystic Disease
Progressive Supranuclear Palsy	Open Heart Replacement or Repair of Heart Valves		Pulmonary-Renal Syndrome
Stroke Resulting in Permanent Symptoms	Primary (Idiopathic) Pulmonary Hypertension		
Encephalitis	Pulmonary Artery Graft Surgery		
Bacterial Meningitis	Surgery to Aorta / Aorta Graft Surgery		
Benign Brain Tumor			
Brain Surgery			
Coma of Specified Severity			
Creutzfeldt-Jakob Disease (CJD)			
Minor Illness - % of SI as mentioned in Policy Schedule / Certificate of Insurance is payable			
Angioplasty		Early-Stage Cancers	
Balloon Valvotomy or Valvuloplasty		Carcinoma in-Situ	
Carotid Artery Surgery			
Implantable Cardioverter Defibrillator			
Implantation of Pacemaker of Heart			
Infective Endocarditis			
Minimally Invasive Surgery of Aorta			

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Pericardiectomy			