Liberty General Insurance Ltd.`
15th Floor, Unit-1501&1502, Tower 2,
One International Center,
Senapati Bapat Marg,
Prabhadevi, Mumbai- 400013
IRDAI Reg. No.150, CIN: U66000MH2010PLC269656

Critical Connect Policy Wordings

A. POLICY SCHEDULE

The Policy Schedule is enclosed with the Policy document shared with you comprising the benefits and Sum Insured/Limits applicable to every available cover.

B. PREAMBLE

In consideration of your application for insurance and of the payment of premiums when due, we have issued this policy to you. In this policy, "you", "your", or "yourself" means the Insured Person(s) in the Policy Schedule. "We", "our" or "us" means Liberty General Insurance Limited. To help you understand the insurance terms used in this policy.

We agree to pay the benefits in this policy, subject to all of its terms, conditions, definitions and exclusions described here. We will cover you under this Policy up to the Sum Insured amount mentioned in the Policy Schedule.

C. DEFINITIONS

i. Standard Definitions (Definitions whose wordings are specified by IRDAI)

Part A: Standard Definitions

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

2. **Age** means age of the Insured person on last birthday as on date of commencement of the Policy.

3. **Activities of daily living are:**
   i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
   ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
   iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
   iv. Mobility: the ability to move indoors from room to room on level surfaces;
   v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
   vi. Feeding: the ability to feed oneself once food has been prepared and made available.
4. **AYUSH Hospital#** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

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

5. **AYUSH Day Care Centre#** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

   i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
   ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
   iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

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

7. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the Policy is conditional.upon.

8. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- "Internal Congenital Anomaly" means congenital anomaly which is not in the visible and accessible parts of the body
- "External Congenital Anomaly" means congenital anomaly which is in the visible and accessible parts of the body

9. **Day Care Centre** means any institution established for day care treatment of illness and /or injuries or a medical set up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under-

a) has qualified nursing staff under its employment;
b) has qualified medical practitioner/s in charge;
c) has a fully equipped operation theater of its own where surgical procedures are carried out;
d) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

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

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

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

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

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

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

16. **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility

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

18. **Notification of Claim** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.
19. **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

20. **Pre-Existing Disease** means any condition, ailment, injury or disease:
    a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
    b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

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

22. **Schedule** means the Policy Schedule attached to and forming part of **Policy.**

23. **Specific waiting period** means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.

24. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

25. **Third Party Administrator or TPA** means a company registered with the Authority, and engaged by an insurer, for a fee or remuneration, by whatever name called and as may be mentioned in the agreement, for providing health services as mentioned under 'Third Party

Administrators - Health Services' Regulation 2016 of Insurance Regulatory and Development Authority of India.

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

Part B: **Descriptions of Critical Illnesses / Insured Conditions**

Descriptions of Critical Illnesses / Insured Conditions

1. **Angioplasty** (for Plan B: Heart Protect**)**

   Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

   Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

   Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

2. **Benign Brain Tumor**

   Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

   This brain tumor must result in at least one of the following and must be confirmed by the Neurologist.

   i) Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
   ii) Undergone surgical resection or radiation therapy to treat the brain tumor.

   The following conditions are excluded:

   - Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

3. **Blindness**

   Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident The Blindness is evidenced by:

   i) corrected visual acuity being 3/60 or less in both eyes or;
   ii) the field of vision being less than 10 degrees in both eyes.

   The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

4. **Cancer of Specified Severity**

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

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

5. 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.

6. Deafness

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

7. End-Stage Liver Failure

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

i) Permanent jaundice; and
ii) Ascites; and
iii) Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

8. End-Stage Lung Failure

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

i) FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
ii) Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
iii) Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO2 < 55mmHg$); and
iv) Dyspnea at rest.

9. Kidney Failure Requiring Regular Dialysis

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

10. Loss of Speech

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.
All psychiatric related causes are excluded.

11. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

12. Major Head Trauma

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes within the Policy period.
The Accidental Head injury must result in an inability to perform at least three (3) of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.
The following are excluded: Spinal cord injury

13. Major Organ / Bone Marrow Transplant

The actual undergoing of a transplant of:

i) One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

ii) Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

i) Other stem-cell transplants
ii) Where only islets of langerhans are transplanted

14. Motor Neuron Disease with Permanent Symptoms

Motor neuron disease diagnosed by a specialist medical practitioner (Neurologist) as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

15. Multiple Sclerosis With Persisting Symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

i) investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
ii) there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Other causes of neurological damage such as SLE and HIV are excluded.

16. Myocardial Infarction (First Heart Attack of Specified Severity)

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

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

The following are excluded:

i) Other acute Coronary Syndromes
ii) Any type of angina pectoris
iii) A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

17. Open Chest CABG / Coronary Artery Bypass Surgery

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

The following are excluded:

i) Angioplasty and/or any other intra-arterial procedures.

18. Open Heart Replacement or Repair of Heart Valves

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

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

19. Permanent Paralysis of Limbs

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

20. Primary (Idiopathic) Pulmonary Hypertension

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

i) Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

ii) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

21. Stroke Resulting In Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

i) Transient ischemic attacks (TIA)

ii) Traumatic injury of the brain

iii) Vascular disease affecting only the eye or optic nerve or vestibular functions.

22. Third-Degree Burns (Major Burns)

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

23. Alzheimer's Disease

Alzheimer’s disease is a progressive degenerative Illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes.
The Unequivocal diagnosis of Alzheimer ’s disease (presenile dementia) before age 60 that has to be confirmed by a specialist Medical Practitioner (Neurologist) and evidenced by typical findings in cognitive and neuroradiological tests (e.g. CT Scan, MRI, PET of the brain).
The disease must also result in a permanent inability to perform independently three or more Activities of Daily Living or must result in need of supervision and the permanent presence of care staff due to the disease.
These conditions must be medically documented for at least 90 days.

The following conditions are however not covered:

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

24. Apallic Syndrome

A persistent vegetative state with severe brain damage (universal necrosis of the brain cortex with the brainstem remaining intact), are in a state of partial arousal rather than true awareness. The Diagnosis must be confirmed by a Specialist Medical Practitioner (Neurologist) and condition must be documented for at least 30 days.

25. Aplastic Anemia

A Chronic persistent bone marrow failure which results in total aplasia of the bone marrow and requires treatment with at least one of the following:

i) Regular blood product transfusion
ii) Marrow stimulating agents
iii) Immunosuppressive agents
iv) Bone marrow transplantation

The diagnosis and suggested line of treatment must be confirmed by a Haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by two out of the following three values:

i) Absolute Neutrophil count of 500 per cubic millimetre or less;
ii) Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
iii) Platelet count of 20,000 per cubic millimetre or less.

26. Bacterial Meningitis

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit lasting for a minimum period of 30 days. It should result in a permanent inability to perform at least three of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons
This diagnosis must be confirmed by

i) The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
ii) A consultant neurologist certifying the diagnosis of bacterial meningitis.

The following are excluded:

- Bacterial Meningitis in the presence of HIV infection is excluded

27. Balloon Valvotomy or Valvuloplasty (for Plan B: Heart Protect**)**

The actual undergoing of Valvotomy or Valvuloplasty necessitated by damage of the heart valve as confirmed by a consultant Cardiologist where the procedure is performed totally via intravascular catheter based techniques.

The diagnosis of heart valve abnormality must be supported by cardiac catheterization or Echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

The following are excluded:

- Procedures done for treatment of Congenital Heart Disease

28. Brain Surgery

The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy is performed.

The procedure must be considered necessary by a qualified specialist.

The following are excluded:

- Minimally invasive treatment where no surgical incision is performed to expose the target, irradiation by gamma knife or endovascular neuroradiological interventions, embolizations, thrombolysis and stereotactic biopsy are excluded. Burr hole Surgery or Brain surgery as a result of an accident are also excluded.

29. Carcinoma in-Situ (for Plan B: Cancer Protect**)**

Carcinoma-in-situ means a histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any one of the following covered organ groups, and subject to any classification stated:

i) Breast, where the tumour is classified as Tis according to the TNM Staging method;
ii) Corpus Uteri, vagina, vulva or fallopian tubes where the tumour is classified as Tis according to the TNM Staging method or FIGO* Stage 0;
iii) Cervix Uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or as Tis according to the TNM Staging method or FIGO* Stage 0;
iv) Ovary include borderline ovarian tumours with intact capsule, no tumour on the ovarian surface, classified as T1aN0M0, T1bN0M0 (TMN Staging) or FIGO 1A, FIGO 1B
v) Colon and rectum;
vi) Penis;
vii) Testis;
viii) Lung;
ix) Liver;
x) Stomach and Esophagus;
xi) Urinary Tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included
xii) Nasopharynx

For this policy, Carcinoma-in-situ must be confirmed by a biopsy.

*FIGO refers to the staging method of the Federation Internationale de Gynecologie et d'Obstetrique.

Pre-malignant lesions and Carcinoma-in-situ of any organ unless listed above are excluded.

30. Cardiomyopathy

A diagnosis of cardiomyopathy by a Specialist Medical Practitioner (Cardiologist). There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities for a minimum period of 30 days to at least Class 3 of the New York Heart Association classification's of functional capacity (heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain) and LVEF of 40% or less.

The following conditions are excluded:

i) Cardiomyopathy secondary to alcohol or drug abuse.
ii) All other forms of heart disease, heart enlargement and myocarditis.

31. Carotid Artery Surgery (for Plan B: Heart Protect**)**

The actual undergoing of surgery to the Carotid Artery to treat carotid artery stenosis of fifty percent (50%) and above, as proven by angiographic evidence, of one (1) or more carotid arteries. Both criteria below must be met:

- Either:
  - Actual undergoing of endarterectomy to alleviate the symptoms; or
  - Actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms; and

The Diagnosis and medical necessity of the treatment must be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.

Endarterectomy of blood vessels other than the carotid artery is specifically excluded.

32. Creutzfeldt-Jakob Disease (CJD)

A Diagnosis of Creutzfeldt-Jakob disease must be made by a Specialist Medical Practitioner (Neurologist) based on clinical assessment, EEG and imaging. There must be permanent clinical loss of the ability in mental and social functioning for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required.

Social functioning is defined as the ability of the individual to interact in the normal or usual way in society.

Mental functioning would mean functions /processes such as perception, introspection, belief, imagination reasoning which we can do with our minds.

33. Early-Stage Cancers (for Plan B: Cancer Protect**)**

Early Stage Cancer shall mean first ever diagnosis with the presence of one of the following malignant conditions:

i) Any malignant tumor of the thyroid, positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue, which is histologically classified as T1N0M0 according to the TNM classification system, or another equivalent classification
ii) Prostate tumor should be histologically described as TNM Classification T1a or T1b or T1c are of another equivalent classification.
iii) Chronic lymphocytic leukemia classified as RAI Stage I or II;.
iv) Hodgkin's lymphoma Stage I by the Cotswold's classification staging system.
v) All tumors of the urinary bladder histologically classified as T1N0M0 (TNM Classification)
vi) Basal cell and squamous skin cancer that has spread to distant organs beyond the skin

The Diagnosis must be based on histopathological features and confirmed by a specialist consultant (Oncologist).
Pre-malignant lesions and conditions, unless listed above, are excluded.

34. Encephalitis

It is a severe inflammation of brain tissue, resulting in permanent neurological deficit lasting for a minimum period of 30 days. This must be certified by a Specialist Medical Practitioner (Neurologist). The permanent deficit must result in an inability to perform at least three of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.
The following condition is excluded:
i) Encephalitis as a result of HIV infection

35. Fulminant Viral Hepatitis

A sub-massive to massive necrosis of the liver by a Hepatitis virus, leading precipitously to liver failure where the following criteria are met:

i) Rapid decrease in liver size associated with necrosis involving entire lobules;
ii) Rapid degeneration of liver enzymes;
iii) Deepening jaundice; and
iv) Hepatic encephalopathy

Hepatitis infection or carrier status alone, does not meet the diagnostic criteria.

36. Goodpasture's Syndrome

Goodpasture's syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage. The permanent damage should be for a continuous period of at least 30 days. The Diagnosis must be proven by Kidney biopsy and confirmed by a Specialist Medical Practitioner (Rheumatologist).

37. Heart Transplant (for Plan B: Heart Protect)

The actual undergoing of a transplant of heart that resulted from irreversible end-stage failure of the heart. The undergoing of a heart transplant has to be confirmed by a specialist medical practitioner (Cardiologist).
Stem cell Transplants are excluded.

38. Implantable Cardioverter Defibrillator (for Plan B: Heart Protect)

Actual undergoing of insertion of an implantable cardiac defibrillator to correct serious cardiac arrhythmia which cannot be treated via other methods or the insertion of permanent cardiac defibrillator to correct sudden loss of heart function with cessation of blood circulation around the body resulting in unconsciousness
Insertion of Cardiac Defibrillator means surgical implantation of either Implantable Cardioverter Defibrillator (ICD), or Cardiac Resynchronization Therapy with Defibrillator (CRT-D)
The insertion of a permanent Cardioverter-Defibrillator (ICD) must be certified to be absolutely necessary by a specialist in the relevant field.
Cardiac arrest secondary to alcohol or drug misuse will be excluded.

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39. **Implantation of Pacemaker of Heart** (for Plan B: Heart Protect**)**
Actual undergoing of Insertion of a permanent cardiac pacemaker to correct serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be medically necessary by a specialist in the relevant field.
Cardiac arrest secondary to alcohol or drug misuse will be excluded.

40. **Infective Endocarditis** (for Plan B: Heart Protect**)**
Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:
    - Positive result of the blood culture proving presence of the infectious organism(s)
    - Presence of at least moderate heart valve incompetence (meaning regurgitate fraction of twenty percent (20%) or above) or moderate heart valve stenosis (resulting in heart valve area of thirty percent (30%) or less of normal value) attributable to Infective Endocarditis; and
    - Infective Endocarditis and the severity of valvular impairment are confirmed by a consultant cardiologist.

41. **Kidney Transplant** (for Plan B: Kidney & Liver**)**
The actual undergoing of a transplant of the kidney, that resulted from irreversible end-stage failure of that organ.

42. **Liver Transplant** (for Plan B: Kidney & Liver**)**
The actual undergoing of a transplant of the liver, that resulted from irreversible end-stage failure of that organ.

43. **Medullary Cystic Disease**
A progressive hereditary disease of the kidneys characterized by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anemia, polyuria and renal loss of sodium, progressing to chronic renal failure.
The diagnosis must be supported by renal biopsy.

44. **Minimally Invasive Surgery of Aorta** (for Plan B: Heart Protect**)**
The actual undergoing of minimally invasive surgical repair (i.e. via percutaneous intra-arterial route) of a diseased portion of an aorta to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta with a graft. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.
Procedures done for treatment of Congenital heart disease are excluded.

45. **Multiple System Atrophy**
A diagnosis of multiple system atrophy by a Specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of 30 days of either:
i) motor function with associated rigidity of movement; or
ii) The ability to coordinate muscle movement; or
iii) Bladder control and postural hypotension.

46. **Muscular Dystrophy**

Muscular Dystrophy is a group of hereditary degenerative diseases of muscle characterised by progressive and permanent weakness and atrophy of certain muscle groups. The diagnosis of muscular dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence.
The disease must result in the permanent inability of the insured to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living".

47. Parkinson's Disease

The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

i) The disease cannot be controlled with medication; and
ii) There are objective signs of progressive deterioration; and
iii) There is an inability of the Life Assured to perform (whether aided or unaided) at least three of the five "Activities of Daily Living" for a continuous period of at least 6 months:

Drug-induced or toxic causes of Parkinsonism are excluded.

48. Pericardiectomy (for Plan B: Heart Protect**)**

The undergoing of a pericardiectomy performed by open heart surgery or keyhole techniques as a result of pericardial disease. The surgical procedures must be certified to be medically necessary by a consultant cardiologist. Other procedures on the pericardium including pericardial biopsies, and pericardial drainage procedures by needle aspiration are excluded.
The actual undergoing of pericardiectomy secondary to chronic constrictive pericarditis.
The following are specifically excluded:

a. Chronic constrictive pericarditis related to alcohol or drug abuse or HIV
b. Acute pericarditis due to any reason

49. Pneumonectomy

The undergoing of surgery on the advice of an appropriate Medical Specialist to remove an entire lung for disease or traumatic injury suffered by the Insured person.
The following conditions are excluded:

i) Removal of a lobe of the lungs (lobectomy)
ii) Lung resection or incision

50. Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.
The following conditions are excluded:

i) Localised scleroderma (linear scleroderma or morphea);
ii) Eosinophilic fascitis; and
iii) CREST syndrome

51. Progressive Supranuclear Palsy

A diagnosis of progressive supranuclear palsy by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical impairment of eye movements and motor function for a minimum period of 30 days.

52. Pulmonary Artery Graft Surgery

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

The following conditions are excluded:

- Pulmonary artery graft surgery necessitated as a result of CABG
- Pulmonary artery graft surgery necessitated as a result of Post trauma

53. Pulmonary Thromboembolism (for Plan B: Heart Protect)

Acute Pulmonary Thromboembolism: means the blockage of an artery in the lung by a clot or other tissue from another part of the body. The Pulmonary Embolus must be unequivocally diagnosed by a specialist (Cardiologist) on either a V/Q scan (the isotope investigation which shows the ventilation and perfusion of the lungs), angiography or echocardiography, with evidence of right ventricular dysfunction and requiring medical or surgical treatment on an inpatient basis.

54. Pulmonary-Renal Syndrome

Diagnosis of pulmonary renal syndrome, in which a combination of diffuse alveolar hemorrhage (DAH) and a rapid progressive glomerulonephritis (RPGN) occurs.

55. Severe Rheumatoid Arthritis

The unequivocal diagnosis of Rheumatoid Arthritis must be made by a certified medical consultant based on clinically accepted criteria with all of the following criteria are met:

- There must be imaging evidence of erosions with widespread joint destruction in three or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet.
- There must also be typical rheumatoid joint deformities.
- Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
- Permanent inability to perform at least two (2) “Activities of Daily Living”
- The foregoing conditions have been present for at least six (6) months.
- Elevated levels of Creactive protein (CRP), or erythrocyte sedimentation rate (ESR)

Degenerative osteoarthritis and all other forms of arthritis are excluded.

There must be history of treatment or current treatment with disease-modifying anti-rheumatic drugs, or DMARDs. Non-steroidal anti-inflammatory drugs such as acetylsalicylic acid are not considered a DMARD drug under this definition.

56. Surgery to Aorta / Aorta Graft Surgery

The actual undergoing of major surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. Undergoing of a laporotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aortic artery.

For the purpose of this definition, aorta means the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded. Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures are excluded.

57. Surgery for Cardiac Arrhythmia (for Plan B: Heart Protect**)**

Ablative Procedure is defined as catheter ablation procedures using radiofrequency or cryothermal energy for treatment of a recurrent or persistent symptomatic arrhythmia refractory to antiarrhythmic drug therapy. Ablation procedures should immediately follow the diagnostic electorphysiology study. The ablative procedure must be certified to be absolutely necessary by a consultant cardiologist (electrophysiologist).

Preprocedural evaluation prior to ablation procedures and ablation procedures as below should be completely documented:

a. Strips from ambulatory Holter monitoring in documenting the arrhythmia.
b. Electrocardiographic and electrophysiologic recording, cardiac mapping and localization of the arrhythmia during the ablative procedure.

58. Surgery to Place Ventricular Assist Devices or Total Artificial Hearts (for Plan B: Heart Protect**)**

This is an open chest procedure for implantation of Left Ventricular Assist Device/Ventricular Assist Device as bridges to cardiac transplantation or destination therapy for long term use for the Refractory Heart Failure with reduced ejection fraction as defined below: NYHA Class IV symptoms who failed to respond to optimal medical management for >= 45 of the past 60 days, or have been intra-aortic balloon pump dependent for 7 days, or IV inotrope dependent for14 days.

The following are excluded:

a. Ventricular dysfunction or Heart failure directly related to alcohol or drug abuse is excluded.

59. Systemic Lupus Erythematosus

Systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V lupus nephritis, established by renal biopsy, and in accordance with the World Health Organization (WHO) classification). A diagnosis of systemic lupus erythematosus by a Rheumatologist resulting in either of the following:

i) Permanent neurological deficit with persisting clinical symptoms for a continuous period of 30 days; or
ii) The permanent impairment of kidney function tests as follows; Glomerular Filtration Rate (GFR) below 30 ml/min.
iii) Other forms, discoid lupus, and those forms with only haematological and joint involvement are however not excluded.

The WHO lupus classification is as follows:

a. Class I: Minimal change – Negative, normal urine.
b. Class II: Mesangial – Moderate proteinuria, active sediment.
c. Class III: Focal Segmental – Proteinuria, active sediment.
d. Class IV: Diffuse – Acute nephritis with active sediment and/or nephritic syndrome.
e. Class V: Membranous – Nephrotic Syndrome or severe proteinuria.

ii. Specific Definitions (Definitions other than those mentioned under C(i) above)

AIDS means Acquired Immune Deficiency Syndrome, a condition characterised by a combination of signs and symptoms, caused by Human Immunodeficiency Virus, which attacks and weakens the body's immune system making the HIV-positive person susceptible to life threatening conditions or other conditions.

AYUSH Treatment# refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

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

Bank means a banking Company which transacts the business of banking in India.

Commencement/Inception Date means the commencement/inception date of this Policy as specified in the Schedule.

EMI or EMI Amount means the fixed payment amount required to repay the principal amount of Loan and Interest by the Insured at a specified date each calendar month, as set forth in the amortization chart referred to in the Loan agreement (or any amendments thereto) between the Bank/Financial Institution and the Insured prior to the date of occurrence of the Insured Event under this Policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.

Endorsement means written evidence of change to the Policy, increase or decrease in the period, extent and nature of the cover agreed by Us in writing.

Expiry Date means the date on which this Policy expires as specified in the Policy Schedule.

Family/Family Member means the Insured , his/her lawful spouse, child/children, parents/ parent-in-laws, Son-in-law, Daughter-in-law, grandchildren, grandparents, siblings who are specifically mentioned in the Schedule to this Policy.

Financial Institution shall have the same meaning assigned to the term under section 45 I of the Reserve Bank of India Act, 1934 and shall include a Non-Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934.

HIV means Human Immunodeficiency Virus

Insured/ Policyholder/You/ Your/ Yourself means an individual, who has proposed for Insurance and on whose name the Policy is issued

Insured Person/s means the person/s named in the Schedule to the Policy, for whom the insurance is also proposed and appropriate premium paid.

Insured Condition / Critical Illness means any one of the illnesses, medical events, or procedures specified in Section 1, Part B; the condition must occur itself during the policy period as a first incidence of diagnosis and/or undergoing the procedure for the first time as per the terms and conditions specified thereon.

IRDAI means the Insurance Regulatory and Development Authority of India

Loan means the sum of money lent at interest or otherwise to the Insured Person/s by any Bank/Financial Institution as identified by the Loan Account Number.

Neurological deficit means symptoms of dysfunction in the nervous system that is present on clinical examination and expected to last throughout your life. Symptoms that are covered include numbness, increased sensitivity, paralysis, localized weakness, difficulty with speech, inability to speak, difficulty in swallowing, visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma.

Policy means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to The Insured person

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

Policy Year means a period of twelve months beginning from the date of commencementof the policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule.

Principal Outstanding means the principal amount of the Loan outstanding as on the date of occurrence of Insured Event less the portion of principal component included in the EMIs payable but not paid from the date of the loan agreement till the date of the Insured Event/s. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the Bank prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured Person/s.

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

Sum Insured means the sum shown in the Schedule which represents our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period.

Survival Period is the period after an insured event that you have to survive before a claim becomes valid following the first diagnosis of the Critical Illness/undergoing the Surgical Procedure for the first time. For this policy it is limited to 30 days.

We/Our/Us means the Liberty General Insurance Limited.

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

Part C: **"Related" Conditions not Covered by Continuation Feature**

On payment of the insured condition, the following are a list of "Related" conditions that we will not provide continuous coverage over the lifetime of the Insured person/s. Thus, the product offers renewal of the policy excluding the conditions which are 'Related' as given in the below Table, in case of a claim which is reported and paid to the Insured. However, all other listed Critical illnesses would be treated as 'Un-related' and will be covered in the policy. For the ease of understanding purpose, the 'Related' insured conditions/critical illnesses are categorized as specified below:
We will pay only once for the same Critical illness over a lifetime

Important note: Below Table is applicable only for 'Plan A' providing feature of 'Continuation for Second and Third Events' as mentioned below:

Sr. No.	Category	"Related" Conditions Not Covered under Continuation
1.	HEART	a) Cardiomyopathy b) Heart Transplant c) Open Chest CABG d) Open Heart Replacement or Repair of Heart Valves e) Myocardial Infraction (First Heart Attack of Specified Severity) f) Primary (Idiopathic) Pulmonary Hypertension g) Pulmonary Artery Graft Surgery h) Surgery to Aorta / Aorta Graft Surgery i) Angioplasty j) Balloon Valvotomyor Valvuloplasty k) Carotid Artery Surgery l) Implantable Cardioverter Defibrillator m) Implantation of Pacemaker of Heart n) Infective Endocarditis o) Minimally Invasive Surgery of Aorta p) Pericardiectomy q) Pulmonary Thromboembolism r) Surgery for Cardiac Arrhythmia s) Surgery to Place Ventricular Assist Devices or Total Artificial Hearts t) Primary (Idiopathic) Pulmonary Hypertension
2.	CANCER	a) Cancer of Specified Severity b) Early-Stage Cancers c) Carcinoma in-Situ d) Related Major organ transplant e) Related End stage organ failure (Lung/Liver/Kidney)
3.	BRAIN	a) Apallic Syndrome b) Benign Brain Tumor c) Brain Surgery d) Coma of Specified Severity e) Creutzfeldt-Jakob disease (CJD)

		f) Encephalitis g) Stroke Resulting In Permanent Symptoms
4.	LUNG	a) Pneumonectomy b) Pulmonary Artery Graft Surgery c) Pulmonary-Renal Syndrome d) End-Stage Lung Failure
5.	LIVER	a) End-Stage Liver Failure b) Liver transplant c) Fulminant Viral Hepatitis
6.	KIDNEY	a) Kidney Failure Requiring Regular Dialysis b) Kidney transplant c) Goodpasture's Syndrome d) Pulmonary-Renal Syndrome e) Medullary Cystic Disease
7.	TRAUMA	a) Major Head Trauma b) Loss of Speech arising due to Trauma c) Loss of Limbs arising due to Trauma d) Blindness arising due to Trauma e) Deafness arising due to Trauma f) Stroke Resulting In Permanent Symptoms arising due to Trauma g) Permanent Paralysis of Limbs due to Trauma
8.	BURNS	a) Third-Degree Burns (Major Burns) b) Deafness due to Burn c) Blindness due to Burn d) Loss of Speech due to Burn
9.	ANEMIA	a) Aplastic Anaemia b) Major Organ / Bone Marrow Transplant
10.	OTHER DISORDERS	a) Progressive Scleroderma b) Systemic Lupus Erythematosus c) Parkinson's Disease d) Alzheimer's Disease e) Severe Rheumatoid Arthritis
11.	HIV/AIDS	Critical illnesses resulting from complications of HIV/AIDS: a) Tumors b) Encephalitis c) SLE d) Chronic constrictive pericarditis e) Cancer f) Pulmonary Hypertension g) Pulmonary renal syndrome h) Organ Transplant

		i) Related conditions as specified above under ' Lung', 'Liver', & ' Kidney' The Policy shall be ordinarily renewable for the 'Related' critical illnesses mentioned under HIV/AIDS unlike other Related Critical illnesses specified in this Table.

D. BENEFITS COVERED UNDER THE POLICY

SCOPE OF COVER

This policy provides you with the following insurance coverage and additional benefits:

A. Payment of the Benefit Amount for an Insured Condition
B. Continuation for Second and Third Events (for Plan A)
C. Multiple Claims up to Sum Insured Amount (for Plan B)
D. Second Medical Opinion / Tele-Consult
E. Health Checkups Every 2 Years
F. Health 360°
G. Critical Illnesses Related to HIV/AIDS

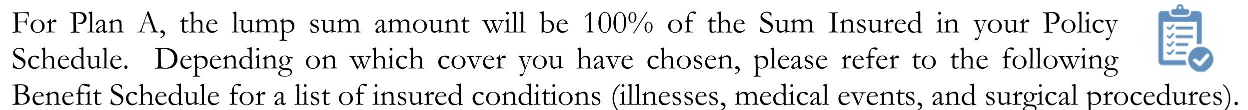
Optional Covers

a) Loan Protector Cover
b) Option to Waive 30-Day Survival Period

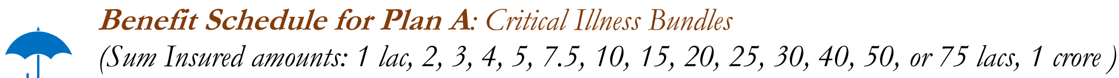
A) **Payment of the Benefit Amount for an Insured Condition**

We will pay you a lump sum amount for one of the conditions in the Benefit Schedule, as long as it occurs itself during the policy period as a first incidence and you survive the defined Survival Period.

The compensation under more than one event as stated below, for the same Policy year shall not exceed the Sum Insured as mentioned in the Policy schedule.



For Plan A, the lump sum amount will be 100% of the Sum Insured in your Policy Schedule. Depending on which cover you have chosen, please refer to the following Benefit Schedule for a list of insured conditions (illnesses, medical events, and surgical procedures).



***Benefit Schedule for Plan A**: Critical Illness Bundles*

(Sum Insured amounts: 1 lac, 2, 3, 4, 5, 7.5, 10, 15, 20, 25, 30, 40, 50, or 75 lacs, 1 crore)

9 Cover	25 Cover	43 Cover
1. **Cancer of Specified Severity** 2. **Kidney Failure Requiring Regular Dialysis**	1. Alzheimer's Disease 2. Benign Brain Tumor 3. Cancer of Specified Severity 4. Coma of Specified Severity 5. Deafness 6. End Stage Liver Failure	1. Alzheimer's Disease 2. Apallic Syndrome 3. Aplastic Anemia 4. Bacterial Meningitis 5. Benign Brain Tumor 6. Blindness 7. Brain Surgery

<table>
<tr>
<td>3. Open Chest CABG
4. Major Organ / Bone Marrow Transplant
5. Multiple Sclerosis With Persisting Symptoms
6. Myocardial Infraction (First Heart Attack of Specified Severity)
7. Permanent Paralysis of Limbs
8. Stroke Resulting In Permanent Symptoms
9. Surgery to Aorta / Aorta Graft Surgery</td>
<td>7. Kidney Failure Requiring Regular Dialysis
8. Loss of Speech
9. Major Organ / Bone Marrow Transplant
10. Medullary Cystic Disease
11. Motor Neuron Disease with Permanent Symptoms
12. Multiple Sclerosis with Persisting Symptoms
13. Muscular Dystrophy
14. Myocardial Infraction (First Heart Attack of Specified Severity)
15. Open Chest CABG
16. Open Heart Replacement or Repair of Heart Valves
17. Parkinson’s Disease
18. Permanent Paralysis of Limbs
19. Pneumonectomy
20. Primary (Idiopathic) Pulmonary Hypertension
21. Pulmonary Artery Graft Surgery
22. Stroke Resulting In Permanent Symptoms
23. Surgery to Aorta / Aorta Graft Surgery
24. Systemic Lupus Erythematosus
25. Third-Degree Burns (Major Burns)</td>
<td>8. Cancer of Specified Severity
9. Cardiomyopathy
10. Coma of Specified Severity
11. Creutzfeldt-Jakob Disease (CJD)
12. Deafness
13. Encephalitis
14. End-Stage Liver Failure
15. End-Stage Lung Failure
16. Fulminant Viral Hepatitis
17. Goodpasture's Syndrome
18. Kidney Failure Requiring Regular Dialysis
19. Loss of Speech
20. Loss of Limbs
21. Major Head Trauma
22. Major Organ / Bone Marrow Transplant
23. Medullary Cystic Disease
24. Motor Neuron Disease with Permanent Symptoms
25. Multiple Sclerosis with Persisting Symptoms
26. Multiple System Atrophy
27. Muscular Dystrophy
28. Myocardial Infarction (First Heart Attack of Specified Severity)
29. Open Chest CABG / Coronary Artery Bypass Surgery
30. Open Heart Replacement or Repair of Heart Valves
31. Parkinson’s Disease
32. Permanent Paralysis of Limbs
33. Pneumonectomy
34. Primary (Idiopathic) Pulmonary Hypertension
35. Progressive Supranuclear Palsy
36. Progressive Scleroderma
37. Pulmonary Artery Graft Surgery
38. Pulmonary-Renal Syndrome
39. Severe Rheumatoid Arthritis
40. Stroke Resulting In Permanent Symptoms
41. Surgery to Aorta / Aorta Graft Surgery</td>
</tr>
</table>

		42. Systemic Lupus Erythematosus 43. Third-Degree Burns (Major Burns)

For Plan B, we will pay you a lump sum amount that is a percentage of Sum Insured, based on whether a condition is a "Major Condition" or "Minor Condition":

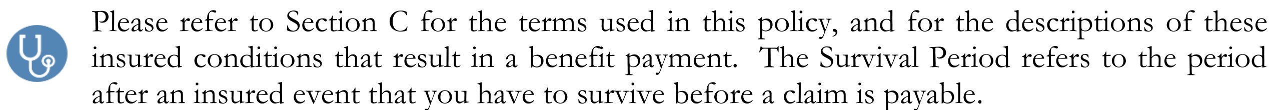
1. For Major Conditions, the policy pays out 100% of the Sum Insured.
2. For Minor Conditions, the policy pays out 25% of the Sum Insured and continues until the policy term. If, during the policy term, you are diagnosed with one of the Major Conditions in that same cover, we will pay out the remaining 75% of the Sum Insured to you.
3. With the Heart and Cancer Protect cover, you can raise multiple claims under each cover until the total payout for that cover is exhausted. In any case, the total payout in the policy cannot exceed 100% of the Sum Insured.
4. Plan 'B' has an option to choose one or more from the given '*Disease-specific Bundles*' with a Sum Insured applicable to each selected '*Disease-specific Bundle*'.

Please refer to the following Benefit Schedule for a list of insured conditions (illnesses, medical events, and surgical procedures).

Benefit Schedule for Plan B: *Disease-Specific Bundles*
(Sum Insured amounts: 1 lac, 2, 3, 4, 5, 7.5, 10, 15, 20, 25, 30, 40, 50, or 75 lacs, 1 crore)

Heart Protect	Cancer Protect	RenoLiv Protect	Brain Protect
Major Conditions: 1. **Cardiomyopathy** 2. **Heart Transplant** 3. **Open Chest CABG** 4. **Open Heart Replacement or Repair of Heart Valves** 5. **Myocardial Infraction (First Heart Attack of Specified Severity)** 6. **Primary (Idiopathic) Pulmonary Hypertension** 7. **Pulmonary Artery Graft Surgery** 8. **Surgery to Aorta / Aorta Graft Surgery**	**Major Conditions:** 1. Cancer of Specified Severity	**Major Conditions:** 1. End-Stage Liver failure 2. Kidney Failure Requiring Regular Dialysis 3. Kidney Transplant 4. Liver Transplant 5. Medullary Cystic Disease 6. Pulmonary-Renal Syndrome	**Major Conditions:** 1. Apallic Syndrome 2. Bacterial Meningitis 3. Benign Brain Tumor 4. Brain Surgery 5. Coma of Specified Severity 6. Creutzfeldt-Jakob disease (CJD) 7. Encephalitis 8. Stroke Resulting In Permanent Symptoms 9. Motor Neuron Disease With Permanent Symptoms 10. Multiple Sclerosis With Persisting Symptoms 11. Progressive Supranuclear Palsy 12. Permanent Paralysis of Limbs
Minor Conditions: 9. **Angioplasty**	**Minor Conditions:**		

10. **Balloon Valvotomy or Valvuloplasty** 11. **Carotid Artery Surgery** 12. **Implantable Cardioverter Defibrillator** 13. **Implantation of Pacemaker of Heart** 14. **Infective Endocarditis** 15. **Minimally Invasive Surgery of Aorta** 16. **Pericardiectomy** 17. **Pulmonary Thromboembolism** 18. **Surgery for Cardiac Arrhythmia** 19. **Surgery to Place Ventricular Assist Devices or Total Artificial Hearts**	2. Early-Stage Cancers 3. Carcinoma in-Situ		



Please refer to Section C for the terms used in this policy, and for the descriptions of these insured conditions that result in a benefit payment. The Survival Period refers to the period after an insured event that you have to survive before a claim is payable.

B) **Continuation for Second and Third Events (for Plan A)**

If you have one of the covers in Plan A, we will pay a lump sum benefit for any condition in the Benefit Schedule (corresponding to your cover), provided it occurs itself as a first incidence and you survive the defined Survival Period. After one claim is paid, we will continue to provide coverage, subject to the following:

1. Coverage shall be given for a second and third insured condition, or maximum of 3 conditions over a lifetime
2. 24-month waiting period shall apply between the occurrences of each condition (i.e. between the first and second insured condition, or between the second and third condition)
3. You have maintained or renewed the policy and the second or third event occurs during the policy period
4. Coverage shall not be given for a second or third insured condition that is "Related" to the previous event. For a full list of "Related" conditions that we will not provide continuous coverage for, please see Section C (Part C)

C) **Multiple Claims up to Sum Insured Amount (for Plan B)**

We will pay you a lump sum amount that is a percentage of Sum Insured, based on whether a condition is a "Major Condition" or "Minor Condition" as listed in the Benefit Schedule.

1. For Major Conditions, the policy pays out 100% of the Sum Insured.
2. For Minor Conditions, the policy pays out 25% of the Sum Insured and continues until the policy term. If, during the policy term or on renewal of the Policy with same benefits, you are diagnosed with one of the Major Conditions in that same cover, we will pay out the remaining 75% of the Sum Insured to you.
3. With the Heart and Cancer Protect, you can raise multiple claims under each cover until the total payout for that cover is exhausted.
4. In any case, the total payout in the policy cannot exceed 100% of the Sum Insured.

D) **Second Medical Opinion / Tele-Consult**

We will arrange and pay for a second opinion through our empaneled network providers. This is on the condition that you suffer one of the insured conditions during the Policy Period, and decide to avail this benefit. The medical specialist will directly send you the e-opinion. Please note that this benefit can be claimed 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.

E) **Health Checkups Every 2 Years**

The Insured Person/s above18 years of age is/are entitled to a health check-up on cashless basis for the list of investigations given below at a Network provider specified by the Company after a block of every 2 claim free Policy years with Us. This is available for the Insured Person/s who was insured with Us for the above specified period and continue to be insured in the subsequent Policy Year.

If the Health checkup reports are abnormal and the Insured Person/s succeeds to bring it to normal, he/she can earn Wellness Rewards as mentioned under Section 2(F) 'Health 360°-Table 1 'Wellness Reward'.

Sum Insured	List of Investigation
1 Lac to 1 Crore	Complete blood Count, Fasting Blood Sugar, S. Cholesterol, S. Creatinine, ECG

F) **Health 360°**

The Company covers below listed benefits to ensure the Insured person/s Health & Wellness under this Policy by offering services & incentivizing rewards as mentioned below

A. Delight Healthcare

The Insured Person/s can avail discounts on outpatient consultation, pharmaceuticals and Diagnostic tests through our empaneled Network Providers. The list of such Network Providers will be updated from time to time and can be obtained from Our website, mobile application or by calling Our call centre. We will assist in scheduling appointments for consultation and diagnostic tests at a time convenient to the Insured Person. Alternatively the Insured Person may also schedule his/her own

appointment themselves by contacting the Network Provider or through the mobile application. The Insured Person/s can avail these facilities as many number of times as wishes to avail.
In all cases the medical professional suggested by the Company shall act in a medical or legal capacity on behalf of You only. The Company assumes no responsibility for any medical advice given by the medical professional. You shall not have any recourse to the Company by reason of its suggestion of a medical professional or due to any legal or other determination resulting therefrom.
The services are on arrangement basis and utilizing these services from the Company's empaneled network provider would be at the discretion of the Insured member. You are responsible for the cost of services arranged by the Company on behalf of You or a covered Immediate Family member.

1. OPD consultation-

The Company arranges family physician as well as specialist consultations at discounted rates from the Network Providers. The Insured Person/s can also store the prescription letters and bills in the electronic health portal system.

2. Diagnostic services-

The Company arranges diagnostic facilities at discounted rates from the Network Providers. The insured person can avail this facility as many number of times as the person wishes to avail. The insured person can also store these medical test reports and bills in the electronic Health portal system.

3. Pharmacies

If the Insured Person/s wants to obtain medicines and consumables prescribed by a Medical practitioners, he/she can avail home delivery facilities through our web portal or mobile application. These medicines and consumables are available at discounted rates subject to a valid prescription.

B. Concierge Healthcare-

The Company offers integrated healthcare services inculcating the advancement in technology and with a member centric approach. The Insured Person/s is provided individual access to our health portal which will be available at Company's website and Mobile application where he/she can perform various healthcare activities.

1. Health Risk Assessment (HRA)

Step 1 - Health questionnaire-
Once the Profile of the Insured Persons is created on the Health Portal or Mobile application, this questionnaire will be available for doing own Health Risk assessment. We will aid the Insured Person/s to complete the questionnaire whenever required.

Step 2- Electronic Health records-
Insured Person/s can store the medical tests reports, prescriptions and other consultation papers in the personalized portal and which gets digitalized to help create a complete health profile of the Insured person/s. These medical test reports along with HRA as specified above, will provide a health score to depict the health status of the Insured Person/s.

The Health score will be driven basis the information provided in areas of Medical history, stress, diet and lifestyle which ranges from 1 to 100 enabling us to identify the need of Step 3 as mentioned hereunder.

Step 3 -Health Screening-

If the health scores depicts healthy status, there will be no trigger for medical screening. But if the score depicts unhealthy status, medical screening is advised to the Insured Person/s which he will have to get it done at his own cost or focus on 'Target Risk Assessment' post identification of the risk factor for improving his/hers overall well-being.

"Targeted Risk Assessment", which basically takes a deep dive in the identified risk areas to establish the focus points in that particular risk area. This is based on the Health screening done subsequently after the HRA. It's a specific tracking if the client suffers from any of the Non Communicable Diseases like Diabetes, Blood Pressure, Thyroid or any other diseases which in turn call for a Health coach who will prompt for the next steps which is a 'Targeted Risk Assessment.

Step 4- Disease management program-

The Insured Person/s also gets further triggers for disease management program as specified hereunder pertaining to the current health status if required.

2. Disease Management Program-

Those who get detected or get assessed as high risk in the health risk assessment or are already suffering from chronic diseases, the Company offers variety of disease management programs. This service aims to help the Insured Person/s cope with their disease and to show them ways of dealing with them in everyday life. The Disease management Program aim to improve the Insured Person/s quality of life.

Following are the names of Disease Management programs.

- Asthma Management
- Pre-Diabetes / Diabetes Management
- Hypertension
- Heart Related Management
- Maternity Management
- Tropical Disease Management

Based on the Disease Management Program identified, we will assign a Health Coach for online Diet consultation & tracking mechanism, indulging the Insured Person/s into physical activities, encouraging for meditation & breathing techniques at home or online counselling through our health portal/mobile application.

Health coach-

The Insured Person/s will be assigned a dedicated health coach who will take care of the complete wellbeing of the Insured person. This service will offer immediate and complete assistance to the person looking after his/her day-to- day health care. Post the complete profile building of the Insured Person/s done on online portal, health coach will interact with the Insured Person/s as per health requirements.

3. Dedicated Health Professional

The Company offers 24/7 live Health Chat via online Health portal and telephonic call service to discuss health and other various lifestyle related issues from expert panel of empaneled doctors and health professionals. The below services may be availed anytime during the policy period and there are no restrictions on the number of times the facility can be utilized.

- Ask Doctor – for basic health related conditions and medications
- Ask Nutritionist – for diet and nutrition considerations depending on lifestyle
- Ask Counselor – confidential counseling by professionals, crisis intervention etc.

4. Wellness Rewards :

The Company has kept a provision to Earn & Burn Rewards individually by way of 'Wellness Reward Program'. The Rewards can be earned by performing various activities as listed below 'Table 1. Wellness Reward' upto the maximum limits as specified under every category during every continuous Policy year and Burn it whenever required without any waiting period against array of our facilities provided as mentioned hereunder which would help you to improve your overall Health status whilst using the Rewards earned by you as follow.

   a. The earning of Wellness Rewards shall be considered upto the maximum limits as specified under every category or sum of all Rewards earned by you maximum upto 10% of premium paid in the current Policy Period whichever less.
   b. We will specify the Wellness Rewards-Earn & Burn categories as well as Earned but non-utilized Rewards in the Policy Schedule. The details of Wellness Reward also would be available at our Health portal or Mobile application using personalized security access.
   c. All Rewards earned under this Section of the Policy are valid upto four Policy years of renewal of this Policy including the Grace Period applicable to the preceding Policy and would not be carried forwarded thereafter. However, in case the policy gets lapsed or ceased, the earned rewards can be utilized for maximum up to 3 months of the policy expiry date.
   d. Each Reward earned by the Insured Person will be equivalent to 0.50 INR.
   e. The Wellness Reward can be Earned in the following ways as mentioned under Table 1. Wellness Reward: Earn.

Table 1 Wellness Reward: Earn

Sr. No.	Activities for Earning Wellness Rewards			Rewards/ unit earned by Individual	Max Rewards earned by Individual Per Policy Year
I	Solution to Sedentary Lifestyle	HRA outcome without any adverse report	Cover 2.5 to 3.5 lakhs steps in a month	100/month	500
		HRA Outcome of having Large waist size (> 40 inches)	Cover minimum 2 lakhs steps in a month	100/month	500
			Cover above 2 lakh steps in a month	150/month	1000
		Blood pressure for a known case of Hypertension	Blood Pressure is below or equal to - SBP:120-140 mm/Hg DBP: 80-90 mm/Hg SBP- Systolic Blood Pressure; DBP – Diastolic Blood Pressure	150/month	500

		Blood sugar levels for a known case of Diabetes	HBA1C within normal limits ≤ 5.6	150/quarterly	500
		Lipid profile Level for a known case of Dyslipidemia	Lipid level are normal within range as applicable to the Laboratory	150/quarterly	500
		Body Mass Index (BMI) for a known case of High BMI Insured Person /s >=30 optimum BMI	BMI between 31 to 35 and reduce your BMI to the Optimum range	100/quarterly	200
			BMI between 35 to 39 and reduce your BMI to the optimum range	150/quarterly	300
			BMI between 40 to 42 and reduce your BMI to the optimum range	250/quarterly	500
II	Get active Rewards: Participate in professional sport events like Marathon/Cyclothon/Swimathon and Earn the Rewards by providing medal/trophies/BIB number (as applicable) from the respective facility provider.			100 /event	500
III	Online Screening: On completion of HRA on Health Portal/Mobile application within a month from Policy Inception Date			200	200
IV	Prophylactic Screening	The Insured person (s) can earn wellness reward by undergoing the below listed medical tests at his own cost, irrespective of the results of screen tests performed.			
		Heart Related Monitoring	a. ECG	50/quarterly	100
			b. 2D echo/ TMT	100/ quarterly	200
		Blood Sugar Monitoring	a. FBS & PPBS	50/ quarterly	100
			b. HbA1C	75/ quarterly	200
		Thyroid/Lipid Monitoring	a. TFT (Thyroid Function Test)	100/ quarterly	200
			b. Lipid Profile	100/ quarterly	200
		Tests for Female Insured Person	a. PAP Smear	200/ quarterly	300
			b. USG Abdomen & Pelvis	150/ quarterly	300
			c. Mammogram	250/ quarterly	500

		Test For Male	a. Prostate Specific Antigen (PSA)	150/ quarterly	300
			b. Any other test as suggested in Health Screening by Us.	150/ quarterly	300
V	Family Rewards	Fit Kid (Age: 5-18 years): It is an additional criteria of earning Reward available for a child participating in the Sports at multiple levels. Can be availed by providing Sports Certificate provided by the School/State/National Sports authorities.	a. School level	20/sport	50
			b. State level	50/sport	100
			c. National level	100/sport	200

f. The Insured Person can Burn these accumulated Rewards without any Waiting period against categories as mentioned in Table 2 Wellness Reward: Burn.

Table 2 Wellness Reward: Burn

Sr. No	Categories to Burn the Rewards
a.	The Insured Person (s) may redeem the reward points (as available) while paying the applicable discounted rates to the Network Provider for the facilities as mentioned under 'Health 360°: Delight Healthcare'.
b.	Dental Care except cosmetic treatment
c.	Cost of Vaccinations
d.	Cost of Spectacle Lenses
e.	Laser surgery for correction of refractory errors
f.	You can also redeem your Rewards against Claim of yours/your Family member/s who are insured with Us under any retail Health Indemnity product against any Non admissible expenses.
g.	Discount on premium while renewing your Policy. For more details, please refer clause Health 360° (B) (4)(a).

G) **Critical Illnesses Related to HIV/AIDS:**

Any insured condition or critical illness resulting due to HIV infection and / or AIDS is payable under the policy subject to following conditions:

i) The payout will be limited to 10% of the Sum Insured for a Policy year up to 100% of the Sum Insured in a lifetime for a Critical illness related to HIV/AIDS as specified in the Table, *Part C: "Related" Conditions not Covered by Continuation Feature'*

ii) 24-months waiting period shall apply between the occurrences of the Insured condition i.e. between the first and second insured condition, or between the second and third Insured condition and so on Related to HIV/ AIDS until 100% of the Sum Insured fully exhausted in a lifetime.

iii) 36-months Waiting Period shall apply for the Insured condition Related to HIV / AIDS and its complications, from policy commencement date.
iv) In case of occurrence of the Insured condition which is not related to HIV/ AIDS, the claim shall be payable up to the Sum Insured as specified in the Policy Schedule less the amount paid during a Policy year.
v) Total payout in a policy year cannot exceed 100% of the Sum Insured.
vi) 'Maximum 3 no. of claims in a lifetime' as mentioned under Section 2.B. **Continuation for Second and Third Events (for Plan A)** is not applicable for a valid claim related to HIV/AIDS.

The diagnosis of HIV/AIDS must be supported by evidence of the following conditions and confirmed by a specialist medical practitioner.

1. enzyme-linked immunosorbent assay (ELISA) testing is repeatedly ELISA reactive Or
2. Western blot testing is reactive

Sr. No.	Category	Critical illnesses resulting from complications of HIV/AIDS
1	HIV/AIDS	j) Tumors k) Encephalitis l) SLE m) Chronic constrictive pericarditis n) Cancer o) Pulmonary Hypertension p) Pulmonary renal syndrome q) Organ Transplant r) Related conditions as specified in the Table Part C with coverage of ***"Related" Conditions*** under ' Lung', 'Liver', & ' Kidney' The Policy shall be ordinarily renewable for the critical illnesses mentioned above

Optional Cover(s)

The Optional Covers as stated below shall be available only if the same is specifically mentioned in the Policy Schedule and available on payment of additional premium as applicable.

a) Loan Protector Cover

After the first diagnosis of one of the conditions in the Benefit Schedule, we will pay once during the Policy period, the lower of either:

i. the Equated Monthly Installment (EMI) of a loan obtained through a Financial Institution/Bank, for 12 months; or
ii. the lump sum amount as specified in the Policy Schedule (3 percentage of Sum Insured amount) and
iii. after the commencement of the Insured Event till the Principal Outstanding loan amount or expiry of Policy Period, whichever is earlier/lower.

This is subject to submission of sanction letter, repayment track record, and bank account statement reflecting EMI or Loan account statement.

b) **Option to Waive 30-Day Survival Period**

If you specify that you would like to opt this cover for *waiving* the Survival Period from the date of diagnosis, we will apply an additional pricing to the premium payable. If you opt for this Optional feature, and you submit a duly filled claim form along with specified documents, a claim can be valid and payable without completion of the Survival Period.

E. EXCLUSIONS

We will not pay you for any claim 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.

i. Standard Exclusions (Exclusions for which standard wordings are specified by IRDAI)

The Company shall bear no liability to make the payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the following:

1. **Pre- Existing Diseases – Code –Excl01**
   a. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded as per the Plan mentioned in the Policy schedule i.e. Until the expiry of 36 months or 24 months of continuous coverage after the date of inception of the first policy with Us.
   b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum insured increase.
   c. If the Insured person is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to be extent of prior coverage.
   d. Coverage under the policy after the expiry of applicable months as per the Plan, for any Pre-exiting Disease is subject to the same being declared at the time of application and accepted by the Insurer.

2. **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 below mentioned 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.

3. **30-day 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.
The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4. **Investigation & Evaluation – Code-Excl04**

   a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

   b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

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

6. **Obesity/ Weight Control: *Code- Excl06***
   Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
   1) Surgery to be conducted is upon the advice of the Doctor
   2) The surgery/Procedure conducted should be supported by clinical protocols
   3) The member has to be 18 years of age or older and
   4) Body Mass Index (BMI);
      a) greater than or equal to 40 or
      b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
         i. Obesity-related cardiomyopathy
         ii. Coronary heart disease
         iii. Severe Sleep Apnea
         iv. Uncontrolled Type 2 Diabetes

7. **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.

8. **Cosmetic or plastic Surgery:** *Code- Excl08*
   Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner

9. **Hazardous or Adventure sports: Code- Excl09**
   Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10. **Breach of law:** *Code- Excl 10*
    Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

11. **Excluded Providers : Code-Excl11**
    Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

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

13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **Code - Excl 13**

14. Dietary supplements and substances that can be purchased without prescription including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. **Code-Excl 14**

15. Refractive error: **Code – Excl15**
    Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

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

17. **Sterility and Infertility: Code- Excl17**
    Expenses related to sterility and infertility. This includes:
    (i) Any type of contraception, sterilization
    (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
    (iii) Gestational Surrogacy
    (iv) Reversal of sterilization

18. **Maternity: Code Excl18**
    ii. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

iii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period

ii. Specific Exclusions (Exclusions other than those mentioned under E(i) above)

1. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice & Trichomoniasis, Human T Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.

2. Any dental treatment or surgery unless requiring hospitalization arising out of an accident.

3. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.

4. Charges incurred in connection with cost of spectacles and contactlenses, hearing aids, routine eye and ear examinations, dentures, artificial teeth and all other similar external appliances and /or devices whether for diagnosis or treatment.

5. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.P.A.D) and oxygen concentrator or asthmatic condition, cost of cochlear implants.

6. External Congenital Anomaly.

7. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.

8. Any OPD treatment except pre and post – hospitalization as covered under Scope of the Policy.

9. Treatment received outside India unless specifically mentioned in your policy schedule.

10. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, mutiny, military or usurped acts, seizure, capture, arrest, restraints and detainment of all kinds.

11. Act of self-destruction or self-inflicted, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol or hallucinogens.

12. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.

13. Personal comfort and convenience items or services including but not limited to TV(wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs, (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.

14. Expenses related to any kind of RMO charges, service charge, surcharge, admission fees, registration fees, night charges levied by the hospital under whatever head.

15. 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:
    a. 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.
    b. 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.
    c. 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

    In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above shall also be excluded.

16. Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.

17. Drugs or treatment and medical supplies not supported by a prescription from a Medical Practitioner.

18. 36- months Waiting Period for Insured conditions Related to HIV/AIDS, shall apply from the policy commencement date.

19. Survival Period: A claim for an insured condition becomes valid and payable if you survive for 30 days after the insured condition. For an additional price on the premium payable, we will waive this 30-day survival period.

20. 24-months waiting period shall apply between the occurrences of the Insured condition i.e. between the first and second insured condition, or between the second and third Insured condition and so on.

21. Natural peril, storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, natural hazard

i. **22.** Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused

during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation.

F. GENERAL TERMS & CONDITIONS

i. Standard General Terms and Clauses (General terms and clauses whose wordings are specified by IRDAI)

a. 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.

("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)

b. 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.

c. Claim Settlement (Provision for Penal Interest)

a. 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.

b. 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.

c. 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.

d. 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.

Explanation: “Bank Rate” shall mean the rate fixed by Reserve Bank of Indian (RBI) at the beginning of the financial year in which the claim has fallen due.

d. Complete Discharge

Any payment to the Insured Person or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, 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.

e. 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.

f. Fraud

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

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

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

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

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

g. Cancellation/Termination

(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.

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.

Cancellation Grid	Time period	Claim Status	One Year - Single payment /Instalment policy	2/3 Years Policy tenure -Single payment /Instalment policy
Free Look Period (Risk not commenced)	Upto30 days	Nil	Full refund less medical examination of insured person and the stamp duty charges	
Free Look Period (Risk commenced)	Upto30 days	Nil	Proportionate refund for unexpired policy period	
Pro rate (Risk commenced)	Beyond 30 days	Nil	Proportionate refund for unexpired policy period	

In the event of the death of the Insured Person/s during the currency of the Policy, due to any reason and subject to there being no claim reported under the Policy, the Policy would cease to operate and the nominee/legal heir would be entitled to a refund in premium from the date of death to the expiry of policy and such refund would be governed by the provisions relating to the Cancellation by Insured / Insured Person/s as specified above. In case of a family floater, upon the death of the Policy holder, this Policy shall continue till the end of the Policy Period. If the other Insured Person/s wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of an Insured.

h. **Portability**

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.

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

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for Migration of the policy atleast 30 days

before the policy renewal date as per the IRDA Guidelines on Migration. If such person is presently covered and has been continuously covered without any lapse under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDA Guidelines on Migration

j. 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.

k. Withdrawal of Policy

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.

l. Moratorium Period

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.

m. Premium Payments in Installments

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

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

Given below are the payment terms applicable on standard premiums in case of installments.

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

2.

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly

Revival period is a time immediately following the installment premium due date during which a payment can be made to continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no installment premium is received.

n. 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 affected.

o. Free Look Period

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;

p. Redressal of Grievance

In case of any grievance the insured person may contact the company through

Step 1	Step 2
Call us on Toll free number: **1800-266-5844** (8:00 AM to 8:00 PM, 7 days of the week) or **Email us at**: care@libertyinsurance.in **Senior Citizens can email us at**: seniorcitizen@libertyinsurance.in or **Write to us at:** **Customer Service** **Liberty General Insurance Limited** 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai 400 013	If our response or resolution does not meet your expectations, you can escalate at Manager@libertyinsurance.in **Step 3** If you are still not satisfied with the resolution provided, you can further escalate at ServiceHead@libertyinsurance.in

Insured person may also approach the grievance cell at any time of the Company's branches with the details of the grievance.
If the insured person is not satisfied with the redressal of the grievance through one of the above methods, insured person may contact the grievance officer at gro@libertyinsurance.in.
For updated details of grievance officer kindly refer https://www.libertyinsurance.in/customer-support/grievance-redressal
If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided in **Annexure B**:

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

The updated grievances redressal procedure shall be provided on the website of the Company and is subject to change in compliance with guidelines/regulations issued by Insurance Regulatory and Development Authority of India.

q. 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. ln 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.

ii. Specific terms and clauses (terms and clauses other than those mentioned under F(i) above

a) Due Observance of Terms and Conditions

1. Fulfillment of the terms and conditions of this policy, as far as they relate to anything that you must do or comply with, are precedent conditions to our liability. That includes payment of premium by the due dates mentioned in the policy schedule.
2. The premium will remain the same for the policy period mentioned in the policy schedule.
3. The policy will be issued for 1, 2 and 3 year(s) based on the Policy Period selected and mentioned on the Policy Schedule. The Sum Insured & benefits will be applicable on a Policy Year basis.
4. The policy shall cover the Insured condition/critical illnesses diagnosis within India and all the benefits under the policy shall be payable in Indian rupees only. In case of the Critical illness diagnosed outside India, the Policy shall cover it unless reaffirmed by the specialist Medical Practitioner. The cost of the medical checkup supporting the Critical illness diagnosis outside India shall be initiated and paid by the Company.
5. Entry Age:

	Adult	Children
Minimum Age at Entry	18 Years	5 years
Maximum Age at Entry	65 Years	25 Years

Children above 5 years up to 18 years can be insured provided either of the parents are insured under the Policy

b) Non-Disclosure or Misrepresentation of Information / Incontestability:

If at the time of policy issuance or during continuation of the policy, **the information given to us** in the proposal form or otherwise (by you or anyone acting on your behalf) **is found to be incorrect, incomplete, suppressed or not disclosed** (willfully or otherwise), the policy will be:

- Cancelled ab-initio from inception date or the renewal date (as the case may be), upon 15 day notice by sending Policy termination letter to your address showed in the schedule without refunding the premium amount; and
- The claim under such Policy (if any) will be rejected / repudiated forthwith.

c) Material Change:

You must disclose material information, which includes every matter that you are aware of that relates to questions in the proposal form and which is relevant to us in order to accept the risk of insurance (and if so, on what terms).
You must exercise the same duty to disclose those matters to us before the renewal, variation, or endorsement of the policy.
The Company may adjust the scope of cover and/or the premium paid or payable as per the board approved underwriting policy of the Company.

d) Endorsements:
This Policy constitutes the complete contract of insurance, and it cannot be changed by anyone (including an insurance agent or broker) except us. Any change we make will be evidenced by a written endorsement signed and stamped by us.

e) No Constructive Notice:
Any knowledge or information of any circumstance or condition in relation to you, which is in our possession and not specifically informed by you, shall not be held to bind or prejudicially affect us notwithstanding subsequent acceptance of any premium.

f) Records to be maintained:
You shall keep an accurate record containing all relevant medical documents including a variety of types of "notes" entered over time by Medical Practitioner, recording observations and administration of drugs and therapies, Investigation reports relevant to the Insured Condition in respect of which a Claim has been made under this policy.
You shall allow us or our representative(s) to inspect such records. Such information shall be furnished to us as may be required by us under this policy at any time during the Policy Period and up to three years after the policy expiration, or until final adjustment (if any) and resolution of all Claims under this policy.

g) 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 shall be filed before any competent court of jurisdiction in India. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

h) Arbitration
If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no dispute or difference shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a Condition Precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

i) Notice
Every notice and communication to the Company required by this Policy shall be in writing, within specified time and be addressed to the nearest office of the Company.

j) 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 by Insurance Laws (Amendment) Ordinance dated 26.12.2014. The extant provisions in this regard are as follows:

1. This policy may be assigned, wholly or in part, with or without consideration.
2. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
4. The assignment must be signed by the assignor or duly authorized agent and attested by at least one witness and should be delivered to Insurer along with the applicable fee.
5. Upon receipt of request, the insurer may accept or decline to act upon any assignment or endorsement, if it has sufficient reasons to believe that it is
   a. not bonafide or
   b. not in the interest of the policyholder or
   c. not in public interest or
   d. is for the purpose of trading of the insurance policy.
6. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.
7. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
8. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
9. Every assignment shall be deemed to be absolute assignment and the assignee shall be deemed to be absolute assignee, except
   a. where assignment is subject to terms and conditions of assignment OR
   b. where the assignment is made upon condition that
   i. the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee dying before the insured OR
   ii. the insured surviving the term of the policy Such conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.

k) Communication and Notice:

Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

a) Your address as specified in Policy Schedule;
b) To us, at the address specified in the Policy Schedule;
c) No Insurance agents, brokers, other person or entity is authorized to receive any notice on behalf of us unless explicitly stated in writing by us;

d) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

G. OTHER TERMS AND CONDITIONS:

a) Do I have to undergo Pre Policy Health Check-up.

The Company may require Individuals to undergo Pre Policy health check-up based on the Sum Insured and/or age bands and/or an adverse medical history revealed in the Proposal form at our paneled Network providers as available on our website. The result of these tests will be valid for a period of 3 months from the date of tests performed.

The Company reserves its right to require any individual to undergo such medical tests or any further additional tests, as per the board approved underwriting policy of the Company ,to determine the acceptance of a Proposal.
If the proposal is accepted we shall refund 50% of the health check-up cost (on our pre agreed rates with the network provider).

b) When will this Insurance Coverage Start.

The insurance coverage under this policy, subject to the terms and conditions of this policy, begins on the effective date, subject to the following:

- The information provided by you in the application for insurance remains true and complete on the effective date, and at the time that you accept delivery of this policy;
- We have completed reviewing and assessing your evidence of insurability; and
- You pay the first premium when due

c) When will this Insurance Coverage End.

The insurance coverage under this policy ends on the earliest of the following dates:

- On death of the Insured person;
- The effective date of your request to cancel this policy. Refer to the section below entitled "Cancellation of the policy by you";
- The effective date of cancellation by us. Refer to the section below entitled "Cancellation of the policy by us";
- The end of the grace period if the premium remains unpaid. Refer to the passage in Section 4, Part G below, entitled "Grace period"; or end of 'Revival period' as specified under 'Part E' of Section 4.
- The expiration date as set out in the Policy Schedule.

d) Who is Covered under this Policy?

- No person other than you, the person named as an Insured Person, shall be covered under this Policy.

Can I add/delete the Policyholder / Insured Person?

- You can add the Policyholder only at the time of renewal.
- The new policyholder must be a member of your immediate family. Such change would be subject to our acceptance and payment of premium (if any). The renewed Policy

shall be treated as having been renewed without break. The Policyholder may be changed in case of his/her demise, or him/her moving out of India during the Policy Period.

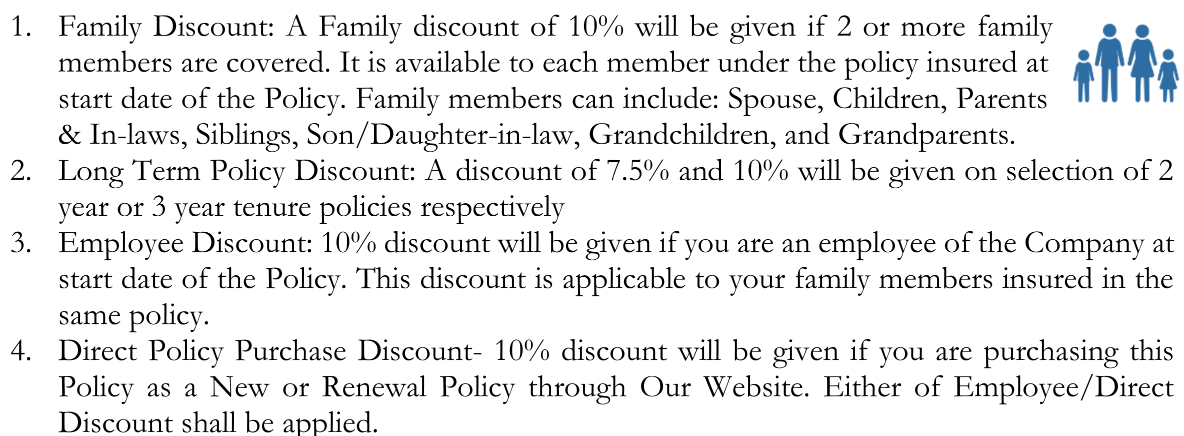
- An eligible person (newly- wed spouse & a child on completion of 5 years of age) may be added during the Policy Period after his/her application has been accepted by us and additional premium has been received. Insurance cover for this person shall only begin once we have issued an endorsement confirming the addition of such person as an Insured Person.
- If the Insured person dies, he/she will cease to be an Insured person upon us, on receiving all relevant particulars in this regard. We will return a rateable part of the premium received for such person "if and only if" there are no claims in respect of that Insured person under the policy.

e) Sub-standard Risk:

- Proposals where the Health status is adverse, as revealed in the proposal form or as evidenced in the pre policy check-up may be accepted as per the board approved underwriting policy of the Company
- We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).
- We will inform you about the applicable risk loading through a counter offer letter. You need to revert to us with consent and additional premium (if any), within 7 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to us within 7 days, we shall cancel your application and refund the premium paid within next 7 days.
- Please note that we will issue Policy only after getting your consent.

f) Discount Parameters:

The following discounts on the premium available based on the declarations made in proposal form, health status of the insured person(s) and coverage sought.



1. Family Discount: A Family discount of 10% will be given if 2 or more family members are covered. It is available to each member under the policy insured at start date of the Policy. Family members can include: Spouse, Children, Parents & In-laws, Siblings, Son/Daughter-in-law, Grandchildren, and Grandparents.
2. Long Term Policy Discount: A discount of 7.5% and 10% will be given on selection of 2 year or 3 year tenure policies respectively
3. Employee Discount: 10% discount will be given if you are an employee of the Company at start date of the Policy. This discount is applicable to your family members insured in the same policy.
4. Direct Policy Purchase Discount- 10% discount will be given if you are purchasing this Policy as a New or Renewal Policy through Our Website. Either of Employee/Direct Discount shall be applied.

g) Sum Insured Enhancement: Your Sum Insured can be enhanced only at the time of renewal subject to Company approval. In case of increase in sum insured, all waiting periods will apply afresh in relation to the amount by which the sum insured has been increased. In case of a claim during the applied waiting periods, the claim payout would be as per the basic (or previous) sum insured.

h) *Claims Procedure:*

a) **Summary of Claim Procedure**:

- You, or someone claiming on your behalf, must inform us in writing immediately within 48 hours of diagnosis of any of the listed insured conditions / critical illnesses. See "**How Do I Notify You of a Claim?**" below.
- You must immediately consult a Doctor / Medical Practitioner and follow the advice and treatment that he/she recommends.
- You or someone claiming on your behalf must promptly, within 30 days of diagnosis of any of the listed insured conditions (or discharge from the hospital, if admitted), give us the following documents specified in "**Supporting Documentation**" below.
- You must have yourself examined by our medical advisors, if we ask of this, and as often as we consider this to be necessary (at our cost). See "**Examination**" below.

b) **How Do I Notify You of a Claim?**

- You must immediately inform us of any event or occurrence that may give rise to a claim under this Policy within 30 days of the diagnosis of the first occurrence of the insured condition.
- You can intimate us through letter, email, fax or telephone. The details of it have been given on the Health Card provided to you.
- Please include the details below:
    - Policy Number / Health Card Number
    - Your name (i.e. the Insured person availing treatment)
    - Details of the insured condition / critical illness (see **Supporting Documentation**, below) and any other relevant information

c) **Supporting Documentation**:

- You, or someone acting on your behalf, must provide us with all documentation, information and medical records. We may request to establish the circumstances of the claim, its quantum or our liability for the claim within 45 days of completion of survival period (if applicable) for the insured condition against which the claim is made. In the event of any request by us for specific information, you must submit the same within 15 days of our request.
- Multiple Policies:
  a) Indemnity based policies: In case of multiple policies held by Insured person, insured person has a choice to file claim settlement under any policy. if insured person chooses to file such claim under policy held with the Company, then same shall be treated as the primary Insurer. In case the available coverage under the said policy is less than the admissible claim amount, then we, Liberty General Insurance as primary Insurer shall seek the details of other available policies of the Insured and shall coordinate with other Insurers to ensure settlement of the balance amount as per the policy conditions, without causing any hassles to the Insured.
  b) Benefit based Policies: On occurrence of the insured event, the policyholders can claim from all Insurers under all policies.

- We may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond your control. Such documentation are as following:
  - Our claim form duly completed and signed by / on behalf of you
  - Original Discharge Summary / Discharge Certificate
  - Copy of Final Hospital Bill
  - A medical certificate confirming the diagnosis of critical illness from a specialist doctor as mentioned under each Critical illness.
  - Medical certificate for the duration of illness.
  - An Investigation reports / other related documents reflecting the critical illness diagnosis
  - First consultation letter and subsequent prescription
  - Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook
  - A precise diagnosis of the treatment for which a claim is made
  - Certificate from treating doctors regarding the duration & etiology (i.e. the cause, set of causes or manner of causation of the disease or condition)
  - KYC documents

  Second Medical Opinion (Additional documents required)

  - Request for seeking second Medical opinion
  - All medical records and investigation reports done for the ailment

  Loan Protection Cover (Additional documents required)

  - Submission of sanction letter from the Financial Institute or Bank from where loan is applied
  - Repayment track record from the Financial Institute or Bank
  - Bank account statement reflecting EMI for the loan
  - Loan account statement

d) **Examination**:

- You will have to undergo medical examination by our authorized Medical Practitioner, as and when we may reasonably require, to obtain an independent opinion for the purpose of processing any claim. We will bear the cost towards performing such a medical examination of you (at the specified location).

e) **Payment of Claims**:

- You agree that we only need to make payment when you or someone claiming on your behalf has provided us with necessary documentation and information.
- We will make payment to you or your Nominee or Assignee. If there is no nominee or assignee and you are incapacitated or deceased, we will pay your heir, executor or validly appointed legal representative and any payment we make in this way will be a complete and final discharge of our liability to make payment.
- All claims will be processed as per relevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time.. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer

within a period of 30 days a settlement of the claim to you. In the case of delay in the payment of a claim, We 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. 'bank rate' means 'Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due"

- However, where the circumstances of a claim warrants an investigation in the Our opinion, We 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 documents. In such cases, We shall settle/reject the claim within 45 days from the date of receipt of last necessary documents. In case of delay beyond stipulated 45 days, We shall be liable to pay interest at a rate 2% above bank rate from the date of receipt of last necessary document to the date of payment of claim.
- If we, for any reasons, decide to reject the claim under the policy, the reasons regarding the rejection shall be communicated to you in writing within 30 days of the receipt of complete set of documents, in accordance with the provisionsof applicable Circulars and Regulations issued by IRDAI from time to time.. You may take recourse to the Grievance Redressal procedure stated in Section 5.

f) **Currency of Payment**:
All claims shall be payable in India and in Indian Rupees on

Critical Connect: Benefit Schedule

<table>
<tr><th colspan="4">Critical Connect : Benefit Schedule</th></tr>
<tr><td colspan="4">General Details</td></tr>
<tr><td rowspan="3">Age Group</td><td colspan="3">Minimum Age at Entry - 18 Years (Adult) & 5 Years (Child)</td></tr>
<tr><td colspan="3">Maximum Age at Entry - 65 Years (Adult) & 25 Years (Child)</td></tr>
<tr><td colspan="3">Children above 5 years up to 18 years can be insured provided either of the parent is insured under the Policy</td></tr>
<tr><td>Minimum Sum Insured</td><td colspan="3">1 lakh</td></tr>
<tr><td>Maximum Sum insured</td><td colspan="3">1 crore</td></tr>
<tr><td>Renewal</td><td colspan="3">Life Long</td></tr>
<tr><td>Family discount</td><td colspan="3">10% if two or more family members are covered on Individual Sum Insured basis</td></tr>
<tr><td>Tenure</td><td colspan="3">1/ 2/ 3 years</td></tr>
<tr><th colspan="2" rowspan="3">Coverage’s Description</th><th>Plan A</th><th>Plan B</th></tr>
<tr><th>Sum Insured</th><th>Sum Insured</th></tr>
<tr><th>1 lakh to 1 crore</th><th>1 lakh to 1 crore</th></tr>
<tr><td rowspan="6">CI Claim</td><td rowspan="6">Pays Lump Sum amount on diagnosis of a CI covered in the plan</td><td rowspan="5">The Plan has an option to choose from the bundle of 9 CIs, 25 CIs and 43 CIs.</td><td>The Plan has an option to choose one or more from the following four covers</td></tr>
<tr><td>• Heart Protect</td></tr>
<tr><td>• Cancer Protect</td></tr>
<tr><td>• RenoLiv Protect</td></tr>
<tr><td>• Brain Protect</td></tr>
<tr><td colspan="2">The list of CIs covered in each group is as per the Benefit Schedule of each Plan</td></tr>
<tr><td>Continuation for Second and Third Events</td><td>Continuation of the Policy for ' Unrelated CI's ' even after getting the full claim paid for one CI with a waiting period of 24 months</td><td>✓</td><td>×</td></tr>
<tr><td>Multiple Claims up to the Sum Assured</td><td>The Plan covers for multiple claims provided the claim is for CI in different buckets. However, for</td><td>×</td><td>✓</td></tr>
</table>

	Heart and Cancer Protect, the claim can be made for minor and major CIs. Additionally, there is no waiting period between two claims		
Second Medical Opinion	Second Medical opinion may be obtained from our empaneled Network providers once during the policy year.	✓	✓
Health Check up	For Person aged 18 years and above. Health Checkup at every 2 continuous claim free Policy years.	✓	✓
Health 360°	Earn Rewards and Burn it against array of our facilities which would help you to improve your overall Health.	✓	✓
AYUSH treatment#	AYUSH treatment refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.	✓	✓
Critical Illness related to HIV/AIDS	Any listed Insured condition/ Critical illness related to HIV/AIDS shall be payable in the policy with 10% of SI in a Policy year and up to 100% of Sum Insured over a lifetime.	✓	✓
Optional Cover(s)			
Loan Protector (Enhanced Payment for Debt)	In case the insured has debt, the Loan Protector can pay the EMI of the loan for 12 months, or 3% of SI (lump sum), whichever is lower	✓	✓
Waiver for 30-Day Survival period	The insured can get waiver from 30-Day Survival Period	✓	✓
Waiting Period(s)			
90 days	Applies at the start of the policy.	✓	✓
30 days	30 days of Survival Period after the diagnosis of CI	✓	✓
Pre- existing Diseases (PED)	3Years	✓	✓
2 Years	2 Years between two claims	✓	×
HIV/AIDS	3 Years	✓	✓
	2 Years between two claims	✓	✓

Benefit Schedule for Plan A: Critical Illness Bundles

(Sum Insured amounts: 1 lac, 2, 3, 4, 5, 7.5, 10, 15, 20, 25, 30, 40, 50, or 75 lacs, 1 crore)

9 Cover	25 Cover	43 Cover

<table>
<tr>
<td>1. Cancer of Specified Severity
2. Kidney Failure Requiring Regular Dialysis
3. Open Chest CABG
4. Major Organ / Bone Marrow Transplant
5. Multiple Sclerosis With Persisting Symptoms
6. Myocardial Infraction (First Heart Attack of Specified Severity)
7. Permanent Paralysis of Limbs
8. Stroke Resulting In Permanent Symptoms
9. Surgery to Aorta / Aorta Graft Surgery</td>
<td>1. Alzheimer’s Disease
2. Benign Brain Tumor
3. Cancer of Specified Severity
4. Coma of Specified Severity
5. Deafness
6. End Stage Liver Failure
7. Kidney Failure Requiring Regular Dialysis
8. Loss of Speech
9. Major Organ / Bone Marrow Transplant
10. Medullary Cystic Disease
11. Motor Neuron Disease with Permanent Symptoms
12. Multiple Sclerosis with Persisting Symptoms
13. Muscular Dystrophy
14. Myocardial Infraction (First Heart Attack of Specified Severity)
15. Open Chest CABG
16. Open Heart Replacement or Repair of Heart Valves
17. Parkinson’s Disease
18. Permanent Paralysis of Limbs
19. Pneumonectomy
20. Primary (Idiopathic) Pulmonary Hypertension
21. Pulmonary Artery Graft Surgery
22. Stroke Resulting In Permanent Symptoms
23. Surgery to Aorta / Aorta Graft Surgery
24. Systemic Lupus Erythematosus
25. Third-Degree Burns (Major Burns)</td>
<td>1. Alzheimer's Disease
2. Apallic Syndrome
3. Aplastic Anemia
4. Bacterial Meningitis
5. Benign Brain Tumor
6. Blindness
7. Brain Surgery
8. Cancer of Specified Severity
9. Cardiomyopathy
10. Coma of Specified Severity
11. Creutzfeldt-Jakob Disease (CJD)
12. Deafness
13. Encephalitis
14. End-Stage Liver Failure
15. End-Stage Lung Failure
16. Fulminant Viral Hepatitis
17. Goodpasture's Syndrome
18. Kidney Failure Requiring Regular Dialysis
19. Loss of Speech
20. Loss of Limbs
21. Major Head Trauma
22. Major Organ / Bone Marrow Transplant
23. Medullary Cystic Disease
24. Motor Neuron Disease with Permanent Symptoms
25. Multiple Sclerosis with Persisting Symptoms
26. Multiple System Atrophy
27. Muscular Dystrophy
28. Myocardial Infarction (First Heart Attack of Specified Severity)
29. Open Chest CABG / Coronary Artery Bypass Surgery
30. Open Heart Replacement or Repair of Heart Valves
31. Parkinson’s Disease
32. Permanent Paralysis of Limbs
33. Pneumonectomy
34. Primary (Idiopathic) Pulmonary Hypertension
35. Progressive Supranuclear Palsy</td>
</tr>
</table>

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

Benefit Schedule for Plan B: Disease-Specific Bundles

(Sum Insured amounts: 1 lac, 2, 3, 4, 5, 7.5, 10, 15, 20, 25, 30, 40, 50, or 75 lacs, 1 crore)

Heart Protect	Cancer Protect	RenoLiv Protect	Brain Protect
Major Conditions: 1. Cardiomyopathy 2. Heart Transplant 3. Open Chest CABG 4. Open Heart Replacement or Repair of Heart Valves 5. Myocardial Infraction (First Heart Attack of Specified Severity) 6. Primary (Idiopathic) Pulmonary Hypertension 7. Pulmonary Artery Graft Surgery 8. Surgery to Aorta / Aorta Graft Surgery	**Major Conditions:** 1. Cancer of Specified Severity	**Major Conditions:** 1. End-Stage Liver failure 2. Kidney Failure Requiring Regular Dialysis 3. Kidney Transplant 4. Liver Transplant 5. Medullary Cystic Disease 6. Pulmonary-Renal Syndrome	**Major Conditions:** 1. Apallic Syndrome 2. Bacterial Meningitis 3. Benign Brain Tumor 4. Brain Surgery 5. Coma of Specified Severity 6. Creutzfeldt-Jakob disease (CJD) 7. Encephalitis 8. Stroke Resulting In Permanent Symptoms 9. Motor Neuron Disease With Permanent Symptoms 10. Multiple Sclerosis With Persisting Symptoms 11. Progressive Supranuclear Palsy 12. Permanent Paralysis of Limbs
Minor Conditions: 9. Angioplasty 10. Balloon Valvotomy or Valvuloplasty 11. Carotid Artery Surgery	**Minor Conditions:** 2. Early-Stage Cancers 3. Carcinoma in-Situ		

12. Implantable Cardioverter Defibrillator 13. Implantation of Pacemaker of Heart 14. Infective Endocarditis 15. Minimally Invasive Surgery of Aorta 16. Pericardiectomy 17. Pulmonary Thromboembolism 18. Surgery for Cardiac Arrhythmia 19. Surgery to Place Ventricular Assist Devices or Total Artificial Hearts			

Annexure-B

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

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

Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in
Rajasthan	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in
Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	Office of the Insurance Ombudsman Lic Of India, 10th floor, 'Jeevan Prakash', Divisional Office M G road, Ernakulam Kochi – 682011 Tel.:- 0484-2358759/2359338 Fax:- 0484-2359336 Email: bimalokpal.ernakulam@cioins.co.in
West Bengal, Sikkim, Andaman & Nicobar Islands.	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in
Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in
State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur,	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in

Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	
Bihar, Jharkhand.	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in