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Preamble

HDFC ERGO General Insurance Ltd. will cover all Insured Persons under this Policy upto the Sum Insured. The insurance cover is governed by, and subject to, the terms, conditions and exclusions of this Policy.

Section A. Interpretations & Definitions

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

I. Standard Definitions

Def. 1. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon..

Def. 2. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position

- a) Internal Congenital Anomaly -which is not in the visible and accessible parts of the body
- b) External Congenital Anomaly- which is in the visible and accessible parts of the body

Def. 3. **Disclosure to information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Def. 4. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-Existing Conditions. Coverage is not available for the period for which no premium is received.

Def. 5. **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:

- has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
- has qualified nursing staff under its employment round the clock,
- has qualified Medical Practitioner(s) in charge round the clock,

- has a fully equipped operation theatre of its own where surgical procedures are carried out,
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Def. 6. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period 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 disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires your rehabilitation or for you to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur

Def. 7. **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.

Def. 8. **Notification of Claim** means the process of notifying a claim to the insurer by specifying the timeliness as well as the address / telephone number to which it should be notified

Def. 9. **Portability** means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

Def. 10. **Pre-existing Condition** means any condition, ailment, injury, or disease:

- i) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
- ii) For which Medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.

Def. 11. **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.

Def. 12. **Unproven/Experimental Treatment** – Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

Def. 13. **Critical Illness** means any one of the following illnesses or conditions that occurs or manifests itself during the policy period as a first incidence and the insured survives the defined survival period

Disclaimer: The explanations of the critical illnesses provided below in the boxes are only for a theoretical and educational purpose with no bearing on the policy wordings.

1. Standard Definitions

I. Benign Brain Tumor

- i. 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.
- ii. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - b. Undergone surgical resection or radiation therapy to treat the brain tumor.
- iii. The following conditions are excluded:
 - a. 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.

II. Blindness:

- i. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- ii. The Blindness is evidenced by: a. corrected visual acuity being 3/60 or less in both eyes or; b. the field of vision being less than 10 degrees in both eyes.
- iii. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

III. Cancer of specified severity

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

- b. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- c. Malignant melanoma that has not caused invasion beyond the epidermis;
- d. 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
- e. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- f. Chronic lymphocytic leukaemia less than RAI stage 3
- g. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- h. 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;

IV. 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 the following:

- No response to external stimuli for at least 96 hours;
- Life support measures are necessary to sustain life; and
- 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 directly from alcohol or drug abuse is excluded.

V. 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.

VI. End Stage Liver Failure:

- i. Permanent and irreversible failure of liver function that has resulted in all three of the following:
 - a. Permanent jaundice; and
 - b. Ascites; and
 - c. Hepatic encephalopathy.
- ii. Liver failure secondary to drug or alcohol abuse is excluded.

VII. End Stage Lung Disease

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

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

VIII. Myocardial Infarction (First Heart Attack Of Specific Severity):

- i. 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:
 - a) A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - b) New characteristic electrocardiogram changes
 - c) Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- ii. The following are excluded:
 - a) Other acute Coronary Syndromes
 - b) Any type of angina pectoris
 - c) A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

IX. 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.

X. Third Degree 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.

XI. Major Head Trauma:

- i. 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.
- ii. The Accidental Head injury must result in an inability to perform at least three (3) of the following 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.

iii. The Activities of Daily Living are:

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

XII. The following are excluded:

- a. i. Spinal cord injury;
Activities of Daily Living-Please refer to Section6, definition 3

XIII. Major Organ/ Bone Marrow Transplant:

The actual undergoing of a transplant of:

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

XIV. The following are excluded:

- Other Stem-cell transplants
- Where only islets of langerhans are transplanted.

XV. Motor Neuron Disease with Permanent Symptoms:

Motor neuron disease diagnosed by a specialist Medical Practitioner as a 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 atleast 3 months.

Permanent Neurological Deficit- Please refer to Section A-2, Def. 10

XVI. Multiple Sclerosis with Persisting Symptoms:

- i. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following: a. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and b. there must be current clinical impairment of motor or sensory function,

which must have persisted for a continuous period of at least 6 months.

ii. Neurological damage due to SLE is excluded

Permanent Neurological Deficit- Please refer to Section A-2, Def. 10

XVII. Open Chest CABG:

i. 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.

ii. The following are excluded:

a. Angioplasty and/or any other intra-arterial procedures

XVIII. Open Heart Replacement or Repair of Heart Valve:

The actual undergoing of Open heart valve surgery to replace or repair one or more heart valves, as consequences of defects in, abnormalities of, or disease affected heart valve(s). The diagnosis of the valve abnormality must be supported by 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.

XIX. Permanent Paralysis of Limbs:

The 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 paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

XX. Loss of Speech:

i. 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.

XXI. 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:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular diseases affecting only the eye or optic nerve or vestibular functions.

Permanent Neurological Deficit- Please refer to Section A-2, Def. 10

XXII. Primary (idiopathic) Pulmonary Hypertension:

i. 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.

ii. The NYHA Classification of Cardiac Impairment are as follows:

- a) Class III: Marked limitation of physical activity, Comfortable at rest, but less than ordinary activity causes symptoms.
- b) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

iii. 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.

2. Specific Definition related to Critical illness

I. Alzheimer's Disease:

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.

Activities of Daily Living-Please refer to Section6, definition 3

Permanent Neurological Deficit- Please refer to Section A-2, Def. 10

II. Aorta Graft Surgery

The actual undergoing of surgery of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. Realisation of the aortic surgery has to be confirmed by a specialist Medical Practitioner (Cardiologist/Cardiac Surgeon).

III. Apallic Syndrome

A persistent vegetative state in which patients 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.

IV. **Aplastic Anaemia**

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: a) Regular blood product transfusion b) Marrow stimulating agents c) Immunosuppressive agents d) Bone marrow transplantation The diagnosis and suggested line of treatment must be confirmed by a Haematologist using relevant laboratory investigations including Bone Marrow Biopsy. Two out of the following three values should be present: 1. Absolute Neutrophil count of 500 per cubic millimetre or less; 2. Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and 3. Platelet count of 20,000 per cubic millimetre or less.

V. **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

Permanent Neurological Deficit- Please refer to Section A-2, Def. 10

Activities of Daily Living-Please refer to Section 6, definition 3

VI. **Brain Surgery**

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

For the above definition, the following condition is excluded:

Burr Hole and brain surgery as a result of an accident

VII. **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:

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

VIII. **Creutzfeldt-Jakob Disease (CJD)**

A Diagnosis of Creutzfeldt-Jakob disease must be made by a Specialist Medical Practitioner (Neurologist). 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.

IX. **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.

Permanent Neurological Deficit- Please refer to Section 6 , definition 17

Activities of Daily Living-Please refer to Section6, Definition 3

X. **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 atleast 30 days. The Diagnosis must be proven by Kidney biopsy and confirmed by a Specialist Medical Practitioner (Rheumatologist).

XI. **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:

- motor function with associated rigidity of movement; or
- The ability to coordinate muscle movement; or
- Bladder control and postural hypotension.

XII. **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 life assured.

The following conditions are excluded:

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

XIII. **Parkinson's Disease:**

The unequivocal diagnosis of idiopathic or primary Parkinson's Disease (all other forms of Parkinsonism are excluded) before age 60 that has to be confirmed by a specialist Medical Practitioner (Neurologist).

The disease must also result in a permanent inability to perform independently three or more

Activities of Daily Living or must result in a permanent bedridden situation and inability to get up without outside assistance.

These conditions must be medically documented for at least 90 days.

Activities of Daily Living-Please refer to Section6, definition 3

Permanent Neurological Deficit- Please refer to Section A-2, Def. 10

XIV. **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:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

XV. **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.

XVI. **Pulmonary Artery Graft Surgery:**

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

XVII. **Systemic Lupus Erythematosus:**

A diagnosis of systemic lupus erythematosus by a Rheumatologist resulting in either of the following:

- Permanent neurological deficit with persisting clinical symptoms for a continuous period of 30 days; or
- The permanent impairment of kidney function tests as follows; Glomerular Filtration Rate (GFR) below 30 ml/min.

Permanent Neurological Deficit-Please refer to Section A-2, Def. 10

2. **Specific definition**

Def. 1. **Age or Aged** means completed years as at the Commencement Date.

Def. 2. **Accident** means a sudden, unforeseen and involuntary event caused by external, violent and visible means

Def. 3. **Activities of Daily Living** refer to daily self care activities within an individual's place of residence, in outdoor environment or both.

The Activities of Daily Living are:

- I. Bathing : 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.

Def. 4. **Adventurous/Hazardous Sports** means any sport or activity involving physical exertion and skill in which an Insured Person participates or competes for entertainment or as part of his Profession whether he / she is trained or not.

Def. 5. **Bank Rate** means the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

Def. 6. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.

Def. 7. **Dependents** means only the family members listed below:

i) Your legally married spouse as long as she continues to be married to You;

ii) Your children Aged between 18 years and 25 years if they are unmarried and financially dependent with no independent source of income.

iii) Your natural parents or parents that have legally adopted You, provided that the parent was below 65 years at his initial participation in the Optima Vital Policy

iv) Dependent parents must be financially dependent on You

Def. 8. **Insured Person** means You and the person named in the Schedule.

Def. 9. **Material Facts** means 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.

Def. 10. **Neurological deficit** means Symptoms of dysfunction in the nervous system that is present on clinical examination and expected to last throughout the insured person's 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.

Symptoms of dysfunction in the nervous system that are present on clinical examination expected to last throughout the

Def. 11. **Policy** means Your statements in the proposal form (which are the basis of this Policy) this policy wording (including endorsements, if any), and the Schedule (as the same may be amended from time

to time).

- Def. 12. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- Def. 13. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 14. **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 PolicyPeriod.
- Def. 15. **Survival Period** means the period after an insured event that the insured person has to survive before a claim becomes valid.

- Def. 16. **Condition For Payment** means (i) the date of confirmed diagnosis and defined severity/event, if any; or (ii) date of undergoing specified surgery; as applicable to a particular Critical Illness.
- Def. 17. **We/Our/Us** means the HDFC ERGO General Insurance Ltd.
- Def. 18. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us

Section B. Benefits

I. Critical illness Benefits

We will pay the Insured Person the Sum Insured as a lump sum amount for the listed Critical Illness, medical events or surgical procedure provided it occurs or manifests itself during the policy period as a first incidence and the insured survives the defined survival period.

	CATEGORY-1	CATEGORY-2	CATEGORY-3	CATEGORY-4
CONDITION FOR PAYMENT	30 Day Survival period from the date of confirmed diagnosis with severity	90 day survival Period from the date of confirmed diagnosis with defined severity	30 days survival period from the date of actual undergoing of the procedure	6 months permanent impairment from the date of confirmed diagnosis
CRITICAL ILLNESS	Cancer of Specified Severity	Primary Parkinson's Disease	Open chest Coronary Artery Bypass Graft surgery	Blindness
	Kidney Failure requiring Regular Dialysis	Alzheimer's Disease	Major Organ/ Bone Marrow Transplant	Deafness
	Multiple Sclerosis with Persisting Symptoms	Motor Neuron Disease with Permanent Symptoms	Aorta Graft Surgery	Total Loss of speech
	End Stage Liver Disease of Specified Severity	Stroke resulting in Permanent Symptoms	Open Heart Replacement or Repair of Heart Valves	
	First Heart Attack-Of specified severity	Permanent Paralysis of Limbs	Pneumonectomy	
	Coma of Specified Severity	Primary Pulmonary Arterial Hypertension	Pulmonary Artery Graft Surgery	
	Major Burns	Benign Brain Tumor		
	Goodpasture's Syndrome	Cardiomyopathy		
	Apallic Syndrome	End Stage Lung Disease		
	Aplastic Anaemia	Brain Surgery		
	Systemic Lupus erythematosus	Progressive Supernuclear palsy		
	Bacterial Meningitis	Creutzfeldt-Jacob Disease (CJD)		
	Multiple System Atrophy	Major head Trauma		
	Progressive Scleroderma	Encephalitis		

Important terms You should know.

Survival period means the period after an insured event that the insured person has to survive before a claim is payable

Please refer to Section 6 (Definition 8) for the definitions of the Critical Illnesses and also exclusions specifically applicable to the critical illness covered.

II. E-Opinion in respect of a Critical Illness

We shall arrange and pay for a second opinion from Our panel of Medical Practitioners, if the Insured Person suffers a Critical Illness during the Policy Period and decides to avail this benefit at his own option.

The opinion will be directly sent to the Insured Person by the Medical Practitioner.

Please note that this benefit can be claimed only once in a Policy Year.

The E opinion shall not be construed as a medical advice. E 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 E-opinion, otherwise, shall be at Your sole Risk and Responsibility. E-opinion from person on our Panel shall be their independent assessment of information shared by You, We do not warrant the accuracy or completeness of the information, materials, services or the reliability of any E-opinion.

We and our affiliates, subsidiaries, employees, officers, directors and agents, expressly disclaim any liability for or arising out of any deficiency in the E-opinion obtained by You.

Important terms You should know

Pre-existing Condition means any condition, ailment, injury or disease:

- i) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
- ii) For which Medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.

Section C. Waiting Period & Exclusions

All Illnesses and treatments shall be covered subject to the waiting periods specified below:

1) Specific Waiting Period

- i) 90 days waiting period shall apply from the commencement of the policy period to all claims under the policy
- ii) 48 months waiting period from policy commencement

date for all Pre Existing Conditions declared and/ or accepted at the time of application. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

2) Specific General Exclusions

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

Non Medical Exclusions	<ul style="list-style-type: none"> ii) Treatment arising from or consequent upon war or any act of war, invasion, act of foreign enemy, (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 of any kind. iii) Breach of law: Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide. iv) Insured Person's participation or involvement in naval, military or air force operation. v) Insured Person's Involvement in Adventure Sports
Medical Exclusions	<ul style="list-style-type: none"> vi) Substance abuse and de-addiction programs: Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol. vii) Types of treatment, defined illnesses/ conditions/ supplies: <ul style="list-style-type: none"> a. Congenital external diseases, defects or anomalies. b. Any treatment arising from pregnancy (including voluntary termination), miscarriage, maternity or birth (including caesarean section) viii) Any specific timebound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured, as per Our underwriting guidelines.

Section D. General Conditions

1. Standard General Conditions

a) Conditions precedent to admissibility 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.

b) Moratorium Period

After completion of eight continuous years under the policy, no look back to be applied. This period of eight years is called as Moratorium Period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract

c) 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 have 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.

d. Cancellation

- i. The Policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the Policy.

1 Year Policy Period		2 Year Policy Period	
Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium
Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	48.00%
		Upto 15 Months	25.00%
		Upto 18 Months	12.00%
		Exceeding 18 Months	Nil

- ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 30 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.
- e) Free Look period
The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the Policy.
The Insured Person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.
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.
- f. 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.
- g. Complete Discharge
Any payment to the Policyholder, Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.
- h) Possibility of Revision of terms of the Policy including the Premium Rates
The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are effected.
- i) Withdrawal of Policy
- i. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as Cumulative Bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.
- j. Nomination:
The Policyholder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the Policyholder, the Company will pay the nominee {as named in the Policy Schedule/ Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.
- k. Renewal of Policy
The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.
- i. The Company shall endeavour to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.
- ii. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years.
- 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.
- v. No loading shall apply on renewals based on individual claims experience.
- vi) 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 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/ Health insurer, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.
For Detailed Guidelines on Portability, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987
- l. Grievance Redressal Procedure
In case of any grievance the insured person may contact the company through:

- Website: www.hdfcergo.com
- Toll free: 022 6234 6234 / 0120 6234 6234
- Contact Details for Senior Citizen: 022-6242-6226 | seniorcitizen@hdfcergo.com
- E-mail: grievance@hdfcergo.com

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

If Insured person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at cgo@hdfcergo.com

For updated details of grievance officer, kindly refer the link: <https://www.hdfcergo.com/customer-voice/grievances>

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contacts us at	https://www.hdfcergo.com/customer-care/grievances Call: 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call: 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call: 022 6234 6234 / 0120 6234 6234
Contact Point for Senior Citizen	https://www.hdfcergo.com/customer-care/grievances Call: 022 6242 6226 Email id: seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call: 022 6242 6226 Email id: seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call: 022 6242 6226 Email id: seniorcitizen@hdfcergo.com
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
Visit us	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai - 400 078.	Chief Grievance Officer, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai - 400 078.

- i. 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 as per Insurance Ombudsman Rules 2017.
- ii. Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

2. Specific General Conditions

a. Insured Person

Only those person named as an Insured Person in the Schedule shall be covered under this Policy. Any eligible person may be added during the Policy Period after his application has been accepted by Us and additional premium has been received. Insurance cover for this person shall only commence once We have issued an endorsement confirming the addition of such person as an Insured Person

If an Insured Person dies, he will cease to be an Insured Person upon Us 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.

Any Insured Person in the policy has the option to migrate

to a health insurance policy available with us at the time of renewal, subject to underwriting with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines.

b. Loadings

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.

c. Notification of Claim

We must be informed of any event or occurrence that may give rise to a claim under this Policy within 14 days of the diagnosis of the first occurrence of the Critical Illness. You can intimate us through letter, email, fax or telephone.

d. Supporting Documentation & Examination

The Insured Person or someone claiming on the Insured Person's behalf shall 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 for the Critical Illness against which the claim is made. In the event of any of Our request for specific information, same shall be submitted within 15 days of our request. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. Such documentation will include but is not limited to the following-

- ii) Our claim form duly completed (along with captioned documents) and signed by/ on behalf of the Insured Person.
- iii) Original Discharge Summary.
- iv) Medical certificate confirming the diagnosis/ treatment of Critical Illness from Medical Practitioner.
- v) A precise diagnosis of the treatment for which a claim is made.
- vi) Treating doctors certificate regarding the duration & etiology
- vii) MLC/ FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent, in case of Accidental injury
- viii) KYC documents

The Insured Person shall have to undergo medical examination by Our authorised 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 medical examination (at the specified location) of the Insured person.

e. Claims Payment

- i) We shall be under no obligation to make any payment under this Policy unless We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless

the Insured Person has complied with his obligations under this Policy.

- ii) If Specific Etiology for the defined critical illness is not known then the claim would not be payable.
- iii) We will only make payment to You under this Policy. Your receipt shall be considered as a complete discharge of Our liability against any claim under this Policy. In the event of Your death, We will make payment to the Nominee (as named in the Schedule). The assignment of benefits of the policy shall be subject to applicable law.
- iv) The payments under this Policy shall only be made in Indian Rupees within India.
- v) The policy shall terminate on the occurrence of the first critical illness and you shall receive the sum insured as per applicable guidelines and the policy shall cease with no subsequent renewals for the insured. However the other insured members will continue to be covered in the Policy
- vi) 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.
- vii) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the Bank Rate.
- viii) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- ix) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Policyholder at a rate 2% above the Bank Rate from the date of receipt of last necessary document to the date of payment of claim.

Important terms You should know

Etiology means the cause or origin of a disease or disorder as determined by medical diagnosis

f. Non-Disclosure or Misrepresentation

- i. If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:
 - a. Cancelled ab initio from inception date or the renewal date (as the case may be), or modified by Us, at our sole discretion, upon 30 day notice by sending an endorsement to Your address shown in the Schedule; and

- b. The claim undersuch Policy if any shall be prejudiced.
- ii. We may also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of Non-Disclosure/ Misrepresentation of Pre-existing diseases subject to your prior consent;
 - b. Permanently exclude the disease/condition and continue with the Policy
 - c. Incorporate additional waiting period of not exceeding 4 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.
 - d. Levy underwriting loading from the first year of issuance of policy or renewal, whichever is later.

The above options will not prejudice the rights of the Company to invoke cancellation under clause j i) above.

g. Endorsements

This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us. Any change that We make will be evidenced by a written endorsement signed and

stamped by Us.

h. Change of Policyholder

The Policyholder may be changed only at the time of renewal. The new policyholder must be a member of the Insured Person's 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 demise or him moving out of India during the Policy Period.

i. Notices

Any notice, direction or instruction under this Policy shall be in writing and if it is to:

- i) Any Insured Person, it would be sent to You at the address specified in Schedule / endorsement
- ii) Us, shall be delivered to Our address specified in the Schedule.
- iii) No insurance agents, brokers, other person or entity is authorised to receive any notice on Our behalf unless explicitly stated in writing by Us.

j. Dispute Resolution Clause

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

Section E. Others

I. Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, You can contact Us through:

	Within India	Outside India
Claim Intimation:	Customer Service No. 022-62346234 / 0120- 62346234 Email: healthclaims@hdfcergo.com	Toll Free No: 800 08250825 Global Toll Free No : +800 08250825 (accessible from locations outside India only) Landline no (Chargeable) : 0120-4507250 Email: travelclaims@hdfcergo.com
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1, 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1, 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh

II. List of Ombudsman

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	Jurisdiction of Office Union Territory, District
AHMEDABAD - Shri Kuldip Singh 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	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL 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	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
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	States of Punjab, Haryana (excluding 4 districts viz Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh.
CHENNAI 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	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
DELHI - Shri Sudhir Krishna 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	Delhi, 4 Districts of Haryana viz. Gurugram, Faridabad, Sonapat and Bahadurgarh
GUWAHATI 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	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	Jurisdiction of Office Union Territory, District
HYDERABAD 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	State of Andhra Pradesh, Telangana and Yanam - a part of Union Territory of Puducherry.
JAIPUR Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
KOLKATA - Shri P. K. Rath 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	States of West Bengal, Sikkim and Union Territories of Andaman & Nicobar Islands.
LUCKNOW - Shri Justice Anil Kumar Srivastava 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	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, 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
MUMBAI 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	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane

IRDA REGULATION NO 12: This Policy is subject to regulation 12 of IRDA (Protection of Policyholder's Interests) Regulation 2017.