

Critical Illness FAQ



Har pal aapke saath

What is a Critical Illness Insurance?

Critical Illness Insurance is a policy that pays out a lump sum amount upto the sum insured upon diagnosis of a critical illness covered under the policy.

Why should I purchase Critical Illness Insurance?

Critical Illness Insurance provides you and your family, the additional financial security on diagnosis of a critical illness. The policy provides a lump sum amount which could be used for:

- Costs of the care and treatment
- Recuperation aids
- Debts pay off
- Any lost income due to a decreasing ability to earn
- Fund for a change in lifestyle

What is a Benefit Policy?

Under a benefit policy on happening of an insured event, the insurance company pays the policyholder a lump sum amount.

What are the benefits under this policy?

The company will pay the sum insured as lump sum on first diagnosis of any one of the following Critical Illness, provided that the Insured Person survives a period of 30 days from the date of the first diagnosis.

The following Critical Illnesses are covered under our plan:-

- Heart Attack (Myocardial Infarction)
- Coronary Artery Bypass Surgery
- Stroke
- Cancer
- Kidney Failure
- Major Organ Transplantation
- Multiple Sclerosis
- Paralysis

What are the available plans under this policy?

You can choose from sum insured ranging from Rs. 250,000, Rs. 500,000, Rs. 750,000 and Rs. 10,00,000.

Is there any eligibility criterion for purchasing this policy?

Critical Illness policy covers individuals in the age group of 5 years to 45 years. Children between 5 years to 18 years would be covered only when both the parents are also insured under the policy.

What are the medical tests that I need to undergo to enroll myself for this policy?

No pre policy medical check up is required for individuals upto 45 years.

What kind of documentation is required?

The best part of this policy is that you do not require to submit any documentation. All you need to do is submit a duly signed and complete proposal form with relevant details. Choose the sum insured and pay vide a cheque or fill the credit card details in the form.

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Is there any tax exemption under the policy?

Yes, you can avail upto Rs. 15,000 s tax benefit under 'Section 80D' In case of senior citizens, you can avail upto Rs.20,000 as tax benefit under 'Section 80D'.

What do you mean by Pre-Existing Diseases?

Any condition, ailment or injury or related condition(s) for which insured person had signs or symptoms and/or was diagnosed and/or received medical advice/treatment within 48 months prior to your first policy with the company.

What is meant by disease?

Disease means a pathological condition of a part, organ, or system resulting from various causes, such as infection, pathological process, or environmental stress, and characterized by an identifiable group of signs or symptoms.

Can I make multiple claims for same or any other listed Critical illnesses?

No, you can make only one claim during the lifetime of the policy.

Whom to contact in case of Claim?

In case of a claim under the Policy, you should immediately intimate us on our helpline numbers. On receipt of the intimation, we would register the claim and assign a unique claim reference number which would be communicated to the Insured which may be used for all future correspondence.

What all documents are required at the time Claim?

The Insured shall arrange for submission of the following documents required for processing of claim within 45 days from the date of intimation

- Duly Completed Claim Form
- Original Discharge Summary
- Consultation Note/ Relevant treatment papers
- All relevant medical reports along with supporting invoices and doctors requisition advising the same
- Original and Final hospitalization bills with detailed breakup
- Pharmacy Bills along with prescriptions
- Any other documents as may be required by the Company

On receipt of claim documents claim will be processed in accordance with the terms and conditions of the Policy.