HDFC ERGO General Insurance Company Limited

Policy Wording

my: health Women Suraksha

Table of Contents

HDFC ERGO General Insurance Company Limited

Policy Wording

my: health Women Suraksha

Preamble

We will provide insurance cover to the Insured Person(s) under this Policy upto Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule. This Policy is subject to Your statements in respect of all the Insured Persons in Proposal form, declaration and/or medical reports, payment of premium and the terms and conditions of this Policy.

SECTION A. DEFINITIONS

Certain words used in the Coverage description have specific meanings which are mentioned in Definitions and which impacts the Coverage. All such words, where ever mentioned in this document are mentioned in Bold to enable you to identify that particular word has a specific meaning for which You need to refer Section – A, Definitions.

I. Standard 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

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

Def 2. **Any one illness** means continuous period of Illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken

Def 3. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon

Def 4. **Congenital Anomaly** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

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

Def 5. **Day care Centre** means any institution established for Day Care Treatment of Illness and / or injuries or a medical set -up with 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 criterion as under:

- **a.** has qualified nursing staff under its employment;
- **b.** has qualified medical practitioner/s in charge;
- **c.** has fully equipped operation theatre 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

Def 6. **Day Care Treatment/Procedures** means those medical treatment, and/or surgical procedure which is

- **i)** undertaken under General or Local Anaesthesia in a Hospital/Day Care Centre in less than 24 hours because of technological advancement, and
- **ii)** which would have otherwise required Hospitalization of more than 24 hours, Treatment normally taken on an Out-patient basis is not included in the scope of this definition

Def 7. **Disclosure of 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 8. **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 (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received)

Def 9. **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 at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,

b. has qualified nursing staff under its employment round the clock,

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 will make these accessible to the insurance company's authorized personnel.

Def 10. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Def 11. **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.

Def 12. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

Def 13. **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 license.Medical Practitioner who is sharing the same residence with the Insured person`s and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.

Medical Practitioner (Definition applicable for the treatment taken outside India)
Means a licensed medical practitioner acting within the scope of his/her license and who holds a degree of a recognized institution and is registered by the Authorized Medical Council of the respective
country.

Def 14. **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

Def 15. **New Born Baby** means baby born to the Insured Person one year after inception of the first Policy with Us.

Def 16. **Non Network** means any Hospital, Day Care Centre or other provider that is not part of the Network

Def 17. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication

Def 18. **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.

Def 19. **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.

Def 20. **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

II. Specific Definitions

Def 1. **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 2. **Age** or Aged means completed years as at the Policy Commencement Date.

Def 3. **Assault** means any wilful or unlawful use of force inflicted upon an Insured Person that is a criminal offence in the jurisdiction in which it occurs and which results in Bodily Injury to an Insured Person.

Def 4. **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 5. **Break in policy** means the period of gap that occurs at the end of the existing policy term/instalment premium due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or grace period.

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

Def 7. **Insured Person** means You and the persons named in the Policy Schedule who are above age 18 years.

Def 8. **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 9. **Non-instalment Premium Payment** refers to payment of premium for the entire policy period made in advance as a single premium.

Def 10. **HDFC ERGO Mobile App** is proprietary App of HDFC ERGO General Insurance Company. With this App you can:

- Access Your Policy Details
  - Manage Your policy, download Your policy schedule and access to Your e-card will always be at Your fingertips, 24 x 7.
- Policy Endorsement made easy
  - By submitting a request to us through HDFC ERGO Mobile App, you can make any modifications in Your policy, for e.g. change in spelling of the name, contact number etc.
- Effortless Claims Management
  - Now you can Submit Your claims from the app for faster processing and track the status at Your fingertips. You can also intimate a claim using the app. You can also view Network hospitals in Your area with directions.
- Stay Active – Short Walks, Big Benefits
  - The App tracks Your steps, fitness session and lets you earn incentive on renewal discount on Your policy.

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 Policy 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 Policy Schedule.

Def 13. **Policy Schedule** means Schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to (Schedule of coverage), including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

Def 14. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary. Sum Insured means the sum shown in the Policy Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Year.

Def 15. **We/Our/Us** means the HDFC ERGO General Insurance Company Limited

Def 16. **You/Your/Policyholder** means the person named in the Policy Schedule who has concluded this Policy with Us

III. Other Definitions

A. Standard

Section 4. Cardiac Ailments and Procedures

1. Open Chest CABG

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 asternotomy (cutting through the breast bone) or minimally invasive key hole coronary artery bypass procedure. The diagnosis must be supported by coronary angiography and the realization of surgery has to be confirmed by cardiologist.

The following are excluded:

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

2. First Heart Attack of Specified Severity

The first occurrence of heart attack or myocardial infarction, which means the death of apportion 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 history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- New characteristic electrocardiogram changes
- Elevation of infarction specific enzymes, Troponins or other specific bio-chemical markers.

The following are excluded:

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

3. 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:

a. no response to external stimuli continuously for at least 96 hours;
b. life support measures are necessary to sustain life; and
  i. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
c. The condition has to be confirmed by a specialist medical practitioner.
  i. Coma resulting directly from alcohol or drug abuse is excluded.

4. Stroke Resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequel. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra-cranial 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 disease affecting only the eye or optic nerve or vestibular functions.

5. Angioplasty

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.

Section 5. Critical Illnesses

6. Multiple Sclerosis with persisting symptoms

a. 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.

b. Neurological damage due to SLE is excluded.

7. 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.

8. Benign Brain Tumour

a. 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.

b. 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.

c. 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.

9. Motor Neuron Disease with Permanent Symptoms

Motor neuron disease diagnosed by a specialist medical practitioner 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.

10. 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.

IV. The following are excluded:

a. Spinal cord injury;

11. End Stage Liver Failure

a. 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.

b. Liver failure secondary to drug or alcohol abuse is excluded.

12. End Stage Lung Failure

a. 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 < 5mmHg); and

iv. Dyspnoea at rest.

13. Deafness

a. 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.

14. Loss of Speech

a. 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.

15. Blindness

a. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
b. 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.
c. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

B. Specific Definitions

Section 1. Cancer Cover

1. Malignant Cancer of Specified sites: Breast, Cervix, Uterus, Fallopian Tube, Ovary, Vagina/Vulva

A malignant tumour 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 leukaemia, lymphoma and sarcoma.

The following are excluded:

i. All tumours 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 tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukaemia less than RAI stage 3
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

viii. All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

ix. Tumors of any other sites except Breast, Cervix, Uterus, Fallopian Tube, Ovary, Vagina/Vulva

2. Other Cancers

A malignant tumour 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 leukaemia, lymphoma and sarcoma.

The following are excluded:

i. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, 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 tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

vi. Chronic lymphocytic leukaemia less than RAI stage 3

vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

viii. All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

ix. Tumor/Malignant Cancer of Breast, Cervix, Uterus, Fallopian Tube, Ovary, Vagina/Vulva

Section 2. Major Illnesses

3. Carcinoma in situ of Cervix Uteri and Breast

Carcinoma in situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.

4. Systemic Lupus Erythematosus with Lupus Nephritis:

A multi-system autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of this Policy, 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 WHO Classification). The final diagnosis must be confirmed by a Registered Doctor specialising in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

- Class I Minimal Change Lupus Glomerulonephritis
- Class II Mesangial Lupus Glomerulonephritis
- Class III Focal Segmental Proliferative Lupus Glomerulonephritis
- Class IV Diffuse Proliferative Lupus Glomerulonephritis
- Class V Membranous Lupus Glomerulonephritis

5. Rheumatoid Arthritis

The unequivocal diagnosis of Rheumatoid Arthritis must be made by a certified medical consultant based on clinically accepted criterion. There must be imaging evidence of erosion with widespread joint destruction in three or more of the following joint areas: hands, wrist, elbows, knees, hips, ankle, cervical spine or feet. There must be also be typical rheumatoid joint deformities.

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.

Degenerative osteoarthritis and all other forms of arthritis are excluded.

6. Severe Osteoporosis

A certified medical consultant must make the definite diagnosis of osteoporosis that follows the WHO definition where there is testing evidence of reading with a T-score of less than 2.5 (2.5 standard deviation below the peak bone density of a normal 25 – 30 years old adult).

Osteoporosis must have caused multiple fractures resulting in the insured's permanent inability to perform at least 3 to 5 Activities of Daily Living (ADLs)

Activities of Daily Living (ADLs) are defined as:

a. Washing: the ability to wash in the bath or shower (including getting into or and out of the bath shower) or wash satisfactorily by other means

b. Dressing: ability to put on, take off, secure and unfasten all garments and, as appropriate, all 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. Toileting: the ability to use the lavatory or otherwise manage bowel or bladder functions so as to maintain a satisfactory level of personal hygiene

e. Feeding: the ability to feed oneself once food has been prepared and made available

Section 3. Surgical Procedures

7. Breast Lumpectomy

Removal of a malignant tumor or carcinoma in situ and surrounding breast tissue in one/both breasts. Diagnosis has to be confirmed by appropriate medical specialist.

8. Mastectomy

The actual undergoing of a mastectomy due to carcinoma in situ of the Breast (confirmed by histological evidence). The mastectomy must be certified to be absolutely necessary by a Specialist in the relevant field.

Partial mastectomy and lumpectomy do not fulfill the above definition.

9. Breast Reconstructive Surgery

Plastic or reconstructive surgery of the breast performed by a registered surgeon after mastectomy following diagnosis of breast cancer or carcinoma in situ of the breast.

10. Hysterectomy

The removal of the uterus (at least the corpus and cervix or corpus only) with supporting evidence of carcinoma of the uterus, fallopian tube, ovary, vagina or endometrium, advanced cervical carcinoma, or hydatidiform mole. Diagnosis has to be confirmed by appropriate medical specialist.

11. Wertheim's Operation

A radical hysterectomy which includes removal of the uterus, fallopian tubes, wide excision of parametrium, tissues surrounding the upper vagina, and all the pelvic lymph nodes. Diagnosis has to be confirmed by appropriate medical specialist.

12. Radical Vulvectomy

The complete removal of the vulva and the pelvic lymph nodes. Diagnosis has to be confirmed by appropriate medical specialist.

13. Total Pelvic Exenteration

Actual undergoing of excision of the bladder, lower uterus, vagina uterus, adnexa, the pelvic and lower sigmoid colon, pelvic lymph nodes and all the pelvic peritoneum, due to gynaecological cancers. Diagnosis has to be confirmed by appropriate medical specialist.

14. Complicated Repair of Vaginal Fistula

Actual undergoing abdominal or vaginal repair of ureterovaginal, vesicovaginal, urethrovaginal or complex fistulas which occurred following cancer-related pelvic surgery or in case of advanced pelvic malignancy, especially when there has been radiotherapy.

Repair of fistula resulting from trauma (an obstetric tear or extension of an episiotomy), diverticular disease, Crohn's disease, or any other non-cancer related pelvic surgery would not be covered.

Diagnosis has to be confirmed by appropriate medical specialist.

Section 4. Cardiac Ailments and Procedures

15. Heart Valve Repair

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.

16. Balloon Valvotomy or Valvuloplasty

An interventional procedure involving Percutaneous heart valve repair by balloon valvotomy or valvuloplasty to repair narrowing of heart valves using a catheter. Payout will be based on the actual undergoing of surgery. The need for surgery should be certified by a cardiologist and supported by an echocardiography

17. Insertion of Pacemaker

Insertion of a permanent cardiac pacemaker that is required as a result of life threatening cardiac arrhythmias, cardiomyopathy or any other condition which cannot be treated via other means.

The insertion of the cardiac pacemaker must be certified to be absolutely necessary by a specialist in the relevant field.

Section 5. Critical Illnesses

18. Surgery of Aorta

a. The actual undergoing of medically necessary surgery for a disease 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. Traumatic injury of the aorta is excluded.

19. Infective Endocarditis

I. Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

a. Positive result of the blood culture proving presence of the infectious organism(s);

b. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and

c. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Medical practitioner who is a cardiologist.

20. Dissecting Aortic Aneurysm

a. A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a Registered Medical practitioner who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.

21. Cardiomyopathy

I. An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association Classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:

i. Class IV – inability to carry out an activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

ii. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance.

iii. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

22. Other Serious Coronary Artery Disease

a. Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded).

b. For purposes of this definition, "major coronary artery" refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).

23. Eisenmenger's Syndrome

a. Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a Registered Medical practitioner who is a specialist with echocardiography and cardiac catheterization and supported by the following criteria:

i. Mean pulmonary artery pressure > 40 mm Hg;
ii. Pulmonary vascular resistance > 3mm/L/min (Wood units); and
iii. Normal pulmonary wedge pressure < 15 mm Hg.

24. Parkinson's Disease

a. The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in Permanent Inability to perform independently at least three of the activities of daily living as defined below.

i. Transfer: Getting in and out of bed without requiring external physical assistance
ii. Mobility: The ability to move from one room to another without requiring any external physical assistance
iii. Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance
iv. Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means
v. Eating: All tasks of getting food into the body once it has been prepared

b. Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

25. Alzheimer's Disease

a. Clinically established diagnosis of Alzheimer's Disease (presenile dementia) resulting in a permanent inability to perform independently three or more activities of daily living – bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months.

26. Muscular Dystrophy

a. A group of hereditary degenerative diseases of muscle characterized by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered Medical practitioner who is a consultant neurologist. The condition must result in the inability of the Insured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

Activities of daily living:

a. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
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 lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
d. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
e. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
f. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

27. Apallic Syndrome

a. Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist and the condition must be documented for at least one month.

28. Bacterial Meningitis

a. Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:

i. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and

ii. A consultant neurologist.

29. Creutzfeldt-Jacob Disease (CJD)

a. Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A Registered Medical practitioner who is a neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.

30. Encephalitis

a. Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a Registered Medical practitioner who is a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.

31. Progressive Supranuclear Palsy

a. Confirmed by a Registered Medical practitioner who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

32. Brain Surgery

a. The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are all excluded. Brain surgery as a result of an

Accident is also excluded. The procedure must be considered medically necessary by a Registered Medical practitioner who is a qualified specialist.

33. Kidney Failure requiring regular dialysis

a. 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.

34. Major Organ/Bone Marrow Transplantation

a. 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,

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

b. The following are excluded:

i. Other stem-cell transplants

ii. Where only islets of langerhans are transplanted

35. Medullary Cystic Disease

a. Medullary Cystic Disease where the following criteria are met:

i. the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;

ii. clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and

iii. the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

b. Isolated or benign kidney cysts are specifically excluded from this benefit.

36. Aplastic Anaemia

a. Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

i. Blood product transfusion;

ii. Marrow stimulating agents;

iii. Immunosuppressive agents; or
iv. Bone marrow transplantation.

II. The diagnosis must be confirmed by a hematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:
a. Absolute neutrophil count of less than 500/mm³ or less
b. Platelets count less than 20,000/mm³ or less
c. Reticulocyte count of less than 20,000/mm³ or less

III. Temporary or reversible Aplastic Anaemia is excluded.

37. Fulminant Hepatitis

a. A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:
a. Rapid decreasing of liver size;
b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
c. Rapid deterioration of liver function tests;
d. Deepening jaundice; and
e. Hepatic encephalopathy.

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

38. Chronic Adrenal Insufficiency (Addison's Disease)

a. An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a Registered Medical practitioner who is a specialist in endocrinology through one of the following:
i. ACTH simulation tests;
ii. insulin-induced hypoglycemia test;
iii. plasma ACTH level measurement;
iv. Plasma Renin Activity (PRA) level measurement.

b. Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

39. Progressive Scleroderma

a. 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.

b. The following are excluded:
- **i.** Localised scleroderma (linear scleroderma or morphea);
- **ii.** Eosinophilic fasciitis; and
- **iii.** CREST syndrome.

40. Chronic Relapsing Pancreatitis

a. An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Medical practitioner who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.

b. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

41. Elephantiasis

a. Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal diagnosis of elephantiasis must be confirmed by a Registered Medical practitioner who is a specialist physician. There must be clinical evidence of permanent massive swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection.

b. Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

42. Pneumonectomy

The undergoing of **surgery** on the advice of a specialist **Medical Practitioner** 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

43. Terminal illness

a. The conclusive diagnosis of an illness, which in the opinion of a Registered Medical practitioner who is an attending Consultant and agreed by our appointed Registered

Medical practitioner, life expectancy is no greater than twelve (12) months from the date of notification of claim, regardless of any treatment that might be undertaken.

44. Myelofibrosis

i. A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anaemia, low levels of white blood cells and platelets and enlargement of the spleen. The condition must have progressed to the point that it is permanent and the severity is such that the Insured requires a blood transfusion at least monthly. The diagnosis of myelofibrosis must be supported by bone marrow biopsy and confirmed by a Registered Medical practitioner who is a specialist.

45. Pheochromocytoma

a. Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour.

b. The Diagnosis of Pheochromocytoma must be confirmed by a Registered Medical practitioner who is an endocrinologist.

46. Crohn's Disease

a. Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:
- **i.** Stricture formation causing intestinal obstruction requiring admission to hospital, and
- **ii.** Fistula formation between loops of bowel, and
- **iii.** At least one bowel segment resection.

b. The diagnosis must be made by a Registered Medical practitioner who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

47. Severe Ulcerative Colitis

a. Acute fulminant ulcerative colitis with life threatening electrolyte disturbances.

b. All of the following criteria must be met:
- **i.** the entire colon is affected, with severe bloody diarrhoea; and
- **ii.** the necessary treatment is total colectomy and ileostomy; and
- **iii.** the diagnosis must be based on histopathological features and confirmed by a Registered Medical practitioner who is a specialist in gastroenterology.

C. Specific Definition related to Optional Cover

i. Pregnancy and Newborn Complications

a. Pregnancy Complications

I. Disseminated Intravascular Coagulation (DIC)

DIC means a life-threatening complication of pregnancy, consisting of a systematic thrombo-hemorrhagic disorder that is characterized by generalized bleeding and end organ damage. The diagnosis must be confirmed by a gynaecologist or obstetrician as disseminated intravascular coagulation and supported by laboratory tests showing a combination of significant thrombocytopenia, procoagulant activation, fibrinolytic activation and inhibitor consumption. The benefit is payable only if the above requires treatment with frozen plasma and platelet concentrates.

II. Ectopic Pregnancy

Pregnancy, in which the fertilized ovum implants in the fallopian tube. The ectopic pregnancy must have required the immediate surgical; removal of the ovum or complete fallopian tube. The diagnosis must be confirmed with a pathology report. No benefit will be payable for partial salpingectomy and any other forms of treatment for ectopic pregnancy.

III. Molar Pregnancy

Complete Hydatiform mole is a form of trophoblastic disease characterized by clusters of hydropic villi and trophoblastic elements and atypia. The hydatiform mole must have been diagnosed by a specialist and confirmed with a pathology report. The condition must require a hysterectomy and same must have been performed.

IV. Eclampsia

Eclampsia is the occurrence of generalized tonic clonic grand mal seizures after the 20^{th} week of pregnancy in a pregnant woman who has also has hypertension, proteinuria, and oedema. Eclampsia must be diagnosed by a Gynaecologist, Obstetrician or specialist physician. The eclampsia must require the emergency delivery of the foetus and placenta. Seizures due to other causes are excluded. Postpartum eclampsia is excluded.

b. New Born Complications

I. Down's Syndrome

Live birth of a baby with Down's syndrome (trisomy 21) – as diagnosed by a specialist physician and proven on chromosomal analysis.

II. Spina Bifida

Spina Bifida is a neural tube defect where there is failure of the spine to close properly during pregnancy. There must be a resultant meningomyocele or meningocele. The spina bifida must also have a required corrective surgery and there must be objective evidence or permanent paralysis a verified by a neurologist.

III. Tetralogy of Fallot

A congenital abnormality of the heart characterized by pulmonary stenosis, an opening in the interventricular septum, malposition of the aorta over both ventricles, and hypertrophy of the right ventricle. Open heart surgery must have taken place to correct the congenital defect.

IV. Cleft Palate

Congenital fissure of the roof of the mouth requiring corrective surgical procedures produced by failure of the two maxillae to unite during embryonic development with or without cleft lip.

V. Ventricular Septal Defect

Failure of the interventricular septum to close giving rise to a significant left to right shunt that must be more than 2:1 pulmonary to systemic flow ratio. Open-heart surgery must have taken place to correct the defect.

VI. Patent DuctusArteriosus

The condition where the ductusarteriosus fails to close after birth causing significant left to right shunt. Open-heart surgery must have taken place to correct the congenital defect.

VII. Surgical Separation of Conjoined Twins

The undergoing of surgical separation of the conjoined twins at least one of the co-twins must be alive till the time of the separation surgery. Conjoined twins here are defined as identical twins that are born with their bodies joined.

SECTION B. BENEFITS

1. Major Illnesses and Procedures

Section 1. Cancer Cover

If Insured Person suffers from any illnesses as listed below, whose diagnosis and/or manifestation first commence/occurs after the applicable Waiting Period from commencement of first Policy with Us, **We** will pay **Sum Insured** or percentage of **Sum Insured** as specified below:

	Illness	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Malignant Cancer of specified Sites			
	Breast	Major	100% of Sum Insured	90 days
	Cervix			
	Uterus			
	Fallopian Tube			
	Ovary			
	Vagina/Vulva			
2	Other Major Cancers	Major	100% of Sum Insured	90 days
3	Carcinoma in-situ of the Cervix Uteri	Minor	25% of Sum Insured subject to maximum of Rs. 1,000,000	180 days
4	Carcinoma in-situ of the Breast	Minor	25% of Sum Insured subject to maximum of Rs. 1,000,000	180ys

Section 2. Major Illnesses

If Insured Person suffers fromMajor Illnessesas listed below, whose diagnosis and/or manifestation first commence/occurs after the applicable Waiting Period from commencement of first Policy with Us, We will pay Sum Insured or percentage of Sum Insured as specified below:

Major Illnesses	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable

Systemic Lupus Erythematous with Lupus Nephritis	Major	100% of Sum Insured	90 days
Rheumatoid Arthritis	Major		
Severe Osteoporosis	Minor	25% of Sum Insured subject to maximum of Rs. 1,000,000	180 ys

Section 3. Surgical Procedures

If Insured Person undergoes Surgical Procedures as listed below after the applicable Waiting Period from commencement of first Policy with Us, We will pay percentage of Sum Insured as specified below:

Surgical procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
Breast Lumpectomy	Minor	25% of Sum Insured subject to maximum of Rs. 1,000,000	180 Days
Mastectomy			
Breast Reconstructive Surgery			
Hysterectomy			
Wertheim's Operation			
Radical Vulvectomy			
Total Pelvic Exenteration			
Complicated Repair of Vaginal Fistula			

Section 4. Cardiac Ailments and Procedure

If Insured Person suffers from Cardiac Ailments or undergoes Procedures as listed below, whose diagnosis and/or manifestation first commence/occurs after the applicable Waiting Period from commencement of first Policy with Us, We will pay Sum Insured or percentage of Sum Insured as specified below:

Cardiac Ailments and Procedures	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
Open Chest CABG	Major	100% of Sum Insured	90 days

Heart Valve Repair			
First Heart Attack of Specified Severity			
Coma of Specified Severity			
Stroke Resulting in Permanent Symptoms			
Balloon Valvotomy or Valvuloplasty	Minor	25% of Sum Insured subject to Maximum of Rs. 1,000,000Rs. 1,000,000	180 days
Insertion of Pacemaker			
Angioplasty			

Section 5. Critical Illnesses

If Insured Person suffers from Critical illness Condition/Surgical Procedure as listed below, whose diagnosis and/or manifestation first commence/occurs after 90 days from the commencement of first Policy with Us, We will pay Sum Insured as specified on the Schedule of Coverage.

Critical illness/Surgical Procedure	Stage
Surgery of Aorta	Major
Kidney failure requiring regular dialysis	Major
Infective Endocarditis	Major
Major Organ/Bone Marrow Transplantation	Major
Primary (Idiopathic) Pulmonary Hypertension	Major
End Stage Liver Failure	Major
Dissecting Aortic Aneurysm	Major
Medullary Cystic Disease	Major
Cardiomyopathy	Major
Aplastic Anaemia	Major
Other serious coronary artery disease	Major
End Stage Lung Failure	Major
Eisenmenger's Syndrome	Major
Fulminant Hepatitis	Major
Multiple Sclerosis with persisting symptoms	Major

Chronic Adrenal Insufficiency (Addison's Disease)	Major
Permanent Paralysis of Limbs	Major
Progressive Scleroderma	Major
Benign Brain Tumour	Major
Chronic Relapsing Pancreatitis	Major
Parkinson's Disease	Major
Elephantiasis	Major
Alzheimer's Disease	Major
Pneumonectomy	Major
Motor Neurone Disease with permanent symptoms	Major
Terminal Illness	Major
Muscular Dystrophy	Major
Myelofibrosis	Major
Apallic Syndrome	Major
Pheochromocytoma	Major
Bacterial Meningitis	Major
Crohn's Disease	Major
Creutzfeldt-Jakob Disease (CJD)	Major
Severe Ulcerative Colitis	Major
Encephalitis	Major
Deafness	Major
Major Head Trauma	Major
Loss of Speech	Major
Progressive Supranuclear Palsy	Major
Blindness	Major
Brain Surgery	Major

Covers and General Conditions applicable to Section B1, 1 to 5

1. Reduced Premium Benefit

If Insured Person is diagnosed with any covered Minor condition covered under the Policy and for which Claim is admissible under the Policy, We will waive 50% of the applicable Annual Premium on subsequent Renewal of Policy with Us subject to:

i. Premium will be waived to the extent applicable to terms corresponding to expiring Policy and for the Insured Person for whom Claim is admitted under the expiring Policy.

ii. Premium will be waived for subsequent Renewal of 5 Policy years.

2. Survival Period

Claim under this Section is payable only if Insured Person survives 7 days from the diagnosis and fulfillment of the definition of the Illness or Procedure covered.

The Claim is payable only with confirmatory diagnosis of the conditions covered while the Insured Person is alive (A claim would not be admitted if the diagnosis is made post mortem)

3. No of Claims and Benefits payable

Only one Claim is payable under each of the stages given below during lifetime of the Policy under this Section.

Minor Stage - On the admissibility of Claim under Minor Stage condition under the Policy, coverage for all other Minor stage Conditions shall cease to exist. The Policy shall continue to Cover Major Stage condition for Balance Sum Insured.

Major Stage – On the admissibility of Claim under Major Stage condition, coverage under Section B.1 shall cease to exist.

2. Assault & Burns

i. Assault

If an Insured Person sustains Bodily Injury during Policy Period that results in Death, Permanent Total Disablement or Permanent Partial Disablement, as a result of or arising from Assault after the applicable waiting Period from commencement of first Policy with Us, We will pay Sum Insured or percentage of Sum Insured in accordance with the table below;

Table of Benefits	Percentage of Sum Insured Payable	Applicable Waiting Period
Accidental Death		**90 days**
a) Accidental Death	100%	

Permanent Total Disability		
a) Loss of sight of both eyes	100%	
b) Physical separation of two entire hands or two entire feet	100%	
c) Loss of one entire hand and one entire foot	100%	
d) Loss of sight of one eye and such loss of one entire hand or one entire foot	100%	
e) Complete loss of hearing of both ears and complete loss of speech	100%	
f) Complete loss of hearing of both ears and loss of one limb/loss of sight of one eye	100%	
g) Complete loss of speech and loss of one limb/loss of sight of one eye	100%	
For the purpose of items 2 above, physical separation of one entire hand shall mean separation at or above wrist and/or of the foot at or above ankle, respectively		
Permanent total and absolute disablement disabling the Insured Person from engaging in any employment or occupation of any description whatsoever	100%	
Permanent Partial Disability		
a) Sight of one eye	50%	
b) One hand or One foot	50%	
c) Loss of toes-all	20%	
d) Loss of Toes Great - both phalanges	05%	
e) Loss of Toes Great - one phalanges	02%	
f) Loss of Toes Other than great, if more than one toe lost, each	01%	
g) Loss of hearing-both ears	50%	
h) Loss of hearing –one ear	15%	
i) Loss of speech	50%	
j) Loss of four fingers and thumb of one hand	40%	
k) Loss of four fingers	35%	
l) Loss of thumb –both phalanges	25%	

m)Loss of thumb- one phalanx	10%	
n) Loss of index finger-three phalanges a. two phalanges b. one phalanx	10% 8% 4%	
o) Loss of middle finger-three phalanges a. two phalanges b. one phalanx	06% 04% 02%	
p) Loss of ring finger-three phalanges a. two phalanges b. one phalanx	05% 04% 02%	
q) Loss of little finger-three phalanges a. two phalanges b. one phalanx	04% 03% 02%	
r) Loss of metacarpals-first or second, a. third, fourth or fifth	03% 2%	
s) Any other Permanent Disablement	Percentage as assessed by panel doctor appointed by the Company.	

ii. Burns

If an Insured Person sustains Bodily Injury during Policy Period that results in second or third degree burns after the applicable waiting Period from commencement of first Policy with Us, We will pay Sum Insured or percentage of Sum Insured in accordance with table below;

Description		Percentage of Total Sum Insured	Applicable Waiting Period
a.	**Head**		
i.	Third degree burns of 8% or more of the total head surface area	100%	90 days
ii.	Second degree burns of 8% or more of the total head surface	50%	
iii.	Third degree burns of 5% or more, but less than 8% of the total head surface area	80%	
iv.	Second degree burns of 5% or more, but less than 8% of the total head surface area	40%	

v.	Third degree burns of 2% or more, but less than 5% of the total head surface area	60%	
vi.	Second degree burns of 2% or more, but less than 5% of the total head surface area	0%	
b.	**Rest of the Body**		
i.	Third degree burns of 20% or more of the total body surface area	100%	
ii.	Second degree burns of 20% or more of the total body surface area	50%	
iii.	Third degree burns of 15% or more, but less than 20% of the total body surface area	80%	
iv.	Second degree burns of 15% or more, but less than 20% of the total body surface area	40%	
v.	Third degree burns of 10% or more, but less than 15% of the total body surface area	60%	
vi.	Second degree burns of 10% or more, but less than 15% of the total body surface area	30%	
vii.	Third degree burns of 5% or more, but less than 10% of the total body surface area	20%	
viii.	Second degree burns of 5% or more, but less than 10% of the total body surface area	10%	

Survival Period

Claim under this Section is payable only if Insured Person survives 7 days from the occurrence of Bodily Injury covered above.

The Claim is payable only with confirmatory diagnosis of the conditions covered while the Insured Person is alive (A claim would not be admitted if the diagnosis is made post mortem)

General Conditions applicable to Section B-2

Benefit Payout

i. On the acceptance of a Accidental Death claim under Section B.2.i. Assault, all covers under this Policy in respect of the Insured Person shall immediately and automatically cease.

ii. All Covers in respect of the Insured Person under this Section shall immediately and automatically cease on acceptance of Claim where in 100% Sum Insured is payable by the Company.

3. my: Health Active

II. Fitness discount @ Renewal

Insured Person can avail discount on Renewal Premium by accumulating Healthy Weeks as per table given below.

One Healthy Week can be accumulated by;

- Recording minimum 50,000 steps in a week subject to maximum 15,000 steps per day, tracked through Your wearable device linked to Our HDFC ERGO Mobile App and Your Policy number OR
- burning total of 900 calories up to maximum of 300 calories in one exercise session per day, tracked Your wearable device linked to Our HDFC ERGO Mobile App and Your Policy number
- Fitness discount @ Renewal is applicable for Adult Insured Persons only. Any Person covered as Child Dependent, irrespective of the Age is excluded.

Healthy Weeks Discounts

No. of Healthy Weeks Accumulated	Discount on Renewal Premium
1-4	0.50%
5-8	1.00%
9-12	2.00%
13-16	3.00%
17-26	6.00%
27-36	7.50%
Above 36	10.00%

Steps to accumulate Healthy Weeks

Step 1: The HDFC ERGO Mobile App must be downloaded on the mobile.

Step 2: You can start accumulating Healthy Weeks by tracking physical activity trough the Wearable device linked to HDFC ERGO Mobile App

We encourage and recognize all types of exercise/fitness activities by making use of wearable devices to track and record the activities Insured Person engages in.

Application of Fitness discount @ Renewal

- **Annual Policy**: Discount amount accrued based on Number of accumulated Healthy Weeks during the expiring Policy year will be applied on the Renewal Premium for expiring Policy Sum Insured.

- **Multi Year Policy**:

  - Fitness discount earned on yearly basis will be accumulated till Policy End date.
  - On Renewal of the Policy, total discount amount accrued each year will be applied on Renewal Premium of subsequent year.
  - For Policies covering more than one Insured Person, Healthy Weeks for each Insured Person will be tracked and accumulated. Such discount will be applicable on individual RenewalPremium for Individual Policies.
  - Premium will be discounted to the extent applicable to coverage corresponding to expiring Policy.
  - In case of Increase in Sum Insured at Renewal, discount amount will be applied on the Sum Insured applicable under expiring Policy.
  - Fitness discount @ Renewal will be applied only on Renewal of Policy with Us.

1. Health Incentive check on the bullet number

This Program encourages Insured Persons to maintain good health and avail incentives as listed below.

Under this Program, Insured Person having Obesity (BMI above 30), will be eligible for reduction in Medical Underwriting Loading applied from first inception of the Policy with Us provided that;

i. Insured Person shall undergo BMI check-up below minimum 3 months prior to expiry of Policy Year (For Multiyear Policies) or before Renewal (For Annual Policies).

ii. BMI check-up shall be done at Your own cost through our Network Provider on Our HDFC ERGO Mobile App If the test parameters are within normal limits, We will apply 50% discount on the Medical Underwriting loading applied for corresponding Obesity as applicable on Renewal of the Policy with Us.

iii. If the BMI at subsequent renewal is not within normal limits, the discount amount applied on Medical Underwriting loading will be zero

Application of Health Incentive

- Annual Policy: Discount amount accrued during the expiring Policy year will be applied on the Renewal Premium for expiring Policy Sum Insured.
- Multi Year Policy:
  - Discount amount earned on yearly basis will be accumulated till Policy End date.

- On Renewal of the Policy, total discount amount accrued each year will be applied on Renewal Premium of subsequent year.

- For Policies covering more than one Insure Person tests shall be done for each Insured Person basis which such reduction in loading will be applicable on individual Renewal Premium.
- Medical Underwriting loading will be discounted only on Renewal of Policy with Us
- Discount on Medical Underwriting loading under this cover is applicable only on next Renewal and cannot be utilized if Policy not renewed with us.

2. Wellness services:

The services listed below are available to all Insured Person through Our Network Provider on OurHDFC ERGO Mobile App only.

i. Health Coach:

An Insured Person will have access to Health Coaching services in areas as given below:

- Disease management
- Activity and fitness
- Nutrition
- Weight management.

These services will be available through Our HDFC ERGO Mobile App as a chat service or as a call back facility.

ii. Wellness services

- Discounts: on OPD, Pharmaceuticals, pharmacy, diagnostic centers.
- Customer Engagement: Monthly newsletters, Diet consultation, health tips
- Specialized programs**:** stress management, Pregnancy Care, Work life balance management.

These services will be available through Our HDFC ERGO Mobile App

Disclaimer applicable to HDFC ERGO Mobile App and associated services

It is agreed and understood that Our HDFC ERGO Mobile App and Wellness services are not providing and shall not be deemed to be providing any Medical Advice, they shall only provide a suggestion for the Insured Person's consideration and it is the Insured Person's sole and

absolute choice to follow the suggestion for any health related advice. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations suggested under this benefit.

4. Renewal Benefit

I. Preventive Health Check Up

Insured Person will be entitled for Preventive Health Check-up after every Renewal of the policy with Us, at our Network Diagnostic centers or hospitals, as per list of tests and eligibility criteria specified below

Health Checkup- on each Policy Renewal

Age / Expiring Policy Sum Insured	1Lac to 10Lacs	11Lacs to 50 lacs	Above 50 Lacs
18 to 40 Years	Set 1	Set 1+ Thyroid + USG abdomen and pelvis	Set 1+ Thyroid + USG abdomen and pelvis + Lipid Profile + Renal Profile
41 Yrs and Above	Set 1 + SrCreat	Set 1 + SrCreat+ Thyroid + USG abdomen and pelvis	Set 1+ Thyroid + USG abdomen and pelvis + Lipid Profile +Renal profile+ ECG

Set 1 -comprises of, Complete Blood Count, Urine R, FBS, Sr Cholesterol

Health Checkup – Additional Tests

Age	Type of Test	Waiting Period	Sum Insured
Below 40 years	PAP Smear &Mammography	Once in two years	All Sum Insured
Above 40 years	PAP Smear & Mammography	Once in four years	All Sum Insured

Other terms and Conditions applicable to this Benefit

- This benefit will not be carried forward if not utilized within 60 days of Renewal Policy Inception date.
- Eligibility to avail Health Check-up will be in accordance to expiring Policy Sum Insured.

Procedure for availing this benefit

i. We will intimate the Insured person to undergo the health check-up at our Network Provider, through Our HDFC ERGO Mobile App.
ii. Post health check-up we will receive the reports from our Network Provider which will be made available to You on Our HDFC ERGO Mobile App
iii. Insured Person has the option to avail this benefit at our Network Provider through Phone/Email or other modes of communication available time to time. ..

5. Optional Covers

Insuring Clause

In consideration of payment of additional Premium, We will provide insurance to the Insured Person(s) cover under below listed Covers, up to Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule. These Covers are optional and applicable only if opted for.

I. Pregnancy and Newborn Complications

a. Pregnancy Complications

If Insured Person suffers from Pregnancy Complication as listed below, whose diagnosis and/or manifestation first commence/occurs after the applicable Waiting Period from commencement of first Policy with Us, We will pay Sum Insured or percentage of Sum Insured as specified below:

Pregnancy Complication	Percentage of Sum Insured Payable	Waiting Period Applicable
Disseminated Intravascular Coagulation (DIC)	25% of Sum Insured subject to maximum limit mentioned on Schedule of Coverage	1 year
Ectopic Pregnancy		
Molar Pregnancy		
Eclampsia		

Survival Period

Claim under this cover is payable only if Insured Person survives 7 days from the diagnosis and fulfillment of the definition of the complications covered.

The Claim is payable only with confirmatory diagnosis of the conditions covered while the Insured Person is alive (A claim would not be admitted if the diagnosis is made post mortem)

b. New Born Complications

If a New Born Baby of Insured Person suffers from New Born Complication as listed below, whose diagnosis and/or manifestation first commence/occurs after the applicable Waiting Period from commencement of first Policy with Us, We will pay Sum Insured or percentage of Sum Insured as specified below.

New Born Complications	Percentage of Sum Insured Payable	Waiting Period Applicable
Down's Syndrome	25% of Sum Insured subject to maximum limit mentioned on Schedule of Coverage	1 year
Spina Bifida		
Tetralogy of Fallot		
Cleft Palate		
Ventricular Septal Defect		
Patent Ductus Arteriosus		
Surgical Separation of Conjoined Twins		

Diagnosis Period and Survival Period

A Claim under New Born Complications is payable only if;

- The covered complication is diagnosed within two years from the date of delivery of the baby
- The baby survives at least 30 days from the date of delivery with congenital condition

Specific Condition applicable to Preganency and New Born complication

The coverage under this Section is effective maximum upto age 50 years only

II. Post Diagnosis Support

a. Second Medical Opinion

We will pay expenses incurred towards second Medical Opinion availed from Medical Practitioner in respect of Critical Illness/Medical Procedure covered under the Policy subject to;

- Benefit under this cover can be claimed only Once in the Policy Period.
- The maximum benefit under this cover shall not exceed the amount mentioned on Schedule of Coverage

b. Molecular Gene Expression Profiling Test

We will pay the expenses incurred towards the expenses for Molecular Gene Expression Profiling Test for Treatment Guidance on diagnosis of any Major stage Cancer covered under Section B-1, Section 1, Cancer Cover. The benefit under this cover can be availed once during the policy period and the benefit amount payable shall not exceed the amount mentioned on Schedule of Coverage

c. Post Diagnosis Assistance

We will pay Sum Insured towards out-patient counseling required upon diagnosis of Major Illnesses and Procedures covered under Section B 1.

Benefit under this cover is applicable upto specified amount per session subject to maximum number of sessions specified on Schedule of Coverage.

III. Loss of Job

We will pay Sum Insured if Insured Person suffers from Loss of Job due to her Voluntary Resignation or Termination from the employment due to diagnosis of any of the Major stage Illnesses or Procedures covered under Section B 1 of the Policy provided that Insured Person is employed full time as at Policy inception date.

SECTION C. EXCLUSIONS

1) Standard Waiting Period

A waiting period of 36 months shall apply for all Pre-existing Conditions declared and/or accepted at the time of applying first policy with Us. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increased.

2) Specific Exclusions

2.1. Specific Exclusions (applicable to all covers)

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

i. 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 defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.

ii. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide.

iii. Participation or involvement of an Insured Person in naval, military or air force operation.

iv. From engaging in or participation in Adventure sports

v. Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies, unless prescribed by Medical Practitioner.

2.2. Specific Exclusions (applicable to Assault and Burns)

i. Event which occurs whilst the Insured is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning, or whilst the Insured is mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.

ii. The Company shall not be liable to pay any benefit in respect of any Insured Person for an act of Assault by military or police force, or military or paramilitary organisation.

iii. Participation or involvement of an Insured Person in naval, Policy, military or air force operation.

2.3. Specific **Exclusions** (**applicable to Loss of Job**):

i. Any Loss of Income due to Resignation for reasons other than mentioned under Section Loss of Job

ii. Loss of job due to retirement whether voluntary or otherwise

iii. Resignation due to non-confirmation of employment after or during such period under which the Insured was under probation

SECTION D. GENERAL TERMS & CLAUSES

I. Standard Terms

1. 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.

2. 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 30 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. Renewal of Policy:

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to conditions stated under Moratorium clause.

i. Renewal of a health insurance policy shall not be denied on the ground that the insured 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 like critical illness policies.

ii. The company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.

iii. No loading shall apply on renewals based on individual claims experience

iv. The Company shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the Policyholder, the Insurer may underwrite only to the extent of increased sum insured.

v. Renewal premium due can be paid prior to the due date as per norms set out by the Company.

8. 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. 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.

9. Cancellation

i. The Policyholder may cancel this policy by giving 7 days' written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period.

ii. Note : For Policies where premium is paid by instalment : In case of admissible claim under the Policy, future instalment for the current Policy Year will be adjusted in the claim amount and no refund of any premium will be applicable during the Policy Year.

iii. The Company may cancel the Policy at any time on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of established fraud or non-disclosure or misrepresentation

iv. Refund of Policy premium in case of death of Insured Person/s: Policy premium shall be refunded proportionately for the deceased Insured Person, for the unexpired Policy Period in case of death of any Insured Person/s

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

10. Premium Payment in Instalments

If the Insured Person has opted for Payment of Premium on an installment basis i.e. Yearly, Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

i. **Grace Period** as mentioned in the table below would be given to pay the installment premium due for the Policy.

Options	Installment Premium Option	Grace Period applicable
Option 1	Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 days

ii. If premium is paid in instalments then coverage will be available during the grace period also. (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).

iii. The Insured Person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated Grace Period.

iv. No interest will be charged If the installment premium is not paid on due date.

v. In case of installment premium due not received within the Grace Period, the Policy will get cancelled.

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

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

Instalment Premium payment through Auto Debit/ECS Facility

i. If Option of Premium payment by Installment is opted through auto Debit/ECS facility, a separate authorization form shall be submitted by Insured Person where Premium to be debited at a chosen frequency will be mentioned upfront

ii. Where there is a change either in the terms and conditions of the Coverage or Policy or in the premium rate, the ECS authorization shall be obtained afresh

iii. The Insured Person has the option to withdraw from the ECS mode at least fifteen days prior to the due date of instalment premium payable

iv. No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode

11. 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.

12. 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.

13. Nomination:

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

14. Grievance Redressal Procedure

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

First Point of Contact	Call us at 022 6158 2020 / 022 6234 6234/www.hdfcergo.com
Level 1	For lack of a response or if the response provided does not meet your expectation, you can: 1. Write to The Complaints & Grievance Cell (C&G Cell) HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra 2. You can also write an email to grievance@hdfcergo.com 3. Call on 18002677444 (operational Monday - Saturday 9AM to 6PM)
Level 2	If you're not satisfied with the resolution or if no response was received within 15 days, you can: 1. Write to the Chief Grievance Officer HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra 2. You can also write an email to cgo@hdfcergo.com

Level 3	In case grievance is not resolved at the above escalation levels, you can also lodge an online complaint through the website of Council for Insurance Ombudsmen (CIO) www.cioins.co.in

Dedicated Helpline For	Email ID	Contact Number
Senior Citizen	seniorcitizen@hdfcergo.com	022 6158 2026
Women	-	022 6158 2055

You may also refer the Grievance Redressal Escalation matrix on our website https://www.hdfcergo.com/customer-voice/grievances

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

II. Specific Terms

1. Geography

The policy provides worldwide coverage, there is no territorial limit

2. Grace Period

i. A grace period of 30 days for Renewals is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, any treatment availed for an Illness contracted during the grace period will not be admissible under the Policy.

ii. For Renewal received after completion of 30 days grace period, the policy would be considered as a fresh policy. All the discounts, modifications of loading earned on the previous policies shall not be extended in the fresh policy.

iii. All eligible claims reported in the installment grace period would be payable if otherwise admissible as per terms and conditions of the policy

iv. For Policies on instalment basis, Grace Period is available as given below.

Installment Premium Option	Grace Period applicable
Yearly	30 days
Half Yearly	30 days
Quarterly	30 days
Monthly	15 days

3. Endorsements

The following endorsements are permissible during the **Policy Period:**

1.1 Non-Financial Endorsements – which do not affect the premium

a. Minor rectification/correction in name of the Proposer / Insured Person (and not the complete name change)
b. Rectification in gender of the Insured Person (if this does not impact the premium)*
c. Rectification in relationship of the Insured Person with the Proposer
d. Rectification of date of birth of the Insured Person (if this does not impact the premium)*
e. Change in the correspondence address of the Proposer
f. Change in Nominee Details
g. Change in Height, weight, marital status (if this does not impact the premium)
h. Change in bank details
i. Any other non-financial endorsement

1.2 Financial Endorsements – which result in alteration in premium

- Change in Age/date of birth
- Change in Height, weight
- Deletion of Insured Person on death or Marital separation
- Any other financial endorsement
- Enhancement of Sum Insured – Enhancement of Sum Insured is subject to Medical Underwriting
- Endorsements, a and b above shall be effective from the date of receipt of premium with Us and we shall be effective from Date of Commencement/Renewal of the policy.
- The Policyholder should provide a fresh application in a proposal form for addition of Insured person.

4. Payment of Claim

.

i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.

ii. 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 intimation to the date of payment of claim at a rate 2% above the bank rate.

iii. If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the treatment of Insured Person and to investigate the circumstances pertaining to the claim.

iv. We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim

5. Non-Disclosure

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, willfully or otherwise, the Policy shall be:

a. cancelled ab initio from the inception date or the Renewal date (as the case may be), or the Policy may be 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 under such 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;

a. Permanently exclude the disease/condition and continue with the Policy

b. Incorporate additional waiting period of not exceeding 3 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.

c. 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 i above.

SECTION E. OTHER TERMS & CONDITIONS

1. Claims process

On the occurrence of any Illness that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed.

Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website
Claim Intimation Timelines	Within 14 days of the diagnosis of Illness or occurrence of surgery
Particulars to be provided to Us for Claim notification	Policy Number, Name of the Insured Person(s) named in the Policy schedule availing treatment, Nature of disease/illness/injury, Name and address of the attending Medical Practitioner/Hospital Date of admission & probable date of discharge Date and time of event if applicable Date of admission if applicable
Claims documents for **Cancer Cover, Major Illnesses, surgical procedures, Cardiac Ailments and Procedures,** **Critical illness**	Claim Form duly signed by the Insured Person; Copy of Discharge Summary / Discharge Certificate; First consultation letter from treating Medical Practitioner Medical certificate confirming diagnosis, and the treatment from Medical Practitioner certificate from treating Medical Practitioner, specifying the duration and etiology OT Notes in case of Surgery

	Medical certificate from treating Medical Practitioner specifying the diagnosis and need for the surgery MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable All pathological and radiological Investigation Reports We may require the Insured Person to undergo medical examination by Medical Practitioner authorized by Us to obtain an independent medical opinion for the processing of the claim. Any cost towards such a medical examination will be borne by Us. NEFT details & cancelled cheque
Claims documents for Assault and Burns	Duly Completed Claim Form signed by Insured Person. Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability. Attested copy of certificate from treating Medical Practitioner specifying type of burns with percentage of burns Attested copy of FIR for Assault All X-Ray / Investigation reports and films supporting to disability. NEFT details & cancelled cheque of Insured Person.
Claims documents and process for Second Expert medical Opinion	Duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any) Consultation fees payment Receipt / invoice For availing Second Expert medical Opinion from Network Service Provider Select Our network Medical Practitioner from whom you would prefer to take the second opinion. (Please refer our Website or call at 24X 7 Contact line to obtain the list of Our panel doctors). On receipt of the complete set of documents, We will forward the same to the concerned doctor.

	The Second Opinion shall be forwarded to the member within 15 working days of receipt of the complete set of documents.
Claims documents for loss of Job	Duly Completed Claim Form signed by Insured Person; Form 16A Termination letter/Resignation Letter/ Resignation Acceptance letter NEFT details & cancelled cheque
Condonation of delay	If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control

2. Contact Us

	Within India	**Outside India**
Claim Intimation:	**Contact no**:022 6234 6234 / 0120 6234 6234 **Phone (UAN)** :1860 2000 700 (Local charges applicable) **Fax (UAN)**: 1860 2000 600 (Local charges applicable) **Email**:healthclaims@hdfcergo.com	**contact No:** 800 08250825 **Global contact 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, Sector 62 Noida – 0120 398 8360	HDFC ERGO General Insurance Co Ltd 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri East, Mumbai-400059, Ph-022 66383600

3. List of Ombudsman

The contact details of the Insurance Ombudsman offices are as below

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD **Office of the Insurance Ombudsman,** Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU **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	Karnataka.
BHOPAL **Office of the Insurance Ombudsman,** 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh.
BHUBANESWAR **Office of the Insurance Ombudsman,** 62, Forest park,	Odisha.

Office Details	Jurisdiction of Office Union Territory, District)
Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in	
CHANDIGARH **Office Of The Insurance Ombudsman,** Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.
CHENNAI **Office of the Insurance Ombudsman,** Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry).
DELHI **Office of the Insurance Ombudsman,** 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI **Office of the Insurance Ombudsman,** Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD **Office of the Insurance Ombudsman,** 6-2-46, 1st floor, "Moin Court",	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.

Office Details	Jurisdiction of Office Union Territory, District)
Lane Opp.Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in	
JAIPUR **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	Rajasthan.
KOCHI **Office of the Insurance Ombudsman,** 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA **Office of the Insurance Ombudsman,** Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW **Office of the Insurance Ombudsman,** 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@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 Details	Jurisdiction of Office Union Territory, District)
MUMBAI **Office of the Insurance Ombudsman,** 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	List of wards under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.
NOIDA **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	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA **Office of the Insurance Ombudsman,** 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE **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.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region
THANE **Office of the Insurance Ombudsman,** 2nd Floor,Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: bimalokpal.thane@cioins.co.in	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T."