

my:health Critical Illness Policy, HDFC ERGO

Key features of the policy:

- Multiple sum insured options ranging from 1 Lac to Rs 5Cr available under this policy.
- Comprehensive policy with coverage for 50 Critical Illnesses
- Second opinion for Critical Illness from panel of Medical practitioners
- Wellness features like Fitness discount@ renewal, Health Coach etc for maintenance of good health
- Various discount options like family discount, online policy discount, long term policy discount, loyalty discount
- Long term policy options up to 3 years with attractive premium rate
- Option to pay premium in yearly, half yearly, quarterly and monthly installments.

Covers Under the policy:

1. A. Critical Illness Cover

Insured event: For the purpose of this Section and the determination of the Company's liability under it, the Insured Event in relation to the **Insured Person**, shall mean any **illness**, medical event or surgical procedure as specifically defined under the Policy whose diagnosis and/or manifestation first commence/occurs more than 90 days after the commencement of first Policy with **Us** and shall only include:

Major Medical Illnesses and Procedures covered as per the Plan below as opted by the Insured Person and mentioned in Schedule of Coverage in the Policy Schedule

| Sr No | Conditions | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 | Plan 6 | Plan 7 |
|-------|--|--------|--------|--------|--------|--------|--------|--------|
| 1 | Cancer of specified severity | √ | √ | √ | √ | √ | √ | √ |
| 2 | Open Chest CABG | √ | √ | √ | √ | √ | √ | √ |
| 3 | Kidney failure requiring regular dialysis | √ | √ | √ | √ | √ | √ | √ |
| 4 | Myocardial Infarction (First Heart Attack of specified severity) | √ | √ | √ | √ | √ | √ | √ |
| 5 | Open Heart Replacement or Repair of Heart Valves | √ | √ | √ | √ | √ | √ | √ |
| 6 | Major Organ/ Bone Marrow Transplantation | √ | √ | √ | √ | √ | √ | √ |
| 7 | Multiple Sclerosis with persisting symptoms | √ | √ | √ | √ | √ | √ | √ |
| 8 | Permanent Paralysis of Limbs | √ | √ | √ | √ | √ | √ | √ |
| 9 | Stroke resulting in permanent symptoms | √ | √ | √ | √ | √ | √ | √ |
| 10 | Benign Brain Tumour | | √ | √ | √ | √ | √ | √ |
| 11 | Coma of specified severity | | √ | √ | √ | √ | √ | √ |
| 12 | Parkinson's Disease | | √ | √ | √ | √ | √ | √ |

| | | | | | | | | | |
|----|---|--|--|--|---|---|---|---|---|
| 13 | Alzheimer's Disease | | | | √ | √ | √ | √ | √ |
| 14 | Surgery of Aorta | | | | √ | √ | √ | √ | √ |
| 15 | End Stage Liver Failure | | | | √ | √ | √ | √ | √ |
| 16 | Deafness | | | | | √ | √ | √ | √ |
| 17 | Loss of Speech | | | | | √ | √ | √ | √ |
| 18 | Third Degree Burns | | | | | √ | √ | √ | √ |
| 19 | Medullary Cystic Disease | | | | | | √ | √ | √ |
| 20 | Motor Neurone Disease with permanent symptoms | | | | | | | √ | √ |
| 21 | Muscular Dystrophy | | | | | | √ | √ | √ |
| 22 | Infective Endocarditis | | | | | | | √ | √ |
| 23 | Primary (Idiopathic) Pulmonary Hypertension | | | | | | | √ | √ |
| 24 | Dissecting Aortic Aneurysm | | | | | | | √ | √ |
| 25 | Systemic Lupus Erythematous with Lupus Nephritis | | | | | | | √ | √ |
| 26 | Apallic Syndrome | | | | | | | | √ |
| 27 | Aplastic Anaemia | | | | | | | | √ |
| 28 | Bacterial Meningitis | | | | | | | | √ |
| 29 | Cardiomyopathy | | | | | | | | √ |
| 30 | Other serious coronary artery disease | | | | | | | | √ |
| 31 | Creutzfeldt-Jakob Disease (CJD) | | | | | | | | √ |
| 32 | Encephalitis | | | | | | | | √ |
| 33 | End Stage Lung Failure | | | | | | | | √ |
| 34 | Fulminant Hepatitis | | | | | | | | √ |
| 35 | Eisenmenger's Syndrome | | | | | | | | √ |
| 36 | Major Head Trauma | | | | | | | | √ |
| 37 | Chronic Adrenal Insufficiency (Addison's Disease) | | | | | | | | √ |
| 38 | Progressive Scleroderma | | | | | | | | √ |
| 39 | Progressive Supranuclear Palsy | | | | | | | | √ |
| 40 | Blindness | | | | | | | | √ |

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| | | | | | | | | |
|----|--|--|--|--|--|--|--|---|
| 41 | Chronic Relapsing Pancreatitis | | | | | | | √ |
| 42 | Elephantiasis | | | | | | | √ |
| 43 | Brain Surgery | | | | | | | √ |
| 44 | HIV due to blood transfusion and occupationally acquired HIV | | | | | | | √ |
| 45 | Terminal Illness | | | | | | | √ |
| 46 | Myelofibrosis | | | | | | | √ |
| 47 | Pheochromocytoma | | | | | | | √ |
| 48 | Crohn's Disease | | | | | | | √ |
| 49 | Severe Rheumatoid Arthritis | | | | | | | √ |
| 50 | Severe Ulcerative Colitis | | | | | | | √ |
| B* | Angioplasty | | | | | | | √ |

***B - Angioplasty**

We will pay 25% of **Sum Insured** subject to maximum of INR 500,000 if Insured Person undergoes Angioplasty as specifically defined in Policy whose diagnosis and/or manifestation first commence/occurs more than 180 days after the commencement of first Period of Insurance with Us.

Survival Period

Company shall not be liable to make any payment arising out of any claim under Section A1 for any Insured event if the Insured Person does not survive a period of at least 7 days after the date of occurrence of the Insured Event.

2. Second Opinion for Critical Illnesses

The **Insured person** has the option to avail an expert second opinion from Our Network Provider in respect of any of Critical Illness under Section A1 provided that;

- It shall neither not be construed as a **Medical Advice** nor should it be used as a substitute to medical professional advice or visit or call consultation of your choice and any reliance on any opinion, advice, statement, memorandum, or information available on the second opinion, otherwise, shall be at **Your** sole risk and responsibility.
- Assessment of **Medical Practitioner** basis information shared by You is independent and **We** do not warrant the accuracy or completeness of the information, materials, services or reliability and will be provided directly to the **Insured Person** by the **Network Provider**.

3. my: Health Active

A. 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 **Our HDFC ERGO Mobile App** from wearable device linked to **YourPolicy** number

OR

- burning total of 900 calories upto maximum of 300 calories in one exercise session per day, tracked through **Our HDFC ERGO Mobile App** from wearable device linked to **YourPolicy** 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 through 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 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 the end of 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 of each Insured Person will be tracked and accumulated. Such discount will be applicable on individual **Renewal** Premium for Individual Sum Insured basis Policies.
- Premium will be discounted to the extent applicable to terms 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**.

Illustration

| | Number of fitness weeks accumulated at the end of policy | | | Discount on renewal premium |
|--|--|--------|--------|-----------------------------|
| | Year 1 | Year 2 | Year 3 | |
| Annual Policy 1 Insured Person* | 15 | NA | NA | 3% |
| Multi Year Policy 1 Insured Person (3 year tenure) | 15 | 20 | 10 | 3+6+2=11% |

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B. Wellness services:

The services listed below are available to all Insured persons through **Our Network Provider** on Our mobile application only. Availing of services under this Section will not impact the Sum Insured or the eligibility for **Cumulative Bonus**.

i. Health Coach:

a) An Insured Person will have access to Health Coaching services in areas 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. Online Wellness services

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

Disclaimer applicable to Wellness Services

It is agreed and understood that Our 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.

Waiting Periods & Exclusions

i. Waiting periods:

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

i. 90 days waiting period shall apply from the commencement of the policy period to all claims under the policy.

ii. General Exclusions

i. A waiting period of 48 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 of **Sum Insured** increased.

ii. Treatment arising from or consequent upon war or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.

iii. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide.

iv. Participation or involvement of an **Insured Person in Adventure Sports**.

v. Involvement in naval, military or air force operation.

vi. 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.

vii. Any treatment arising from pregnancy (including voluntary termination), miscarriage, maternity or birth (including caesarean section)

General Conditions

1. Entry Age:

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| Proposer | Adult Dependent |
|---|---|
| Minimum Entry Age – 18 Years Maximum Entry Age – Lifetime Entry | Minimum Entry Age – 18 Years Maximum Entry Age - Lifetime Entry |

2. Type of Policy:

- my:Health Critical Illness Add on is offered on individual sum insured basis

3. Coverage for Dependents

- Individual Sum Insured Option: Self, spouse, parents, parent in laws, siblings, uncle, aunt, nephew, niece, grandson, granddaughter, daughter in law, son in law can be covered under this option

4. Policy period

- **This policy can be issued for 1 year/ 2 years/ 3 years.**

5. Sum Insured Options

| | |
|--|------------------|
| my:health Critical Illness Add on | Rs 1 Lac to 5crs |
|--|------------------|

6. Pre Policy Check ups

The PPC tests required will be as per the below PPC grid. This grid may be subject to change based on the company policy in future & will be guided by our experience

| Sum Insured in INR | Up to 18 Yrs | 18 yrs to 45 Yrs | Age above 45 years |
|--------------------|--------------|------------------|--------------------|
| 3 to 10 Lacs | NA | NA | Set 1 |
| 11 to 24 Lacs | NA | NA | Set 1, TMT/2D Echo |
| 25 lacs to 1 Crore | NA | Set 1 | Set 2 |
| 1.1 to 3Crore | NA | Set 1, TMT | Set 3 |

Set 1: ME, RUA, CBC, Sr Creatinine, Lipid Profile, SGPT, GGTP, SGOT, HBA1C, ECG

Set 2 :Set 1 + HBsAg+TMT/2D Echo,USG Abdomen &Pelvis,Chest X ray

Set 3 :Set 2 + PSA (Males), Sonomamography (Females),CEA

Medical tests:

| | |
|------------------------------------|---|
| ME = Medical Examination (Report) | CBC = Complete Blood Count |
| ECG = Electro Cardio Gram | FBS = Fasting Blood Sugar |
| Lipids = Lipid Profile | Sr Creatinine = Serum Creatinine |
| LFT = Liver Function Test | RFT = Renal Function Test |
| PSA = Prostate Specific antigen | TMT = Treadmill Test |
| RUA = Routine Urine Examination | SGPT = Serum Glutamic Pyruvic Transaminase |
| USG = Ultrasonogram | HBsAg = Hepatitis B Surface Antigen |
| GGT = Gamma-GlutamylTranspeptidase | 2D ECHO-2D Echocardiogram, CEA=Carcinoembryogenic Antigen |

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For proposals where, Single Person is to be insured, he/she shall be required to undergo Pre Policy Checkup as given below.

| Sum Insured | Upto 18 Yrs | 18 yrs to 45 Yrs |
|-----------------------|------------------------------|------------------|
| Rs. 3 Lacs to 25 Lacs | No Pre Policy Check required | Set 1 |
| Above Rs. 25 Lacs | No Pre Policy Check required | Set 2 |

Guidelines for Pre Policy Check ups

- Pre Policy Checkup will be conducted at our **Network provider**
- Where ever Pre Policy Checkup is conducted at our **Network provider**, 100% of the Medical test charges will be reimbursed on acceptance of proposal. In case Customer Insists on a Checkup outside our **Network provider**, 50% of the Medical test charges will be reimbursed on acceptance of Proposal.
- If Proposal is declined post Pre Policy Checkup, 50% of the Standard Medical test charges will be reimbursed
- Medical Reports are considered valid for up to 3 months
- In case of any positive health declaration on the proposal form the relevant medical tests shall be advised in addition to the above grid tests

7. Discounts:

| | |
|----------------------------------|--|
| Family Discount | A discount of 10% on the premium shall be offered if 2 or more of any of eligible family members are covered under an Individual Sum Insured policy with the Company |
| Online Policy Discount | A discount of 5% on the premium shall be offered for all policies purchased online/ through website/direct channels of the Company |
| Long term policy discount | A discount of 7.5% and 12.5% shall be offered on premium, in case a policy is purchased for 2-year and 3-year tenure respectively with Annual Premium Payment option |
| Employee Discount | 10% discount will be offered on the premium, to Employees of HDFC and ERGO Group companies in case the policies are bought through direct channels of the Company |
| Loyalty Discount | If insured has purchased policies for more than 1 product from us, discount equivalent to 10% on lower of the premium amongst all of the active policies held by customer is offered |

Total maximum discount of all mentioned above, should not exceed 20% of the total premium per policy.

Other Discounts

Healthy Weeks

On the basis of number of Healthy Weeks recorded. Wellness Discount is accrued on a yearly basis according to the following grid

| Healthy Weeks | Wellness discount |
|---------------|-------------------|
| 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% |

8. 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:

- the suggestion, as a fact of that which is not true and which the **Insured Person** does not believe to be true;
- the active concealment of a fact by the **Insured Person** having knowledge or belief of the fact;
- any other act fitted to deceive; and
- 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**.

9. Geography

This Policy only covers medical treatment taken within India, except under the policies with Global Health Cover as may be specified in the **Policy Schedule**.

10. 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**.

11. 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.

12. 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.

13. Moratorium Period

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

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in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract

14. Free Look period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the Policy.

The **Insured Person** shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the Insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the **Insured Person** and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the Policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

15. 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 |

16. Renewal of Policy:

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavour to give notice for **Renewal**. However, the Company is not under obligation to give any notice for Renewal.
- ii. **Renewal** shall not be denied on the ground that the **Insured Person** had made a claim or claims in the preceding policy years.
- iii. Request for **Renewal** along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the **Policy** shall terminate and can be renewed within the **Grace Period** of 30 days to maintain continuity of benefits without **Break in Policy**. Coverage is not available during the **Grace Period**.
- v. No loading shall apply on renewals based on individual claims experience.

17. Portability

The **Insured Person** will have the option to port the Policy to other **insurers** by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to **Portability**. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed **Insured Person** will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

18. 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

- a. Change in Age/date of birth
- b. Change in Height, weight
- c. Addition of Insured Person (newly wedded spouse)
- d. Deletion of Insured Person on death or Marital separation
- e. Any other financial endorsement
- Endorsements, a and b above shall be effective from the date of receipt of premium with Us, dandeshall be effective from Date of Commencement of the policy
- The Policyholder should provide a fresh application in a proposal form along with birthCertificate / marriage certificate as the case may be for addition of Insured person.

19. Cancellation

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

For Policies where instalment option is not availed and no claim has been made under the Policy, We will refund premium in accordance with the table below:

| Month | 1 Year | 2 Year | 3 Year |
|----------------|--------|--------|--------|
| Up to 1 Month | 85.0% | 92.5% | 95.0% |
| Up to 3 Month | 70.0% | 85.0% | 90.0% |
| Up to 6 Month | 45.0% | 70.0% | 80.0% |
| Up to 12 Month | 0.0% | 45.0% | 60.0% |
| Up to 15 Month | NA | 30.0% | 50.0% |
| Up to 18 Month | NA | 20.0% | 45.0% |
| Up to 24 Month | NA | 0.0% | 30.0% |
| Up to 27 Month | NA | NA | 20.0% |

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|----------------|----|----|-------|
| Up to 30 Month | NA | NA | 12.5% |
| Up to 36 Month | NA | NA | 0.0% |

For Policies where Premium is paid by instalment, additional conditions as given below will be applicable.

- When yearly payment option is chosen, cancellation grid as per 1-Year Tenure policies will be applicable
- For all other options, 50% of current instalment premium will be refunded when the current period is less than 6 months in to the policy year. For instalment after 6 months, no refund will be payable.
- In case of admissible claim under the Policy, future instalments for the current policy year will be adjusted in the claim amount and no refund of any premium will be applicable during policy year

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

- ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 30 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

20. 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. During such **Grace Period**, coverage will not be available from the due date of installment premium till the date of receipt of premium by **Company**.
- 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 Instalment 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

21. 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.

22. 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.

23. Claim Settlement (Provision for Penal Interest)

- i. If there are any deficiencies in the necessary claim documents which are not met or are partially met, **We** will send a maximum of 3 (three) reminders following which **We** will send a closure letter or make a part-payment if **We** have not received the deficiency documents after 45 days from the date of the initial request for such documents
- ii. The **Company** shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- iii. Upon acceptance of an offer of settlement by the **Insured person**, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the **Insured Person**. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the Bank Rate.
- iv. However, where the circumstances of a claim warrant an investigation in the opinion of the **Company**, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the **Company** shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- v. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the **Policyholder** at a rate 2% above the **Bank Rate** from the date of receipt of last necessary document to the date of payment of claim.
- vi. However, where the circumstances of a claim warrant an investigation, **We** will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, **We** will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate

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from the date of receipt of last necessary document to the date of payment of claim.

- vii. If **We**, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to **You** in writing within 30 days of the receipt of documents.
- viii. 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.
- ix. **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

24. 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.

25. Additional Benefits

Income Tax Benefit as per Sec 80 D of the IT Act on the premiums paid for this policy,

26. Claims Process

| | |
|--|---|
| 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 Critical Illness |
| Particulars to be provided to Us for Claim notification | <ul style="list-style-type: none"> a. Policy Number, b. Name of the Insured Person(s) named in the Policy schedule availing treatment, c. Nature of disease/illness/injury, d. Name and address of the attending Medical Practitioner/Hospital e. Date of admission & probable date of discharge |

| | |
|---|---|
| Claims documents for Critical Illness | <ul style="list-style-type: none"> a. Claim Form duly signed by the Insured Person; b. Copy of Discharge Summary / Discharge Certificate; c. First consultation letter from treating Medical Practitioner d. Medical certificate confirming diagnosis, and the treatment of Critical Illness from Medical Practitioner e. certificate from treating Medical Practitioner, specifying the duration and aetiology f. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable g. 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. h. NEFT details & cancelled cheque |
| Claims documents and process for Second Opinion for Critical Illnesses | <ul style="list-style-type: none"> a. Duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any) b. Select Our network Medical Practitioner from whom you would prefer to take the second opinion. (Please refer our Website or call at 24X 7 toll free line to obtain the list of Our panel doctors). c. On receipt of the complete set of documents, We will forward the same to the concerned doctor. d. The Second Opinion shall be forwarded to the member within 15 working days of receipt of the complete set of documents. |
| 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 |

27. Section 41 of Insurance Act 1938 (Prohibition of Rebates):

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Ten Lakh Rupees.

IRDAI Regulation no 5- This policy is subject to regulation 5 of IRDAI (Protection of Policyholder's Interests)

Regulation

Disclaimer: the above is descriptive only. The actual terms and conditions can be found in the policy document. Insured's are advised to read the policy document completely for a full description of the terms and conditions of coverage and the exclusions relating thereto.

Insurance is the subject matter of solicitation



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