HDFC ERGO General Insurance Company Limited

Prospectus

my: Sampoorna Suraksha

I. Coverage

Section 1: my:health Suraksha

Section 2: my:health Critical Suraksha Plus

Section 3: my: health Medisure Super Top Up Insurance

Section 4: my:health Hospital Cash Benefit Add on

Section 5: my:health Koti Suraksha - Personal Accident Insurance

Section 6: Travel Insurance

Section 7: HDFC ERGO Bharat Griha Raksha

Section 8: E@Secure Insurance

I. Coverage

Section 1: my:health Suraksha

Section A: Hospitalization Cover

We will pay under below listed Covers on Medically Necessary Hospitalization of an Insured Person due to Illness or Injury sustained or contracted during the Policy Period. The payment is subject to Sum Insured and limits including Cumulative Bonus if applicable as specified on the Schedule of Coverage in the Policy Schedule. Subject to otherwise terms and conditions of the Policy.

1. Medical Expenses

i. Room rent, boarding and Nursing charges

ii. Intensive Care Unit charges

iii. Consultation fees

iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances

v. Medicines, drugs and consumables

vi. Diagnostic procedures

vii. The Cost of prosthetic and other Medical devices or equipment if implanted internally during a Surgical Procedure.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section I.1.C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

a) Mental Healthcare

The Coverage for Mental illness is applicable if done in Mental Health Establishment and is subject to the provisions contained in the Mental Health Care Act, 2017, as amended from time to time and other applicable laws and Regulations

2. Home Healthcare

Insured Person can avail Hospitalization at home under Home Healthcare for Medically Necessary Treatment of Illnesses, if prescribed by treating Medical Practitioner. We will pay Medical Expenses under Section A1 incurred for treatment of such Illness where opted.

This Cover can be availed through Cashless Facility only as procedure given under Claims Procedure - Section IV.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section I.1.C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

3. Domiciliary Hospitalization

We will pay the Medical Expenses incurred on Domiciliary Hospitalization of the Insured Person provided that:

i. It has been prescribed by the treating Medical Practitioner

and

ii. the condition of the Insured Person is such that he/she could not be removed to a Hospital

or

iii. the Medical Necessary Treatment is taken at Home on account of non-availability of room in Hospital

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section I.1.C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

4. Pre-Hospitalization cover

We will pay for the Pre-hospitalization Medical Expenses incurred during the 60 days immediately before Hospitalization of an Insured Person provided that Claim under Section I.1A.1 or I.1.A.6 is admissible under the Policy.

Where Insured Person has opted for Home Healthcare treatment under Section I.1.A.2, Pre-Hospitalization Medical Expenses are payable up to 60 days prior to start of the Medical treatment.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section I.1.C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

5. Post-Hospitalization cover

We will pay for the Post-Hospitalization Medical Expenses incurred upto180 days from the date Insured Person is discharged from Hospital provided that Claim under Section I.1.A1 or I.1.A 6 is admissible under the Policy

Where Insured Person has opted for Home Healthcare treatment under Section I.1.A2, Post Hospitalization Medical Expenses are payable up to 180 days post completion of the medical treatment.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section I.1.C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

6. Day Care Procedures

We will pay for the Medical Expenses under Section A1 on Hospitalization of Insured Person in Hospital or Day Care Centre forDay Care Treatment.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section I.1.C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

7. Road Ambulance

We will pay for expenses incurred on Road Ambulance Services if Insured Person is required;

i. to be transferred to the nearest Hospital following an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention)

ii. or from one Hospital to another Hospital

iii. of from Hospital to Home (within same City) following Hospitalization

provided that Claim under Section I.1.A1 and I.1.A6 is admissible under the Policy.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section I.1.C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

8. Organ Donor Expenses

We will pay Medical Expenses as listed under Section I.1.A1 towards organ donor's Hospitalization for harvesting of the donated organ where an Insured Person is the recipient, provided that;

i. The organ donor is any person whose organ has been made available in accordance and in compliance with The Transplantation of Human Organ (amendment) Act, 2011,Transplantation of Human Organs and Tissues Rules, 2014and other applicable laws and rules.

ii. Hospitalization Claim under Section I.1.A1 is admissible under the Policy

iii. The Organ Donor's Pre-Hospitalization and Post-Hospitalization expenses are excluded under the Policy

iv. Any other Medical Expenses or Hospitalization consequent to the harvesting is excluded under the Policy

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section I.1.C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

9. Alternative Treatments

We will pay Medical Expenses as listed under Section I.1.A1 on Hospitalization of

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Insured Person in Ayush Hospital for following Alternative Treatments prescribed by Medical Practitioner

• Ayurvedic

• Unani

• Siddha

• Homeopathy

provided that;

i. The procedure performed on the Insured Person cannot be carried out on Outpatient basis

ii. In the event of admissible Claim under this Cover, no Claim shall be admissible under Section I.1.A 1 for Allopathic treatment of same Illness or Injury

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section I.1.C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

Section B: Renewal Benefits

1. Preventive Health Check-Up

After every block of every four consecutive, continuous and Claim free Policy Years with Us, We will pay towards cost of Preventive Health Check-upto specified percentage (as mentioned on the Schedule of Coverage) of Sum Insured for those Insured Persons who were Insured under the previous 4 Policy years with Us.

Other terms and Conditions applicable to this Benefit

- This benefit will not be carried forward if not utilized.
- Eligibility to avail Health Check-up will be in accordance to lower of expiring Policy Sum Insured or Renewed Policy Sum Insured.
- This cover is applicable only to Insured Person covered under all four Policy Years and who continue to remain insured in the subsequent Policy Year/ Renewal.
- Availing of Claim under this Cover will not impact the Sum Insured or the eligibility for Cumulative Bonus

2. Cumulative Bonus

On each Renewal of the Policy with Us, We will apply 5% of Basic Sum Insured under expiring Policy as Cumulative Bonus in the Policy provided that;

i. There has been no claim under the Policy in expiring year under Section I.1.A

ii. Cumulative Bonus will be reduced at the same rate as accrued in the event of admissible Claim under Section I.1.A of the Policy.

iii. Cumulative Bonus can be accumulated upto 50% of Basic Sum Insured.

iv. Cumulative Bonus applied will be applicable only to Insured Person covered under expiring Policy and who continue to remain insured on Renewal.

v. In case of multiyear policies, Cumulative Bonusthat has accrued for the second and third Policy Year will be credited on Renewal. Accrued Cumulative Bonus may be utilized in case of any Claim during Policy tenure

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 Your wearable device linked to Our HDFC ERGO Mobile App and Your Policy number

OR

- burning total of 900 calories upto 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 Our HDFC ERGO Mobile App app and Your Policy number

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 and for Insured Person covered under expiring Policy
- **Multi Year Policy:**
  - o Fitness discount earned on yearly basis will be accumulated till Policy End date.
  - o On Renewal of the Policy, total discount amount accrued each Policy Year will be applied on Renewal Premium of subsequent year and for Insured Person covered under expiring Policy
- For Policies covering more than one Insured Person, Healthy Weeks for each Insured Person will be tracked and accrued. Such discount will be applicable on individual Renewal Premium for both Individual and Floater Sum Insured basis 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 premium corresponding to expiring Policy Sum Insured.
- Fitness discount @ Renewal will be applied only on Renewal of Policy with Us and only if accrued.

B. Health Incentive

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

Under this Program, Insured Person having Pre-Existing Diseases or Obesity (BMI above 30) as listed under table A below, will be eligible for reduction in Medical Underwriting Loading applied on first inception of the Policy with Us provided that;

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

ii. Medical test 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 Pre-Existing Disease or Obesity as applicable on Renewal of the Policy with Us.

iii. If the test parameters at subsequent Renewal are not within normal limits or Medical test reports are not submitted in accordance with i and ii above, the discount amount applied on Medical Underwriting loading will be zero

Table A

Pre-existing Diseases	Test
Diabetes	HbA1c
Hypertension	Blood Pressure reading
Hyperlipidemia	Total Cholesterol
Cardiovascular Diseases	ECG
Hypothyroidism	Thyroid function tests
Obesity	BMI

Application of Health Incentive

- **Annual Policy:** Discount amount accrued during the expiring Policy year will be applied on the Renewal Premium corresponding to expiring Policy Sum Insured and for Insured Person covered under expiring Policy
- **Multi Year Policy:**

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

C. Wellness services:

The services listed below are available to all Insured Person through Our Network Provider on Our HDFC ERGO Mobile App only. Availing of services under this Section will not impact the Sum Insured or the eligibility for Cumulative Bonus.

i. Health Coach:

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

- Disease management
- Activity and fitness
- Nutrition
- Weight management
- Psychological Counselling
- Depression Counselling

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 centres.
- 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 intention is not to provide specific medical advice but rather to provide users with information to better understand their health and their diagnosed disorders. The information is not a substitute for professional medical care by a qualified doctor or other health care professional.

The information provided is general in nature and is not specific to you. You must never rely on any information obtained using this app for any medical diagnosis or recommendation for medical treatment or as an alternative to medical advice from your physician or other professional healthcare provider. If you think you may be suffering from any medical condition you should seek immediate medical attention.

Reliance on any information on this App is solely at your own risk. HDFC EGRO General Insurance Company Limited 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, any decision made or action taken or not taken in reliance upon the information

Section C: Optional Covers

Insuring Clause

In consideration of payment of additional Premium or reduction in the Premium as applicable, it is hereby declared and agreed that We will pay/restrict the expenses under below listed Covers subject to all other terms, conditions, exclusions and waiting periods applicable to the Policy.

These Covers are optional and applicable only if opted for and upto the Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule.

1. Preventive Health Check-Up - Booster

On opting this Cover, Insured Person will be entitled for Health Check-up after each Policy Year with Us irrespective of Claims made under the Policy in accordance with options given below.

i. We will reimburse the cost of Preventive Health Check-up to limits mentioned on the Schedule of Coverage.

Or

ii. Insured Person shall have the option to undergo Health Check-Up at our Network Service Provider in accordance to criteria given below.

Sum Insured	Tests
Upto 2 Lacs	Medical Examination Report, Complete Blood Count Urine R, Fasting Blood Sugar, Serum Creatinine, Lipid Profile, Electro Cardio Gram
3 Lac and above	Chest X Ray , 2D echo/ Stress test, PSA for Males, PAP smear for Females, Medical Examination Report, Complete Blood Count Urine R, Fasting Blood Sugar, Serum Creatinine, Lipid Profile, Electro Cardio Gram

Other Terms and Conditions applicable to this Cover

- This benefit will not be carried forward if not utilized within 60 days of Policy Anniversary/Renewal date.
- On opting this Cover, Renewal Benefit 1, Preventive Health Check-up under Section B stands deleted.

2. Parent and Child care Cover - Basic

We will pay to the Insured Person subject to waiting period as mentioned in the Schedule of Coverage on the Policy Schedule under Covers as given below.

I. Parent Care

i. Medical Expenses under Section I.1.A1 for Maternity Expenses limited up to 2 deliveries or 1 delivery and 1 termination or 2 terminations during the lifetime of the Insured Person

ii. OPD Treatment in Pre-natal and Post-natal period provided Claim under Maternity Expenses is admissible under the Policy.

II. Child Care

We will pay/cover following expenses towards Child Care for New Born Baby under this cover if Claim for Maternity Expenses is admissible under the Policy.

i. We will pay Medical Expenses listed under Section I.1.A1 within Sum Insured for Parent Care towards treatment of a New Born Baby as per limit mentioned on Schedule of Coverage.

ii. New Born Baby Cover–We will cover New Born Baby immediately after the birth as per original terms of the Policy on receipt of completed proposal form and Premium received within 90 days of birth of Baby and subject to acceptance by Us.

If this Cover is opted, General exclusion xv) under General Exclusions, Section II.b.1, stands deleted.

Exclusions applicable to this Cover.

i. Pre-Hospitalization and post-Hospitalization expenses are not payable under this cover

ii. We will not pay any expenses related to ectopic pregnancy under this cover. Ectopic pregnancy will be covered as a part of expenses under Section I.1.A1 only.

iii. Treatment for impotency, treatment to effect infertility, surrogate or vicarious pregnancy, voluntary termination of pregnancy, procedures to assist birth control, contraceptive supplies.

3. Parent and Child care Cover – Booster

We will pay to the Insured Person subject to waiting period and limits as mentioned in the Schedule of Coverage on the Policy Schedule under Covers as given below.

I. Parent Care

i. Maternity Expenses - Medical Expenses for a delivery (including caesarean section) on Hospitalization or the lawful medical termination of pregnancy during the Policy Period.

ii. OPD Treatment in Pre-natal and post-natal period up to the limit of this cover, provided Claim under i. Maternity Expenses is admissible under the Policy

iii. Infertility Treatment: Medical Expenses listed under Section I.1.A1 incurred for infertility treatment, assisted reproductive treatments undertaken on advice of a Medical Practitioner, up to 50% of Normal Delivery Sum Insured under this Cover. This cover is applicable for both Male and Female Insured Person

II. Child Care

We will pay following expenses towards Child Care for New Born Baby under this cover if Claim for Maternity Expenses is admissible under the Policy.

i) New Born baby cover:

We will pay Medical Expenses listed under Section I.1.A1 towards treatment of a New Born Baby within the limit of Sum Insured under this Cover as mentioned in Schedule of Coverage on the Policy Schedule

ii) Vaccination Charges:

We will pay expenses incurred on vaccination for New Born Baby as per National Immunization Schedule until New Born Baby completes 1 year of age subject to maximum of sub limit of Sum Insured under this Cover.

If opted, this cover General exclusion xiv), xv), xxvi) under General Exclusions, Section II.b.1 and Optional Cover 2 “Parent and Child Cover – Basic” under Section C stands deleted.

III. Waiting Period modification Option

On availing this option, Waiting Period listed under Section II.a.iv, will stand modified as mentioned in the Schedule of Coverage on the Policy Schedule.

All other terms and conditions of the Parent & Child Care Cover - Booster shall remain unaltered.

Exclusions applicable to this Cover.

i. Pre-Hospitalization and post-Hospitalization expenses are not payable under this cover

ii. We will not pay any expenses related to ectopic pregnancy under this cover. Ectopic pregnancy will be covered as a part of expenses under Section I.1.A1 only.

iii. Treatment for impotency, treatment to effect infertility, surrogate or vicarious pregnancy, voluntary termination of pregnancy, procedures to assist birth control, contraceptive supplies.

4. Air Ambulance Cover

We will pay for Air Ambulance transportation in an airplane or helicopter for Emergency Care which requires immediate and rapid ambulance transportation as prescribed by a Medical Practitioner, from the site of first occurrence of the Illness/ Accident to the nearest Hospital, that ground transportation cannot provide. Claim would be reimbursed up to the actual expenses subject to a maximum of Sum Insured as specified on the Schedule of Coverage in the Policy Schedule.

Exclusion:

We will not pay for return transportation to the Insured Person’s home by air ambulance

5. Recovery Benefit

We will pay Sum Insured as specified on the Schedule of Coverage in the Policy Schedule upon Medically Necessary Hospitalization of an Insured Person exceeding 10 consecutive and continuous days and for which Claim is admissible under Section I.1.A– Hospitalization Cover.

This benefit is not applicable if Medical treatment is taken under Section I.1.A2 – Home Healthcare and I.1.A3 – Domiciliary Hospitalization

6. Sum Insured Rebound

We will add to the Sum Insured, an amount equivalent to the Claim amount paid under Basic Sum Insured, subject to maximum of Basic Sum Insured, on subsequent Hospitalization of the Insured Person during Policy Year subject to;

i. The Total Sum Insured added under this cover will not exceed the Basic Sum Insured in a Policy Year

ii. Total of Basic Sum Inured under Hospitalization Cover, Cumulative/Extended Cumulative Bonus (if applicable) earned and Sum Insured Rebound will be available to all Insured Persons for all claims under Section A during the current Policy Year and subject to the condition that a single claim in a Policy Year cannot exceed the sum of Basic Sum Insured and the Cumulative/Extended Cumulative Bonus (if opted) earned

iii. In case of treatment for Chemotherapy and Dialysis, Sum Insured Rebound will be applicable only once in lifetime of Policy

i. This cover will be applicable annually for policies with term more than one year.

ii. Any unutilized amount of Sum Insured Rebound cannot be carried over to next Policy Year or Renewal Policy

iii. The Sum Insured Rebound can be utilized for Claims under Section A only.

Illustration 1

Time	Claim no.	Sum Insured available	Cumulative Bonus available	Admissible Claim amount	SI Rebound Available	Total SI Rebound till date	Payable amount
3 months	1	3,00,000	30,000	2,50,000	0	0	2,50,000
5 months		50,000	30,000	1,40,000	0	0	80,000
9 months	2	0	0	2,50,000	3,00,000	3,00,000	2,50,000
11 months	4	0	0	70,000	50,000	3,00,000	50,000

Illustration 2

Time	Claim no.	Sum Insured available	Cumulative Bonus	Admissible Claim amount	SI Rebound	Total SI Rebound till date	Payable amount
3 months	1	3,00,000	30,000	2,50,000	0	0	2,50,000
6 months	2	50,000	30,000	1,40,000	2,50,000	2,50,000	1,40,000
9 months	3	0	0	2,50,000	=250,000-60,000+50,000 =240,000	3,00,000	2,40,000
11 months	4	0	0	70,000	0	3,00,000	0

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7. Outpatient Dental Treatment

After three consecutive and continuous Policy Years with Us, We will pay 50% of Medical Expenses incurred by Insured Person towards Dental Treatment prescribed by Medical Practitioner up to the amount as mentioned in the Schedule of Coverage on the Policy Schedule. Claim under this Section can be availed only through our Network Provider. The Cover is applicable only to Insured Person covered under three consecutive and continuous Policy Years and who continue to remain insured in the subsequent Policy Year/Renewal

The Coverage is applicable only towards cost of X-rays, extractions, amalgam or composite fillings, root canal treatments and prescribed drugs for the same.

Claim under this Section will not affect Cumulative Bonus under Section I.1.B2, condition ii.

Exclusions specific to Outpatient Dental Treatment

i. Cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury due to an accident or cancer

8. External Medical Aids

After every two consecutive and continuous Policy Year with Us, We will pay up to 50% of cost incurred towards following Medical Expenses subject to maximum of Sum Insured as mentioned in the Schedule of Coverage, on the Policy Schedule;

i. One pair of spectacles or one pair of contact lenses,

ii. A hearing aid

Other terms

- The Cover is applicable only to Insured Person covered under two consecutive and continuous Policy Years and who continue to remain insured in the subsequent Policy Year/Renewal
- Under a Family Floater Policy, Our liability shall be limited to either one pair of spectacles or contact lenses or hearing aid per family.
- Medical Expenses incurred under this Cover shall be prescribed by our Network Provider and is payable only once after block of every two consecutive and continuous Policy Year with Us.
- Claim under this Section will not affect Cumulative Bonus under Section I.1.B2, condition ii

9. Major Illness Hospitalization Expenses

We will pay for Medical Expenses incurred and admissible under Section I.1.A1,up to additional Sum Insured equivalent to Basic Sum Insured on Medically necessary Hospitalization of Insured Person for Major illnesses listed below whose diagnosis first commence/occurs after the applicable waiting period from commencement of the first Policy with Us, subject to the following;

i. Waiting Period – The coverage is subject to Waiting Period as mentioned on Schedule of Coverage on the Policy Schedule

ii. Claim for each Major Illness is payable only once during the lifetime of Policy with Us. However, Insured Person will continue to be covered under this Section for other Major Illnesses.

iii. Claim under this Cover is admissible only when total of Basic Sum Insured is completely utilized.

iv. The additional Sum Insured under this Cover is exclusive and specific for the treatment of the first occurrence of the above Critical Illness undertaken in a Hospital/Nursing Home as an in-patient and will not be available for other illnesses/hospitalization

Major Illness Covered			
1	Cancer of specified severity	6	Major Organ/Bone Marrow Transplant
2	Open Chest CABG	7	Stroke resulting in permanent symptoms
3	Myocardial Infarction((First Heart Attack of specific severity)	8	Surgery of Aorta
4	Kidney Failure requiring regular dialysis	9	Primary (Idiopathic) Pulmonary Hypertension
5	Multiple Sclerosis with Persisting Symptoms		

10. Non-Medical Expenses cover

We will pay for Non-Medical Expenses upto the limit mentioned in Schedule of Coverage in the Policy Schedule on Medically necessary Hospitalization of Insured Person for claims admissible under Section I.1.A1, 2 and 3.

In view of this Cover, Exclusion xxvii) of Section II.b.1, shall stand covered upto the extent mentioned above.

11. Waiting period Modification Option

On availing this option, Waiting Periods listed under Section II.a – i, ii and iii will stand modified as mentioned in Schedule of Coverage on the Policy Schedule for following Sections;

Section I.1.A – Hospitalization Cover

Section I.1.C4 – Air Ambulance

Section I.1.C5 – Recovery Benefit

Section I.1.C9 – Major Illness Hospitalization Expenses

Section I.1.C17 –Hospital Cash

Section I.1.C18 – Global Health Cover

All other terms and Conditions of the respective Section and Policy shall remain unaltered.

12. Extended Cumulative Bonus

On availing this cover, Cumulative Bonus percentage mentioned under Section I.1.B2 – Cumulative Bonus will stand modified as mentioned in Schedule of Coverage on the Policy Schedule subject to;

i. Once the Extended Cumulative Bonus benefit is availed by the Insured Person, it cannot be opted out at subsequent Renewal.

ii. All other terms and Conditions of Renewal Benefits Section I.1.B, ii shall remain unaltered.

13. Room Rent Modification Option

On availing this option, limits specified under Section I.1.A1 i and I.1.Aii will stand modified as below.

i. Room Rent, boarding and Nursing – limit of 1% of the Basic Sum Insured subject to maximum of Rs. 5,000 per day

ii. Intensive care unit – limit of 2% of the Basic Sum Insured subject to maximum of Rs. 10,000 per day

Proportionate deduction:

In case Room Rent during Hospitalization of Insured Person exceeds the aforesaid limits, the reimbursement/payment of Room Rent charges including all Associated Medical Expenses incurred at Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges. This condition is not applicable in respect of Hospitals where differential billing for Associated Medical Expenses is not followed based on Room Rent.

14. Co-Payment

On availing this option, Co-Payment as mentioned on the Schedule of Coverage in the Policy Schedule will be applied on each and every admissible claim after Deductible/Excess wherever applicable under the Policy. Once the Co-Payment option is availed by the Insured Person, it cannot be opted out of at subsequent Renewal.

15. Major Illness – Benefit

If the eldest Insured Person covered under the Policy suffers from Major Illness as listed below, whose diagnosis first commence/occurs after the applicable Waiting Period from commencement of first Policy with Us, We will pay Sum Insured as mentioned on the Schedule of Coverage.

The Coverage under this benefit shall cease to exist upon occurrence of any one Major Illness covered for which Claim is admitted by the Company.

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Major Illness Covered			
1	Cancer of specified severity	8	Stroke resulting in Permanent Symptoms
2	Open Chest CABG	9	Surgery of Aorta
3	Myocardial Infarction(First Heart Attack of specific severity)	10	Primary (Idiopathic) Pulmonary Hypertension
4	Kidney Failure requiring regular dialysis	11	Open Heart Replacement or Repair of Heart Valves
5	Major Organ/Bone Marrow Transplant		
6	Multiple Sclerosis with Persisting Symptoms		
7	Permanent Paralysis of Limbs		

Survival Period

Claim under this Cover is payable only if Insured Person survives 30 days from the diagnosis, fulfillment of the definition of the Major illness covered and 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)

16. E-Opinion

We will pay expenses incurred towards second Medical Opinion availed from Medical Practitioner in respect of Major Illness covered and listed below under the Policy through our Network Provider.

The Coverage under this benefit shall cease to exist upon availing Second Opinion for any one Major Illness as listed below.

Major Illness Covered			
1	Cancer of specified severity	7	Permanent Paralysis of Limbs
2	Open Chest CABG	8	Stroke resulting in Permanent Symptoms
3	Myocardial Infarction(First Heart Attack of specific severity)	9	Surgery of Aorta
4	Kidney Failure requiring regular dialysis	10	Primary (Idiopathic) Pulmonary Hypertension
5	Major Organ/Bone Marrow Transplant	11	Open Heart Replacement or Repair of Heart Valves
6	Multiple Sclerosis with Persisting Symptoms		

Disclaimer - *E- Opinion Services are being offered by Network providers through its portal/mail/App or what so ever electronic form to Policyholders/Insured of HDFC ERGO GENERAL INSURANCE COMPANY LIMITED. In no event shall HDFC ERGO be liable for any direct, indirect, punitive, incidental, special consequential damages or any other damages whatsoever caused to the Policyholders/Insured of HDFC ERGO while receiving the services from Network providers.*

17. Hospital Cash

We will pay per day Sum Insured up to maximum Number of days and in manner as specified in Schedule of Coverage on the Policy Schedule, for each continuous and completed period of 24 hours of Medically Necessary Hospitalization of an eldest Insured Person in the Policy and for which Claim is admissible under Section I.1.A – Hospitalization Cover.

18. Global Health Cover

On availing this Cover, We will pay the Medical Expenses incurred outside India under below given Sections and Covers wherever opted and as mentioned on the Schedule of Coverage in the Policy Schedule.

Section I.1.A: Hospitalization Cover			
I.1.A1	Medical Expenses	I.1.A7	Road Ambulance
I.1.A4	Pre-Hospitalization cover	I.1.A8	Organ Donor Expenses
I.1.A5	Post-Hospitalization cover	I.1.A9	Alternative Treatments
I.1.A6	Day Care Procedures		

Section I.1.C: Optional Covers			
I.1.C1	Preventive Health Check-Up - Booster	I.1.C8	External Medical Aids
I.1.C2	Parent and Child care Cover - Basic	I.1.C9	Major Illness Hospitalization Expenses
I.1.C3	Parent and Child care Cover – Booster	I.1.C10	Non-Medical Expenses cover
I.1.C4	Air Ambulance Cover		
I.1.C5	Recovery Benefit	I.1.C15	Major Illness – Benefit
I.1.C6	Sum Insured Rebound	I.1.C16	E-Opinion
I.1.C7	Outpatient Dental Treatment	I.1.C17	Hospital Cash

Global Cover is applicable subject to following terms and conditions

i. Global coverage for expenses towards all the listed covers is applicable and effective only if mentioned on the Schedule of Coverage in the Policy Schedule.

ii. A Deductible of USD 100 will apply for expenses under all the respective covers separately for each and every claim.

iii. Claims on Reimbursement basis will be payable in INR only.

iv. All other terms and conditions of the respective Section and Covers under the policy shall remain unaltered

my: Sampoorna Suraksha

Section 2: my: health Critical Suraksha Plus

Base Covers

I. Critical Illnesses Cover

1. Cancer Cover

If Insured Person suffers from Critical illness or undergoes Surgical Procedure as listed below, whose diagnosis 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 in accordance with table below:

	Critical illness /Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	**Malignant Cancer of specified Sites**			
	Specified Sites- Female			
	Breast	Major	100% of Sum Insured	90 days
	Cervix			
	Uterus			
	Fallopian Tube			
	Ovary			
	Vagina/Vulva			
	Specified Sites- Male			
	Head and Neck	Major	100% of Sum Insured	90 days
	Lung			
	Stomach			
	Colorectum			
	Prostate			
2	Cancer of specified severity	Major	100% of Sum Insured	90 days
3	Aplastic Anemia	Major	100% of Sum Insured	90 days
4	Major Organ Transplant – Bone Marrow	Major	100% of Sum Insured	90 days
5	Early Stage Cancer	Minor	25% of Sum Insured subject to maximum of Rs. 1,000,000	180 days
6	Carcinoma in situ	Minor		

2. Heart Cover

If Insured Person suffers from Critical illness or undergoes Surgical Procedure as listed below, whose diagnosis 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 in accordance with table below:

	Critical Ailments/ Procedures	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Open Chest CABG	Major	100% of Sum Insured	90 days
2	Myocardial Infarction (First Heart Attack of specified severity)	Major		
3	Open Heart Replacement or Repair of Heart Valves	Major		
4	Major Organ Transplant – Heart	Major		
5	Surgery of Aorta	Major		
6	Primary (Idiopathic) Pulmonary Hypertension	Major		
7	Other serious coronary artery disease	Major		
8	Dissecting Aortic Aneurysm	Major		
9	Cardiomyopathy	Major		
10	Eisenmenger's Syndrome	Major		
11	Infective Endocarditis	Major		
12	Angioplasty	Minor	25% subject to maximum payout of INR 1,000,000	180 days
13	Balloon Valvotomy or Valvuloplasty	Minor		
14	Insertion of Pacemaker	Minor		

my: Sampoorna Suraksha

3. Nervous System Cover

If Insured Person suffers from Critical illness or undergoes Surgical Procedure listed below after the applicable Waiting Period from commencement of first Policy with Us, We will pay Sum Insured in accordance with table below:

	Critical Ailments/ Procedures	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Multiple Sclerosis with persisting symptoms	Major	100% of Sum Insured	90 days
2	Permanent Paralysis of Limbs	Major		
3	Stroke resulting in permanent symptoms	Major		
4	Benign Brain Tumour	Major		
5	Coma of specified severity	Major		
6	Parkinson's Disease	Major		
7	Alzheimer's Disease	Major		
8	Motor Neurone Disease with permanent symptoms	Major		
9	Muscular Dystrophy	Major		
10	Apallic Syndrome	Major		
11	Bacterial Meningitis	Major		
12	Creutzfeldt-Jakob Disease (CJD)	Major		
13	Encephalitis	Major		
14	Major Head Trauma	Major		
15	Progressive Supranuclear Palsy	Major		
16	Brain Surgery	Major		
17	Loss of Speech	Major		

4. Other Major Organ Cover

If Insured Person suffers from Critical illness or undergoes Surgical Procedure listed below after the applicable Waiting Period from commencement of first Policy with Us, We will pay percentage of Sum Insured in accordance with table below:

	Critical illness /Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Kidney failure requiring regular dialysis	Major	100% of Sum Insured	90 days
2	Major Organ Transplant – Kidney, Lung, Liver and Pancreas	Major		
3	End Stage Liver Failure	Major		
4	Medullary Cystic Disease	Major		
5	Systemic Lupus Erythematous with Lupus Nephritis	Major		
6	End Stage Lung Failure	Major		
7	Fulminant Hepatitis	Major		
8	Chronic Adrenal Insufficiency (Addison's Disease)	Major		
9	Progressive Scleroderma	Major		
10	Chronic Relapsing Pancreatitis	Major		
11	Elephantiasis	Major		
12	HIV due to blood transfusion and occupationally acquired HIV	Major		
13	Terminal Illness	Major		
14	Myelofibrosis	Major		
15	Pheochromocytoma	Major		
16	Crohn's Disease	Major		
17	Severe Rheumatoid Arthritis	Major		
18	Severe Ulcerative Colitis	Major		
19	Deafness	Major		
20	Blindness	Major		
21	Third Degree Burns	Major		
22	Severe Osteoporosis	Minor	25% subject to maximum payout of INR 1,000,000	180 days

my: Sampoorna Suraksha

Covers and General Conditions applicable to Section I.2.AI, 1 to 4

1. Reduced Premium Benefit

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

i. Premium will be waived for the Renewal of Insured Person for whom the claim has been made, to the extent applicable to Coverage, terms and conditions corresponding to expiring year Policy.

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

2. Survival Period

Claim under Section I.2.AI, 1 to 4 is payable only if Insured Person survives 7 days from the diagnosis and fulfillment of the definition of the Critical Illness or Surgical Procedure covered.

The Claim is admissible 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. Number 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 subject to maximum 100% of Sum Insured mentioned on the Policy Schedule irrespective of Number of Sections opted and Number of Policies held by the Insured Person.

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 the Balance Sum Insured.

M**ajor Stage** – On the admissibility of Claim under Major Stage condition, coverage under this Policy shall cease to exist.

In the event where an Insured Person holds multiple Policies insuring different Covers under this Section of this product, Claim will be admissible under one Cover only and Total Sum Insured as applicable under such Cover across all policies of this product will be paid by the Company. Insurance for other Covers, if applicable, shall cease to exist.

II. Multipay Critical Illnesses Cover

1. Cancer Cover

If Insured Person suffers from Critical illness or undergoes Surgical Procedure as listed below, whose diagnosis 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 in accordance with table below:

	Critical illness /Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Cancer of Specified Severity	Major	100% of Sum Insured	90 days
2	Aplastic Anemia	Major		
3	Major Organ Transplant – Bone Marrow	Major		

2. Heart Cover

If Insured Person suffers from Critical illness or undergoes Surgical Procedure as listed below, whose diagnosis 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 in accordance with table below:

A	Critical Ailments / Surgical Procedures	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Open Chest CABG	Major	100% of Sum Insured	90 days
2	Myocardial Infarction (First Heart Attack of specified severity)	Major		
3	Open Heart Replacement or Repair of Heart Valves	Major		
4	Major Organ Transplant – Heart	Major		
5	Surgery of Aorta	Major		
6	Primary (Idiopathic) Pulmonary Hypertension	Major		
7	Other serious coronary artery disease	Major		
8	Dissecting Aortic Aneurysm	Major		
9	Cardiomyopathy	Major		
10	Eisenmenger's Syndrome	Major		
11	Infective Endocarditis	Major		
B*	Angioplasty	Minor	25% subject to maximum payout of INR1,000,000	180 days

***B - Angioplasty**

We will pay 25% of Sum Insured subject to maximum of INR 10,00,000 if Insured Person undergoes Angioplasty, whose diagnosis first commence/occurs more than 180 days after the commencement of first Policy with Us.

On the admissibility of Claim under Angioplasty, coverage for Angioplasty shall cease to exist. The Policy shall continue to cover other Critical illness or Surgical Procedure under this cover, for Balance Sum Insured in accordance with table above.

3. Nervous System Cover

my: Sampoorna Suraksha

If Insured Person suffers from Critical illness or undergoes Surgical Procedure listed below after the applicable Waiting Period from commencement of first Policy with Us, We will pay percentage of Sum Insured in accordance with table below:

	Critical illness /Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Multiple Sclerosis with persisting symptoms	Major	100% of Sum Insured	90 days
2	Permanent Paralysis of Limbs	Major		
3	Stroke resulting in permanent symptoms	Major		
4	Benign Brain Tumour	Major		
5	Coma of specified severity	Major		
6	Parkinson's Disease	Major		
7	Alzheimer's Disease	Major		
8	Motor Neurone Disease with permanent symptoms	Major		
9	Muscular Dystrophy	Major		
10	Apallic Syndrome	Major		
11	Bacterial Meningitis	Major		
12	Creutzfeldt-Jakob Disease (CJD)	Major		
13	Encephalitis	Major		
14	Major Head Trauma	Major		
15	Progressive Supranuclear Palsy	Major		
16	Brain Surgery	Major		
17	Loss of Speech	Major		

4. Other Major Organ Cover

If Insured Person suffers from Critical illness or undergoes Surgical Procedure listed below after the applicable Waiting Period from commencement of first Policy with Us, We will pay percentage of Sum Insured in accordance with table below:

	Critical illness /Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Kidney failure requiring regular dialysis	Major	100% of Sum Insured	90 days
2	Major Organ Transplant – Kidney, Lung, Liver and Pancreas	Major		
3	End Stage Liver Failure	Major		
4	Medullary Cystic Disease	Major		
5	Systemic Lupus Erythematous with Lupus Nephritis	Major		
6	End Stage Lung Failure	Major		
7	Fulminant Hepatitis	Major		
8	Chronic Adrenal Insufficiency (Addison's Disease)	Major		
9	Progressive Scleroderma	Major		
10	Chronic Relapsing Pancreatitis	Major		
11	Elephantiasis	Major		
12	HIV due to blood transfusion and occupationally acquired HIV	Major		
13	Terminal Illness	Major		
14	Myelofibrosis	Major		
15	Pheochromocytoma	Major		
16	Crohn's Disease	Major		
17	Severe Rheumatoid Arthritis	Major		
18	Severe Ulcerative Colitis	Major		
19	Deafness	Major		
20	Blindness	Major		
21	Third Degree Burns	Major		

Covers and General Conditions applicable to Section I.2.All, 1 to 4

1. Reduced Premium Benefit

If Insured Person is diagnosed with any covered Critical Illness under any Cover from Section I.2.All, 1 to 4 and for which Claim is admissible under the Policy, We will waive 50% of the applicable Annual Renewal Premium on subsequent Renewal of Policy subject to:

i. Premium will be waived for the renewal of Insured person for whom the claim has been made, to the extent applicable to Coverage, terms and conditions corresponding to expiring Policy.

ii. Premium will be waived for subsequent Renewal of 5 Policy Years, following every admissible claim under each Cover.

2. Survival Period

Each Claim under Section I.2. All, 1 to 4 is payable only if Insured Person survives 7 days from the diagnosis and fulfillment of the definition of the Critical Illness or

Surgical Procedure covered.

The Claim is admissible 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. Number of Claims and Waiting Period

Coverage under this Section shall cease to exist; once a Claim has been admitted under each of the Covers as opted by the Insured Person and maximum 100% of the Sum Insured is paid by the Company under such Covers subject to 12 months waiting period between Claims under any two Covers.

In the event where an Insured Person holds multiple Policies under this Section of this product, Total Sum Insured under this section across all policies of this product will be paid by the Company for each admissible claim subject to 12 months waiting period between Claims under any two Covers.

For Example: If an Insured Person suffers a Stroke resulting in permanent symptoms and at any time within 12 months also suffers from Myocardial Infraction (First Heart Attack of specified severity) thereby triggering claims under both Nervous System Cover and Cardiac Cover, the Company will pay maximum 100% of Sum Insured under one Cover only. However, if the two incidences were separated by more than 12 months' time period, the Company will pay maximum 100% of Sum Insured under each Cover.

Section B. my: health Active

1. 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 andYour 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 app end Your Policy number

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:**

o Fitness discount earned on yearly basis will be accumulated till Policy End date.

o 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 Renewal Premium. Premium will be discounted to the extent applicable to coverage corresponding to expiring Policy.
- In case of Increase in Sum Insured at Renewal, discount percentage will be applied on the Sum Insured applicable under expiring Policy.
- Fitness discount @ Renewal will be applied only on Renewal of Policy with Us.

2. Health Incentive

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

Under this Program, Insured Person having Pre-Existing Diseases or Obesity (BMI above 30)as listed under table A below, will be eligible for reduction in Medical Underwriting Loading applied at first inception of the Policy with Us provided that;

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

ii. Medical test shall be done at Your own cost through our Network Provider through 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 test parameters at subsequent renewal is not within normal limits or Medical test reports are not submitted in accordance with i and ii above, the discount amount applied on Medical Underwriting loading will be zero

Table A

Pre-existing Diseases	Test
Diabetes	HbA1c
Hypertension	Blood Pressure reading
Hyperlipidemia	Total Cholesterol
Hypothyroidism	Thyroid function tests
Obesity	BMI

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:

o Discount amount earned on yearly basis will be accumulated till Policy End date.

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

- 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 is not renewed with Us.

3. Wellness services:

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

i. Health Coach:

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. 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.

Section C. Renewal Benefit

1. Preventive Health Check Up

Insured Person will be entitled for Preventive Health Check-up on Renewal of the Policy with Us, at our Network Diagnostic centers or hospitals in accordance to r list of tests, eligibility criteria and waiting period as 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	Gender	Type of Test	Waiting Period	Sum Insured
Below 40 years	Female	PAP Smear & Mammography	Once in two years	All Sum Insured
	Male	PSA		
Above 40 years	Female	PAP Smear & Mammography	Once in four years	All Sum Insured
	Male	PSA		

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.
- The test reports received under this benefit shall not be utilized for re-underwriting the Policy

Procedure for availing this benefit

i. Insured person will be intimated to undergo the health check-up at our Network Provider, through HDFC ERGO Mobile App.

ii. Test reports from our Network Provider will be made available to You on Our HDFC ERGO Mobile App You have the option to avail this benefit at our Network Provider through Phone/Email or other modes of communication available time to time.

Section D. Optional Covers

Insuring Clause

In consideration of payment of additional Premium by You, We will provide insurance to the Insured Person(s) 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.

1. Pre Diagnosis Cover

If a Claim is admissible under Section I.2.A I or I.2.A II as opted, We will pay the expenses incurred towards diagnostic tests/ procedures incurred up to 30 days prior to the diagnosis of such Critical Illness or Undergoing of such Surgical Procedure.

Indicative list of Procedures covered

Sr No	List of Diagnostic tests/ Procedures
1	Renal/Cardiac Angiogram.
2	Intravenous Pyelogram.
3	Ultrasonagraphy.
4	Ultrasound Guided FNAC.
5	Colour Doppler.
6	Mammography.
7	CT Scan.
8	MRI Scan.
9	Treadmill Test ECHO.
10	Cardiogram.
11	Electrophysiology.
12	Endoscopic Procedures.
13	Special Radiological Procedures such as barium meal investigations
14	Arthrogram, ERCP, Intravenous Urogram, Cystourethrogram,
15	Nephrostogram.
16	Special Blood Investigations such as Assay of Various Blood Factors.
17	Virology Markers, Complete Coagulation Work up

2. 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/Surgical Procedure for which Claim is admissible under the Policy.

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 for which Claim is admissible under Section I.2.A I.1or I.2.A II.1, Cancer Cover as opted. The benefit under this cover can be availed only once during lifetime of the Policy.

c. Post Diagnosis Assistance

We will pay Sum Insured towards outpatient counseling required upon diagnosis of Critical Illnesses and Surgical Procedures for which Claim is admissible under Section I.2.A I or I.2.A II as opted. The Cover is subject to maximum number of sessions as specified on Schedule of Coverage.

Applicability of Cover (Applicable to a. and c.)

Section I.2.A I – if Base Coverage is opted under Section I.2.A I, the Claim under this cover is admissible only once in life time of the Policy

Section I.2.A II – if Base Coverage is opted under Section I.2.A II, the Claim under this cover is admissible after every admissible Claim under the Policy

3. Loss of Job

We will pay Sum Insured if Insured Person suffers from Loss of Job due to his/her Voluntary Resignation or Termination from the employment within six months of diagnosis of any of the Major stage Critical Illnesses or undergoing any of the Major stage Surgical Procedures for which Claim is admissible under Section I.2.A I or I.2.A II of the Policy.

my: Sampoorna Suraksha

Section 3: my: health Medisure Super Top Up Insurance

If during the Policy Period, You suffer from any Illness or Accident which requires Hospitalization as an inpatient, We will reimburse the amount of such Medical Expenses as per the benefits given under Scope of Covers, in excess of Aggregate Deductible and subject to a maximum of the Sum Insured as stated in the Schedule. The liability of the Company to pay the admissible Claim under that Policy Year will commence only once Aggregate Deductible has been exhausted.

A. Scope of Cover

1. In-patient Hospitalization Expenses:

If any Insured Person suffers an Illness or Accident during the Policy Period requiring Inpatient Hospitalization, We will pay the Medical Expenses incurred for

1.1 Room Rent/ Boarding & Nursing;

1.2 ICU Rent/Boarding & Nursing;

1.3 Fees of Surgeon, Anaesthetist, Nurses and Specialists;

1.4 Cost of Operation Theatre, diagnostic tests, medicines, blood, oxygen and cost of prosthetic and other Medical devices or equipment if implanted internally like pacemaker during a surgical procedure.

2. Pre-Hospitalization Medical Expenses –

The Pre Hospitalization Medical Expenses incurred in the 30 days immediately before You were Hospitalized, provided that:

i. Such Medical Expenses were in fact incurred for the same condition requiring subsequent Hospitalization, and;

ii. We have accepted the Claim under Scope of Cover. “In-patient Hospitalization expenses”.

3. Post Hospitalization Medical Expenses –

The Post Hospitalization Medical Expenses incurred in the 60 days immediately after You were discharged, provided that:

i. Such Medical Expenses were in fact incurred for the same condition for which Your Hospitalization was required, and;

ii. We have accepted the Claim under Scope of Cover . ”In-patient Hospitalization expenses”.

4. Day Care treatment –

We will pay for the Medical Expenses under Section I.3.A.1 on Hospitalization of Insured Person in Hospital or Day Care Centre for Day Care Treatment.

Section 4: my: health Hospital Cash Benefit Add on

A: Coverage

1. Hospital Cash Benefit

We will pay Sum Insured on Medically Necessary Hospitalization of an Insured Person due to Illness or Injury sustained or contracted during the Policy Period. The payment is subject to per day benefit Sum Insured as specified on the Schedule of Coverage in the Policy Schedule for up to maximum of 30 days.

2. Companion Benefit

We will pay additional amount upto the limit specified on the Schedule of Coverage in the Policy Schedule towards expenses of an accompanying person during Hospitalization for up to maximum of 30 days.

Section B: Optional Cover

Insuring Clause

In consideration of payment of additional Premium, it is hereby declared and agreed that We will pay under below listed Cover subject to all other terms, conditions, exclusions and waiting periods applicable to the add on and Policy on which this add on is attached.

The Cover is optional and applicable only if opted for and up to the Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule.

1. Hospital Cash benefit - Global

If You avail this option, We will pay Sum Insured in accordance with Table A, under Section I.4.A.1 on Medically Necessary Hospitalization of an Insured Person outside India due to Illness or Injury sustained or contracted during the Policy Period

This benefit will only be applicable if worldwide cover is opted by the Insured

Table A - Benefit Chart

Type of Room			
Normal	ICU	Companion Benefit	Benefit under Global Cover
500	1,000	500	2,500
1,000	2,000	1,000	5,000
1,500	3,000	1,500	7,500
2,000	4,000	2,000	10,000
2,500	5,000	2,500	12,500
3,000	6,000	3,000	15,000
5,000	10,000	5,000	25,000
7,500	15,000	7,500	37,500
10,000	20,000	10,000	50,000

2. Waiting period Modification Option

On availing this option, Waiting Periods listed under Section II.a.I: Waiting Periods will stand modified as mentioned in Schedule of Coverage on the Policy Schedule.

All other terms and Conditions of the respective Section and Policy shall remain unaltered.

Waiting period modification options

Option	Conditions	Waiting period
Option 1	General Waiting Period	30 Days
	Waiting Period for listed illnesses and Procedures	24 Months
	Waiting Period for Preexisting conditions	36 Months
Option 2	General Waiting Period	30 Days
	Waiting Period for listed illnesses and Procedures	24 Months
	Waiting Period for Preexisting conditions	24 Months
Option 3	General Waiting Period	30 Days
	Waiting Period for listed illnesses and Procedures	12 Months
	Waiting Period for Preexisting conditions	12 Months
Option 4	General Waiting Period	30 Days
	Waiting Period for listed illnesses and Procedures	No waiting Period
	Waiting Period for Preexisting conditions	No waiting Period

Section C: Renewal Benefits

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 Your wearable device linked to Our HDFC ERGO Mobile App and Your Policy number

OR

- burning total of 900 calories upto 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

my: Sampoorna Suraksha

Healthy Weeks Discounts

No. of Healthy Weeks Accumulated	Discount on Renewal Premium
01-04	0.50%
05-08	1.00%
09-12	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 Our HDFC ERGO Mobile App and Your Policy number

  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:

o Fitness discount earned on yearly basis will be accumulated till Policy End date.

o 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, Healthy Weeks for each Insured Person will be tracked and accumulated. Such discount will be applicable on individual Renewal Premium for both Individual and Floater 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.

B. Health Incentive

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

Under this Program, Insured Person having Pre-Existing Diseases or Obesity (BMI above 30) as listed under table A below, will be eligible for reduction in Medical Underwriting Loading applied from first inception of the Policy with Us provided that;

iv. Insured Person shall undergo medical tests and/or BMI check-up as listed below minimum 3 months prior to expiry of Policy Year (For Multiyear Policies) or before Renewal (For Annual Policies).

v. Medical test shall be done at Your own cost through our Network Provider on my: Health mobile App.

vi. If the test parameters are within normal limits, We will apply 50% discount on the Medical Underwriting loading applied for corresponding Pre-Existing Disease or Obesity as applicable on Renewal of the Policy with Us.

vii. If the test parameters at subsequent renewal are not within normal limits or Medical test reports are not submitted in accordance with i and ii above, the discount amount applied on Medical Underwriting loading will be zero

viii. The test reports received to avail the health incentive benefit shall not be utilised for re underwriting the policy

Table A

Pre-existing Diseases	Test
Diabetes	HbA1c
Hypertension	Blood Pressure reading
Hyperlipidemia	Total Cholesterol
Cardiovascular Diseases	ECG
Hypothyroidism	Thyroid function tests
Obesity	BMI

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:

o Discount amount earned on yearly basis will be accumulated till Policy End date.

o 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 for both Individual and Floater Sum Insured basis Policies.
- Discount on Medical Underwriting loading under this cover is applicable only on next Renewal and cannot be utilized if Policy not renewed with us.

C. 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:

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 mobile application 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 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.

Section 5: my: health Koti Suraksha – Personal Accident Cover

B. Personal Accident

I – Coverage

1 – Accidental Death

I. Accidental Death

We will pay the Sum Insured, as specified in the Schedule of Coverage on Policy Schedule, if Insured Person sustains Injury due to Accident during the Policy Period, which shall within twelve months of its occurrence be the sole and direct cause of Death of Insured Person.

i. Disappearance

We will pay the Sum Insured in the event if Insured Person's body cannot be located within 365 Days;

a. after the forced landing, stranding, sinking or wrecking of a conveyance in which Insured Person was known to be a passenger during Policy Period or;

b. after and as a result of any Catastrophic Event during Policy Period

it shall be deemed, subject to all other terms and provisions of the Policy, that Insured Person shall have suffered Death due to Accident under the Policy.

If at any time, after the payment of the Accidental death benefit, it is discovered that the Insured Person is still alive, claims settled in respect of Disappearance benefit shall be reimbursed in full to the Company.

ii. Comatose

If Insured Person sustains Injury during Policy Period which directly and independently of all other causes results in the Insured Person being in Hospital in a Comatose State within one month of the date of Injury for continuous period of more than three months, We will pay Sum Insured as mentioned in the Schedule of Coverage on Policy Schedule.

Any claim amount admissible/paid during the year will reduce the Sum Insured payable for the Cover in respect of subsequent claims. The Company's liability during the lifetime of the Policy will not exceed the Base Sum Insured in respect of the Cover

II. Specific Conditions applicable to Cover 1 – Accidental Death

The Coverage under this Section terminates on admissibility of Claim equal to the Sum Insured

III. Optional Cover applicable to Cover 1 – Accidental Death

i. Burns

If Insured Person sustains Injury during Policy Period, which solely and directly results into burns, We will pay in accordance with benefit table below subject to maximum of Sum Insuredas mentioned in the Schedule of Coverage on Policy Schedule;

Description	% of Base Sum Insured payable
a. Head	
i.Third degree burns of 8% or more of the total head surface area	100%
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 thetotal 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%

Specific conditions applicable to Burns

i. If the Injury results in more than one of the Descriptions above, then the Company shall be liable for the largest Sum Insured (as per defined Description) only.

ii. Any claim amount admissible/paid during the year will reduce the Sum Insured payable for the Cover in respect of subsequent claims.

iii. This Cover terminates on admissibility of Claim(s) equal to the Sum Insured. The Company's liability during the lifetime of the Policy will not exceed the Base Sum Insured in respect of the Cover

2 – Permanent Disablement

I. Permanent Disablement

If Insured Person sustains Injury during Policy Period, which shall within twelve (12) months of its occurrence be the sole and direct cause of Permanent Disablement, We will pay in accordance to the Benefit table below upto maximum of Sum Insured as mentioned in the Schedule of Coverage on Policy Schedule provided such disablement is certified by the Medical Practitioner

i. Benefit Table A

S.No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance of Limbs)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance of Limbs)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance of Limbs)	50%
12	Permanent Total Loss of Sight of one eye	50%

my: Sampoorna Suraksha

ii. Benefit Table B

S.No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such Limb)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use of such Limb)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use of such Limb)	50%
12	Permanent Total Loss of Sight of one eye	50%

iii. Benefit Table C

S.No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use)	50%
12	Permanent Total Loss of Sight of one eye	50%
13	Permanent Total Loss of Hearing in one ear	15%
14	Permanent Total Loss of the lens in one eye	25%
15	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16	Permanent Total Loss of use of four fingers of either hand	20%
17	Permanent Total Loss of use of one thumb of either hand:	
a)	Both joints	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	
a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	Big – one joint	2%
d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%

iii. Benefit Table D

S.No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use)	50%
12	Permanent Total Loss of Sight of one eye	50%
13	Permanent Total Loss of Hearing in one ear	15%
14	Permanent Total Loss of the lens in one eye	25%
15	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16	Permanent Total Loss of use of four fingers of either hand	20%
17	Permanent Total Loss of use of one thumb of either hand:	
a)	Both joints	20%
b)	One joint	10%

S.No	The Disablement	% of Base Sum Insured Payable
18	Permanent Total Loss of one finger of either hand:	
a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	Big – one joint	2%
d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%
23	Permanent disablement not otherwise provided for under Items 2-22 inclusive up to a maximum of	75%

II. Terms and Conditions applicable to Cover 2 – Permanent Disabelemt

i. Ankylosis of the fingers (other than thumb and forefinger) and of the toes (other than the big toe) shall be limited to fifty percent (50%) of the Base Sum Insured subject to maximum of Sum Insured payable for the loss of the said members.

ii. Benefit under item 23 of Table D shall be determined by the independent Medical Practitioner who will certify the percentage of Base Sum Insured payable taking into consideration the nature of the Injury and disability in conjunction with the stated percentages Base Sum Insured for more specific injuries shown in the Table of Benefits.

iii. Any claim amount admissible/paid during the year will reduce the Sum Insured payable for the Cover in respect of subsequent claims.

iv. The Coverage under this Section terminates on admissibility of Claim(s) equal to the Sum Insured. The Company's liability during the lifetime of the Policy will not exceed the Base Sum Insured in respect of the Cover.

v. The total amount payable in respect of more than one disablement due to the same Injury is arrived at by adding together the various percentages of Base Sum Insured shown in the Table of Benefits subject to maximum of Sum Insured.

3 – Temporary Total Disablement

I. Temporary Total Disablement – Accident Only

If Insured Person sustains Injury during Policy Period, which solely and directly results in Temporary Total Disablement ,We will pay the weekly benefit upto maximum of Sum Insured as specified in the Schedule of Coverage on the Policy Schedule for each continuous period of Temporary Total Disablement.

II. Temporary Total Disablement – Accident and Illness

If during Policy Period, Insured Person;

a) Sustain injury

b) Contracts Illness

Which solely and directly results in Temporary Total Disablement, We will pay the weekly benefit up to maximum of Sum Insured as specified in the Schedule of Coverage on the Policy Schedule for each continuous period of Temporary Total Disablement.

This coverage is subject to specific exclusions applicable to Temporary Total Disablement due to illness as listed under IV –What is not covered

III. Specific Conditions applicable to Temporary Total Disablement (I) and (II)

i. If Injury sustained or Illness (as applicable) suffered is in relation to the spine and its muscular girdle, ligamentous system, cartilage, nervous system and blood supply to the spine which is not detectable by means of radiological scanning, imaging, or neurological fallout testing, then the Company shall only be liable in respect of this Section for a maximum period of five (5) weeks and only once in lifetime of the Policy.

ii. In the event of a dispute arising as to when Temporary Total Disablement ceased, the date shall be finally determined by an independent Medical Practitioner who certifies:

a. the date upon which the Insured Person recovered; or

b. the date upon which the Insured Person recovered as far as he/she ever will; or

c. the date from which the Insured Person is declared to have suffered Permanent Total Disablement

iii. Any claim amount admissible/paid during the year will reduce the Sum Insured payable for the Cover in respect of subsequent claims.

iv. The Coverage under this Cover terminates on admissibility of Claim(s) equal to Sum Insured. The Company's liability during the lifetime of the Policy will not exceed the Base Sum Insured in respect of the Cover.

4 – Broken Bones

I. Broken Bones

If Insured Person sustains Injury during Policy Period, which solely and directly results into Fracture, certified by Medical Practitioner, We will pay in accordance to the Benefit table below upto maximum Sum Insured as mentioned in the Schedule of Coverage on Policy Schedule;

	Fracture	% of Base Sum Insured payable
1)	Fractures of the Skull:	
	a) Compound fracture with damage to the brain tissue	100
	b) Compound fracture without damage to the brain tissue	75
	c) All other fractures	50
2)	Fractures of hip or pelvis (excluding thigh or coccyx):	
	a) Multiple fractures (at least one compound & one complete)	100
	b) All other compound fractures	50
	c) Multiple fractures, at least one complete	30
	d) All other fractures	20
3)	Fracture of thigh or heel:	
	a) Multiple fractures (at least one compound & one complete)	50
	b) All other compound fractures	40
	c) Multiple fractures, at least one complete	30
	d) All other fractures	20
4)	Fracture of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm (including wrist, but excluding Colles-type fracture):	
	a) Multiple fractures (at least one compound & one complete)	40
	b) All other compound fractures	30
	c) Multiple fractures, at least one complete	20
	d) All other fractures	12
5)	Fractures of Lower Jaw:	
	a) Multiple fractures (at least one compound & one complete)	30
	b) All other compound fractures	20
	c) Multiple fractures, at least one complete	16
	d) All other fractures	8
6)	Fractures of Shoulder Blade, Kneecap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes and heel):	
	a) All compound fractures	20
	b) All other fractures	10

	Fracture	% of Base Sum Insured payable
7)	Colles type fracture to the Lower Arm:	
	a) Compound	20
	b) Other	10
8)	Fractures of Spinal Column (Vertebrae but excluding coccyx):	
	a) All compression fractures	20
	b) All spinous, transverse process or pedicle fractures	20
	c) All other vertebral fractures	10
9)	Fractures of Rib or Ribs, Cheekbone, Coccyx, Upper Jaw, Nose, Toe and toes, finger or fingers:	
	a) Multiple fractures (at least one compound & one complete)	16
	b) All other compound fractures	12
	c) Multiple fractures, at least one complete	8
	d) All other fractures	4

II. **Specific Conditions applicable to Broken Bones**

The Claims under this Section are payable subject to:

i. Extent and nature of fracture as certified by Medical Practitioner.

ii. The total amount payable under this Cover, in respect of more than one fracture due to the same Injury, will be calculated by adding the various benefits together, but shall not exceed the Sum Insured under this Cover.

iii. This Cover terminates on admissibility of Claim(s) equal to the Sum Insured. The Company's liability during the lifetime of the Policy will not exceed the Base Sum Insured in respect of the Cover

5 – Emergency Medical Expenses

I. **Emergency Medical Expenses**

We will pay Medical Expenses listed below for an Emergency Care of an Insured Person due to an Injury sustained during the Policy Period up to Sum Insured as mentioned in the Schedule of Coverage on the Policy Schedule, subject to Co-Payment, Deductible and Sub-limit as applicable and within India only.

Medical Expenses

1. Room Rent and boarding charges in the event of Hospitalization of Insured Person
2. Intensive Care Unit charges in the event of Hospitalization of Insured Person
3. Post Hospitalization expenses up to 30 days
4. Consultation fees& Nursing charges
5. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances charges
6. Medicines, drugs and consumables
7. Diagnostic procedures
8. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
9. Medical Expenses listed above for Domiciliary Hospitalization in India only
10. Road Ambulance: if following an Injury, Insurance Person is required to be Hospitalized, we will indemnify the cost of Road Ambulance;

o to the nearest Hospital

o from one Hospital to another Hospital

o or from Hospital to Home (within same City)

i. Room Rent & Proportionate deduction: In the event of Hospitalization, Insured Person is eligible for Room Rent category of up to Single Standard AC Room. In case of admission to a room exceeding the aforesaid category, the reimbursement/payment of Room Rent charges including all Associated Medical Expenses(excluding Medicines and drugs)incurred at Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges. This condition is not applicable in respect of Hospitals where differential billing for Associated Medical Expenses is not followed based on Room Rent.

II. **Optional Covers under Emergency Medical Expenses**

i. **Emergency Medical Expenses - Global**

On availing this option, We will pay Medical Expenses under I. Emergency Medical Expenses, incurred anywhere in world.

ii. **Co-payment**

On availing this option, Co-Payment will be applicable as mentioned in the Schedule of Coverage on the Policy Schedule on all Claims under Cover 6 – Emergency Medical Expenses\\

6– Hospital Cash – Accident only

I. **Hospital Cash – Accident Only**

If Insured Person sustains Injury, which with in month of its occurrence, results in Medically Necessary;

i. Hospitalization

ii. Domiciliary Hospitalization

iii. Hospitalization for Alternative Treatments

of an Insured Person within India, We will pay per day Sum Insured subject to maximum number of benefit days as specified on the Schedule of Coverage in the Policy Schedule for each continuous and completed period of 24 hours of such Hospitalization.

II. **SpecificConditions applicable to Cover Hospital Cash – Accident only**

For the purpose of application of Time Deductible, successive Hospital stays with less than sixty days between each one for a same cause, shall be deemed as one Hospitalization event.

III. Optional Covers applicable to Cover Hospital Cash – Accident only

i. **Companion Benefit**

In the event of admissible Claim under this Cover, We will pay additional Sum Insured as specified on the Schedule of Coverage in the Policy Schedule towards expenses of an accompanying person during Hospitalization of the Insured Person.

ii. **Hospital Cash –ICU**

We will pay Sum Insured as specified on the Schedule of Coverage in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalization of Insured Person in the Intensive Care Unit.

iii. **Time Deductible Modification Option**

On availing this option, Time Deductible as mentioned on the Schedule of Coverage in the Policy Schedule will be applied on each and every admissible Claim under the Policy.

iv. **Hospital Cash – Global**

On availing this option, we will pay Sum Insured as specified on the Schedule of Coverage in the Policy Schedule on Medically Necessary Hospitalization of an Insured Person outside India due to Injury sustained during Policy Period.

7- Chauffeur Benefit

I. **Chauffeur Benefit**

If Insured Person sustains Injury during the Policy Period which results in Temporary Total Disablement or Temporary Partial Disablement, We will indemnify the Insured Person towards daily cost of hire of a transportation or driver to maintain the mobility of Insured Person. The Coverage is applicable for period of disablement subject to maximum number of days and Sum Insured specified in the Schedule of Coverage on the Policy Schedule.

II. **Specific Conditions applicable to Chauffeur Benefit**

i. This cover is applicable only on certification of Travel by Medical Practitioner.

ii. In the event of Claim admissible under this Cover, no claim shall be payable

under Cover 3 – Temporary Total Disablement

iii. Any claim amount admissible/paid during the year will reduce the Sum Insured payable for the Cover in respect of subsequent claims.

iv. The Coverage under this Cover terminates on admissibility of Claim(s) equal to the Sum Insured. The Company's liability during the lifetime of the Policy will not exceed the Base Sum Insured in respect of the Cover.

II. Value added Services under Section B – Personal Accident

i. **Health Coach:**

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

- Disease management
- Activity and fitness
- Nutrition
- Weight management
- Psychological counselling
- Depression counselling

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 and diagnostic centres
- Customer Engagement: Monthly newsletters, Diet consultation, health tips
- Specialized programs: stress management, Pregnancy Care, Work life balance management.

III. Optional Covers under Personal Accident Cover

In consideration of payment of additional Premium or reduction in the Premium as applicable, it is hereby declared and agreed that We will pay/restrict the expenses under below listed Covers subject to all other terms, conditions, exclusions and waiting periods applicable to the Policy.

These Covers are optional and applicable only if opted for and upto the Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule.

i. **Preventive Health Check-up**

Insured Person will be entitled for below list of tests after completion of each Policy Year/Renewal at our Network Provider ;

- Chest X Ray
- 2D echo/ Stress test
- PSA for Males
- PAP smear for Females
- Medical Examination Report
- Complete Blood Count Urine R
- Fasting Blood Sugar
- Serum Creatinine
- Lipid Profile
- Electro Cardio Gram

Other terms and Conditions applicable to this Benefit

- This benefit will not be carried forward if not utilized within 60 days of Policy anniversary date.
- The test reports received under this benefit will not be utilized for re-underwriting the coverage of Insured Person

Procedure for availing this benefit

i. You will be intimated to undergo the health check-up at our Network Provider, through Our HDFC ERGO Mobile App Test reports from our Network Provider will be made available to You on Our HDFC ERGO Mobile App You have the option to avail this benefit at our Network Provider through Phone/Email or other modes of communication as available from time to time.

ii. **Last Rites**

On availing this option, We will pay the Sum Insured towards Last Rites of Insured Person in the event of admissible Claim under Cover I.5.B.1 – Accidental Death.

The Coverage for this Optional cover terminates on admissibility of Claim equal to the Sum Insured

iii. **Dependent Children Education Benefit**

We will pay the Sum Insured towards education of Dependent Children, in the event of Claim admissible under Cover I.5.B.1 – Accidental Death.

Conditions applicable to Dependent Children Education Benefit

1) This Coverage is applicable only to living Dependent Children

2) The Sum Insured for this Cover is the total claim amount payable for all Dependent Children combined

3) The Coverage for this Optional cover terminates on admissibility of Claim equal to the Sum Insured

iv. **Renewal Premium Benefit**

In the event, Claim for Insured Policy Holder becomes admissible under Cover I.5.B.1 – Accidental Death, We will pay the amount equivalent to the Renewal premium of the Coverage for all other Insured Person covered in the same policy as mentioned in the Schedule of Coverage on the Policy Schedule.

Conditions applicable to Renewal Premium Benefit

i. Renewal Premium benefit will only be in respect of Coverage under Section B – Personal Accident

ii. The Benefit will be payable irrespective of whether Policy is renewed or not.

v. **Parental Care Benefit**

We will pay the Sum Insured towards parental care of Dependent Parents, in the event of Claim admissible under Cover I.5.B.1 – Accidental Death.

Conditions applicable to Parental Care Benefit

1) This Coverage is applicable only to living Dependent Parents

2) The Sum Insured for this Cover is the total claim amount payable for both Dependent Parents combined

3) The Coverage for this Optional cover terminates on admissibility of Claim equal to the Sum Insured

vi. **Medical Evacuation**

We will indemnify the Insured Person for Air Ambulance transportation in an airplane or helicopter for Emergency Care which requires immediate and rapid ambulance transportation as prescribed by Medical Practitioner, from the site of first occurrence of the Accident to the nearest Hospital, that ground transportation cannot provide provided Claim is admissible under any of the Cover 1 to 9 of this Section.

Conditions applicable to Medical Evacuation

The Claim under this cover is admissible only once in a Policy Year irrespective of number of Claims becoming admissible under any of the Cover 1 to 9 of this Section.

Section 6: Travel Insurance

1. **Accidental Death**

If during the Period of Insurance an Insured Person sustains Bodily Injury which directly and independently of all other causes results in Death within twelve (12) months of the Date of Loss, then the Company agrees to pay to the Insured Person's Beneficiary or legal representative the Compensation stated in the Schedule.

Specific Extensions

1) **Disappearance:** In the event of the disappearance of the Insured Person, following a forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Person was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this Policy, that such Insured Person shall have died as the result of an Accident. If at any time, after the payment of the Accidental death benefit, it is discovered that the Insured Person is still alive, all payments shall be reimbursed in full to the Company.

2) Exposure: Death as a direct result of exposure to the elements shall be deemed to be Bodily Injury.

Specific Conditions

If applicable and if payment has been made under the Permanent Disablement Section, any amounts paid under that Section would be deducted from payment of a claim under this Section of the Policy.

2. **Permanent Disablement**

If during the Period of Insurance an Insured Person sustains Bodily Injury which directly and independently of all other causes results in disablement within twelve (12) months of the Date of Loss, then the Company agrees to pay to the Insured Person the Compensation stated in the specific Table of Benefits below, which is shown as the Table of Benefits in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Extensions

Exposure: Permanent disablement as a direct result of exposure to the elements shall be deemed to be Bodily Injury.

Specific Provisions

1) Ankylosis of the fingers (other than thumb and forefinger) and of the toes (other than the big toe) shall be limited to fifty percent (50%) of the Compensation payable for the loss of the said members.

2) Any benefit payable under item 23 of Table (C) shall be at the complete discretion of the Company taking into consideration the nature of the Bodily Injury in conjunction with the stated Compensation percentages for more specific injuries shown in the Table of Benefits.

Specific Conditions

1) The insurance shall terminate for an Insured Person under this Section upon payment of a benefit equal to the Total Sum Insured.

2) The total amount payable in respect of more than one disablement due to the same Accident is arrived at by adding together the various percentages shown in the Table of Benefits, but shall not exceed the Total Sum Insured.

3) The Deductible or Franchise, if applicable, shall apply to the total amount payable, irrespective of the number of benefits an Insured Person is entitled to.

4) If an Insured Person dies as the result of the Bodily Injury any amount claimed and paid to an Insured Person under the Permanent Disablement Section will be deducted from any payment under the Accidental Death Section.

Specific Definitions for all Tables of Benefits

1) Limb means the hand above the wrist joint or foot above the ankle joint.

2) Loss of Hearing means the total and irrecoverable Loss of Hearing.

3) Loss of Mastication means the total and irrecoverable loss of ability to chew food.

4) Loss of Sight means the total and irrecoverable Loss of Sight. This is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.

5) Loss of Speech means the total and irrecoverable Loss of Speech.

Specific Definitions for Table (A)

Loss used with reference to Limb means the loss by physical severance of such Limb.

Specific Definitions for Table (B)

Loss used with reference to Limb means the loss by physical severance or the total and permanent loss of use of such Limb.

Specific Definitions for Table (C) & Table (D)

Loss used with reference to Limb and / or fingers, thumbs or toes, means the loss by physical severance or the total and permanent loss of use of said member.

Table Of Benefits – Table (A)

The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1) Permanent Total Disablement	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two Limbs	100%
4) Permanent Total Loss of Sight in both eyes	100%
5) Permanent Total Loss of Sight of one eye and one Limb	100%
6) Permanent Total Loss of Speech	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total Loss of Mastication	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10) Permanent Total Loss of Hearing in both ears	75%
11) Permanent Total Loss of one Limb	50%
12) Permanent Total Loss of Sight of one eye	50%

Table Of Benefits – Table (B)

The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1) Permanent Total Disablement	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two Limbs	100%
4) Permanent Total Loss of Sight in both eyes	100%
5) Permanent Total Loss of Sight of one eye and one Limb	100%
6) Permanent Total Loss of Speech	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total Loss of Mastication	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10) Permanent Total Loss of Hearing in both ears	75%
11) Permanent Total Loss of one Limb	50%
12) Permanent Total Loss of Sight of one eye	50%

Table Of Benefits – Table (C)

The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1) Permanent Total Disablement	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two Limbs	100%
4) Permanent Total Loss of Sight in both eyes	100%
5) Permanent Total Loss of Sight of one eye and one Limb	100%
6) Permanent Total Loss of Speech	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total Loss of Mastication	100%

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The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10) Permanent Total Loss of Hearing in both ears	75%
11) Permanent Total Loss of one Limb	50%
12) Permanent Total Loss of Sight of one eye	50%
13) Permanent Total Loss of Hearing in one ear	15%
14) Permanent Total Loss of the lens in one eye	25%
15) Permanent Total Loss of use of four fingers and thumb of either hand	40%
16) Permanent Total Loss of use of four fingers of either hand	20%
17) Permanent Total Loss of use of one thumb of either hand:	
a) Both joints	20%
b) One joint	10%
18) Permanent Total Loss of one finger of either hand:	
a) Three joints	5%
b) Two joints	3.50%
c) One joint	2%
19) Permanent Total Loss of use of toes:	
a) All – one foot	15%
b) Big – both joints	5%
c) Big – one joint	2%
d) Other than Big – each toe	2%
20) Established non-union of fractured leg or kneecap	10%
21) Shortening of leg by at least 5 cms.	7.50%
22) Ankylosis of the elbow, hip or knee	20%
23) Permanent disablement not otherwise provided for under Items 2-22 inclusive up to a maximum of	75%

Table Of Benefits – Table (D)

The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1) Permanent Total Disablement	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two Limbs	100%
4) Permanent Total Loss of Sight in both eyes	100%
5) Permanent Total Loss of Sight of one eye and one Limb	100%
6) Permanent Total Loss of Speech	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total Loss of Mastication	100%

The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10) Permanent Total Loss of Hearing in both ears	75%
11) Permanent Total Loss of one Limb	50%
12) Permanent Total Loss of Sight of one eye	50%
13) Permanent Total Loss of Hearing in one ear	15%
14) Permanent Total Loss of the lens in one eye	25%
15) Permanent Total Loss of use of four fingers and thumb of either hand	40%
16) Permanent Total Loss of use of four fingers of either hand	20%
17) Permanent Total Loss of use of one thumb of either hand:	
a) Both joints	20%
b) One joint	10%
18) Permanent Total Loss of one finger of either hand:	
a) Three joints	5%
b) Two joints	3.50%
c) One joint	2%
19) Permanent Total Loss of use of toes:	
a) All – one foot	15%
b) Big – both joints	5%
c) Big – one joint	2%
d) Other than Big – each toe	2%
20) Established non-union of fractured leg or kneecap	10%
21) Shortening of leg by at least 5 cms.	7.50%
22) Ankylosis of the elbow, hip or knee	20%

3. **Emergency Medical Expenses**

If, during the Period of Insurance, an Insured Person sustains Bodily Injury or sudden unexpected Sickness, then the Company will reimburse the Insured Person the necessary Usual and Reasonable Medical Expenses, incurred within two (2) months from the Date of Loss up to the Sum Insured stated in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Conditions

1) Medical Expenses shall include and be limited to the following services:

a) charges for semi private Hospital room and board, use of the operating room, emergency room, and Ambulatory Medical Centre.

b) **fees of Physicians.**

c) Medical Expenses, in or out of Hospital, including: laboratory tests, ambulance service (to or from the Hospital), prescription medicines or drugs, therapeutics, anaesthetics (including administration of anaesthetics), transfusions, artificial Limbs or eyes (excluding repair or replacement of these items), x-rays, prosthetic appliances.

d) c**harges for a registered nurse (R.N).**

2) If a Policyholder or Insured Person has other insurance against a loss covered by this Section, then the Company shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

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Specific Definitions

1) Ambulatory Medical Centre means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician' s office.

2) Usual and Reasonable Medical Expenses means fees and prices generally charged in the locality where performed for medically necessary services and supplies required for treatment of cases of comparable severity and nature, but not to include charges that would not have been made if no insurance existed.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person for:

1) Any Medical Expenses incurred where an Insured Journey is undertaken against the advice of a qualified licensed medical practitioner.

2) Any Medical Expenses incurred when the specific purpose of a journey is to receive medical treatment or advice.

3) Any Medical Expenses incurred within the territorial limits that are not stated in the Schedule.

4) any medical treatment, drugs or medicines, prescribed or applied, before the Period of Insurance.

5) any dental work.

4. **Emergency Dental Treatment**

If during the Period of Insurance an Insured Person sustains Bodily Injury or Acute Pain which directly and independently of all other causes results in necessary emergency dental work, then the Company agrees to pay for such costs up to the Total Sum Insured stated in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Conditions

If a Policyholder or Insured Person has other insurance against a loss covered by this Section, then the Company shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

Acute Pain means unexpected and sudden pain that requires immediate treatment.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person for permanent crowns or artificial teeth.

5. **Emergency Travel Benefits**

The benefits below will only be insured as part of the Policy if the Assistance Provider Services Section has been purchased and contact has been made with the Assistance Provider. Contact must be made prior to any arrangements being made for such benefits.

1) Medical Repatriation: If the Insured Person is unable to continue his/her journey after a Hospital stay or medical treatment due to Bodily Injury or Sickness, then the Company agrees to pay the actual costs or the Total Sum Insured stated in the Schedule, whichever is the lesser, for the repatriation of the Insured Person back to the Insured Person's Country of Residence or Country of Citizenship (for Operative Times within the country of residence, the Insured Person will be returned to his / her home town). If the gravity of the situation so dictates, then the Company will pay for appropriate medical authorities to accompany the Insured Person during the return journey.

2) Body Repatriation: If during the Period of Insurance, an Insured Person dies as the result of Bodily Injury or Sickness then the Company agrees to pay the actual costs or the Total Sum Insured stated in the Schedule, whichever is the lesser, for the repatriation of the corpse of the Insured Person to his / her Country of Residence or Country of Citizenship (for Operative Times within the country of residence, the corpse will be returned to his / her home town).

Specific Conditions

1) The decision on the most appropriate means, timing and course of action belongs to the Assistance Provider only.

2) If a Policyholder or Insured Person has other insurance against a loss covered by this Section, then the Company shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person:

1) if an Insured Person or anyone acting on behalf of an Insured Person has not contacted the Assistance Provider, prior to any arrangements that may give rise to a claim under this Section.

2) Any Medical Expenses incurred where an Insured Journey is undertaken against the advice of a qualified licensed medical practitioner.

3) Any Medical Expenses incurred when the specific purpose of a journey is to receive medical treatment or advice.

6. **Contingency Travel Benefits**

The benefits below will only be insured as part of the Policy if the Assistance Provider Services Section has been purchased and contact has been made with the Assistance Provider. Contact must be made prior to any arrangements being made for such benefits.

Emergency Hotel Extension: If during the Period of Insurance an Insured Person sustains Bodily Injury or Sickness which directly and independently of all other causes results in a Hospital stay as an in-patient for more than five (5) Days and misses his / her scheduled flight back to the country of residence, then the Company agrees to pay for the costs of Hotel accommodation up to the Total Sum Insured stated in the Schedule, or until a return flight becomes available, whichever is the earlier.

Specific Conditions

1) The decision on the most appropriate means, timing and course of action belongs to the Assistance Provider only.

2) If a Policyholder or Insured Person has other insurance against a loss covered by this Section, then the Company shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person:

1) if an Insured Person or anyone acting on behalf of an Insured Person has not contacted the Assistance Provider, prior to an event that may give rise to a claim under this Section.

2) Any Medical Expenses incurred where an Insured Journey is undertaken against the advice of a qualified licensed medical practitioner.

3) Any Medical Expenses incurred when the specific purpose of a journey is to receive medical treatment or advice.

7. Accidental Death - Common Carrier

If during the Period of Insurance an Insured Person is riding as a passenger in or on, boarding or alighting from a Common Carrier and sustains Bodily Injury which directly and independently of all other causes results within twelve (12) calendar months of the Accident in death, then the Company agrees to pay to the Insured Person's Beneficiary or legal representative Compensation stated in the Schedule.

Specific Conditions

If applicable and if payment has been made under the Permanent Disablement or Permanent Disablement – Common Carrier Section, any amounts paid under that Section would be deducted from payment of a claim under this Section of the Policy.

8. Permanent Disablement – Common Carrier

If during the Period of Insurance an Insured Person is riding as a passenger in or on, boarding or alighting from a Common Carrier and sustains Bodily Injury which directly and independently of all other causes results in disablement within twelve (12) months of the Date of Loss, then the Company agrees to pay to the Insured Person the Compensation stated in the specific Table of Benefits below, which is shown as the Table of Benefits in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Conditions

1) This insurance shall terminate for an Insured Person under this Section upon payment of a benefit equal to the Total Sum Insured.

2) The total amount payable in respect of more than one disablement due to the same Accident is arrived at by adding together the various percentages shown in the Table of Benefits, but shall not exceed the Total Sum Insured.

3) The Deductible or Franchise, if applicable, shall apply to the total amount

payable, irrespective of the number of benefits an Insured Person is entitled to.

4) If an Insured Person dies as the result of the Bodily Injury any amount claimed and paid to an Insured Person under the Permanent Disablement or Permanent Disablement – Common Carrier Section will be deducted from any payment under the Accidental Death – Common Carrier Section.

Specific Provisions

Ankylosis of the fingers (other than thumb and forefinger) and of the toes (other than the big toe) shall be limited to fifty percent (50%) of the Compensation payable for the loss of the said members.

Specific Definitions for all Tables of Benefits

1) Limb means the hand above the wrist joint or foot above the ankle joint.

2) Loss of Hearing means the total and irrecoverable Loss of Hearing.

3) Loss of Mastication means the total and irrecoverable ability to chew food.

4) Loss of Sight means the total and irrecoverable Loss of Sight. This is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.

5) Loss of Speech means the total and irrecoverable Loss of Speech.

Specific Definitions for Table (B)

Loss used with reference to Limb and / or fingers, thumbs or toes, means the loss by physical severance or the total and permanent loss of use of said member.

TABLE OF BENEFITS – TABLE (B)

The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1) Permanent Total Disablement	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two Limbs	100%
4) Permanent Total Loss of Sight in both eyes	100%
5) Permanent Total Loss of Sight of one eye and one Limb	100%
6) Permanent Total Loss of Speech	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total Loss of Mastication	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10) Permanent Total Loss of Hearing in both ears	75%
11) Permanent Total Loss of one Limb	50%
12) Permanent Total Loss of Sight of one eye	50%

9. **Hospital Cash – Accident & Sickness**

If during the Period of Insurance an Insured Person sustains Bodily Injury or Sickness which directly and independently of all other causes results in the Insured Person being in a Hospital as an in-patient within one (1) calendar month of the Date of Loss, then the Company agrees to pay to the Insured Person the Daily Benefit stated in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Provisions

In case of successive Hospital stays with less than sixty (60) Days between each one for a same cause, the Deductible or Franchise will only apply once, as the Hospital stays will be deemed as one event.

Specific Conditions

Once the Company has paid the Daily Benefit up to the maximum number of Days stated in the Schedule, cover under this Section will cease for such Insured Person.

10. LOSS OF BAGGAGE & PERSONAL DOCUMENTS

If, during the Period of Insurance, the Baggage, Personal Documents and/or Personal Effects owned by or in the custody of an Insured Person are damaged or lost, then the Company will reimburse the Insured Person the cost of replacement of the articles for any amount up to the Total Sum Insured stated in the Schedule. The Deductible, if applicable, shall be deducted from the Compensation payable.

Specific Conditions

1) Any valid claim involving a motor vehicle, and at all time subject to Specific Exclusion (5), will be limited to a maximum of fifty percent (50%) of the Sum Insured stated in the Schedule.

2) All claims will be subject to the Company at its own discretion assessing the value of the claim based on the age and estimated wear and tear of the article that forms the basis of the claim.

3) If applicable and if payment has been made under the Baggage Delay Section, any amounts paid would be deducted from payment of a claim under this Section of the Policy.

4) If a Policyholder or Insured Person has other insurance against a loss covered by this Section, then the Company shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

Personal Documents means an Insured Person's identity card (if applicable), ration card, voter identity card, passport, driving license and car license.

Specific Claims Provisions

In the event of a claim the Insured Person must:

1) give immediate written notice:

a) to the relevant Common Carrier in the event of loss or damage in transit;

b) to the relevant police authority in the event of loss or theft;

2) submit a copy of the relevant Common Carrier or police report when a claim is made;

3) obtain a Common Carrier or police report where the loss occurred;

4) in the event of loss by a Common Carrier, retain original tickets and baggage slips and submit them when a claim is made;

5) submit original purchase receipts in the event of claims regarding goods purchased during the Insured Journey; and

6) for claims involving jewellery, submit original or certified copies of valuation certificates issued prior to the commencement of the Period of Insurance, when a claim is made.

For purposes of any claim hereunder:

1) a pair of skis, ski boots and accessories shall be regarded as one item;

2) bottles of perfume, aftershave, and make up shall together be regarded as one item;

3) the equipment and accessories of any sport that an Insured Person takes on a trip shall be regarded as one item.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured

Person for:

1) loss of cash, bank or currency notes, cheques, debit or credit cards or unauthorised use thereof, postal orders, travellers cheques, travel, tickets, securities of any kind and petrol or other coupons.

2) mechanical or electrical breakdown or derangement or breakage of fragile or brittle articles, or damage caused by such breakage unless caused by fire or by Accident to the conveying vehicle.

3) Destruction or damage due to wear and tear, moth or vermin.

4) baggage, clothing and personal effects despatched as unaccompanied baggage.

5) theft from a motor vehicle unless the property is securely locked in the boot and entry to such vehicle is gained by visible, violent and forcible means.

6) loss or damage to sports equipment whilst in use, contact lenses, samples, tools.

7) for loss, destruction, or damage due to delay, confiscation or detention by order of any government or Public Authority.

8) for loss, destruction or damage directly occasioned by pressure waves, caused by aircraft or other aerial devices travelling at sonic or supersonic speeds.

9) for loss, destruction or damage caused by any process of cleaning, dyeing, repairing or restoring.

10) for loss, destruction, or damage caused by atmospheric or climatic conditions or any other gradually deteriorating cause.

11) a claim involving animals.

12) loss, including but not limited to loss by theft, or damage to vehicles or other accessories.

13) for any loss that is not reported either to the appropriate police authority or transport carrier within twenty four (24) hours of discovery or if the carrier is an airline if a property irregularity report is not obtained.

14) baggage and/or personal effects sent under an airway-bill or bill of lading.

15) computer equipment, cameras, musical instruments, radios and portable radio /cassette/compact disc players.

16) contact lenses, glasses, hearing aids or bridges or dentures for a tooth or teeth.

11. **Loss Of Checked Baggage**

If, during the Period of Insurance, the Baggage, Personal Documents and/or Personal Effects that have been checked in on the same Common Carrier as a travelling Insured Person, are damaged or lost, then the Company will reimburse the Insured Person the cost of replacement of the articles for any amount up to the Total Sum Insured stated in the Schedule. The Deductible, if applicable, shall be deducted from the Compensation payable.

Specific Conditions

1) All claims will be subject to the Company at its own discretion assessing the value of the claim based on the age and estimated wear and tear of the article that forms the basis of the claim.

2) If applicable and if payment has been made under the Baggage Delay Section, any amounts paid would be deducted from payment of a claim under this Section of the Policy.

3) If a Policyholder or Insured Person has other insurance against a loss covered by this Section, then the Company shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

Personal Documents means an Insured Person's identity card (if applicable), ration card, voter identity card, passport, driving licence and car licence.

Specific Claims Provisions

In the event of a claim the Insured Person must:

1) give immediate written notice:

a) to the relevant Common Carrier in the event of loss or damage in transit;

b) to the relevant police authority in the event of loss or theft;

2) submit a copy of the relevant Common Carrier or police report when a claim is made;

3) obtain a Common Carrier or police report where the loss occurred;

4) in the event of loss by a carrier, retain original tickets and baggage slips and submit them when a claim is made;

5) submit original purchase receipts in the event of claims regarding goods purchased during the Insured Journey; and

6) for claims involving jewellery, submit original or certified copies of valuation certificates issued prior to the commencement of the Period of Insurance, when a claim is made.

For purposes of any claim hereunder:

1) a pair of skis, ski boots and accessories shall be regarded as one item;

2) bottles of perfume, aftershave, and make up shall together be regarded as one item;

3) the equipment and accessories of any sport that an Insured Person takes on a trip shall be regarded as one item.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person for:

1) loss of cash, bank or currency notes, cheques, debit or credit cards or unauthorised use thereof, postal orders, travellers cheques, travel, tickets, securities of any kind and petrol or other coupons.

2) mechanical or electrical breakdown or derangement or breakage of fragile or brittle articles, or damage caused by such breakage unless caused by fire or by Accident to the conveying vehicle.

3) destruction or damage due to wear and tear, moth or vermin.

4) baggage, clothing and personal effects despatched as unaccompanied baggage.

5) theft from a motor vehicle unless the property is securely locked in the boot and entry to such vehicle is gained by visible, violent and forcible means.

6) loss or damage to sports equipment whilst in use, contact lenses, samples, tools.

7) for loss, destruction, or damage due to delay, confiscation or detention by order of any government or Public Authority.

8) for loss, destruction or damage directly occasioned by pressure waves, caused by aircraft or other aerial devices travelling at sonic or supersonic speeds.

9) for loss, destruction or damage caused by any process of cleaning, dyeing, repairing or restoring.

10) for loss, destruction, or damage caused by atmospheric or climatic conditions or any other gradually deteriorating cause.

11) a claim involving animals.

12) loss, including but not limited to loss by theft, or damage to vehicles or other accessories.

13) for any loss that is not reported either to the appropriate police authority or transport carrier within twenty four (24) hours of discovery or if the carrier is an airline if a property irregularity report is not obtained.

14) baggage and/or personal effects sent under an airway-bill or bill of lading.

15) computer equipment, cameras, musical instruments, radios and portable radio /cassette/compact disc players.

16) contact lenses, glasses, hearing aids or bridges or dentures for a tooth or teeth.

12. **Baggage Delay**

If, during the Period of Insurance, the baggage and/or personal effects owned by or in the custody of an Insured Person is delayed or misdirected for more than the Deductible stated in the Schedule, then the Company will reimburse the Insured Person the cost of necessary personal effects up to the Sum Insured stated in the Schedule.

Specific Conditions

1) The baggage and/or personal effects must have been checked in as registered baggage by the airline operating under a licence issued by a governmental authority having jurisdiction for the transportation of fare paying passengers on fixed established routes, for any benefit to be payable under this Section.

2) If upon further investigation it is later determined that the baggage and/or personal effects has been lost, then any amount claimed and paid to an Insured Person under the Baggage Delay Section will be deducted from any payment under the Baggage Loss Section.

3) An Insured Person shall exercise all reasonable measures and precautions for the safety of, and recovery of, any property insured hereunder. Notification of any apparent delay to baggage must be made immediately to the airline concerned.

4) If a Policyholder or Insured Person has other insurance against a loss covered by this Section, then the Company shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

5) If the Insured Person receives any form of compensation from the Common Carrier in the form of vouchers, tickets or coupons, then these items will be surrendered to the Company.

Specific Exclusions

The Company will not indemnify the Insured Person for delayed baggage as a result of the following:

1) chartered flights, unless such flights are registered in the International Data System.

2) confiscation of baggage by customs or any government authority.

3) purchases made after arriving in the final destination mentioned on the airline ticket.

4) baggage and/or personal effects sent under an airway-bill or bill of lading.

5) delays due to a strike or industrial action existing or announced before the start of the journey.

6) delays due to withdrawal of aircraft from service by any civil aviation authority of which notice had been given before the start of the journey.

7) any delays of the return journey.

13. **Flight Delay**

If during the Period of Insurance, the flight on which an Insured Person is due to travel is delayed in excess of the Deductible, then the Company agrees to reimburse up to the amount stated in the Schedule per hour, or up to the Total Sum Insured, whichever is the lesser, for essential purchases, such as meals, refreshments or other related expenses directly resulting from the:

1) delay or cancellation of the Insured Person's booked and confirmed flight.

2) late arrival of the Insured Person's connecting flight causing the Insured Person to miss his or her onward connection.

3) or a late arrival (of more than 1 hour) of public transport causing the Insured Person to miss the flight.

Specific Conditions

1) If a Policyholder or Insured Person has other insurance against a loss covered by this Section, then the Company shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

2) If the Insured Person receives any form of compensation from the Common Carrier in the form of vouchers, tickets or coupons, then these items will be surrendered to the Company.

Specific Claims Provisions

All claims must be submitted in writing to the Company by the Insured Person, or his/her legal representative and all information, documents, and evidence required by the Company shall be furnished at no expense to the Company and shall be in such form and of such nature as the Company may prescribe. All claims must be reported to the Company within twenty- one (21) Days of a delay occurring, and must contain:

a) the Policy number.

b) detailed circumstances of the delay.

c) a copy of declaration of delay made by the public transport company (other than an airline).

d) all receipts, all invoices serving as proof of purchases made in connection with the flight delay, as well as proof of the delay and the flight number and place where the delay occurred.

Specific Exclusions

The Company shall not be liable for any claim:

1) arising or as the result of chartered flights, unless such flights are registered in the International Data System.

2) if comparable alternative transport has been made available within six (6) hours after scheduled departure time or within six (6) hours of an actual connecting flight arrival time.

3) if an Insured Person fails to check-in according to the itinerary supplied, unless it is due to a strike.

4) if the delay is due to a strike or industrial action existing or announced before the start of the journey.

5) if the delay is due to withdrawal of aircraft from service by any civil aviation authority of which notice had been given before the start of the journey.

14. **Hijacking**

If during the Period of Insurance an Insured Person is travelling on board a Common Carrier which is Hijacked, then the Company agrees to pay to the Insured Person the Compensation stated in the Schedule for every six (6) continuous hours in excess of the Deductible up to the Total Sum Insured.

Specific Definitions

Hijacked means the unlawful seizure or wrongful exercise of control of a Common Carrier, or the crew thereof.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person for any claim caused by civil authority.

15. **Personal Liability**

Property Damage

If while this Policy is in force a claim is made or a suit brought against an Insured Person for Property Damage that occurred during the Period of Insurance, then the Company agrees to pay to the Insured Person the Compensation stated in the Schedule, up to the Total Sum Insured, for the damages for which the Insured Person is legally liable.

Medical Payments to Others

If while this Policy is in force a claim is made or a suit brought against an Insured Person for Medical Expenses as the result of an Accident that occurred during the Period of Insurance caused by the Insured Person and resulting in Bodily Injury to another person, then the Company agrees to pay to the Insured Person the Compensation stated in the Schedule, up to the Total Sum Insured, for the damages for which the Insured Person is legally liable.

In no event with the Company pay more than the Total Sum Insured for all Property Damage or Medical Expenses arising out of one event.

Specific Conditions

1) If a Policyholder or Insured Person has other insurance against a loss covered by this Section, then the Company shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

2) The Total Sum Insured is the total amount payable for Property Damage and Medical Payments to Others combined, not for each one.

Specific Definitions

1) Medical Expenses means reasonable charges for medical, surgical, X-ray, dental, ambulance, Hospital, professional nursing, prosthetic devices and funeral services.

2) Property Damage means physical injury to, destruction of or loss of use of tangible property.

Specific Exclusions

The Company will not be liable for any claims caused by or resulting either directly or indirectly from:

1) liability which is expected or intended by an Insured Person.

2) liability arising out of or in connection with a business engaged in by an Insured Person. This exclusion applies but is not limited to an act or omission,

3) regardless of its nature or circumstance, involving a service or duty rendered, promised, owed, or implied to be provided because of the nature of the business.

4) liability arising out of the rental or holding for rental of any part of any premises or a motor vehicle of any kind by an Insured Person.

5) liability arising out of the rendering of or failure to render professional services.

6) liability arising out of a premises, watercraft or aircraft that is owned by, rented to or rented by an Insured Person.

7) liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorised land conveyances, water craft or aircraft.

8) liability arising out of the transmission of a communicable disease by an Insured Person.

9) liability arising out of sexual molestation, corporal punishment, or physical or mental abuse.

10) liability arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a controlled substance or contraband as defined by the appropriate authority or government agency.

11) liability under any contract or agreement.

12) Property Damage to property owned by an Insured Person.

13) Property Damage to property rented to, occupied, or used by or in the care of an Insured Person.

14) Bodily Injury to any person eligible to receive any benefits voluntarily provided or required to be provided by an Insured Person under any worker's compensation law, non-occupational disablement law or occupational diseases law.

15) any claims or suits arising from any Immediate Family Member, Close Business Associate or an Immediate Family Member of a Close Business Associate against an Insured Person.

16. **Financial Emergency Assistance**

The deductible excess in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in the Schedule of this Policy. For the purpose of this benefit, 'financial emergency' shall mean a situation wherein the Insured loses all or a substantial amount of his/her travel funds due to theft, robbery, mugging or dacoity, such that there is a detrimental effect on his/her travel plans.

The Company shall have the sole discretion to determine whether a 'financial emergency' has occurred in any instance.

This is an assistance provided by the company through service provider. The assistance would be provided subject to the terms and conditions of the service provider, as stated below.

Exclusions Applicable - Financial Emergency Assistance

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured in connection with or in respect of

1) A shortage or loss of funds due to currency fluctuation, errors omissions, exchange, loss or depreciation in value.

2) Any loss not reported to the police authorities having jurisdiction at the place of loss within 24 hours of the occurrence of the incident and a written report being obtained for the same.

3) Any claim in respect of a loss of traveller's cheques not immediately reported to the local branches or agents of the issuing authority.

4) Loss of funds not kept in the personal custody of the Insured.

5) Any reimbursement under Financial Emergency Assistance is excluded if the claim is put up after arrival of the Insured to the Republic of India

6) Any exclusion mentioned in the 'General Exclusions' section of this Policy

Section 7: HDFC ERGO Bharat Griha Raksha

If Your Home Building or the articles or things in Your home are lost, damaged or destroyed because of the following unforeseen events that occur during the Policy Period, We provide cover as follows:

Name of Cover	Your loss	We pay	Nature of Cover
Home Building Cover	Building is damaged	Cost of repairs, Architect's, Surveyor's, Consulting Engineer's fees, Costs of removing debris, Loss of Rent and Rent for Alternative Accommodation.	Standard
	Building is completely destroyed (Total Loss)	Cost of Construction	Standard
Home Contents Cover	Any General Content is damaged	Cost of repairs	Standard
	Article or thing is lost or destroyed (Total Loss)	Cost of replacing that item with a same or similar item	Where Home Building is also covered, General Contents are automatically covered for 20% of the Sum Insured of the Home Building subject to a maximum of ₹ 10 Lakh. You can opt out of the cover or increase the Sum Insured by declaring the details.
Personal Accident Cover	Unfortunate death of Your spouse or Yourself due to an insured peril that caused damage to Home Building and/or Contents	₹ 5,00,000/- per person	Optional
Cover for Valuable Contents on Agreed Value Basis (under Home Contents Cover)	Valuable content is physically damaged	Cost of repair	Optional
	Valuable content is a total loss	Agreed Value	

Which unexpected events are covered?

We give insurance cover for physical loss or damage, or destruction caused to Insured Property by the following unforeseen events occurring during the Policy Period.

The events covered are given in Column A and those not covered in respect of these events are given in Column B.

	Column A	Column B
	We cover physical loss or damage, or destruction caused to the Insured Property by	We do not cover any loss or damage, or destruction caused to the Insured Property
1	Fire	caused by burning of Insured Property by order of any Public Authority.
2	Explosion or Implosion	-
3	Lightning	-
4	Earthquake, volcanic eruption, or other convulsions of nature	-
5	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation	-

	Column A	Column B
6	Subsidence of the land on which Your Home Building stands, Landslide, Rockslide	caused by a. normal cracking, settlement or bedding down of new structures, b. the settlement or movement of made up ground, c. coastal or river erosion, d. defective design or workmanship or use of defective materials, or e. demolition, construction, structural alterations or repair of any property, or ground works or excavations.
7	Bush fire, Forest Fire, Jungle Fire	-
8	Impact damage of any kind, i.e., damage caused by impact of, or collision caused by any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.)	caused by pressure waves caused by aircraft or other aerial or space devices travelling at sonic or supersonic speeds.
9	Missile testing operations	-
10	Riot, Strikes, Malicious Damages	caused by a. temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority, or b. temporary or permanent dispossession of Your Home by unlawful occupation by any person.
11	Acts of terrorism (Coverage as per Terrorism Clause attached)	Exclusions and Excess as per Terrorism Clause attached.
12	Bursting or overflowing of water tanks, apparatus and pipes,	-
13	Leakage from automatic sprinkler installations.	a. repairs or alterations in Your Home or the building in which Your Home is located, b. repairs, removal or extension of any sprinkler installation, or c. defects in the construction known to You.
14	Theft within 7 days from the occurrence of and proximately caused by any of the above Insured Events.	if it is a. any article or thing outside Your Home, or b. any article or thing attached from the outside of the outer walls or the roof of Your Home, unless securely mounted.

Examples

1. Your home catches fire. All its doors are opened for fighting the fire. A person takes advantage of the situation and carries away Your TV Set. Since this theft follows a fire and happened on the day of the fire i.e., within 7 days of occurrence of the fire, We will pay for Your loss upto the limits of the applicable Sum Insured.

2. During riots, a rioter breaks a window of Your home and takes away articles of value ₹15,000. It costs ₹20,000 to repair the window. Here the loss is due to theft, which arose during riots (and therefore occurred within 7 days of occurrence of the event), which is an insured event. It arose at a time when You were not in a position to protect Your home and articles. We will pay ₹15,000 for the loss of contents, and ₹20,000 for repairs of the window.

Sum Insured

i) **For Home Building:**

The maximum amount We pay under this Policy is the Sum Insured which is based on the prevailing Cost of Construction of Your Home Building at the Policy Commencement Date as declared by You and accepted by Us. It is shown in the Policy Schedule. If Policy Schedule shows any limit for any cover or item, such limit is the maximum We will pay for that item or cover. Premium is calculated with reference to the amount of Sum Insured.

If You have purchased an annual policy, the Sum Insured will be automatically increased each day by an amount representing 1/365th of 10% of Sum Insured at the Policy Commencement Date.

If You have purchased a policy of more than one-year duration, the Sum Insured will automatically increase each year by 10% for Home Building Cover without additional premium for a maximum of 100% of the Sum Insured at Policy Commencement Date. There will be no additional premium for this increase.

Example

On 1 January 2017, You have purchased Bharat Griha Raksha for Your Home Building for three years. Sum Insured for the building of Your home is ₹5,00,000. The Sum Insured for the Building will be as follows:

Period	Sum Insured for Building(₹)
1-1-2018 to 31-12-2018	5,50,000
1-1-2019 to 31-12-2019	6,00,000

ii) **For Home Contents:**

The maximum amount We pay under this policy is the Sum Insured and it is shown in the policy schedule. If the Policy Schedule shows any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item.

The policy has inbuilt cover for General Contents of Your Home equal to 20% of the Sum Insured for Home Building subject to a maximum of ₹10 Lakhs (Rupees Ten lakh) if You have opted for both Home Building and Home Contents cover. You can choose a higher Sum Insured by declaring it in the Proposal Form and paying additional premium.

If You have purchased only Home Contents cover, You have to declare Sum Insured for General Contents.

The Sum Insured You have chosen for General Contents must be enough to cover the cost of replacement of that item/s.

When We pay You the full Sum Insured for any cover or any item covered, the Policy ends to that extent. Except this, the insurance cover will be maintained up to the full Sum Insured throughout the Policy Period. You need to pay only the proportionate additional premium. This will ensure that Your Home Building and its contents remain insured throughout.

Example

1. If Your TV Set insured for ₹15000 is destroyed in fire or stolen within 7 days of the fire, and We pay Your claim of ₹15000, the new TV that You buy will not be covered under this Policy unless You add it again and pay additional premium. If Your TV set is repaired, and We pay You repair charges of ₹5,000, the cover for the same TV will continue for ₹10000. It will continue for ₹15,000 if You pay proportionate premium again.

2. If Your home building insured for ₹20,00,000 is severely damaged and We pay You ₹20,00,000 under the Home Building Cover to cover its repair and reconstruction, You will not be covered under this Policy for the new building that You construct, unless You pay premium for the cover.

Who can purchase this Policy?

You can purchase the Home Building Cover if You own or are a tenant of the Home Building and You are liable for insurance. You can also purchase Home Contents cover for articles or things in Your home.

How long does this cover protect me?

The cover protects You during the period of the policy. You can buy the policy

for one year or more than one year but the policy duration cannot exceed 10 years.

The Home Building Cover

The Building: You can purchase this cover for Your home, i.e., Your building, flat, apartment, duplex apartment, bungalow or any dwelling place. Fittings and fixtures are included. Additional structures like garages, domestic outhouses for residence, compound walls, fences, gates, retaining walls and internal roads, parking space, water tanks for residence, parking space, are also covered.

Who can purchase? You can purchase this cover if

1. You own the structure,
2. You are occupying Your home as purchaser under an agreement of sale,
3. You are an authorized occupier of Your home,
4. Your structure is occupied by a tenant, a licensee or Your employee, or
5. You are a tenant under an agreement in writing and are liable for insurance.

Residential use: You can purchase this insurance cover if Your Home Building is used for residence. If You carry on commercial activity by employing other persons, You must purchase another insurance cover meant for commercial premises.

Example

1. You have let out Your house under a registered lease to Your tenant. You can purchase Home Building Cover as its owner. Your tenant can purchase the Home Contents Cover.
2. You own a two-storey house. You and Your family reside in the building and run a grocery shop in two rooms of the ground floor and personally attend to the grocery business. You can purchase this policy.
3. You own and reside in a three-storey house. You are a partner in a firm that runs an electronic shop on the ground floor. Five employees attend the shop. You can purchase this policy only for the two floors of the building where You reside. You can purchase other policies to cover the shop on the ground floor.

Sum Insured

The Sum Insured for the Home Building Cover shall be equal to the Cost of Construction of Your Home Building including fittings and fixtures at the Policy Commencement date. The cost of construction is calculated as follows-

[Carpet area of Your home structure in sq.m. X rate of cost of construction at the commencement date declared by You and accepted by Us] + cost of construction for additional structures at the Policy Commencement date declared by You and accepted by Us.

The rate of cost of construction is the prevailing rate of cost of construction of Your Home Building at the Policy Commencement date as declared by You and accepted by Us.

Example

The area of Your Home Building is 100 sq m. You declare, and We accept, that rate of cost of construction of Your Home Building is ₹20,000 per sq.m. Your Home Building is insured for ₹20,00,000. Your Home Building is damaged by earthquake and is a total loss. Our surveyor assesses the reconstruction cost on the date of earthquake at ₹16,00,000 calculated at ₹16,000 per sq m for that town. Since We accepted the rate that You declared, We will pay ₹20,00,000.

If the actual carpet area is less than the carpet area You have declared, We will calculate the claim amount on the basis of the actual carpet area.

Example

The area of Your Home Building is 100 sq m. The rate of cost of construction for Your Home Building is ₹ 15,000 per sq m. By mistake, You have declared an area of 120 sq.m., and Your Home Building is insured for ₹18,00,000 instead of ₹15,00,000. Your Home Building gets totally damaged by earthquake. Since the actual area was not correctly declared, We will pay ₹15,00,000.

No Underinsurance

Underinsurance does not apply to the Bharat Griha Raksha policy. This is a very special feature of this policy. Thus, if Your Sum Insured calculated on the basis of the information that You have provided Us is less than the actual value at risk, the difference will not affect the amount We pay.

Example

The area of Your Home Building is 100 sq.m. The rate of cost of construction for that town is ₹15,000 per sq.m. By mistake, You have declared an area of 90 sq.m., and Your Home Building is insured for ₹13,50,000, instead of ₹15,00,000. There is a loss that requires repairs that cost You ₹5,00,000. We will pay You ₹5,00,000.

In-built Covers

The **Bharat Griha Raksha** policy also pays for the following expenses:

a. Upto 5% of the claim amount for reasonable fees of architect, surveyor, consulting engineer;

b. Upto 2% of the claim amount for reasonable costs of removing debris from the site.

Further, the policy also pays for Loss of Rent and Rent for Alternative Accommodation while the Home Building is not fit for living because of physical loss arising out of an Insured Event.

The Home Contents Cover

The Contents: You can purchase this cover for the articles or things of personal, non-commercial use which are located inside Your home. This policy covers General Contents that are usual in any home i.e., furniture and fittings, television sets, telephones, electronic items, antennas, water storage equipment, air conditioners, kitchen equipment and other household items.

You can pay additional premium and purchase cover for Valuable Contents, like jewellery, silverware, paintings, works of art, valuable carpets, antique items, curios, paintings.

Some contents are not covered, like bullion or unset precious stones, manuscripts, vehicles, explosive substances

Location and use of contents: You can choose this cover for Contents that are located in Your home and are used for personal use.

Sum Insured

The Policy has an in-built cover for General Contents of Your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹10 Lakh (Rupees Ten Lakh) if You have opted for both Home Building and Home Contents cover. You can choose a higher Sum Insured by declaring it in the Proposal Form, along with details and by paying additional premium.

If You have purchased only Home Contents cover, You have to declare Sum Insured for General Contents.

Example

The carpet area of Your Home Building is 100 sq.m. The rate of cost of construction for Your home building is ₹20,000 per sq.m. You have opted for both Home Building and Home Contents cover but have not specifically mentioned anything about Sum Insured for contents in Your proposal. Contents in Your home are worth ₹8,00,000. The contents of Your home are damaged in a fire and loss is ₹2,00,000. We will pay You ₹2,00,000 because contents of ₹ 4,00,000 (20% of building Sum Insured) is an in-built cover.

The Sum Insured You have chosen must be enough to cover the cost of replacement of the Contents when You purchase the policy.

Who can purchase? You can purchase this cover if

1. You are the owner of the articles or things,
2. You have purchased the articles or things under instalment or hire purchase system, or on lease, or
3. You are responsible for the articles or things as part of written contract of employment.

   Thus, a tenant, lessee, licensee or employee can purchase the Home Contents Cover.

Examples

1. You occupy a flat provided to You by Your employer. You can purchase Home Contents Cover for Your articles or things in the flat.
2. A company owns a building consisting of flats occupied by its employees. The employees can purchase Home Contents Cover. The company can purchase only Home Building Cover.

Optional Covers

You can purchase Optional covers under Your Bharat Griha Raksha Policy. You must apply for these covers, and pay additional premium.

i. **Cover for Valuable Contents on Agreed Value Basis (under Home Contents Cover):** Valuable contents of Your Home such as jewellery, silverware, paintings, works of art etc. can be covered under this optional cover. A value of these contents may be agreed between You and Us on the basis of valuation certificate submitted by You and accepted by Us. However, We will waive requirement of valuation certificate if the Sum Insured opted is up to ₹5 Lakh (Rupees Five Lakh) and individual item value does not exceed ₹1 Lakh (Rupees One Lakh).

If valuable contents are physically damaged by any insured event, We will pay the cost of repairing the item. If the valuable contents are a total loss We will pay Sum Insured for the item.

ii. **Personal Accident Cover:** If the insured peril causing damage to Your Home Building and/or Contents also results in the death of either You or Your spouse, We will pay compensation of ₹ 5 Lakh per person.

Additional covers

You can buy the following add-ons (additional covers) that will be added to Your Bharat Griha Raksha Policy:

Exclusions

This Section does not cover

We do not cover losses and expenses for any loss or damage or destruction of the Insured Property that is directly or indirectly a result of or is caused by or arising from events, stated below:

1. Your deliberate, wilful or intentional act or omission, or of anyone on Your behalf, or with Your connivance.
2. War, invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
3. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it.
4. Pollution or contamination, unless

i. the pollution or contamination itself has resulted from an Insured Event, or

ii. an Insured Event itself results from pollution or contamination.

5. Loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self- heating or leakage of electricity from whatever cause (lightning included). This exclusion applies only to the particular machine so lost, damaged or destroyed.
6. Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings, securities, obligations on documents of any kind, coins or paper money, cheques, vehicles, and explosive substances, unless otherwise expressly stated in the policy.
7. Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.
8. Loss or damage to any Insured Property removed from Your Home to any other place.
9. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
10. Any reduction in market value of any Insured Property after its repair or reinstatement.
11. Any addition, extension, or alteration to any structure of Your Home Building that increases its Carpet Area by more than 10% of the Carpet Area existing at the Commencement Date or later renewal of this Policy, unless You have paid additional premium and such addition, extension or alteration is added by Endorsement.
12. Costs, fees or expenses for preparing any claim.

Section 8: E@SECURE INSURANCE

1. **Legal Protection**

If You have a legal dispute over any of the Specified Events, We will provide You the necessary legal protection against the costs of pursuing and defending legal actions maximum up to the amount of the sub limit set forth under “Legal Protection” specified on the Policy Schedule:

a) **Professional Legal Advice**

We will pay for the legal advice sought by You based on the laws of India.

b) **Legal Costs**

We will cover Your legal costs to:

- Pursue or defend any legal actions against or by the Third Party;
- Remove any criminal or civil judgments wrongly entered against You; or
- Challenge the accuracy or completeness of any information in a credit report.

Provided that:

1. The Specified Event occurred on the internet during the Period of Insurance;
2. Our prior written consent must be obtained before any costs are incurred (which shall not be unreasonably withheld or delayed);
3. The legal action pursued / defended is within the jurisdiction of the Indian courts.

B. SPECIFIED EVENTS

2. **Damage to e-Reputation**

If You suffer damage to Your personal reputation which arises directly from a Harmful Publication(whether in the form of videos, photographs or published statements) by any Third Party on the internet, We will reimburse for the costs incurred by You:

a) For the services of an IT specialist to remove and / or Flood such Harmful Publication from the internet maximum up to the amount of the sub limit set forth under “Damage to e-Reputation “ on the Policy Schedule; and

For the Face – to – face consultation with a Psychologist / an accredited Psychiatrist for post – traumatic stress disorder, suicidal tendencies, self-harm, depression, anxiety disorder, insomnia, eating disorders or similar serious medical condition that makes consultation Deemed Necessary, maximum up to the amount of the sub limit set forth under “Psychological counseling” on the Policy schedule. Any sub limit of liability available for counseling service under this is part of, and not in addition to, the sub limit of liability set forth under limit mentioned in “Damage to e-reputation” on Policy Schedule; the payment by Us of any such sub limit of liability erodes the sub limit of liability set forth in “Damage to e-reputation” of the Policy Schedule.

Provided that:

1. This Specified Event occurred on the internet during the Period of Insurance;
2. You lodge an FIR within Seventy – two (72) hours upon discovering the Harmful Publication, giving details of the contents and specific internet sites where the Harmful Publication is published.

What We will not cover under this Section:

In addition to the General Exclusions, We will also not pay any claim in respect of:

1. Loss that occurs within the first forty – five (45) days of the inception date of this insurance cover.
2. Any non-digital media (e.g. in print), radio and television broadcast
3. Damage caused by a Journalist.
4. Any legal proceedings (pending or settled) with a Third Party prior to the commencement of this cover.

3. **Identity Theft**

If Your Personal Information is stolen over the internet, and a Third Party knowingly and unlawfully uses it subsequently without Your express consent to obtain money, goods or services, We will provide for reimbursement of the costs / expenses that You incurred maximum up to the amount of the sub limit set forth under “Identity Theft” on the Policy Schedule for /to :

a) amend or rectify records regarding Your true name or identity, including but not limited to:

- To notarize affidavits for financial institutions or credit bureau agencies to restore Your Bank Accounts and credit rating;
- To re-submit loan applications which were declined solely because the lender received incorrect credit information; and

- Costs of telephone calls, postage and bank charges to resolve the Identity Theft.

b) Any lost wages due to time taken off from work, not exceeding 7days solely for the purpose of meeting with the relevant organizations and/or authorities to amend or rectify records as a result of an Identity Theft

- If You are self - employed, lost wages will be calculated based on Your tax returns in the prior year and limited to wages lost within 12 months upon discovery of the Identity Theft.

b) For the Face – to – face consultation with a Psychologist / an accredited Psychiatrist for post – traumatic stress disorder, suicidal tendencies, self-harm, depression, anxiety disorder, insomnia, eating disorders or similar serious medical condition that makes consultation Deemed Necessary, maximum up to the amount of the sub limit set forth under "Psychological counseling" on the Policy schedule. Any sub limit of liability available for counseling service under this is part of, and not in addition to, the sub limit of liability set forth under limit mentioned in "Identity Theft" on Policy Schedule; the payment by Us of any such sub limit of liability erodes the sub limit of liability set forth in "Identity Theft" of the Policy Schedule.

Provided that:

1. This Specified Event occurred on the internet during the Period of Insurance;
2. You lodge an FIR detailing the Identify Theft within 72 hours upon discovery of Identity Theft by You;
3. You notify Your bank or Credit / Debit Card issuer(s) of the Identity Theft by Youwithin72 hours upon discovery of the Identity Theft by You(if applicable).
4. You provide evidence of lost wages.

All losses resulting from the same, continuous, related or repeated acts shall be treated as arising out of a single Identity Theft occurrence.

What We will not cover under this Section:

In addition to the General Exclusions, We will also not pay any claim in respect of:

1. Expenses incurred (e.g. loan application fees, telephone charges etc.) six (6) months after the expiry of the cover.

4. **Unauthorized Online Transactions**

If You suffer loss as a direct result of the fraudulent use of Your Bank Account and / or Credit/Debit Cards and /or E-Wallets by a Third Party for purchases made over the internet, We will indemnify You maximum up to the amount of the sub limit set forth under "Unauthorized Online Transaction" on the Policy Schedule for:

a) Any Unauthorized Online Transactions that are charged to Your Credit/Debit Card or Bank Account or E-Wallets that are legally unrecoverable from any other sources.

b) Any lost wages due to time taken off from work, not exceeding 7days solely for the purpose of meeting with the relevant organizations and authority to amend or rectify records regarding Your true name or identity as a result of the Unauthorized Online Transactions.

- If You are self-employed, lost wages will be based on Your tax returns in the prior year and limited to wages lost within 12 months upon discovery of the theft.

c) Costs of telephone calls, postage and bank charges to resolve the breach of payment.

Provided that:

1. This Specified Event occurred on the internet during the Period of Insurance;
2. You lodge an FIR detailing the Unauthorized Online Transaction within 72 hours upon discovery of the breach by You;
3. You notify to the issuing bank and/or Credit/Debit Card and/or E-Wallet provider within 72 hours upon discovery of the breach by You;
4. You provide evidence that the bank is not reimbursing You for the fraudulent transactions;
5. You provide evidence of lost wages.

What We will not cover under this Section:

In addition to the General Exclusions, We will also not pay any claim in respect of:

1. Reimbursement by the bank for the transaction.
2. Cash advances (or cash withdrawn through an ATM or Bank Account) made through Your stolen Bank Accounts and/or Credit/Debit Cards.

5. **E-Extortion**

If You suffer financial loss solely and directly as a result of Extortion Threat, We will reimburse You or pay on Your behalf Extortion Loss that You incur solely and directly as result of Extortion Threat maximum up to the amount of the sub limit set forth under "E-Extortion" on the Policy Schedule

Provided that:

1. This Specified Event occurred on the internet during the Period of Insurance;
2. You lodge an FIR within seventy two (72) hours upon receiving the Extortion Threat;
3. You shall use your best efforts at all times to ensure that knowledge regarding the existence of the insurance for Extortion Loss afforded by this policy is kept confidential, unless disclosure to law enforcement authorities is required.
4. You shall allow Us(or the our nominated representatives) to notify the police or other responsible law enforcement authorities of any Extortion Threat.

What We will not cover under this Section:

In addition to the General Exclusions, We will also not pay any claim in respect of:

1. Loss that occurs within the first forty five (45) days of the inception date of this insurance cover.
2. Any claim or legitimate demand or even confiscation of the assets by bonafide governmental or judicial authority.

6. **Cyber Bullying or Harassment**

If You are the victim of Cyber Bullying or Harassment by a Third Party, resulting in or possibly leading to lower self-esteem, increased suicidal ideation, and a variety of emotional responses including retaliating, being scared, frustrated, angry, and depressed as certified by a qualified Psychologist / Psychiatrist being the direct result of Cyber Bullying or Harassment, We will reimburse You maximum up to the amount of the sub limit set forth under " Cyber Bullying" on the Policy Schedule for

a) Face – to – face consultation with a Psychologist / an accredited Psychiatrist for post – traumatic stress disorder, suicidal tendencies, self-harm, depression, anxiety disorder, insomnia, eating disorders or similar serious medical condition that makes consultation Deemed Necessary.

Provided that:

1. This Specified Event occurred on the internet during the Period of Insurance;
2. You lodge an FIR detailing the perpetrators or in event of victim being a minor, an FIR following a psychological consultation or a written complaint to the school authorities.

In addition to the General Exclusions, We will also not pay any claim in respect of:

1. Event that occurs within the first 45(forty five) days of the inception date of this insurance cover.
2. Any non-digital media (e.g. in print, radio or television broadcast)
3. Any act of government or authority putting You under surveillance or monitoring.
4. Any disciplinary act or related disciplinary action initiated by authorities against You at work place, clubs, social forums or school.
5. Any legal proceedings (pending or settled) with a Third Party prior to the commencement of this cover.

7. Phishing & Email Spoofing

If You suffer financial loss directly due to Phishing, we will indemnify You for the Money You lost as a direct result of Phishing maximum up to the amount of sub-limit set forth under "Phishing" on the Policy Schedule. In the event, the Phishing is of the nature of Email Spoofing as defined, We will indemnify You for the Money You lost, maximum up to the amount of sub-limit set forth under "Email Spoofing" on the Policy Schedule.

Provided that:

1. This Specified Event occurred on the internet during the Period of Insurance;
2. You lodge an FIR detailing the loss within 72 hours upon discovery of the loss by You
3. In event of Email Spoofing, the onus is on You to prove and establish that You

had every reason to expect such email and You had the requirement to make payment against same

What We will not cover under this Section:

In addition to the General Exclusions, We will also not pay any claim in respect of:

1. Any Illegal transactions e.g bribes, commissions or illegal gratifications
2. Phishing resulting in revelation of personal information including passwords
3. Any payments or charges towards lottery, unexpected bequeath of wealth, or any other similar unsolicited promises or dishonest incentives

LIMIT OF COVER

(a) Limit of Liability: Our maximum limit of liability for any one Period of Insurance is limited to the amount specified in the Policy Schedule.

(b) Deductible: We shall be liable only in excess of the Deductible stated in the Policy Schedule. The Deductible shall apply to all claims resulting from one event (or a series of events) occurring at the same time or from the same originating cause.

II Waiting Periods and Exclusions

a. Waiting Periods

Waiting Periods applicable to Section 1: my: health Suraksha 4. my:health Hospital Cash Benefit and 5. My:health Koti Suraksha – Personal Accident Cover - Cover I.5.B.3, II – Temporary Total Disablement due to Illness and Cover I.5.B.5, Emergency Medical Expenses

I. **Waiting Periods**

Claims under the Policy are covered subject to waiting Period as specified below:

i) **Pre-existing Diseases – Code – Excl01**

a) Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.

b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum of Sum Insured increase.

c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

d) Coverage under the Policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

ii) **Specified Disease/Procedure waiting period- Code – Excl02**

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Policy with us. This exclusion shall not be applicable for claims arising due to an Accident.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum Insured increase.

c) If any of the specified disease/procedure falls under the waiting period specified for Pre-existing diseases, then the longer of the two waiting periods shall apply.

d) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.

e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

a. **Illnesses**

Diseases of gall bladder including cholecystitis	Non infective Arthritis
Pancreatitis	calculus diseases of Urogenital system e.g.Kidneystone,Urinary Bladder Stone
Benign tumors, cysts, nodules, polyps including breast lumps	Ulcer and erosion of stomach and duodenum
All forms of Cirrhosis	Gastro Esophageal Reflux Disorder (GERD)
Perineal Abscesses	Perianal Abscesses
Cataract	Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism
Pilonidal sinus	Osteoarthritis and osteoporosis
Skin tumors	Fibroids (fibromyoma)
Polycystic ovarian diseases	Tonsillitis
Sinusitis, Rhinitis	Benign Hyperplasia of Prostate

b. Surgical Procedures

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy
Dilatation and curettage (D&C)	Nasal concha resection
Myomectomy for fibroids	Surgery of Genito urinary system
Surgery on prostate	Cholecystectomy
Hernia	Hydrocele/Rectocele
Surgery for prolapsed inter vertebral disc	Joint replacement surgeries
Surgery for varicose veins and varicose ulcers	Surgery for Nasal septum deviation
Surgery for Perianal Abscesses	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

iii) **30-day waiting period – Code – Excl03**

a) Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.

b) This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.

c) The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

iv) A waiting period of 48 months shall apply for all Claims under Parent and Child Care Cover – Basic/Parent and Child Cover – Booster (Section I.1.C, 2 and 3)

Waiting Periods applicable to Section 3: my:health Medisure Super Top Up Insurance

i) **Pre-existing Diseases – Code – Excl01**

a) Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.

b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum of Sum Insured increase.

c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

d) Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

ii) **Specified Disease/Procedure waiting period- Code – Excl02**

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Policy with us. This exclusion shall not be applicable for claims arising due to an Accident.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum Insured increase.

c) If any of the specified disease/procedure falls under the waiting period specified for Pre-existing diseases, then the longer of the two waiting periods shall apply.

d) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.

e) If the Insured Person is continuously covered without any break as defined

under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

- Cataract
- Hysterectomy other than for malignancy
- Uterine prolapse including any condition requiring Hysterectomy
- Polycystic Ovarian Diseases, Myomectomy for Fibroids
- Knee Replacement Surgery (other than caused by an accident)
- Osteoarthritis and Osteoporosis
- Arthritis, Arthroscopic Surgery, Rheumatism, Joint Replacement Surgery (other than caused by accident), Prolapse of Intervertibral discs(other than caused by accident)
- Varicose Veins and Varicose Ulcers, Hernia, Stones in the urinary, uro-genital and biliary systems, Benign Prostate Hypertrophy, Hydrocele
- Fistula in anus, Piles, Fissures
- Fibroids, Dilatation & Curettage for treatment purposes, Pilonidal sinus, Chronic Suppurative Otitis Media (CSOM)
- Deviated Nasal Septum, Sinusitis and related disorders
- Surgery on tonsils/Adenoids
- Gastric and duodenal ulcer, any type of Cysts/Nodules/Polyps, and any type of Breast lumps, benign ear, Nose and Throat disorders and surgeries Chronic Nephritis and Nephropathy (Kidney diseases).

iii) **30-day waiting period – Code – Excl03**

a) Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.

b) This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.

c) The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

b. General Exclusions

1. **General Exclusions applicable for Section I1:** my: health Suraksha and Section I.4.my:health Hospital Cash Benefit – Add On

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. Investigation & Evaluation: Code – Excl04

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

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

ii. Rest Cure, rehabilitation and respite care: Code – Excl05 – Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

iii. **Obesity/Weight control: Code – Excl06** – Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

a. Surgery to be conducted is upon the advice of the doctor

b. The surgery/procedure conducted should be supported by clinical protocols

c. The member has to be 18 years of age or older and

d. Body Mass Index (BMI)

i. Greater than or equal to 40 or,

ii. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

1. Obesity related cardiomyopathy
2. coronary heart disease
3. severe sleep apnoea
4. uncontrolled type2 diabetes

iv. **Change-of-Gender treatments: Code – Excl07** – Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

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

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

vii. Breach of Law: Code – Excl10 - Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

viii. Excluded Providers: Code11 - Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

ix. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12

x. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13

xi. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or day care procedure. Code – Excl14

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

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

xiv. Sterility and Infertility: Code- Excl17 – Expenses related to sterility and infertility. This includes:

a. Any type of contraception, sterilization

b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

c. Gestational Surrogacy

d. Reversal of sterilization

xv. Maternity: Code – Excl18

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

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

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

xvii. Any Insured Person committing or attempting to commit intentional self-

injury or attempted suicide or suicide while mentally sound or unsound.

xviii. Any Insured Person's participation or involvement in naval, military or air force operation.

xix. Investigative treatment for Sleep-apnoea, general debility or exhaustion ("run-down condition").

xx. Congenital external diseases, defects or anomalies,

xxi. Stem cell harvesting,.

xxii. Investigative treatment for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).

xxiii. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).

xxiv. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.

xxv. Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

xxvi. Vaccination including inoculation and immunisations (Except post bite treatment),

xxvii. Non-Medical expenses such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges etc. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com.

xxviii. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who is a member of an Insured Person's family, or stays with him,

xxix. Treatment taken on Outpatient basis

xxx. The provision or fitting of hearing aids, spectacles or contact lenses.

xxxi. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement method. Optometric therapy.

xxxii. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.

xxxiii. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively).prosthesis, corrective devices external durable medical equipment of any kind, wheel chairs crutches and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical Expenses is attached and also available on www.hdfcergo.com.

xxxiv. Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.

2. General Exclusions applicable for Section I.2: my:health Critical Illness Plus

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:

- 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 Insured increase.
- Treatment arising from or consequent upon war or any act of war (whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, , civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- Any Illness, sickness or disease other than those opted and specified as Critical Illnesses or Surgical Procedure under this Policy;
- Any claim with respect to any Critical Illness diagnosed prior to Policy Inception Date
- Any Critical Illness arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen unless prescribed by Medical Practitioner;
- Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,
- Any Claim caused due to intentional self-injury, suicide or attempted suicide.
- Any Critical Illness caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;
- Any claim caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- Working in underground mines, tunneling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
- Congenital External Anomalies or any complications or conditions arising there from including any developmental conditions of the Insured;
- Whilst engaging in Adventure Sports.
- Involvement in naval, military or air force operation.
- Participation by the Insured Person in any flying activity, except as a bona fide passenger (fare paying and otherwise) of a recognized airline on regular routes and on a scheduled time table.

I. General Exclusions applicable to Loss of Job:

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

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

Applicable for Section I3: my:health Medisure Super Top Up Insurance

i) Investigation & Evaluation: Code – Excl04

d) Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.

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

ii) Rest Cure, rehabilitation and respite care: Code – Excl05 – Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

f) Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

g) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

iii) Obesity/Weight control: Code – Excl06 – Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

h) Surgery to be conducted is upon the advice of the doctor

i) The surgery/procedure conducted should be supported by clinical protocols

j) The member has to be 18 years of age or older and

k) Body Mass Index (BMI)

i. Greater than or equal to 40 or,

ii. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

1. Obesity related cardiomyopathy
2. coronary heart disease
3. severe sleep apnoea
4. uncontrolled type2 diabetes

iv) Change-of-Gender treatments: Code – Excl07 – Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

v) Cosmetic or plastic surgery: Code – Excl08 – Expenses for cosmetic or plastic

surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

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

vii) Breach of Law: Code – Excl10 - Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

viii) Excluded Providers: Code11 - Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

ix) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12

x) Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13

xi) Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or day care procedure. Code – Excl14

xii) Refractive Error: Code - Excl15 – Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

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

xiv) Sterility and Infertility: Code- Excl17 – Expenses related to sterility and infertility. This includes:

l) Any type of contraception, sterilization

m) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

n) Gestational Surrogacy

o) Reversal of sterilization

xv) Maternity: Code – Excl18

p) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

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

xvi) Domiciliary hospitalization expenses

xvii) Co-payment: All person(s) named in the Schedule to this Policy above the age of 80 years (age last birthday) shall bear a co-pay of 10% for each and every claim.

xviii) Aggregate Deductible: We are not liable for Claims/Claim amount falling within Aggregate Deductible limit as opted and mentioned on the Schedule

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

xx) Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.

xxi) Any Insured Person's participation or involvement in naval, military or air force operation.

xxii) Investigative treatment for Sleep-apnoea, general debility or exhaustion ("run-down condition").

xxiii) Congenital external diseases, defects or anomalies,

xxiv) Stem cell harvesting

xxv) Investigative treatment for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).

xxvi) Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).

xxvii) Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.

xxviii) Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

xxix) Vaccination including inoculation and immunisations (Except post bite treatment),

xxx) Non-Medical expenses such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges etc. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com.

xxxi) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who is a member of an Insured Person's family, or stays with him,

xxxii) Treatment taken on Outpatient basis

xxxiii) The provision or fitting of hearing aids, spectacles or contact lenses.

xxxiv) Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement method. Optometric therapy.

xxxv) Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.

xxxvi) Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively).prosthesis, corrective devices external durable medical equipment of any kind,wheelchairs crutches and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical Expenses is attached and also available on www.hdfcergo.com.

xxxvii) Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.

xxxviii) Ambulance charges.

xxxix) Costs of donor screening and organ.

xl) Expenses incurred on Alternative treatments.

xli) Whilst You are flying or taking part in aerial activities (including as a cabin crew) except as a bona fide passenger (fare paying or otherwise) in a regular Scheduled airline or air Charter Company.

Applicable for Section I5: my: health Koti Suraksha – Personal Accident Cover

We will not make 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 the Policy;

i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol unless prescribed by Medical Practitioner

ii. War or any act of war(whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, , civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, Nuclear, Chemical, Biological attack or weapons/materials or radiation of any kind

iii. Whilst travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.

iv. Death or Disability suffered by the Insured Person on account of his participation as the driver, co-driver or passenger during trial runs (excluding Test Drives) using a motorized vehicle or bicycle.

v. Death or Disability caused by or arising from or in consequence of or contributed to Nuclear, Chemical or Biological attack/weapons, material by or

arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).

vi. Any Insured Person committing or attempting to commit intentional self-Injury (except in an attempt to save human life) or suicide while mentally sound or suffering from Mental illness

vii. From engaging in or participation in naval, military or air force operation.

viii. Injury sustained whilst or as a result of participation as a professional in Hazardous or Adventure sports

ix. Breach of Law: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

x. Injury sustained whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.

xi. Injury sustained whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the Injury occurred whilst the Insured Person was on leave or not in uniform.

Specific Exclusions applicable to Cover I.5.B.3, II – Temporary Total Disablement due to Illness and Cover I.5.B.5, Emergency Medical Expenses

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. Investigation & Evaluation: Code Excl04

b. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.

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

ii. Rest Cure, rehabilitation and respite care Code – Excl05 – Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

iii. Obesity/Weight control: Code – Excl06 – Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

a. Surgery to be conducted is upon the advice of the doctor

b. The surgery/procedure conducted should be supported by clinical protocols

c. The member has to be 18 years of age or older and

d. Body Mass Index (BMI)

i. Greater than or equal to 40 or,

ii. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

iii. Obesity related cardiomyopathy

iv. coronary heart disease

v. severe sleep apnoea

vi. uncontrolled type2 diabetes

iv. Change-of-Gender treatments: Code – Excl07 - Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

v. Cosmetic or plastic surgery: Code – Excl08 – Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to removea direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

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

vii. Breach of Law - Code – Excl10: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

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

ix. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof Excl12

x. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.Excl13

xi. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or day care procedure.Excl14

xii. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.Excl15

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

xiv. Sterility and Infertility Code – Excl17 - Expenses related to sterility and infertility. This includes:

e. Any type of contraception, sterilization

f. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

g. Gestational Surrogacy

h. Reversal of sterilization

xv. Maternity - Code – Excl18

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

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

xvi. 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.

xvii. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.

xviii. Any Insured Person's participation or involvement in naval, military or air force operation.

xix. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").

xx. Congenital external diseases, defects or anomalies,

xxi. Stem cell harvesting

xxii. Investigative treatments for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).

xxiii. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).

xxiv. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.

xxv. Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

xxvi. Vaccination including inoculation and immunisations (Except post Animal bite treatment),

xxvii. Non-Medical expenses such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges etc. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com.

xxviii. The provision or fitting of hearing aids, spectacles or contact lenses.

xxix. Any treatment and associated expenses for alopecia, baldness, including corticosteroids and topical immunotherapy, wigs, toupees, hair pieces, any non-surgical hair replacement methods. Optometric therapy.

xxx. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.

ii. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively).prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com

xxxi. Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.

Applicable for section I6: Travel Insurance

The Company shall not be liable to pay any benefit in respect of any Insured Person:

1) For Bodily Injury or Sickness occasioned by Civil War or Foreign War.
2) For Bodily Injury or Sickness caused or provoked intentionally by the Insured Person.
3) for Bodily Injury or Sickness due to willful or deliberate exposure to danger, (except in an attempt to save human life), intentional self-inflicted injury, suicide or attempt thereat, or arising out of non-adherence to Medical Advice.
4) For Bodily Injury or Sickness sustained or suffered whilst the Insured Person is or as a result of the Insured Person being under the influence of alcohol or drugs or narcotics unless professionally administered by a Physician or unless professionally prescribed by and taken in accordance with the directions of a Physician.
5) For Bodily Injury due to a gradually operating cause.
6) For Bodily Injury sustained whilst or as a result of participating in any sport as a professional player.
7) For Bodily Injury sustained whilst or as a result of participating in any competition involving the utilization of a motorized land, water or air vehicle.
8) For Bodily Injury sustained whilst or as a result of riding or driving a motorcycle or motor scooter over one hundred fifty (150) cc.
9) For Bodily Injury whilst the Insured Person is travelling by air other than as a fare paying passenger on an aircraft registered to an airline company for the transport of paying passengers on regular and published scheduled routes.
10) For Bodily Injury sustained whilst or as a result of participating in any criminal act.
11) For Bodily Injury or Sickness resulting from pregnancy within twenty-six (26) weeks of the expected date of birth.
12) For Bodily Injury or Sickness caused by or arising from or due to venereal or venereal related disease.
13) For Bodily Injury sustained whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.
14) for Bodily Injury sustained whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organization, notwithstanding that the Bodily Injury occurred whilst the Insured Person was on leave or not in uniform.
15) Any pathological fracture.
16) For cures of any kind and all stay in long term care institutions (retirement homes, convalescence centres, centres of detoxification etc.).
17) For investigations, operations or treatment of a purely cosmetic nature; or for obesity; or undertaken to facilitate pregnancy or to cure impotence or to improve potency.
18) for Bodily Injury sustained whilst or as a result of engaging in, practicing for, or taking part in training peculiar to any kind of hazardous sport such as parachuting, hangliding, parasailing, off-piste skiing or bungee jumping.
19) Any Medical Expenses incurred, the need of which arises out of a Pre-existing Condition
20) ForBodily Injury caused by or arising from or as a result of Terrorism.

Applicable for Section 8: E@Secure Insurance

1) Your failure to take due care and precaution to safe guard Your Personal Information, Bank Accounts and/or Credit/Debit Cards information and internet communication.
2) Deliberate, fraudulent, Illegal or malicious acts or failure to act by You or intentional or knowing violation of any duty, obligation, contract, law or regulation by You.
3) Facts or circumstances existing prior to the commencement of this cover, which You knew or ought to have reasonably known to be facts or circumstances likely to give rise to a claim.
4) Your business activities (including but not limited to e-trading and blogging where You receive remuneration or benefits in any form), Occupation or political affiliations.
5) Loss that You have directly or indirectly and intentionally created or endorsed by You.
6) Any unexplained loss or mysterious disappearance.
7) Any loss or damage caused by the order of any government authority.
8) Consequential loss or damage of any kind including loss suffered by any Third Party.
9) Any claim in connection with the ownership, driving or use of a motor vehicle.
10) Fees and costs incurred before acceptance of a claim.
11) Any claims made in connection: failure or interruption, caused by whatsoever reason, of access to a Third Party infrastructure or service provider, including telecommunications, internet service, satellite, cable, electricity, gas, water or other utility service providers.
12) Losses arising from the theft, disappearance, loss of value or inaccessibility of any crypto currency"
13) Any claim reported to Us more than six (6) months after the occurrence of the Specified Event.
14) Any damage to or destruction of any tangible property, including loss of use thereof.
15) Any liability under any contract, agreement, guarantee or warranty assumed or accepted by except to the extent that such liability would have attached to You in the absence of such contract, agreement, guarantee or warranty.
16) Any actual or alleged plagiarism or infringement of any Trade Secrets, patents, trademarks, trade names, copyrights, licenses or any other form of intellectual property.
17) War, Terrorism, looting and Governmental Acts.
18) Any losses or liabilities connected with any inherent product defect/wear and tear or any types of purchase or sale transactions or other dealing in securities, commodities, derivatives, foreign or Federal Funds, currencies, foreign exchange, and the like.
19) Any distribution of unsolicited correspondence or communications (whether in physical or electronic form), wiretapping, audio or video recordings or telephone marketing.

III Policy details

Policy Type	• Individual Sum Insured Basis • Floater Sum Insured Basis for o Section 1: my: health Suraksha o Section 2: my:health Medisure top up o Section 3: my:health Hospital cash Add on Benefit o Travel

my: Sampoorna Suraksha

<table>
<tr><td>Family Definition for Floater Policies</td><td>• Self, Spouse, dependent children* and dependent parents/ parents in law can be covered under floater option

Floater option of 2 Adult, 2 Parents and 2 Children is not available for Sum Insured below 3 lacs. (applicable for my:health Suraksha & my:health Hospital Cash Benefit Add-On)

* Dependent children: A child is considered a dependent for insurance purposes until his 25th birthday provided he is financially dependent, on the proposer. (applicable for my:health Suraksha & my:health Hospital Cash Benefit Add-On)

Self, Spouse and Dependent Children up to 23 years (applicable for my:health Medisure Super Top Up Insurance)</td></tr>
<tr><td>Relations covered under Individual Sum Insured</td><td>• Individual Sum Insured Option:
<table>
<tr><td>• Proposer</td><td>• Spouse</td></tr>
<tr><td>• Dependent Children</td><td>• Dependant Parents/in laws</td></tr>
<tr><td>• Grand Mother</td><td>• Grand Father</td></tr>
<tr><td>• Grand Son</td><td>• Grand Daughter</td></tr>
<tr><td>• Daughter in Law</td><td>• Son in law</td></tr>
<tr><td>• Sister</td><td>• Brother</td></tr>
<tr><td>• Sister in law</td><td>• Nephew</td></tr>
<tr><td>• Niece</td><td>• Brother in law</td></tr>
</table></td></tr>
</table>

<table>
<tr><td>Age Limit (Age last Birthday as at Policy Inception date)</td><td>Section 1: my:health Suraksha
Entry Age
Base Cover:
<table>
<tr><td>Proposer</td><td>Adult Dependent</td><td>Child/Children</td></tr>
<tr><td>Minimum Entry Age – 18 Years</td><td>Minimum Entry Age – 18 Years</td><td>Minimum Entry Age – 91 days</td></tr>
<tr><td>Maximum Entry Age – Lifetime Entry</td><td>Maximum Entry Age – Lifetime Entry</td><td>Maximum Entry Age - 25 years</td></tr>
</table>
Optional covers:
<table>
<tr><td>Proposer</td><td>Adult Dependent</td><td>Child/Children</td></tr>
<tr><td>• Minimum Entry Age – 18 Years

• Maximum Entry Age – Lifetime Entry Except for Critical Illness cover for which maximum Entry Age is restricted to 65 years

• Parent & Child Care Cover – Basic & Booster – Entry Age Up to 45 Years</td><td>• Minimum Entry Age – 18 Years

• Maximum Entry Age - Lifetime Entry Except for Critical Illness cover for which maximum Entry Age is restricted to 65 years

• Parent & Child Care Cover – Basic & Booster – Entry Age Up to 45 Years</td><td>• Minimum Entry Age – 91 days

• Maximum Entry Age - 25 years</td></tr>
</table>
Section 2: my:health Critical Suraksha Plus
<table>
<tr><td>Proposer</td><td>Adult Dependent</td></tr>
<tr><td>Minimum Entry Age – 18 Years</td><td>Minimum Entry Age – 18 Years</td></tr>
<tr><td>Maximum Entry Age – 65 years</td><td>Maximum Entry Age - 65 years</td></tr>
</table>
Section 3: my:health Medisure Super top up
<table>
<tr><td>Proposer</td><td>Adult Dependent</td><td>Child/Children</td></tr>
<tr><td>• Minimum Entry Age – 18 Years

Maximum Entry Age – 65 years</td><td>• Minimum Entry Age – 18 Years

Maximum Entry Age : 65 years</td><td>• Minimum Entry Age – 91 days

Maximum Entry Age - 23 years</td></tr>
</table></td></tr>
<tr><td></td><td>Section 4: my:health Hospital cash Benefit Add on
<table>
<tr><td>Proposer</td><td>Adult Dependent</td><td>Child/Children</td></tr>
<tr><td>• Minimum Entry Age – 18 Years

Maximum Entry Age – Life time</td><td>• Minimum Entry Age – 18 Years

Maximum Entry Age – Life time</td><td>• Minimum Entry Age – 91 days

Maximum Entry Age - 25 years</td></tr>
</table></td></tr>
<tr><td></td><td>Section 5: my:health Koti Suraksha - Personal Accident
<table>
<tr><td>Proposer</td><td>Adult Dependent</td><td>Child/Children</td></tr>
<tr><td>Minimum Entry Age – 18 Years</td><td>Minimum Entry Age – 18 Years</td><td>Minimum Entry Age – 91 days</td></tr>
<tr><td>Maximum Entry Age – No Limit</td><td>Maximum Entry Age-No Limit</td><td>Maximum Entry Age - 25 years</td></tr>
</table></td></tr>
</table>

my: Sampoorna Suraksha

<table>
<tr><td></td><td>Section 6: Travel Insurance
<table>
<tr><td>Proposer</td><td>Adult Dependent</td><td>Child/Children</td></tr>
<tr><td>Minimum Entry Age – 18 Years</td><td>Minimum Entry Age – 18 Years</td><td>Minimum Entry Age – 91 days</td></tr>
<tr><td>Maximum Entry Age – 60 years</td><td>Maximum Entry Age - 60 years</td><td>Maximum Entry Age - 21 years</td></tr>
</table>
• 3 months to 60 yrs for Family Floater
• 6 months to 70 yrs for Single Trips and Asia Plans
• 18 yrs to 70 yrs for Annual Multi Trip Plans</td></tr>
<tr><td>Policy Duration</td><td>1. my: health Suraksha , my:health Critical Suraksha Plus, my:health Hospital cash Add on, my: health Koti Suraksha - Personal Accident : 1 Year/ 2 Years/ 3 Years
2.,my:health Medisure Super top up: 1 year/ 2 years
3. E@Secure: 1 year
4. Travel Insurance: As per plan chosen for
5. HDFC ERGO Bharat Griha Raksha– Upto 10 years</td></tr>
<tr><td>Basis of Payment</td><td>Reimbursement Basis for all Claims under
Section 1: my:health Suraksha
• Inpatient Hospitalisation benefit on indemnity payment basis.
Section 3: my:health Medisure Super Top Up insurance
Section 5: my:health Koti Suraksha: Personal Accident
• Emergency Medical Expenses
• Last Rites
• Renewal Premium Benefit
• Medical Evacuation
• Broken Bones
Section 6: Travel Insurance
• Emergency Medical Expenses
• Emergency Dental Treatment
Section 7: RevisionHDFC ERGO Bharat Griha Raksha
Section 8: E@Secure Insurance
Benefit Basis for all claims under
Section 1: my:health Suraksha
• Recovery Benefit
• Critical Illness,
• Hospital Cash,
• my:health Critical Illness Add on,
• my:health Hospital Cash Benefit Add on
Section 2: my:health Critical Suraksha Plus
Section 4: my:health Hospital cash Benefit Add on
Section 5: Personal Accident Insurance
All covers except as specified above
Section 6: Travel Insurance
All covers except as specified above</td></tr>
<tr><td>Eligibility</td><td>i. Indian nationals residing in India
ii. Non Resident Indians
iii. Person of Indian Origin
iv. Overseas Citizen of India</td></tr>
</table>

Sum Insured:
Section1: my: health Suraksha

<table>
<tr><td rowspan="6">Hospitalization Cover</td><td>1 Lac</td><td>2 Lacs</td><td>3 Lacs</td><td>4 Lacs</td><td>5 Lacs</td><td>6 Lacs</td></tr>
<tr><td>7.5 Lacs</td><td>9 Lacs</td><td>10 Lacs</td><td>12.5 Lacs</td><td>15 Lacs</td><td>17.5 Lacs</td></tr>
<tr><td>20 Lacs</td><td>22.5 Lacs</td><td>25 Lacs</td><td>30 Lacs</td><td>35 Lacs</td><td>40 Lacs</td></tr>
<tr><td>45 Lacs</td><td>50 Lacs</td><td>75 Lacs</td><td>1 Cr</td><td>1.5 Cr</td><td>2 Cr</td></tr>
<tr><td>2.5 Cr</td><td>3 Cr</td><td>3.5 Cr</td><td>4 Cr</td><td>4.5 Cr</td><td>5 Cr</td></tr>
<tr><td colspan="6">• For other Sum Insured options linear interpolation methodology will be used along with professional judgment
• The sum insured for the dependents should not exceed that of proposer</td></tr>
<tr><td>Road Ambulance</td><td colspan="6">• SI 1 to 5 L - Rs 2000
• SI 7.5 to 50 L - 3,500
• Above SI 50 L - 15,000</td></tr>
<tr><td>Preventive Health check up</td><td colspan="6">• 1% of Base SI upto a maximum of Rs.5000</td></tr>
</table>

my: Sampoorna Suraksha

Sum insured/ Options under Optional/ Add on Covers:

Section1: my:health Suraksha

<table>
<tr><td>Preventive Health Check up-Booster</td><td colspan="8">A As per grid in the policy wordings</td></tr>
<tr><td rowspan="5">Parent and Child care Cover-Basic</td><td colspan="2">Normal Delivery</td><td colspan="2">Cesarean Section</td><td colspan="2">Termination of Pregnancy</td><td>OPD treatment in Pre & Post Natal period</td><td>Child Care</td></tr>
<tr><td colspan="2">15,000</td><td colspan="2">25,000</td><td colspan="2">15,000</td><td>1,500</td><td>2,000</td></tr>
<tr><td colspan="2">25,000</td><td colspan="2">40,000</td><td colspan="2">25,000</td><td>2,500</td><td>3,500</td></tr>
<tr><td colspan="2">50,000</td><td colspan="2">1,00,000</td><td colspan="2">50,000</td><td>5,000</td><td>6,000</td></tr>
<tr><td colspan="2">80,000</td><td colspan="2">2,00,000</td><td colspan="2">80,000</td><td>7,000</td><td>10,000</td></tr>
<tr><td rowspan="11">Parent and Child care Cover- Booster</td><td colspan="8">Sum Insured</td></tr>
<tr><td>Sr No</td><td>Normal Delivery</td><td>Cesarean Section</td><td>Termination of Pregnancy</td><td>OPD Treatment in Pre & Post Natal period</td><td>Child Care</td><td>Vaccination</td><td>Infertility</td></tr>
<tr><td>1</td><td>15,000</td><td>25,000</td><td>15,000</td><td rowspan="9">Up to limit of Sum Insured under Parent and Child care Cover</td><td rowspan="9">Up to limit of Sum Insured under Parent and Child care Cover</td><td>5,000</td><td rowspan="9">Up to 50% of Sum Insured for Normal Delivery Sum Insured under Parent & Child care Cover</td></tr>
<tr><td>2</td><td>20,000</td><td>40,000</td><td>20,000</td><td>5,000</td></tr>
<tr><td>3</td><td>25,000</td><td>40,000</td><td>25,000</td><td>5,000</td></tr>
<tr><td>4</td><td>35,000</td><td>50,000</td><td>35,000</td><td>5,000</td></tr>
<tr><td>5</td><td>50,000</td><td>75,000</td><td>50,000</td><td>15,000</td></tr>
<tr><td>6</td><td>50,000</td><td>1,00,000</td><td>50,000</td><td>15,000</td></tr>
<tr><td>7</td><td>75,000</td><td>1,00,000</td><td>75,000</td><td>15,000</td></tr>
<tr><td>8</td><td>80,000</td><td>2,00,000</td><td>80,000</td><td>25,000</td></tr>
<tr><td>9</td><td>1,00,000</td><td>1,50,000</td><td>1,00,000</td><td>25,000</td></tr>
<tr><td colspan="2">Air Ambulance Cover</td><td colspan="7">• Rs 2,00,000
• Rs 500,000
• Rs 1,000,000</td></tr>
<tr><td colspan="2">Recovery benefit</td><td colspan="7">•1% of Sum Insured, max Rs 10,000
• Rs 5,000
• Rs 10,000
• Rs 15,000
• Rs 25,000
• Rs 40,000</td></tr>
<tr><td colspan="2">Sum Insured Rebound</td><td colspan="7">· Upto Basic Sum Insured</td></tr>
<tr><td colspan="2">Out Patient Dental Treatment</td><td colspan="7">• Up to 1% of Sum Insured subject to maximum of Rs 5,000
• Up to 1% of Sum Insured subject to maximum of Rs 20,000</td></tr>
<tr><td colspan="2">External Medical Aids</td><td colspan="7">• Up to maximum of Rs 5,000
• Up to maximum of Rs 20,000</td></tr>
<tr><td colspan="2">Major Illness Hospitalization Expenses</td><td colspan="7">• Base SI upto 5 lacs</td></tr>
<tr><td colspan="2">Non-Medical Expenses Cover</td><td colspan="7">• 5% of Admissible claim amount</td></tr>
<tr><td colspan="2">Waiting Period Modification Option</td><td colspan="7">• 2 years/3 years</td></tr>
<tr><td colspan="2">Extended Cumulative Bonus</td><td colspan="7">• 10% upto a maximum of 100%
• 25% upto a maximum of 200%
• 50% upto a maximum of 200%</td></tr>
<tr><td colspan="2">Room Rent modification option</td><td colspan="7">Room Rent, boarding & Nursing – limit of 1% of the Basic Sum Insured subject to maximum of Rs. 5,000 per day
Intensive care unit – limit of 2% of the Basic Sum Insured subject to maximum of Rs. 10,000 per day</td></tr>
<tr><td colspan="2">Co-Payment</td><td colspan="7">• 10%,15%,20%,25%</td></tr>
<tr><td colspan="2">Major Illness Benefit</td><td colspan="7">• 10 lacs</td></tr>
<tr><td colspan="2">E-Opinion</td><td colspan="7">• Expenses incurred towards second Medical Opinion availed from Medical Practitioner in respect of Major Illness covered under the Policy</td></tr>
<tr><td colspan="2">Hospital Cash</td><td colspan="7">• Rs 500/ Rs 1,000/ Rs 1,500/ Rs 2,000/ Rs 2,500
• Maximum of 30 days/ 60 days</td></tr>
<tr><td colspan="2">Global Health Cover</td><td colspan="7">• 25 lacs to 5 crore</td></tr>
</table>

my: Sampoorna Suraksha

Sum insured/ Options under Optional/ Add on Covers:

Section1: my:health Suraksha

Section 2: my:health Critical Suraksha Plus	• Section AI,Critical Illness Cover:Rs 1 Lac to 5 Cr • Section A II, Multi Pay Critical IllnessCover :Rs 1 Lac to 5 Cr				
Section 3: my:health medisure top up	Aggregate Deductible	Sum Insured			
	2 Lakh	3 Lakh	8 Lakh		
	3 Lakh	7 Lakh	12 Lakh		
	4 Lakh	6 Lakh	11 Lakh	16 Lakh	
	5 Lakh	5 Lakh	10 Lakh	15 Lakh	20 Lakh
Section 4: my: health Hospital Cash Add on Benefit	Rs 500	Rs 1,000	Rs 1,500		
	Rs 2,000	Rs 2,500	Rs 3,000		
	Rs 5,000	Rs 7,500	Rs 10,000		

Section 5: My:health Koti Suraksha-Personal ccident	Coverages	SI Limit
	Accidental Death	
	Accidental Death	INR 10,000 to 100,000,000
	Disappearance	INR 10,000 to 100,000,000
	Comatose Benefit	50% of SI, Max 25L
	Optional Cover Applicable to Accidental Death	
	Burns	Upto 10,00,000
	Permanent Disablement	INR 10,000 to 100,000,000
	Temporary Total Disability	INR 500 - 1,00,000; Upto 104 weeks
	Broken Bones	INR 1 lac - 25 lacs
	Emergency Medical Expenses	INR 50,000 to 1,00,00,000
	Optional Cover Applicable to Emergency Medical Expenses	
	Emergency Medical Expenses - Global	INR 750,000 - 75,00,000
	Co-payment	10%/15%/20%
	Hospital Cash - Accident Only	INR 500 to 20,000 per day
	Optional Covers under Hospital Cash - Accident Only	
	Companion Benefit	O.5 times/1 times Hospital Cash SI
	Hospital Cash - ICU	2,3,4,5,10 Times Hospital Cash SI
	Time Deductible modification Option	3/5 days
	Hospital Cash - Accident Global	2/3/5 times Hospital Cash SI
	Chauffeur Benefit	INR 250/500/750/1000 per day
	Optional Covers Under my:health Koti Suraksha - Personal Accident	
	Preventive Health Check Up	As per the prescribed list after completion of each Policy Year/Renewal.
	Last Rites	Upto INR 50000
	Dependent Child Education Benefit	10% of Base Sum Insured
	Renewal Premium Benefit	Upto INR 2,50,000
	Parental Care Benefit	Upto 25% of base SI
	Medical Evacuation	Upto INR 500,000
Section 6: Travel Insurance	• $ 500,000 • $200,000 • $ 250,000 • $ 100,000 • $ 50,000 • $ 30,000 • $ 15,000	
Section 7: InsuranceHDFC ERGO Bharat Griha Raksha	As mentioned in the Section	
Section 8: E@Secure Insurance	• Rs. 50,000 • Rs. 100,000 • Rs. 500,000 • Rs. 2,000,000 • Rs. 5,000,000 • Rs. 10,000,000 DEDUCTIBLE Limit of indemnity up to Rs. 500,000 – Nil deductible Above Rs. 500,000 - Rs. 3500	

my: Sampoorna Suraksha

Discounts

Applicable to Section 1 – my:health Suraksha

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 our website directly from the Company.
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 polices 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

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

Applicable to Section 2 – my:health Critical Suraksha Plus

1	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
2	Online Policy Discount	A discount of 5% on the premium shall be offered for all policies purchased online, through our website directly from the Company.
3	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
4	Loyalty Discount	If insured has purchased polices 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

Maximum cap on all discounts from 1 to 4 combined is 20%

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%

Applicable to Section 3 – my:health Medisure Super Top Up Insurance

Two Year Policy Period- You can take the Policy for a continuous period of two years and get a 5% discount on the total premium amount of 2 years.

Applicable to Section 4 – my:health Hospital Cash Benefit (Add On)

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 polices 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

Applicable to Section 5 – my:health Koti Suraksha- Personal Accident

Online Policy Discount	A discount of 5% on the premium shall be offered for all policies purchased online, through our website directly from the Company.
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 polices for more than 1 product from us, , a discount of 5% is offered on premium of my: health Koti Suraksha product, subject to maximum of INR 250.
Long Term Policy Discount	A discount of 7.5%and 10%shall be offered on premium, in case a policy is Purchased for 2-year and 3-year tenure respectively with Annual Premium Payment option

Maximum cap on Online, Loyalty and Employee discounts combined is 20%.

Applicable to Section 8 – E@Secure Insurance

WEB DISCOUNT – 5% if you buy this policy online.

Applicable to All Sections

No of Products/Sections Opted

Following discounts basis the no of products / sections opted by the Insured would be applied on the Total Premium:

No of Products/Sections Opted	Discounts
2	2.5%
3 to 4	5.0%
> 4	7.5%

These are additional discounts applicable over and above the discounts available in the individual products.

Pre Policy Check Up

No pre policy medical checkup required for Section 5: my:health Koti Suraksha - Personal Accident, Section 6: Travel Insurance

Pre Policy Check ups Applicable for Section 1 my:health Suraksha

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 for the purpose of Underwriting will be total of Base Sum Insured and optional/add-on covers which are offered on benefit basisPre Policy and Financial Underwriting Matrix

Sum Insured in INR	Upto 17 Yrs	18 yrs to 45 Yrs	46 to 60 years	Age >61 yrs	Financial Underwriting
1 to 10 Lacs	NA	NA	Set 1	Set 2	Not Applicable
12.5- 20 Lacs	NA	NA	Set 2	Set 3	Not Applicable

25 Lacs to 1 Crore	NA	Set 1	Set 2	Set 3	Applicable
1.50 to 5 Crore	NA	Set 2	Set 3	Set 3	Applicable

• 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, CEA

• Set 3 : Set 2, PSA (Males), Pap Smear & Sonomamography (Females), Microalbumin, BUN, Sr Uric Acid, ANA

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-Glutamyl Transpep-tidase	2D ECHO-2D Echocardiogram
CEA=Carcinoembryogenic Antigen	

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

Sum Insured	Up to 17 Yrs	18 yrs to 45 Yrs
Rs. 1 Lacs to 20 Lacs	No Pre Policy Check required	Set 1
25 Lacs and Above	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.
- Customer has the option to do Pre Policy Check up outside our Network provider in which case, 50% of the Medical test charges will be reimbursed on acceptance of Proposal.
- If Proposal is declined post Pre Policy Checkup, 50% of the Medical test charges will be reimbursed
- Medical Reports are considered valid for up to 3 months from date of check up
- 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

Pre Policy Check ups Applicable for Section 2: my:health Critical Suraksha Plus

Pre Policy and Financial Underwriting Matrix

Pre Policy Underwriting Matrix for Cancer Cover (Where only Cancer Cover is opted)

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	18 yrs to 45 Yrs	Age above 45 years	Financial under-writing
3 to 10 Lacs	NA	Ca Set 1	Not Applicable
11 to 24Lacs	NA	Ca Set 2	Not Applicable
25 to 50Lacs	Ca Set 2	Ca Set 2, USG (A&P)	Applicable Above 25 Lacs
51 Lacs to 5 Crore	Ca Set 3, USG (A+P)	Ca Set 3, USG (A&P)	Applicable Above 25Lacs

Ca Set 1-ME, RUA, CBC with ESR, SrCreatinine, SGPT, GGTP, SGOT

Ca Set 2-Set 1 ,HBsAg, PSA (Males), Pap Smear(Females),CEA

Ca Set 3-Set 2,Sonomamography(Females)

Pre Policy Underwriting Matrix for all other Covers

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	18 yrs to 45 Yrs	Age above 45 years	Financial underwriting
3 to 10 Lacs	NA	Set 1	Not Applicable
11 to 24Lacs	NA	Set1, TMT/2D Echo	Not Applicable
25 to 50 Lacs	Set 2	Set 2	Applicable Above 25 Lacs
51 Lacsto 1 Crore	Set 2	Set 2	Applicable Above 25Lacs
Above 1 crore to 5 crores	Set 3	Set 3	Applicable

Set 1: ME, RUA, CBC with ESR, SrCreatinine, Lipid Profile, SGPT, GGTP, SGOT, HBA1C, ECG

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

PSA (Males),Pap Smear(Females),

Set 3 :Set 2,Sonomamography

Medical tests:

ME = Medical Examination (Report)	CBC = Complete Blood Count
ECG = Electro Cardio Gram	FBS = Fasting Blood Sugar
Lipids = Lipid Profile	SrCreatinine = 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-GlutamylTranspep-tidase	2D ECHO-2D Echocardiogram,
CEA=Carcinoembryogenic Antigen	

Guidelines for Pre Policy Check up

- Pre Policy Check-up will be conducted at our Network provider
- Where ever Pre Policy Check-up 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 Check-up outside our Network provider, 50% of the Medical test charges will be reimbursed on acceptance of Proposal.
- If Proposal is declined post Pre Policy Check-up, 50% of the Medical test charges incurred 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
- In case of any additional tests advised besides the ones mentioned above,50% of the cost incurred on such test will be borne by Us

Pre Policy Check ups Applicable for Section 3: my:health Medisure super Top Up

1.1 All Individuals up to 55 years (age last birthday) - The Company will rely on the declarations made on the Proposal Form. In case the declaration reveals any medical adversity, the Company may require the individual to undergo appropriate medical tests.

1.2 For age group 56-65 years (age last birthday)- The Individuals would be required to undergo pre-acceptance medical tests as follows-

Medical Examination Report, Treadmill Test, Lipid Profile, HbA1C, Serum

Creatinine, Complete Blood Count, Urinalysis.

The Company reserves its right to require any individual to undergo such medical tests or where required any further additional tests, to determine the acceptance of a Proposal.

All Medical reports need to be within 30 days from date of Proposal Form and can be conducted at the Company's list of Network Hospitals/Clinics.

In case of accepted proposals, the Company shall reimburse 50% of the pre-acceptance medical test costs.

Pre Policy Check ups Applicable for Section 4: my:health Hospital cash Benefit Add on -

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

Pre Policy and Financial Underwriting Matrix

Per Day Benefit in INR	Upto 18 Yrs	18 yrs to 45 Yrs	Age above 45 years	Financial Underwriting
500 to 3,000	NA	NA	NA	NA
5,000,7,500 and	NA	Set 1	Set 2	Applicable

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	SrCreatinine = 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-GlutamylTranspep-tidase	2D ECHO-2D Echocardiogram, CEA=Carcinoembryogenic Antigen

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

Per Day Benefit in INR	Upto 18 Yrs	18 yrs to 45 Yrs
500 to 5,000	No Pre Policy Check required	Set 1
7,500 and 10,000	No Pre Policy Check required	Set 2

Guidelines for Pre Policy Check ups

- Pre Policy Check-up will be conducted at our Network provider
- Where ever Pre Policy Check-up 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 Check-up outside our Network provider, 50% of the Medical test charges will be reimbursed on acceptance of Proposal.
- If Proposal is declined post Pre Policy Check-up, 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 test.

my: Sampoorna Suraksha

IV Claims Procedure

Applicable for Section 1: my: Health Suraksha

Procedure	Cashless Hospitalization		Cashless claims for Hospitalizations outside India	Reimbursement Claims	Home Healthcare Claims
	Emergencies	Planned			
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 24 hours of the Emergency Hospitalization	At least 72 hours prior to the planned Hospitalization	Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization	Within 48 hours of admission or before discharge from the Hospital, whichever is earlier	Immediately on diagnosis of Illness
Particulars to be provided to Us for Claim notification	i. The health card issued by Us ii. KYC documents iii. The Policy Number iv. Name of the Policyholder v. Name and address of Insured Person in respect of whom the request is being made vi. Nature of the Illness/Injury and the treatment/Surgery required vii. Name and address of the attending Medical Practitioner viii. Hospital where treatment/Surgery is proposed to be taken or /Hospital where the Insured person is admitted ix. Proposed /Actual Date of admission				Following particulars in addition to those listed under Hospitalization Claim: i. Treatment details ii. Preferred date and time for initial assessment
Particulars to be provided for pre-authorization	i. Policy Number ii. Name of the Insured person(s) named in the Policy schedule availing treatment iii. Nature of disease/Illness/Injury iv. Name and address of the attending Medical Practitioner/Hospital v. Date of admission & probable date of discharge vi. Approximate Claim Expenses vii. Any other relevant information as required			Not Applicable	Following particulars in addition to those listed under Hospitalization Claim: Probable date of start of treatment
Process for obtaining Pre-Authorization	i. If the particulars are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation ii. On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may; · Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable or · Reject the request for pre-authorization specifying reasons for the rejection.		i. We shall send Release of Information form to the Insured Person for signature and consent. ii. After receiving the signed Release Of Information form, We will retrieve hospitalization documents along with invoices iii. If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation iv. On receipt of the complete documents We may · issue the guarantee of payment specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable or or · reject the request for pre-authorization specifying reasons for the rejection		On receipt of duly filled pre authorization form with other sufficient details to assess the request, We will inform our Home Healthcare service provider who will follow the following process: i. Meet the treating medical practitioner and verify the requirement along with the prescription/discharge summary (if applicable) and the condition of the patient ii. Verify the past medical history of the patient iii. Complete physical examination of the patient iv. Check if the patient requires any equipment, devices etc v. Share the care plan and treatment cost estimation with Us. v. On receipt of the complete documents We may; • issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable or • reject the request for pre-authorization under Home Healthcare specifying reasons for the rejection. On rejection of Pre-Authorization under Home Healthcare, Claim procedure under Cashless treatment or Reimbursement may be followed.
List of Claim documents	Not Applicable			As enlisted below	Not Applicable

my: Sampoorna Suraksha

List of Documents for Reimbursement Claims:

i. Duly signed, stamped and completed Claim Form

ii. Photo ID & Age Proof

iii. Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents

iv. Copy of the Network Provider's Registration Certificate / Hospital registration no in case of Hospitalization

v. Original Discharge Card / Day Care Summary / Transfer Summary

vi. Original final Hospital Bill with all original deposit and final payment receipt

vii. Original invoice with payment receipt and implant stickers for all implants used during surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery.

viii. All previous consultation papers indicating history and treatment details for current Illness

ix. All original diagnostic reports (including imaging and laboratory) along with prescription by Medical Practitioner and invoice / bill with receipt from diagnostic centre

x. All original medicine / pharmacy bills along with prescription by Medical Practitioner

xi. MLC / FIR Copy – in Accidental cases only

xii. Copy of Death Summary and copy of Death Certificate (in death claims only)

xiii. Pre and Post-Operative Imaging reports

xiv. Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress

xv. Original invoice for Vaccination and payment receipt

xvi. KYC documents

Conditions for obtaining Cashless facility:

i. Cashless facility can be availed only at Our Network Provider. The complete list of Network Providers and empanelled Service Providers is available on Our website and can be obtained by contacting Us.

ii. We reserve the right to modify, add or restrict any Network Provider for Cashless Facilities at Our sole discretion. The same shall be duly updated on Our website. You shall check the updated list of Network Providers before applying for Cashless Claim.

iii. Pre-authorization is valid for 15 days from date of issuance and if all the details of the Hospitalization/treatment, including dates, Hospital and locations match with the details as per Cashless authorized.

iv. We will make payment for the Cashless authorized amount directly to the Network Provider.

v. If the claim is not notified 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

Applicable for Section 2 my: health Critical Suraksha Plus

On the occurrence of any Critical Illness or undergoing Surgical Procedure that may give rise to a Claim under this Policy, the 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 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization
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 Critical Illnesses Cover and Multipay Critical Illness Cover	· Claim Form duly signed · 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/Histopathological and radiological Investigation Reports · NEFT details & cancelled cheque Provide KYC (Know your customer) form along with photocopy of any one of following KYC documents for all claims amounting to Rs 1 lakh and above (Aadhaar Card, Passport, Driving Licence Voter ID, etc) 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 medical examination will be borne by Us.
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 toll free 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

Applicable for Section 3 my:health Medisure Super Top Up Insurance

It is a condition precedent to Our liability that upon the discovery or happening of any illness/injury that may give rise to a claim under this Policy, You shall:-

1. Claim Notification

Give immediate notice to the Company/TPA named in this Policy/Health Card, by calling the Help Line number as specified in the Policy/Health Card, or in writing to the address shown in the Schedule with particulars as below:

Policy Number,

Name of the person(s) named in the Schedule to this Policy availing treatment,

Nature of disease/illness/injury,

Name and address of the attending Medical Practitioner/Hospital

Date of admission & probable date of discharge

Approximate Claim Expenses

Any other relevant information

Intimation of claim must be done at least 72 hours prior to Hospitalization in case of planned Hospitalization and within 24 hours of Hospitalization in case of an emergency Hospitalization.

In case where initial covered Medical expenses were not expected to exceed the deductible but subsequently found to be exceeding the opted deductible, notification

must be done immediately along with the copy of intimation made to other Insurer.

2. Cashless Facility for Hospitalization

i) We may provide Cashless facility for Hospitalization expenses either directly or through the Third Party Administrator (TPA) if treatment is undergone at a Network Hospital by issue of pre-authorization by Us or the TPA.

ii) For the purpose of considering pre-authorization and Cashless facility, You shall submit to the TPA complete information of the illness or injury requiring treatment along with necessary certification from the Medical Practitioner and/ or Hospital.

iii) If claim for treatment appears admissible, We or TPA shall issue pre-authorization to the Hospital concerned for Cashless facility whereby Hospitalization expenses shall be paid directly by Us directly or through the TPA as confirmed in the pre-authorization.

iv) Cashless facility for Hospitalization will not be available for treatment in Non-Network Hospital and may be declined even for treatment at Network Hospital where the information available does not conclusively establish that a claim in respect of the treatment would be admissible. In such a case, You shall bear the expenses and claim reimbursement, immediately after discharge from Hospital/Nursing Home in accordance with the stipulations herein.

v) Cashless facility for Hospitalization benefit shall be limited exclusively to Hospitalization Expenses incurred for treatment at a Network Hospital for illness or injury which are covered under the Policy and shall be extended only for Coverage mentioned under Scope of cover(A)"Inpatient Hospitalization expenses" and Scope of cover (B) "Day care Procedures"

3. Claims Processing for Reimbursement

i) After intimation as aforesaid, further submit following documents to the TPA at Your own expense within 30 days of discharge from the Hospital, the following:-

- Claim Form Duly filled with requisite information and signed by Insured & Hospital
- Copy of the claim intimation
- Original Hospital Main Bill
- Original Hospital Bill break up (Where issued by the Hospital)
- Original Hospital Bill Payment Receipt
- Hospital Discharge Card/Summary
- Original Pharmacy Bill with supporting prescriptions
- Medical Investigation report: ECG/X-Ray/USG/CT/MRI/Histopathology/ pathological and all other medical investigation report in support of diagnosis as advised by the treating doctor.
- All Doctor's consultation note: confirming provisional & final diagnosis/advise for admission/medical complication/proposed line of treatment/past medical history
- Original bills and receipts for claiming Ambulance charges(if any)
- By signing the claim form you are authorizing us to collect the following documents from the Hospital. If you have obtained these documents, then please submit the same
- Operation Theatre Notes in surgical cases
- Bar code sticker & Invoice for implants and prosthesis (if used)
- In case of Accidental Injuries, Medico Legal Certificate and/ or First information Report, where applicable and self statement giving description of the incident
- Indoor case papers

Pre and Post hospitalization Claims documents

- Duly filled claim form(s)(If claimed Separately)
- Pharmacy Bills with supporting prescriptions
- Medical investigation test reports and payment receipts with doctor's advice note for such investigations.
- All Doctor's consultation note with original bills and receipts for claiming Doctors fees,

ii) Documents pertaining to the Post-Hospitalization claim shall be submitted to the TPA within 15 days from the date of expiry of Post-Hospitalisation coverage period.

iii) At any time You may be required to authorize and permit the TPA and/or Us or anyone deputed by Us or TPA to obtain any further information or records from the Hospital, Medical Practitioner, Lab or other agency, in connection with the treatment relating to the claim.

iv) You should under go medical examination by Medical Practitioner designated by Us or the TPA and the cost of such medical examination will be borne by Us.

We may carry out verification/investigation on a case to case basis to ascertain the facts/collect additional information/documents of the case to determine the assessment of loss. Verification carried out, if any, will be done by individuals or entities authorized by Us to carry out such verification/investigation(s) and the costs for such verification/investigation shall be borne by Us.

For determining the amount of admissible claim, applicable taxes prevailing at the time of the claim will be considered as part of claim amount and Our aggregate liability, including any payment towards such Taxes shall in no case exceed the Sum Insured.

4.TPA to Pay or Reject

The TPA where appointed, shall process and communicate rejection, if a claim is found to be not admissible under this Policy as authorized by Us. However all decisions shall be Our responsibility.

5.Representation against Rejection

Where rejection is communicated, You, may if so desired, represent to Us within 15 days for reconsideration of the decision.

6.Condition Precedent

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.

7.Claims Service Assurance

1) If You notify a cashless facility request by sending the pre-authorization form duly filled in and signed through email, fax to Us or Our representative, then within 6 hours of the actual receipt of such a request, We will respond with:

a) Approval, or

b) Rejection.

If such request has been notified during office hours (9am to 9 pm) on Monday to Saturday and We fail to either approve or reject or seek further information after the expiry of 6 hours from the actual receipt of the request then, We shall be liable to pay You for the delay in the following manner:

i) For delay beyond 6 hours: Rs.1,000/-

ii) The maximum amount that We shall be liable to pay to You for any delay, in respect of a single Hospitalization, shall at no time exceed Rs.1,000/-.

If such request has been notified after office hours on a working day or at any time during a holiday and We fail to either approve or reject after the expiry of 8 hours from the actual receipt of the request, then We shall be liable to pay You for the delay in the following manner:

iii) For delay beyond 8 hours: Rs.1,000/-

iv) The maximum amount that We shall be liable to pay You for any delay, in respect of a single Hospitalization, shall at no time exceed Rs.1,000/-.

2) In case of reimbursement claims, We shall communicate our decision on payment within 6 working days after You submit the complete details, information and document requirements in respect of the claim. If You have provided such information and documents as required by Us and We fail to communicate our decision, then We shall pay You Rs. 1,000/- for a delay beyond 6 days. The maximum amount that We shall be liable to pay You for any delay, in respect of a single Hospitalization, shall at no time exceed Rs.1,000/-.

3) We will not be liable to make any payments under Clauses 1 and 2 above in case of any natural event or manmade disturbance which impedes Our ability to make a decision or to communicate such decision to You.

4) Any amounts paid under this Clause will not affect the Sum Insured as specified in the Schedule. Our liability to make payments under this Clause shall at all times be restricted to the amounts specified in Clause 1 and 2 above including the maximum amount specified therein and You shall not be entitled to any sum whatsoever, in excess of those amounts. Any payment made under this Clause by Us will not amount to any admission of liability for a claim notified by You. Service Assurance is applicable only to the first response on a single claim

and to no subsequent correspondence.

The above compensation shall be paid to You notwithstanding Our obligation to pay interestat a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by the Company in cases of delay in settlement of claims, as per Reg. 9(6) of IRDA (Protection of PolicyHolder's Interests) Regulations 2002

8. 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. 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. 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.

vii. If requested by Us and at Ourcost, 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 Insured Person's treatment and to investigate the circumstances pertaining to the claim.

viii. 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

Applicable for Section 4. my:health Hospital Cash Benefit Add on

On the occurrence of any Injury, Illness or 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 Within 24 hours of the Emergency Hospitalization
Claim Intimation Timelines	Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization
Particulars to be provided to Us for Claim notification	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	a. Claim Form duly signed by the insured; b. Copy of Discharge Summary / Discharge Certificate; c. First consultation letter from treating Medical Practitioner d. certificate from treating Medical Practitioner's specifying the diagnosis, duration and aetiology e. MLC/FIR copy/ certificate regarding abuse of Alcohol/ intoxicating agent if applicable f. 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

my: Sampoorna Suraksha

Applicable for Section 5. my:health Koti Suraksha

Section B – Personal Accident

1. Notification of a Claim

Procedure	Cashless Hospitalization	Cashless claims for Hospitalizations outside India	Reimbursement Claims
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 24 hours of the Hospitalization.	Within 24 hours of the Emergency Hospitalization.	Within 48 hours of admission or before discharge from the Hospital, whichever is earlier.
Particulars to be provided to us for claim notification	1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. First Information Report and Final Police report, wherever is necessary 4. Any other supporting documents as may be required by the Company 5. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format.		
Accidental Death	1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Death certificate 4. Post mortem if conducted/FSL (Forensic science laboratory)report – To check for drug abuse/intoxication		
Permanent Disablement	1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 4. Disability certificate from a government certified Medical Practitioner or government Hospital confirming the extent and nature of disability; 5. Original Discharge summary from the Hospital Medical reports, case histories, investigation reports,treatmentpapers as applicable. 6. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement.		
Temporary Total Disablement	1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 4. Original Discharge summary from the Hospital 5. Medical reports, case histories, investigation reports, treatment papers as applicable. 6. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. And advised days of rest. 7. Leave certificate from the employer (If Employed) 8. Fitness certificate from Medical practitioner 9. Insured's own Indian bank cancelled cheque copy and bank details in attached format		
Hospital Cash-Accident Only	1. Copy of Discharge Summary / Discharge Certificate along with time of admission and discharge for Hospital cash benefit 2. First consultation letter from treating Medical Practitioner 3. Certificate from treating Medical Practitioner, specifying the duration and etiology 4. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 5. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.		
Broken Bones	1. Medical Practitioner's Report 2. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 3. Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability; 4. Original Discharge summary from the hospital 5. Medical reports, case histories, investigation reports, treatment papers as applicable. 6. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 7. Relevant treatment papers clearly mentioning the areas of fracture with their severity.		
Burns	1. Attested copy of certificate from treating Medical Practitioner specifying type of burns with percentage of burns 2. Attested copy of FIR. (If any) 3. All X-Ray / Investigation reports and films supporting to disability.		
Medical Evacuation	1. Consultation note or Emergency Room's Medical Practitioner medical report 2. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. 3. All relevant Original Invoices for the expenses incurred towards ambulance facility. 4. A covering letter from claimant mentioning the details of loss.		
Emergency Medical Expenses	1. Consultation note or Emergency Room's Medical Practitioner medical report. 2. Relevant treatment papers or Discharge Summary. 3. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. 4. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 5. All relevant Original Invoices for the expenses incurred.		
Dependent Child Education	1. Consultation Note OR Emergency Room's Medical Practitioner medical report OR 2. Relevant Treatment Papers OR Discharge Summary. . 3. Letter from treating Medical Practitioner, mentioning the cause of death if death occurred after a long period from the date of incident. 4. Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability; 5. Death certificate 6. Final police investigation report 7. Post-mortem Report or Coroner's Report 8. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.		

my: Sampoorna Suraksha

Procedure	Cashless Hospitalization	Cashless claims for Hospitalizations outside India	Reimbursement Claims
Chauffeur Benefit	1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 4. Original Discharge summary from the Hospital 5. Medical reports, case histories, investigation reports, treatment papers as applicable. 6. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. 7. Original invocies of transport		
Particulars to be provided for pre-authorization	1. Policy Number 2. Name of the Insured person(s) named in the Policy schedule availing treatment 3. Nature of disease/Illness/Injury 4. Name and address of the attending Medical Practitioner/Hospital 5. Date of admission & probable date of discharge 6. Approximate Claim Expenses 7. Any other relevant information as required		
Process for obtaining Pre-Authorization	i. If the particulars are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation ii. On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may; Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable or Reject the request for pre-authorization specifying reasons for the rejection.		
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. List of documents for Reimbursement Claims

i. Completely filled claim form, duly signed (by claimant/proposer) and stamped (by hospital).

ii. Photo ID & Age Proof

iii. Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents

iv. Copy of the Hospital's Registration Certificate/Hospital Registration number in case of hospitalization in any non-network hospital of HDFC ERGO GIC or certificate from hospital authorities providing facilities available including number of beds.

v. Original Discharge Card / Day Care Summary / Transfer Summary

vi. Original final hospital bill with all original deposit and final payment receipt and refund receipt(s), if advance amount refunded

vii. Original invoice with payment receipt and implant stickers for all implants used during surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery.

viii. All previous consultation papers indicating history and treatment details for current Illness and advice for current hospitalization.

ix. All original diagnostic reports (including imaging and laboratory) along with prescription by Medical Practitioner and invoice / bill with receipt from diagnostic centre

x. All original medicine / pharmacy bills along with prescription by Medical Practitioner

xi. MLC / FIR Copy – in Accidental cases only

xii. History of alcohol consumption or any intoxication certified by first treating doctor in case of accidental cases.

xiii. Copy of Death Summary and copy of Death Certificate (in death claims only)

xiv. Pre and Post-Operative Imaging reports

xv. Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress (to be submitted wherever required by the insurer).

xvi. Original invoice for Vaccination and payment receipt

xvii. KYC documents (in all claims above Rs 1 lakh) - (Ration Card/ Driving License/ Aadhar Card/ Passport /any other Government authorized identity proof of the Proposer carrying name, photograph & address) and duly filled KYC form with 1 signed across passport size coloured photograph of the Proposer.

xviii. Duly filled NEFT form with cancelled blank cheque (with IFSC code, A/C number, and name mentioned on cheque leaf)

xix. Settlement letter(s), copy(-ies) of payment receipts, and entire certified copy of paid claims in case of partial claim settlement from other insurer.

*** In case of death of proposer, the same document reuqirement would be for nominee/legal heir of proposer(NOC in favour of 1 or more than 1 undisputedly selected legal heir(s) by remanining legal heir(s).

3. Conditions for obtaining Cashless facility

i. Cashless facility can be availed only at Our Network Provider. The complete list of Network Providers and empanelled Service Providers is available on Our website and can be obtained by contacting Us.

ii. We reserve the right to modify, add or restrict any Network Provider for Cashless Facilities at Our sole discretion. The same shall be duly updated on Our website. You shall check the updated list of Network Providers before applying for Cashless Claim.

iii. Pre-authorization is valid for 15 days from date of issuance and if all the details of the Hospitalization/treatment, including dates, Hospital and locations match with the details as per Cashless authorized.

iv. We will make payment for the Cashless authorized amount directly to the Network Provider.

v. If the claim is not notified 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

4. Payment of a Claim

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. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, We shall offer within a period of 30 days a settlement of the claim to the insured.

iii. 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.

iv. In case of delay in payment of Claim beyond stipulated period, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

v. 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.

vi. If requested by Us, 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 Insured Person's treatment and to investigate the circumstances pertaining to the claim.

vii. 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.

Claims Procedure Applicable for Section 6: Travel Insurance

1) Written notice of any occurrence which may give rise to a claim under this Policy must be given to the Company as soon as practicable and in any case within thirty (30) Days after such occurrence. Written Notice of Claim must be given to the Company immediately in the case of death, or within thirty (30) Days after the Date of Loss in all other cases.

2) All certificates, information and evidence required by the Company shall be furnished at no expense to the Company and shall be in such form and of such nature as the Company may prescribe. When required by the Company, at its own expense, the Insured Person shall submit to medical examination in respect of any alleged claim that may give rise to a benefit being paid.

3) Complete, written proof of loss must be given to the Company within sixty (60) Days after the Date of Loss, or as soon as reasonably possible. Such proof of loss must contain:

I. the Policy Number, and

II. the preliminary medical report describing the nature and extent of all injuries or Sicknesses, and providing a precise diagnosis, and

III. all invoices, bills, prescriptions, Hospital certificates which will permit the Company to accurately determine the total amount of Medical Expenses (if applicable) incurred by the Insured Person, and

IV. in the case where another party was involved (e.g. a car collision), the names, contact details and if possible insurance details of the other party, and

V. in the case of death, an official death certificate, succession certificate pursuant to the Indian Succession Act 1925, as amended, and any other legal documents establishing the identity of any and all beneficiaries, and

VI. proof of age, where applicable, and

VII. such other information as the Company may require to handle the claim.

a) If an Accident:

I. detailed circumstances of the Accident and the names of any witnesses, and

II. any police reports concerning the Accident, and

III. the date a Physician was seen due to the Bodily Injury, and

IV. the Physician's contact details, or

b) If a Sickness:

I. the date symptoms of the Sickness began, and

II. the date a Physician was seen due to the Sickness, and

III. the Physician's contact details.

The Company shall base its assessment of the claim on the complete, written proof of loss.

4) The Company at its own expense shall have the right and opportunity to examine the Insured Person whose Bodily Injury or Sickness is the basis of a claim and as often as it may be reasonably required during the pendancy of the claim and to make an autopsy in case of death, where it is not forbidden by law.

5) In respect of any disablement claim, no benefit shall be payable before any disablement is recognised as definitive and permanent by a Physician appointed by the Company.

6) Medical advice of a Physician shall be sought and followed promptly on the occurrence of any Bodily Injury or Sickness and the Company shall not be liable for any part of any claim which in the opinion of a Physician appointed by the Company arises from the unreasonable or willful neglect or failure of an Insured Person to seek and remain under the care of a Physician.

7) No claim may be brought under this Policy, nor may any legal action be brought against the Company to recover under such claim:

a) in cases of Accidental death, more than three (3) years after the date of death or the date the claim is denied in whole or in part, whichever is later; or

b) in all other cases, more than three (3) years after the Date of Loss or date the claim is denied in whole or in part, whichever is later.

No such legal action may be brought against the Company unless there has been full compliance with all the terms and conditions of this Policy. In the event of any failure to timely submit any claim or commence legal action with respect to any claim, all benefits under this Policy in respect of such claim shall be forfeited.

8) If any difference shall arise as to the amount to be paid under this Policy (liability being otherwise admitted) such difference shall be referred to arbitration in accordance with the Indian Arbitration and Conciliation Act 1996, as amended, and the making of an award shall be a condition precedent to any liability for the Company to make any payment under this Policy.

9) The Company will effect payment of covered claims subject to: i) the Company having received complete, written proof of loss and such other information as the Company may require to handle the claim; and ii) the premium for the Policy having been paid. In such cases, the Company shall effect payment within 7days.

10) No benefit shall be payable in respect of an Insured Person under more than one of the following insurances: Accidental death or Accidental disablement.

11) No sum payable under this Policy shall carry interest.

12) Where amounts recoverable from the Company are delayed pending finalisation of any claim, payments on account may be made to the Insured Person at the Company's discretion, on receipt by the Company of certification by a Physician appointed by the Company.

13) An Insured Person has the right to designate a beneficiary. All beneficiary designations shall be in writing, filed with the Policyholder, and provided to the Company at the time of claim and such other time as the Company may require.

The Insured Person, and no one else, unless there is an irrevocable assignment, has the right to change the beneficiary. The Insured Person does not need the consent of anyone to do so. Changes must be in writing, filed with the Policyholder and provided to the Company at the time of claim and such other time as the Company may require. The Company does not assume any responsibility for the validity of these changes.

The Insured Person's rights under this Policy may be assigned by giving the Company prior written notice. The assignment may be made irrevocable. However, the Company will only recognize an assignment if the Insured Person has given the Company prior written notice and has the Company's written acknowledgement of the assignment. The Company does not assume any responsibility for the validity of an assignment.

Benefit shall be payable only to the Insured Person, his or her Beneficiary, or the Insured Person's legal personal representatives or assignee if applicable, whose receipt shall effectively discharge the Company.

14) In the event of a claim under this Policy, the Policyholder, the Insured Person and the Beneficiary, if applicable, must fully cooperate with the Company in its handling of the claim including, but not limited to, the timely submission of all medical and other reports, and full Cupertino with all physical examinations and autopsies that the Company may require.

15) The Company shall not be bound or be affected by any notice of any trust, charge, lien, or other dealing with or in relation to this Policy.

Claims Procedure Applicable for Section 7: HDFC ERGO Bharat Griha Raksha

You must make a claim for the amount of cover. We will verify the claim and accept it if it is according to the terms and conditions of this Policy.

When You suffer loss or damage to Your Home Building or articles or things in it, You must

- give notice to Us immediately, You must state in this notice

i. the Policy Number,

ii. Your name,

iii. details of report to the police that You made,

iv. details of report to any Authority that You made,

v. details of the Insured Event,

vi. a brief statement of the loss,

vii. particulars of any other insurance of Your Home Building or any of Your Home Contents,

viii. details of loss or damage under any Optional Cover or Add-ons,

ix. submit photographs of loss or physical damage, wherever possible.

- report to police, fire authorities and appropriate legal Authorities,
- take all reasonable steps to prevent further damage to Home Building and Home Contents
- preserve and collect evidence, take and preserve photographs,
- assist Us and Our representatives in collecting evidence and details, give Us all information, books of accounts, and other documents,
- submit claim form at the earliest opportunity but within 30 days from date You first notice the loss or damage
- prove that the Insured Event has happened, and prove the extent of Your loss.

This is important because We must investigate whether the loss or damage is covered by the terms and conditions of the policy.

Claims Procedure applicable for **Section 8: E@Secure Insurance**

I. In the event of a claim, and to report a claim upon discovery of an occurrence of a Specified Event, You must give written notice to Us along with duly filled claim form at the address mentioned in the Policy Schedule with full details thereof, within 7days after such claim is first made. Such notice shall be effective on the date of receipt by Us at such address.

a. It is the duty of the Insured to defend Claims and arrange for legal representation, hearing, investigation and experts. We shall have the right to effectively associate with You in respect of conduct and management of the Claim to which Policy may apply, and may, at Our option, elect to assume conduct of Your defense and /or investigation of any such claim.

b. The payment of claims is dependent on You providing all necessary information. Upon learning of any circumstances likely to give rise to a claim, You must provide all relevant documents including receipts, bills and other records in support of Your claim.

c. You must make no admission or settlement and must not enter into any correspondence or exchange of communications about the claim without Our prior written authorization.

d. All claims are paid in Indian Rupee. If You suffer a loss which is in a foreign currency, the amount will be converted into Indian Rupee at cash rate of exchange published in the currency conversion website, of Reserve Bank of India or, if it has ceased to be current, a currency conversion website selected by Us, on the date of the loss.

II. On receipt of all required information/documents that can be considered relevant and necessary for the claim, We shall, with in a period of 30 days offer a settlement of the claim to You. If, for any reasons to be recorded in writing and communicated to You, We decide to reject a claim under the policy, it shall be within a period of 30 days from the receipt of all required information/ documents that are relevant and necessary for the claim.

III. In the event the claim is not settled within 30 days as stipulated above, We shall be liable to pay interest at a rate, which is 2% above the Bank Rate from the date of receipt of last relevant and necessary document from You by Us till the date of actual payment.

All benefits are only payable when approved by Us.

*** Note – We** may condone delay in claim intimation/ document submission on merit, where it is proved that delay in reporting of claim or submission of claim documents, is due to reasons beyond the control of the Insured.

Notwithstanding the above, delay in claim intimation or submission of claim documents due to reasons beyond the control of the Insured shall not be condoned where such claims would have otherwise been rejected even if reported in time.

In the event of a claim, and to report a claim upon discovery of an occurrence of a Specified Event, You must give Us such information and co-operation as it may reasonably require including but not limited to:

(a) Submission of fully completed and signed claim form

(b) Copy of FIR lodged with Police Authorities / Cyber cell

(c) Copies of legal notice received from any affected person/entity

(d) Copies of summon received from any court in respect of a suit filed by an affected party/entity

(e) Copies of invoices for expenses You incurred for the services of IT specialist

(f) Copies of invoices for expenses You incurred in amending / rectifying Your Personal Information

(g) Evidence of Your consultation with Psychologist / Psychiatrist

(h) Evidence of unpaid wages

(i) Copy of Your last drawn monthly salary.

(j) Evidence of expenses incurred by You in rectifying records regarding your identity

(k) Copies of correspondence with bank evidencing that bank is not reimbursing You

V General Conditions

A) General Conditions Applicable to Section I. 1: my: health Suraksha

1. 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.

2. 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.

3. Multiple Policies

i. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.

ii. Insured Person having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this Policy.

iii. If the amount to be claimed exceeds the Sum Insured under a single Policy, the Insured Person shall have the right to choose Insurer from whom he/she wants to claim the balance amount.

iv. Where an Insured Person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen Policy.

4. Non-Disclosure or Misrepresentation

i. If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the

Insured Person or anyone acting on behalf of You or an Insured Person, is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:

a) cancelled ab initio from 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 15 days' 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 4 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 4 i above.

5. 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.

6. 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.

7. Moratorium Period

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

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:

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.

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 on the Schedule of Coverage in the policy Schedule.

10. Loadings

i. We may apply Medical Underwriting loading on the premium, based on the declarations made in the proposal form and the health status, habits and lifestyle, past medical records, and the results of the Pre-Policy medical examination of the persons proposed for insurance.

ii. The maximum Medical Underwriting loading shall not exceed 35% for each diagnosis / medical condition and a total of 100% for each Insured Person

iii. Medical Underwriting loadings will be applied from Commencement date of the Policy including subsequent Renewal(s) with Us or on increased Sum Insured. We will not apply any additional loading on Your policy premium at Renewal based on claim experience in Your Policy. However increase or decrease of discount in Medical Underwriting loading is subject to terms mentioned underSection 3B – Health Incentives

iv. We will inform You about the applicable Medical underwriting loading with time bound exclusion (if any) through a counter offer letter and will issue the Policy only on Your acceptance within 15 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days.

11. 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.

12. Grace Period

i. A Grace Period of 30 days is available for Renewal of the Policy. Any Illness, disease or condition contracted during Grace Period will not be covered and will be treated as Pre-existing diseases.

ii. Policies for which Premium is received after the Grace Period shall be considered as a fresh policy.

iii. 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

13. 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

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14. Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policyatleast30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Migration.

For Detailed Guidelines on Migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

15. Endorsements

The following endorsements are permissible during the Policy Period:

1. Non-Financial Endorsements – which do not affect the premium

i. Minor rectification/correction in name of the Proposer / Insured Person (and not the complete name change)

ii. Rectification in gender of the Insured Person (if this does not impact the premium)*

iii. Rectification in relationship of the Insured Person with the Proposer

iv. Rectification of date of birth of the Insured Person (if this does not impact the premium)*

v. Change in the correspondence address of the Proposer (if this does not impact the premium)*

vi. Change in Nominee Details

vii. Change in Height, weight, marital status (if this does not impact the premium) *

viii. Change in bank details

ix. Any other non-financial endorsement

2. Financial Endorsements – which result in alteration in premium

i. Change in Age/date of birth

ii. Change in Height, weight

iii. Addition of Insured Person (New Born Baby or newly wedded spouse)

iv. Deletion of Insured Person on death or Marital separation

v. Any other financial endorsement

The Policyholder shallapply in a proposal form along with birthCertificate / marriage certificate as the case may be for addition of Insured person.

16. Cancellation

i. The Policyholder may cancel this policy by giving 15 days' 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	Policy Tenure 1 Year	Policy Tenure 2 Year	Policy Tenure 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%
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 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

17. Premium Tier :

For the purpose of policy issuance, the premium will be computed basis the city of residence provided by the Insured Person in the proposal form. Classification of cities would be as under:

- Tier 1a: Delhi and NCR region
- Tier 1b: Mumbai, Mumbai Suburban and Navi Mumbai, Pune, Surat, Ahmedabad, Varodara
- Tier 2: Rest of India

Conditions:

i. On payment of Tier 1a premiums, an Insured Person can avail treatment all over India without any co-payment.

ii. On payment of Tier 1b premium, an Insured Person can avail treatment at Tier1b cities and Tier 2 cities without any Co-Payment. However if an Insured bPerson avails a treatment in Tier 1a cities , 20% Co-Payment shall be applicable on admissible claim amount.

iii. On payment of Tier 2 premium, an Insured Person can avail treatment at Tier 2 cities without any Co-Payment. However if an Insured Person avails a treatment in Tier 1a or Tier1b cities, 20% Co-Payment shall be applicable on admissible claim amount.

iv. Co-Paymentunder ii and iii above will not be applied If an Insured Personopts for Hospitalization with Room Rent up to Rs 2,500 per day or on Hospitalizationfor Medically Necessary treatment following an Accident

18. 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 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

19. 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.

20. 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.

21. 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. 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. 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.

vii. 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 Insured Person's treatment and to investigate the circumstances pertaining to the claim.

viii. 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

22. 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.

General Conditions Applicable for Section I. 2: my:health Critical Suraksha Plus

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. Geography

The policy provides worldwide coverage, there is no territorial limit

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.

6. Moratorium Period

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

7. 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.

8. 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 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

9. 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.

10. 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

11. 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/ Gender

b. Change in Height, weight

c. Deletion of Insured Person on death or Marital separation

d. Any other financial endorsement

e. 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 withUsand 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.

12. 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%
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.

13. 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

v. 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

vi. 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

vii. 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

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

14. 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.

15. 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.

16. 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.

iv. 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.

v. 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.

vi. 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.

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

17. 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.

General Conditions Applicable for Section I. 3: my:health Medisure Super Top Up Insurance

1. 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.

2. 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.

3. 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.

4. Observance of Terms and Conditions

The due observance and fulfilment of the terms, conditions and endorsements of this Policy insofar as they relate to anything to be done or complied with You shall be a condition precedent to any liability on Us to make any payment under this Policy.

5. Reasonable Care

You shall take all reasonable steps to safeguard against any accident or illnesses that may give rise to any claim under this Policy.

6. Notice of Charge

We shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but Our payment to You or Your nominees or Your legal representative or to the Hospital/ Nursing Home, as the case may be, of any benefit under the Policy shall in all cases be a full, valid and an effectual discharge by Us.

7. Electronic Transactions

You agree to adhere to and comply with all such terms and conditions as We may prescribe from time to time, and hereby agree and confirm that all transactions

effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of this Policy or its terms, or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time. Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Insured. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated/ confirmed by You.

8. Multiple Policies

i. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/ her policies. In all such cases the Insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.

ii. Insured Person having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of thisPolicy.

iii. If the amount to be claimed exceeds the Sum Insured under a single Policy, the Insured Person shall have the right to choose Insurer from whom he/she wants to claim the balance amount.

iv. Where an Insured Person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen Policy.

9. 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:

e) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;

f) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;

g) any other act fitted to deceive; and

h) 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.

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.

viii. 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

ix. 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.

x. 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.

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

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

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

xiv. 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 Facilit

ix. 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

x. 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

xi. 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

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

11. Cancellation

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:

Period On Risk	Rate of Premium Refunded
Up to 1 month	75% of annual Premium
Up to 3 months	50% of annual Premium
Up to 6 months	25% of annual Premium
Exceeding six months upto 365 days	Nil

In case of 2 year Policy;

If cancellation done before completion of 1 year: same grid as given above is applicable on first year Premium and second year Premium will be completely refunded.

If cancellation is done after completion of 1 year: same grid as given above is applicable however retention Premium onsecond year premium will be calculated on Annual Premium without long term Policy discount.

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.

iii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

12. 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

iv. 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

v. 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

vi. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

13. Place/Currency: No claim shall be payable under this Policy for any treatment or expenses incurred outside India. All claims shall be payable in India and in Indian Rupees only.

14. Income Tax benefit: Premium paid under the Policy shall be eligible for benefits under the Income Tax laws prevailing from time to time.

15. Law Applicable: Laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy or any claim thereunder.

16. If a claim is rejected or partially settled and is not the subject matter of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement, the claim shall be deemed to have been abandoned and Our liability extinguished and shall not be recoverable thereafter.

17. Grace Period

iv. A Grace Period of 30 days is available for Renewal of the Policy. Any Illness, disease or condition contracted during Grace Periodwill not be covered and will be treated as Pre-existing diseases.

v. Policies for which Premium is received after theGrace Period shall be considered as a fresh policy.

vi. 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

18. Renewal of Policy

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

vi. The Company shall endeavour to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.

vii. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years.

viii. Request for Renewal along with requisite premium shall be received by the Company before the end of the policy period.

ix. 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.

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

19. 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

20. Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policyatleast30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Migration.

For Detailed Guidelines on Migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

21. Moratorium Period

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

22. Medical Underwriting

Proposers above 55 years of age and those having medical history are subject to Medical Underwriting by the Company. We reserve the right to accept such proposals on standard terms/Decline/Accept with exclusion or Premium loading (up to maximum of 100% on basic Premium).These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us.

23. Endorsements: Following type of endorsement are permissible under the Policy.

1. Non-Financial Endorsements – which do not affect the premium

x. Minor rectification/correction in name of the Proposer / Insured Person (and not the complete name change)

xi. Rectification in gender of the Insured Person (if this does not impact the premium)*

xii. Rectification in relationship of the Insured Person with the Proposer

xiii. Rectification of date of birth of the Insured Person (if this does not impact the premium)*

xiv. Change in the correspondence address of the Proposer (if this does not impact the premium)*

xv. Change in Nominee Details

xvi. Change in Height, weight, marital status (if this does not impact the premium) *

xvii. Change in bank details

xviii. Any other non-financial endorsement

2. Financial Endorsements – which result in alteration in premium

vi. Change in Age/date of birth

vii. Change in Height, weight

viii. Addition of Insured Person (New Born Baby or newly wedded spouse)

ix. Deletion of Insured Person on death or Marital separation

x. Any other financial endorsement

The Policyholder shall apply in a proposal form along with birth Certificate / marriage certificate as the case may be for addition of Insured person.

24. Claim Settlement (Provision for Penal Interest)

i. 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.

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 last necessary document to the date of payment of claim at a rate 2% above the Bank Rate.

iii. 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.

iv. 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.

25. Withdrawal of Policy

iii. 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.

iv. 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.

26. 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.

27. 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.

General Conditions Applicable for Section I. 4: my :health hospital Cash Benefit Add on

1. 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.

2. Non-Disclosure or Misrepresentation

i. If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:

- 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
- the claim under such Policy if any, shall be rejected/repudiated forthwith.

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 4 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.

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. 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:

i) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;

j) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;

k) any other act fitted to deceive; and

l) 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.

5. Geography

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

6. 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.

7. 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.

8. Moratorium Period

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

9. 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.

10. 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, we shall not be liable for any treatment availed for an Illness or Accident during the Grace Period

ii. For Renewals received after completion of 30 days Grace Period, the policy would be considered as a fresh policy and all Waiting Periods including those mentioned under Section E will start afresh. All the Renewal benefits earned on the previous Policy will lapse.

iii. All eligible claims reported in the 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

11. 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

12. Endorsements

The following endorsements are permissible during the Policy Period:

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

i. Minor rectification/correction in name of the Proposer / Insured Person (and not the complete name change)

ii. Rectification in gender of the Insured Person (if this does not impact the premium)*

iii. Rectification in relationship of the Insured Person with the Proposer

iv. Rectification of date of birth of the Insured Person (if this does not impact the premium)*

v. Change in the correspondence address of the Proposer(if this does not impact the premium)*

vi. Change in Nominee Details

vii. Change in Height, weight, marital status (if this does not impact the premium) *

viii. Change in bank details

ix. Any other non-financial endorsement

1.2 Financial Endorsements – which result in alteration in premium

f. Change in Age/date of birth

g. Change in Height, weight

h. Addition of Insured Person (New Born Baby or newly wedded spouse)

i. Deletion of Insured Person on death or Marital separation

j. Any other financial endorsement

The Policyholder shall apply in a proposal form along with birth Certificate / marriage certificate as the case may be for addition of Insured person.

13. 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	Policy Tenure 1 Year	Policy Tenure 2 Year	Policy Tenure 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%
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.

14. 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

a. 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

b. 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

c. 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

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

15. 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.

16. 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.

17. 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. All claim payments shall be on reimbursement basis

iv. All claims payment will be made by Us in Indian rupees and into Indian Bank accounts only

v. 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. 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.

vi. 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.

vii. 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.

viii. 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.

ix. If requested by Us and at Ourcost, 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 Insured Person's treatment and to investigate the circumstances pertaining to the claim.

x. 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

18. 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.

General Conditions Applicable to Section 5: my:health Koti Suraksha – Personal Accident Cover

1. 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

vii. 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

viii. 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

ix. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

2. Non-Disclosure or Misrepresentation

i. If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person, is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:

a) cancelled ab initio from 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 15-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;

d) Permanently exclude the disease/condition and continue with the Policy

e) Incorporate additional waiting period of not exceeding 4 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.

f) 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 2 i above.

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

7. 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.

8. Geography

Section B – Personal Accident

This Policy provides coverage Worldwide, except under the covers specifically mentioning as covered in India only under the terms and conditions.

9. Loadings

I. We may apply loading on the premium, based on the declarations made in the proposal form and the health status, habits and lifestyle, past medical records, and the results of the Pre-Policy medical examination of the persons proposed for insurance.

II. The maximum Medical Underwriting loading shall not exceed 100% for each condition and a total of 150% for each Insured Person

III. Loadings will be applied from Commencement date of the Policy including subsequent Renewal(s) with Us or on increased Sum Insured. We will not apply any additional loading on Your policy premium at Renewal based on claim experience in Your Policy. However, increase or decrease of discount in Medical Underwriting loading is subject to terms mentioned under Section A.III. 3 – Health Incentives

IV. We will inform You about the proposed loading with time bound exclusion (if any) through a counter offer letter and will issue the Policy only on Your acceptance within 15 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days.

10. Renewal of Policy:

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

xi. The Company shall endeavour to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.

xii. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years.

xiii. Request for Renewal along with requisite premium shall be received by the Company before the end of the policy period.

xiv. 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.

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

11. Grace Period

i. A Grace Period of 30 days is available for Renewal of the Policy. Any Illness, disease or condition contracted during Grace Periodwill not be covered and will be treated as Pre-existing diseases.

ii. Policies for which Premium is received after the Grace Period shall be issued as a fresh policy.

iii. 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

12. Endorsements

The following endorsements are permissible during the Policy Period:

Non-Financial Endorsements – which do not affect the premium

i. Minor rectification/correction in name of the Proposer / Insured Person (and not the complete name change)

ii. Rectification in gender of the Insured Person

iii. Rectification in relationship of the Insured Person with the Proposer

iv. Rectification of date of birth of the Insured Person (if this does not impact the premium)

v. Change in the correspondence address of the Proposer(if this does not impact the premium)

vi. Change in Nominee Details

vii. Change in Height, weight, marital status (if this does not impact the premium)

viii. Change in bank details

ix. Any other non-financial endorsement

Financial Endorsements – which result in alteration in premium

i. Change in Age/date of birth

ii. Change in Height, weight

iii. Addition of Insured Person (New Born Baby or newly wedded spouse)

iv. Deletion of Insured Person on death or Marital separation

v. Any other financial endorsement

The Policyholder shall apply in a proposal form along with birth Certificate / marriage certificate as the case may be for addition of Insured person.

13. Cancellation

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%	65.0%
Up to 15 month	Not Applicable	30.0%	55.0%
Up to 18 month	Not Applicable	20.0%	45.0%
Up to 24 month	Not Applicable	0.0%	30.0%
Up to 27 month	Not Applicable	Not Applicable	20.0%
Up to 30 month	Not Applicable	Not Applicable	15%
Up to 36 month	Not Applicable	Not Applicable	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.

The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

14. 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)

xv. 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 Yearlyb	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 days

i. During such Grabce Period, coverage will not be available from the due date of installment premium till the date of receipt of premium by Company.

ii. 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.

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

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

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

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

Instalment Premium payment through Auto Debit/ECS Facility

xiii. 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

xiv. 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

xv. 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

xvi. 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. Disclaimer applicable to HDFC ERGO Mobile App and associated services

It is agreed and understood that Our my:health mobile app and Wellness services intention is not to provide specific medical advice but rather to provide users with information to better understand their health and their diagnosed disorders. The information is not a substitute for professional medical care by a qualified doctor or other health care professional.

The information provided is general in nature and is not specific to you. You must never rely on any information obtained using this app for any medical diagnosis or recommendation for medical treatment or as an alternative to medical advice from your physician or other professional healthcare provider. If you think you may be suffering from any medical condition you should seek immediate medical attention.

Reliance on any information on this App is solely at your own risk. HDFC EGRO General Insurance Company Limited 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, any decision made or action taken or not taken in reliance upon the information.

Any Benefit/Indemnity payable by the Company, if any, in case of Your loss of life is payable as defined in the Policy Schedule by default to the assignee declared by You; indemnity is payable to Your estate. Any payment We make in good faith pursuant to this provision shall fully discharge Us to the extent of the payment.

15. Communication & Notice

Policy and any communication related to the Policy shall be sent to through electronic modes or to the address of the Insured as recorded in the Policy.

16. Any Benefit/Indemnity payable by the Company, if any, in case of Your loss of life is payable as defined in the Policy Schedule by default to the assignee declared by You; indemnity is payable to Your estate. Any payment We make in good faith pursuant to this provision shall fully discharge Us to the extent of the payment.

General Conditions Applicable for Section 6: Travel Insurance

1) This Policy shall be governed by the laws of India and, except as otherwise provided in Section 4(8) of this Policy, the Indian courts alone shall have jurisdiction in any dispute arising hereunder.

2) This Policy shall be voidable in the event of misrepresentation, mis-description or non-disclosure by any or on behalf of the Insured Person of any material particular.

3) Insured Persons shall take all reasonable precautions to prevent Accidents and to avoid Sickness and shall comply with all statutory requirements, as a condition precedent to the Company's liability hereunder.

4) Where the Insured Person is required in Terms of this Policy to perform any act or comply with any obligation timely performance or compliance shall be a condition precedent to the Company's liability hereunder.

5) Insurance in respect of an Insured Person will begin under this Policy on the first Day of the Insured Journey (except the Trip Cancellation and Frequent Flyer Cancellation Sections) after the date all of the following are true:

a) this Policy is in force;

b) the Insured Person is eligible to be insured;

c) the required premium has been paid to the Company; and

d) the Company has approved the Insured Person's proposal for this insurance.

6) This Policy may be cancelled at the request of the Policyholder by thirty (30) Days notice given in writing to the Company and the premium paid shall be adjusted on the basis of the Company retaining a minimum of Rs 251(two fifty one only). Refund of premium on cancellation will be made under the Policy subject to no claims being paid or admitted by the Company.

The Company reserves the right to cancel this Policy at any time by sending thirty (30) days notice in writing to the Insured. In the event of such cancellation refund of premium shall be on pro-rata basis.

The Company also reserves the right to cancel this Policy from inception immediately upon becoming aware of any mis-representation, fraud, non-disclosure of material facts or non-cooperation by or on behalf of the Insured. No refund of premium shall be allowed in such cases.

Notice of cancellation will be mailed to the Insured at an address set forth in the Policy Schedule, and will indicate the date of termination. If notice of cancellation is mailed, proof of mailing will be sufficient proof of notice.

7) Insurance in respect of an Insured Person shall immediately terminate on the earliest of the following dates:

a) the date that the Policy is terminated,

b) the date that the Total Sum Insured is paid for covered loss under Section 6 (Accidental Death), Section 7 (Permanent Disablement) of the Policy;

c) in respect of Immediate Family, the date that such person ceases to be the Insured Person's Immediate Family Member; or

d) the date when the actual number of travel days exceeds the Total Number of Travel Days mentioned under Item 6 of the Schedule.

8) The Policyholder and Insured Person understand that if a proposal has been completed for this insurance, then all statements and all particulars provided in such proposal, and any attachments thereto, are material to the Company's decision to provide this insurance. The Policyholder and Insured Person further understand that the Company has issued this Policy in reliance upon the truth of such statements and particulars.

Fraud warning:

Any person who, knowingly and with intent to defraud the company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits.

if a claim is in any respect fraudulent, or if any fraudulent or false plan, specification, estimate, deed, book, account entry, voucher, invoice or other document, proof or explanation is produced, or if any fraudulent means or devices are used by the insured person, policyholder, beneficiary, claimant or by anyone acting on their behalf to obtain any benefit under this policy, or if any false statutory declaration is made or used in support thereof, or if loss is occasioned by or through the procurement or with the knowledge or connivance of the insured person, policyholder, beneficiary, claimant or other person, then all benefits under this policy are forfeited.

9) The titles of the various paragraphs of this Policy and any endorsements attached to this Policy are inserted solely for convenience of reference and do not limit or affect in any way the provisions to which they relate.

10) The Policyholder shown in Item 1 of the Schedule is responsible for the collection and remittance of all premiums. Premiums are due on or prior to the Policy effective Date shown in Item 2 of the Schedule and, in the case of a multiyear Policy, on or before the annual anniversary of such Policy Effective Date. Timely payment of all premium due in full is a condition precedent to the Company's liability under this Policy.

11) Notices: Notices to the Company under this Policy shall be given in writing to the address shown in the preamble of this Policy. Such notices shall be effective on the date of receipt by the Company at such address.

12) Valuation and Foreign Currency: All premiums, benefit amounts, loss, and other amounts under this Policy are expressed and payable in Indian currency. If judgement is rendered, settlement is denominated or any benefit, Sum Insured or element of loss is stated in a currency other than Indian Rupees, then payment under this Policy shall be made in Indian Rupees at the rate of exchange published by the Reserve Bank of India on the date the final judgement is entered, the amount of settlement is agreed upon or any benefit, Sum Insured or element of loss is due, respectively.

INTERNATIONAL SOS ASSISTANCE COMPANY

International SOS operates a twenty-four (24) hour, seven (7) Days a week, toll-free emergency telephone assistance service. To access the emergency assistance services while travelling, please call one of the following emergency telephone numbers:

Telephone numbers:

Land line: 011-41898872

Fax: 011-41898801

Email: hdfcergo@internationalsos.com

Toll Free No. 1866 202 4700 (For USA Only)

In the event of a travel-related emergency, International SOS will provide the following assistance services:

1) Pre-Departure Services

a) Banking Facilities: - information on currencies, banking procedures and bank hours in the country of destination.

b) Car rental Agency Referral & Limousine Arrangements - a referral to car rental companies in foreign countries.

c) Destination Information - general information on the destination, normally via fax.

d) Foreign Exchange Information Services - information concerning exchange rates of major foreign currencies.

e) Hotel Accommodation Referral - the names, addresses, contact numbers of hotels in major foreign cities world-wide.

f) Inoculation Information Services - information concerning inoculation requirements for foreign countries.

g) Travel Advisory Services - information concerning foreign ministry health and security advisories and circulars.

h) Visa Information Service - information concerning Visa requirements for foreign countries.

i) Weather Information Services - weather forecasts and temperatures of foreign countries.

2) Travel Assistance Services

a) Arrangement of a Bail Bond – the arrangement of a bail bond in the event that an Insured Person has been arrested following a car Accident. The Assistance Provider will only arrange the financial guarantee if payment has been secured through an Insured Person's credit card or personal assets.

b) Arranging an Emergency Cash Advance: assistance and will handle liaisons with banks to arrange a cash advance (s) to the Insured Person, subject to suitable guarantees.

c) Arranging for Replacement of Lost Passports - assistance in contacting with consular authorities in case of the loss or theft of an Insured Person's passport, and arranging its replacement.

d) Arranging for Replacement of Lost Travel Documents – assistance in replacing travel documents or tickets in the event of a theft or loss or emergency.

e) Car Rental – arrangement of a rented car in the event of an emergency. Payment is for the account of the Insured Person.

f) Claims Assistance - details to an Insured Person on how to correctly file a claim to the Company.

g) Embassy Referral- the address, contact numbers, and office hours for appropriate embassies and consulates in an emergency.

h) Emergency Travel Services – assistance in new travel arrangements and reservations in the event of pre-departure cancellation or interruption, curtailment or delay during the trip, or following a Hospital stay of the Insured Person.

i) Interpreter Referral - the name, address, contact numbers and office hours for interpreters world-wide.

j) Interpreting Assistance - an interpretation service over the telephone.

k) Legal Referral - the name, address, contact numbers, and office hours of lawyers or legal practitioners where and when necessary.

l) Lost Luggage Assistance – assistance for an Insured Person who has lost his or her luggage while travelling by contacting the appropriate authorities involved and advising the Insured Person who they should contact to recover their lost luggage.

m) Lost Travel Documents / Credit Card Assistance - directions on reporting the loss and requesting replacement in the event an Insured Person loses a travel document or credit card whilst abroad.

n) Restaurant Referral – a referral to restaurants in major foreign cities.

o) Secretarial Services & Business Centres Referral - wherever possible, a referral to secretarial services and business centres world-wide.

3) Emergency Medical and Related Services

a) Medical Advice Over the Phone - medical advice over the telephone.

b) Medical Service Provider Referral - information regarding Physicians, Hospitals, Clinics, Dentists when and where the Insured Person needs treatment.

c) Arrangement of Doctors Appointments – assistance in arranging appointments for an Insured Person with medical service providers if necessary.

d) Replacement of Essential Medicine - arrangement for the replacement of essential medicines, subject to local regulations.

e) Arrangement of Hospital Admission – arrangements for Hospital admission when the medical condition of the Insured Person requires such action.

f) Guarantee of Medical Expenses Incurred During a Hospital stay – a guarantee for the medical treatment necessary during an Insured Person's Hospital stay. The guarantees will only be arranged if the Assistance Provider has secured payment through an Insured Person's credit card or through the Insured Person's assets or the insurance Policy.

g) Monitoring of Medical Condition during a Hospital stay – Constant monitoring of the Insured Person's medical condition with the attending Physician if an Insured Person is hospitalised.

h) Emergency Message Transmission – a messenger service to transmit messages or medical information, upon the Insured Person's request and consent, to the Insured Person's family, friends and / or business associates following a medical emergency.

i) Arranging Emergency Medical Evacuation – arrangement of air / surface transportation, medical care during transportation, communications and all usual ancillary services when moving an Insured Person to the nearest Hospital where appropriate treatment can be received.

j) Arrangement of Medical Repatriation – arrangement of air / surface transportation, necessary medical care during transportation, communications and all usual ancillary services when moving an Insured Person to his/her country of residence following an emergency medical evacuation for subsequent in-Hospital treatment.

k) Arrangement of Repatriation of Mortal Remains - the transportation of the Insured Person's mortal remains from the place of death to his /her home country or arrange for local burial at the place of death.

l) Arrangement of Compassionate Visit - the return airfare for an Immediate Family Member of the Insured Person to visit the Insured Person when outside their normal country of residence.

m) Arrangement of Return of a Dependent Child - a one-way airfare for the return of a Dependent Child to his or her home country, if such Dependent Child is left unattended due to an Insured Person being hospitalised or expecting to be hospitalised for more than five (5) Days.

n) Arrangement of Hotel Accommodation - hotel arrangements for a visiting family member or a Replacement Business Colleague if an Insured Person is hospitalised or is expected to be hospitalised for five (5) or more Days.

Specific Conditions

The decision on the most appropriate means and timing belongs to The Assistance Provider.

General Conditions Applicable for Section 7: Revision HDFC ERGO Bharat Griha Raksha

Premium

Premium is the amount You pay to Us for the insurance covers. Any insurance cover begins only after We have received the premium.

Premium depends on cover opted and risk characteristics like safety measures, age of construction and other specified risk factors. Final premium will be as per specified per mille rate for particular occupancy multiplied by the sum at risk (in 1000's).

Discount offered under this policy:

1. Online Discount – 5%
2. Employee Discount – 5%
3. Loyalty Discount – 2.5%

Changes and Cancellation

Changes during Policy Period.

You can choose to make changes to the covers of this Policy as may be permitted by Us. You must make a proposal or request for any change. It will be effective only after We have accepted Your proposal, and You have paid the additional premium where applicable

You can cancel the Policy.

2. Cancellation at any time: You can cancel the policy at any time during the policy period. If You cancel the policy, We will refund premium as follows

a. If the Policy is cancelled, the premium would be returned to You calculated in accordance with the short period rate table as mentioned below, provided there is no claim under this Policy during the Period of Insurance.

For period not exceeding	Rate to be charged
15 days	10% of the Annual rate
1 month	15% of the Annual rate
2 months	30% of the Annual rate
3 months	40% of the Annual rate
4 months	50% of the Annual rate
5 months	60% of the Annual rate
6 months	70% of the Annual rate

7 months	75% of the Annual rate
8 months	80% of the Annual rate
9 months	85% of the Annual rate
> 9 months	The full Annual rate

b. In case of Policies having tenure more than 1-year, a Short Period scale for retention of premium as given in above table will be applied to the premium for the current / active Policy Year in which Cancellation is requested. The Premium corresponding to all Future unearned policy years would be refunded in full.

3. We can cancel the policy.

a. We will not cancel the Policy during the policy period except on the grounds of mis-representation, non-disclosure of material facts, fraud or non- cooperation of the insured.

b. In case of total loss of Your Home Building in a long term policy where You have decided not to reinstate Your Home Building in favour of a cash settlement of Your claim, We will cancel the policy for the remaining duration of the policy period. In such a case We shall refund the proportionate premium for the un-expired policy years after grossing up the premium paid by You towards long term discount, if any.

General Conditions applicable for section 8: E@Secure Insurance

1. Triggering Multiple Specified Event

Where one loss occurrence triggering multipble Specified Events, in such case Specified Events having highest sub limit will be payable.

2. Changes in Your circumstances

You must notify Us as soon as possible in writing of any change in Your circumstances which may affect this insurance cover. We will advise You if there is any additional premium payable by You.

3. Taking Reasonable Precautions

You must take due care and reasonable precautions to safeguard Your Personal Information, details of Your Bank Accounts and/or Credit/Debit Cards and internet communications. You should also take all practical measures to minimize claims. Such measures include but are not limited to not sharing sensitive account information, regular data backup, logins, PIN/TAN and Personal Information with Third Parties, securing physical access to devices, only installing legal software from trusted sources such as manufacturer app-stores and maintaining an updated and secure state of their software and operating systems as recommended by the manufacturer. You have to keep Yourselfinformed of further recommendations and alerts made from time to time by Us, Your Bank, Social Networks, other service providers or software manufacturers, as well as relevant authorities such as the police, CERT-IN and RBI."

4. Fraud

You must not act in a fraudulent manner. If You, or anyone acting for You:

- Make a claim under the Policy knowing the claim to be false or fraudulently inflated;
- Cause any loss or damage by Your willful act or with Your knowledge;
- Send Us a document to support a claim knowing the document to be forged or false in anyway; or
- Make a statement to support a claim knowing the statement to be false in anyway,

We will not pay the claim and all cover under the Policy will be forfeited and would render the policy void at Our sole discretion and which would result in denial of insurance benefits under this policy. We also reserve the right to recover from You the amount of any claim We have already paid under the Policy.

5. Cancellation

This policy will terminate at the expiration of the period for which premium has been paid or on the expiration date shown in the policy Schedule.

You may cancel this Policy at any time by sending fifteen (15) days notice in writing to Us or by returning the Policy and stating when thereafter cancellation is to take effect. In the event of such cancellation we will retain the premium for the period that this Policy has been in force and calculated in accordance with the short period rate table, provided there is no claim under this Policy during the Period of Insurance.

We reserve the right to cancel this Policy from inception immediately upon becoming aware of any mis-representation, mis-declaration, fraud, non-disclosure of material facts or non-cooperation by You or on Your behalf. No refund of premium shall be allowed in such cases.

Notice of cancellation will be mailed to You at Your address set forth in the Policy Schedule, and will indicate the date on which coverage is terminated. If notice of cancellation is mailed, proof of mailing will be sufficient proof of notice.

In case of any claim under this Policy or any of its individual coverage no refund of premium shall be allowed.

Table of Short `Period Scales	
Period of Risk (Not exceeding)	**Annual Premium Rate (%)**
1 month	15% of the Annual rate
2 months	30% of the Annual rate
3 months	40% of the Annual rate
4 months	50% of the Annual rate
5 months	60% of the Annual rate
6 months	70% of the Annual rate
7 months	75% of the Annual rate
8 months	80% of the Annual rate
9 months	85% of the Annual rate
For a period exceeding 9 months	The full Annual rate.

6. Other Insurances

In the event of an incident which results in a claim under this Policy and You have other insurance covering the same loss, We will not pay more than Our share, subject to the maximum Limit of Cover granted under this Policy.

7. Subrogation

We shall at any time be entitled to take proceedings in Your name (at Our expense) to recover, for Our benefit, the amount of any payment made by Us under this Policy and in which case, You must cooperate fully with Us in this respect and must not do anything to prejudice Our rights.

8. Arbitration

Any and all disputes concerning the interpretation or difference of the terms, exclusions or conditions contained herein is understood and agreed to by both the parties are subject to Indian law.

If any difference arises as to the amount to be paid under this Policy (liability being otherwise admitted) or the interpretation of a clause under this Policy (including the Schedule and Endorsements), such difference shall be referred to arbitration, in accordance with the [Indian] Arbitration and Conciliation Act 1996, as amended, and the making of an award shall be a condition precedent to any liability for Us to make any payment under this Policy. Such arbitration panel shall consist of one arbitrator selected by You, one arbitrator selected by Us, and a third independent arbitrator selected by the first two arbitrators in accordance with the provisions of the [Indian] Arbitration and Conciliation Act, 1996 (as amended). The arbitration shall be governed by Indian Law and the venue of arbitration shall be within India.

(i) All proceedings in any arbitration shall be conducted in English and a daily transcript in English of such proceedings shall be prepared.

(ii) The cost of arbitration undertaken in accordance with this section shall be borne by the parties associated with the arbitration and shall share equally in the costs of the arbitration proceedings and presiding arbitrator.

(iii) It is clearly agreed and understood that no reference to arbitration can be made if We have either not admitted or have disputed liability in respect of any claim under or in respect of this Policy.

(iv) In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

It is further expressly agreed and declared that if We shall disclaim liability in respect of any claim and is not within 12 calendar months from the date of such disclaimer be made the subject matter of a suit or proceeding before a Court of law or any other forum, it shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

9. Indian Contract Act 1872

A person or any entity who is not a party to this Policy shall have no rights under the Contracts (Rights of Third Parties) Act 2001 or any similar act, common law or any provision of law in any other jurisdiction to enforce any of its terms.

10. Premium Payment

It is hereby agreed that, as a condition precedent to any liability under this Policy, any premium due must be paid and actually realised by Us in full. In the event of non-realisation of the premium, the Policy shall be treated as void-ab-initio

11. Clerical Error

A clerical error by Us shall not invalidate the insurance cover otherwise validly in force, nor continue the insurance cover otherwise not validly in force.

12. Governing Law

This Policy shall be governed by the laws of India.

13. Assignment

No assignment of interest under this Policy shall be binding upon Us. Wedo not assume any responsibility for the validity of an assignment.

14. Sanctions/Embargoes

We shall not be deemed to provide cover and provide any benefit hereunder to the extent that the provision of such cover, payment of such loss or claim or provision of such benefit would expose Us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, law or regulations of the European Union, United States of America and/or any other applicable national economic or trade sanction law or regulations.

15. Territorial scope

Where legally permissible by the law of this policy and the jurisdiction in which the payment is to be made and subject to all terms and conditions of this policy, this policy shall apply to any Loss incurred or claims made in India, unless otherwise stated in the schedule.

16. Jurisdiction

Subject to the provisions of Clause 9, this policy is subject to the exclusive jurisdiction of the Courts of India.

17. The Proposal Form

In issuing this policy, We have relied on the statements and particulars in the proposal form which shall form the basis of this policy and are considered as being incorporated therein. You shall not conceal or misrepresent or wrongfully declare any material fact or circumstance when making any representation.

18. No Third party Rights

Notwithstanding what is stated in any Law, this policy is not intended to confer any rights or benefits on and or enforceable by any Third Party other than You and accordingly no Third Party shall acquire any rights in relation to or under this policy nor can enforce any benefits or claim under term of this contract against You.

19. Policy Renewal

We shall be under no obligation to renew the policy on expiry of the period for which premium has been paid. We reserves the right to offer revised rates, terms and conditions at renewal based on claim experience and a fresh assessment of the risk. This policy may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of renewal. We, however, shall not be bound to give notice that the policy is due for renewal or to accept any renewal premium. Unless renewed as herein provided, this policy shall automatically terminate at the expiry of the Period of Insurance.

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

1. No person shall allow or offer to allow, either directly or indirectly, as aninducement to any person to take or renew or continue an insurance in respectof 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.

	within India	**Outside India**
Claim Intimation:	Customer Service No : 022-62346234 / 0120-62346234 Phone (UAN) :1860 2000 700 (Local charges applicable) Fax (UAN) : 1860 2000 600 (Local charges applicable) Email:healthclaims@hdfcergo.com	Toll Free No: 800 08250825 Global Toll Free No : +800 08250825 (accessible from locations outside India only) Landline no (Chargeable) : 0120-4507250 Emailtravelclaims@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	

Grievance Redressal Procedure

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

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

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

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

For updated details of grievance officer, kindly refer the link:

https://www.hdfcergo.com/customer-voice/grievances

Contact Points	**First Contact Point**	**Escalation level 1**	**Escalation level 2**
Contacts us at	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - : 022 6234 6234 / 0120 6234 6234
Contact Point for Senior Citizen	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - : 022 6234 6234 / 0120 6234 6234
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd 6ht Floor, Leela Business Park, AndheriKurla Road, Andheri , Mumbai – 400059	The Compliance Officer, Registered & Corporate Office: HDFC House, 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020

my: Sampoorna Suraksha

List of Ombudsman

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
OFFICE DETAILS	**JURISDICTION OF OFFICE (UNION TERRITORY, DISTRICT)**
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - 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, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	States of Punjab, Haryana (excluding 4 districts viz Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi, 4 Districts of Haryana viz. Gurugram, Faridabad, Sonepat and Bahudurgarh
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	State of Andhra Pradesh, Telangana and Yanam - a part of Union Territory of Puducherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor,4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	States of West Bengal, Sikkim and Union Territories of Andaman & Nicobar Islands.
LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II,Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, 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.

my: Sampoorna Suraksha

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
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.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri Chandra Shekhar Prasad 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 Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

i. If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

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

Annexure I - List of Non-Medical Expenses

S. No.	Item	S. No.	Item
1	BABY FOOD	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
2	BABY UTILITIES CHARGES	36	SPACER
3	BEAUTY SERVICES	37	SPIROMETRE
4	BELTS/ BRACES	38	NEBULIZER KIT
5	BUDS	39	STEAM INHALER
6	COLD PACK/HOT PACK	40	ARMSLING
7	CARRY BAGS	41	THERMOMETER
8	EMAIL / INTERNET CHARGES	42	CERVICAL COLLAR
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	43	SPLINT
10	LEGGINGS	44	DIABETIC FOOT WEAR
11	LAUNDRY CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
12	MINERAL WATER	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
13	SANITARY PAD	47	LUMBO SACRAL BELT
14	TELEPHONE CHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
15	GUEST SERVICES	49	AMBULANCE COLLAR
16	CREPE BANDAGE	50	AMBULANCE EQUIPMENT
17	DIAPER OF ANY TYPE	51	ABDOMINAL BINDER
18	EYELET COLLAR	52	PRIVATE NURSES CHARGES-SPECIAL NURSING CHARGES
19	SLINGS	53	SUGAR FREE TABLETS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	55	ECG ELECTRODES
22	TELEVISION CHARGES	56	GLOVES
23	SURCHARGES	57	NEBULISATION KIT
24	ATTENDANT CHARGES	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	59	KIDNEY TRAY
26	BIRTH CERTIFICATE	60	MASK
27	CERTIFICATE CHARGES	61	OUNCE GLASS
28	COURIER CHARGES	62	OXYGEN MASK
29	CONVEYANCE CHARGES	63	PELVIC TRACTION BELT
30	MEDICAL CERTIFICATE	64	PAN CAN
31	MEDICAL RECORDS	65	TROLLY COVER
32	PHOTOCOPIES CHARGES	66	UROMETER, URINE JUG
33	MORTUARY CHARGES	67	AMBULANCE
34	WALKING AIDS CHARGES	68	VASOFIX SAFETY

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Plans: Section 1: my: health Suraksha Plan Variants

Sr No.	Covers	Silver smart	Gold essential	Gold smart	Platinum smart	Diamond	Global smart
	Basic sum insured in	3 Lacs / 4 Lacs / 5 Lacs	6 Lacs / 7.50 Lacs / 9 Lacs / 10 Lacs / 12.50 Lacs / 15 Lacs	6 Lacs / 7.5 Lacs / 9 Lacs / 10 Lacs / 12.5 Lacs / 15 Lacs	17.50 Lacs / 20 Lacs / 22.50 Lacs / 25 Lacs / 30 Lacs / 35 Lacs / 40 Lacs / 45 Lacs / 50 Lacs / 75 Lacs	1 Crore / 1.50 Crore / 2 Crore / 2.50 Crore / 3 Crore / 3.50 Crore / 4 Crore / 4.50 Crore / 5 Crore	25 Lacs / 30 Lacs / 35 Lacs / 40 Lacs / 45 Lac / 50 Lacs / 75 Lacs / 1 Crore / 1.50 Crore / 2 Crore / 2.50 Crore / 3 Crore / 3.50 Crore / 4 Crore / 4.50 Crore / 5 Crore
Section A	Hospitalization cover						
1	Medical expenses	Covered	Covered	Covered	Covered	Covered	Covered
	room rent	At Actual	At Actual	At Actual	At Actual	At Actual	At Actual
	icu	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals
a	Mental healthcare	Covered	Covered	Covered	Covered	Covered	Covered
2	Home Healthcare	Covered	Covered	Covered	Covered	Covered	Covered
3	Domiciliary hospitalization	Covered	Covered	Covered	Covered	Covered	Covered
4	Pre-hospitalization cover	60 days	60 days	60 days	60 days	60 days	60 days
5	Post-hospitalization cover	180 Days	180 Days	180 Days	180 Days	180 Days	180 Days
6	Day care procedures	Covered	Covered	Covered	Covered	Covered	Covered
7	Road Ambulance	SI 1 to 5 L - Rs 2000	SI 6 to 50 L - 3,500	SI 6to 50 L - 3,500	SI 6 to 50 L - 3,500 Above 50 L - 15,000	Above 50 L - 15,000	SI 25 to 50 L - 3,500 Above 50 L -15,000
8	Organ Donor expenses	Covered	Covered	Covered	Covered	Covered	Covered
9	Alternative treatments	Covered	Covered	Covered	Covered	Covered	Covered
section B	Renewal Benefits						
1	my:health active	Covered	Covered	Covered	Covered	Covered	Covered
2	preventive health check up	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
3	Cumulative Bonus	10% at each claim free yr, max 100%	10% at each claim free yr, max 100%	10% at each claim free yr, max 100%	25% at each claim free yr, max 200%	25% at each claim free yr, max 200%	25% at each claim free yr, max 200%
Section C	optional covers						
1	Preventive health check up- Booster	Covered	Covered	Covered	Covered	Covered	Covered
2	Parent and child care cover - Basic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
2 I	Parent care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
i	Maternity expenses	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
ii	OPD expenses	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Section B	Renewal Benefits						
1	my:health active	Covered	Covered	Covered	Covered	Covered	Covered
2	preventive health check up	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
3	Cumulative Bonus	10% at each claim free yr, max 100%	10% at each claim free yr, max 100%	10% at each claim free yr, max 100%	25% at each claim free yr, max 200%	25% at each claim free yr, max 200%	25% at each claim free yr, max 200%
Section C	optional covers						
1	Preventive health check up- Booster	Covered	Covered	Covered	Covered	Covered	Covered
2	Parent and child care cover - Basic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

my: Sampoorna Suraksha

Sr No.	Covers	Silver smart	Gold essential	Gold smart	Platinum smart	Diamond	Global smart
2 I	Parent care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
i	Maternity expenses	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
ii	OPD expenses	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
2 II	Child care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
i	New Born Baby cover	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
3	Parent and child care cover – Booster	(1) Optional –Upto 15,000 for Normal Delivery and 25,000 for C section Delivery – (2) Upto 25,000 for Normal Delivery and 40,000 for	(1) Optional – Upto 15,000 for Normal Delivery and 25,000 for C section Delivery (2) Upto 25,000 for Normal Delivery and 40,000 for C section Delivery	(1) Optional – Upto 15,000 for Normal Delivery and 25,000 for C section Delivery (2) Upto 25,000 for Normal Delivery and 40,000 for C section Delivery	(1) Optional – Upto 25,000 for Normal Delivery and 40,000 for C section Delivery, Termination 25,000 (2) Upto 50,000 for Normal Delivery and 75,000 for C section Delivery. Termination limit 50,000	(1) Optional – Upto 50,000 for Normal Delivery and 75,000 for C section Delivery (2) Upto 1 Lac for Normal Delivery and 1.50 Lacs for C section Delivery	(1) Optional – Upto 50,000 for Normal Delivery and 75,000 for C section Delivery, Termination limit 50,000 (2) Upto 1 Lac for Normal C section Delivery and 1.50 Lacs for C section Delivery. Termination limit 1,00,000
3I	Parent care	-	-	-	-	-	-
i	Maternity expenses	Covered	Covered	Covered	Covered	Covered	Covered
ii	pre and post natal expenses	Covered	Covered	Covered	Covered	Covered	Covered
iii	infertility treatment	Covered	Covered	Covered	Covered	Covered	Covered
3 II	child care	Covered	Covered	Covered	Covered	Covered	Covered
i	new Born Baby cover	Covered	Covered	Covered	Covered	Covered	Covered
ii	vaccination charges	Covered	Covered	Covered	Covered	Covered	Covered
3 III	Waiting period	Optional - 3 Yr	Optional - 3 Yr	Optional - 3 Yr	Optional - 3 Yr	Optional - 3 Yr	Optional - 3 Yr
	Modification option						
4	Air Ambulance cover	Not Covered	upto 2 lacs	upto 2 lacs	upto 5 Lacs	upto 10 Lacs	upto 10 Lacs
5	Recovery Benefit	5,000	15,000	15,000	25,000	40,000	40,000
6	Sum insured rebound	Covered	Covered	Covered	Covered	Covered	Covered
7	Outpatient dental treatment	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
8	External Medical aids	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
9	Major illness hospitalization expenses	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
10	Non- Medical expenses cover	Optional	Optional	Optional	Optional	Optional	Optional
11	Waiting Period Modification option	Covered	Optional - 3 Yr	Covered	Covered	Covered	Covered
12	Extended cumulative Bonus	Optional 25% subject to max 200% 50% subject to max 200%	Optional 25% subject to max 200% 50% subject to max 200%	Optional 25% subject to max 200% 50% subject to max 200%	Optional 50% subject to max 200%	Optional 50% subject to max 200%	Optional 50% subject to max 200%
13	Room Rent	Modification option	Optional	Optional	Optional	Optional	Optional
14	Co-payment	10% / 20%	15% / 25%	15% / 25%	15% / 25%	15% / 25%	15% / 25%
15	Major illness Benefit –	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
16	E-opinion	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
17	Hospital cash	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
18	Global health cover	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Covered
	Entry age	Any age Entry	Any age Entry	Any age Entry	Any age Entry	Any age Entry	Any age Entry
	Renewal age	Lifetime renewal	Lifetime renewal	Lifetime renewal	Lifetime renewal	Lifetime renewal	Lifetime renewal

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Sr No.	Covers	Silver smart	Gold essential	Gold smart	Platinum smart	Diamond	Global smart
	Pre Existing waiting period	3 years	4 years	3 years	3 years	3 years	3 Years
	Parent and child care Booster - waiting period	4 years	4 years	4 years	4 years	4 years	4 years

Renewal Plans

Sr No.	Covers	Classic	Silver	Gold	Platinum	Global
	Basic sum insured in ₹	3 Lacs / 4 Lacs / 5 Lacs	1 lac/ 2 lacs / 3 Lacs / 4 Lacs / 5 Lacs / 7.5 Lacs / 10 Lacs / 15 Lacs / 20 Lacs / 25 Lacs / 50 Lacs	1 lac/ 2 lacs / 3 Lacs / 4 Lacs / 5 Lacs / 7.5 Lacs / 10 Lacs / 15 Lacs / 20 Lacs / 25 Lacs / 50 Lacs	2 lacs / 3 Lacs / 4 Lacs / 5 Lacs / 7.5 Lacs / 10 Lacs / 15 Lacs / 20 Lacs / 25 Lacs / 50 Lacs	25 Lacs / 50 Lacs / 75 Lacs / 1 Crore / 1.50 Crore / 2 Crore
Section A	**Hospitalization cover**					
1	**Medical expenses**	Covered	Covered	Covered	Covered	Covered
	room rent	At Actual	At Actual	At Actual	At Actual	At Actual
	icu	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals
a	**Mental healthcare**	Covered	Covered	Covered	Covered	Covered
2	**home healthcare**	Covered	Covered	Covered	Covered	Covered
3	**Domiciliary hospitalization**	Covered	Covered	Covered	Covered	Covered
4	**Pre-hospitalizationcover**	60 days	60 days	60 days	60 days	60 days
5	**Post- hospitalization cover**	180 Days	180 Days	180 Days	180 Days	180 Days
6	**Day care procedures**	Covered	Covered	Covered	Covered	Covered
7	**Road ambulance**	SI 1 to 5 L - Rs 2000	SI 1 to 5 L - Rs 2000 SI 7.5 to 50 L - 3,500	SI 1 to 5 L - Rs 2000 SI 7.5 to 25 L - 3,500	SI 1 to 5 L - Rs 2000SI 7.5 to 25 L - 3,500	SI25to50L-3,500 Above50L-15,000
8	**Organ Donor expenses**	Covered	Covered	Covered	Covered	Covered
9	**Alternative treatments**	Covered	Covered	Covered	Covered	Covered
section B	**Renewal Benefits**					
1	**my:health active**	Covered	Applicable	Applicable	Applicable	Covered
2	**Preventive health check up**	Covered	Covered	Covered	Covered	Covered
3	**Cumulative Bonus**	5% of Sum Insured, maximum 50%	5% of Sum Insured, maximum 50%	5% of Sum Insured, maximum 50%	5% of Sum Insured, maximum 50%	5% at each claim free yr, max 50%
Section C	**Optional covers**					
1	**Preventive health check up- Booster**	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
2	**Parent and child care cover - Basic**	Covered 25,000 / 40,000	Optional with following options 15000 / 25,000 25,000 / 40,000 50,000 / 100,000 80,000 / 200,000	15,000 / 25,000	25,000 / 40,000	For SI 25 to 50L - 50,000 / 100,000 From 75 L to 2 Cr - 80,000 / 200,000
2 I	**Parent care**	Covered	Optional	Covered	Covered	Covered
i	**Maternity expenses**	Various	Various	-	-	-
ii	**OPD expenses**	Various	Various	Rs. 1,500	Rs 2,500	Rs 5,000, Rs 7,000
2 II	**Child care**	Various	Various	-	-	-

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Sr No.	Covers	Classic	Silver	Gold	Platinum	Global
i	**New Born Baby cover**	Various	Various	Rs 2,000	Rs 3,500	Rs 6,000, Rs 10,000
3	**Parent and child care cover - Booster**	Not Covered	Not Covered	Not covered	Not Covered	Not Covered
3I	**Parent care**	-	-	-	-	-
i	**Maternity expenses**	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
ii	**Pre and post natal expenses**	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
iii	**Infertility treatment**	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
3 II	**Child care**	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
i	**New Born Baby cover**	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
ii	**Vaccination charges**	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
3 III	**Waiting period Modification option**	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
4	**Air ambulance cover**	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
5	**Recovery Benefit**	` 10,000	Optional1% of Sum Insured, max 10,000	1% of Sum Insured, max 10,000	1% of Sum Insured, max 10,000	Covered. Upto 40,000
6	**Sum insured rebound**	Covered	Optional	Optional	Optional	Optional
7	**Outpatient dental treatment**	Not Covered	Optional Upto1%ofSum Insured subject to maximum of 5,000 or maximum of 20,000	Optional Upto1%ofSum Insured subject to maximumof 5,000 or maximum of 20,000	Upto1%ofSum Insured subject to maximum of 5,000	upto1%ofSI maximum upto 20,000
8	**external Medical aids**	Not Covered	Optional Upto maximum of 5,000 Upto maximum of 20,000	Optional Upto maximum of 5,000 Upto maximum of 20,000	Upto maximum of 5,000	Maximum upto ₹ 20,000
9	**Major illness hospitalization expenses**	Optional	Not Covered	Not Covered	Not Covered	Not Covered
10	**Non- Medical expenses cover**	Optional	Not Covered	Not Covered	Not Covered	Optional
11	**Waiting period Modification option**	Covered	Not applicable	Not Covered	Not Covered	Not Covered
12	**Extended cumulative Bonus**	Not Covered	Optional 10% subject to max 100%	Optional 10% subject to max 100%	Optional 10% subject to max 100%	Optional 10% subject to max 100%
13	**Room rent Modification option**	Optional	Not Applicable	Not Applicable	Not Applicable	Optional
14	**Co-payment**	10%/20%	Optional 10%, 15%, 20%, 25%	Optional 10%, 15%, 20%, 25%	Optional 10%, 15%, 20%, 25%	Optional 10%, 15%, 20%, 25%
15	**Major illness – Benefit**	Not Covered	Optional 11 Clupto BasicSI of 0% or 100% subjecttomax Rs10 lacs only	Optional 11 Clupto BasicSI of 0% or 100% subjecttomax Rs10 lacs only	Optional 11 Clupto BasicSI of 0% or 100% subjecttomax Rs10 lacs only	Optional 11 Clupto BasicSI of 0% or 100% subjecttomax Rs10 lacs only
16	**E-opinion**	Not Covered	Optional	Covered	Covered	Covered
17	**Hospital cash**	Not Covered	Optional 500 / 1,000 / 1,500 / 2,000 / 2,500 Maximum of 30 days Maximum of 60 days	Optional 500 / 1,000 / 1,500 / 2,000 / 2,500 Maximum of 30 days Maximum of 60 days	Optional 500 / 1,000 / 1,500 / 2,000 / 2,500 Maximum of 30 days Maximum of 60 days	Optional 500 / 1,000 / 1,500 / 2,000 / 2,500 Maximum of 30 days Maximum of 60 days

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Sr No.	Covers	Classic	Silver	Gold	Platinum	Global
18	**Global health cover**	Not Covered	Not Covered	Not Covered	Not Covered	Covered
	Entry age	Any age Entry	Any age Entry	Any age Entry	Any age Entry	Any age Entry
	Renewal age	Lifetime renewal	Lifetime renewal	Lifetime renewal	Lifetime renewal	Lifetime renewal
	Pre-existing waiting period	3 years	4 years	4 years	4 years	4 years
	Parent and child care Booster - waiting period	3 years	4 years	4 years	4 years	4 years

Section 2: my:health Critical suraksha Plus

	Coverage	Details	Cancer Suraksha	Cardiac Suraksha	Smart Suraksha	Comprehensive Suraksha	Multi Pay Suraksha -Elite	Multi Pay Suraksha-Supreme	Multi Pay Suraksha-Comprehensive
Section A.	Base Covers								
I	Critical Illness Cover								
1	Cancer Cover	Cancer of Specified Severity of all the organs/ sites	Covered	X	X	Covered	X	X	X
2	Heart Cover	Illnesses and Procedures related to heart	X	Covered	Covered	Covered	X	X	X
3	Nervous System Cover	Illnesses and Procedures related to nervous system	X	X	Covered	Covered	X	X	X
4	Other Major Organ Cover	Illnesses and Procedures related to Major Organs and Functions	X	X	X	Covered	X	X	X
II	Multi Pay Critical Illness Cover								
1	Cancer Cover	Cancer of Specified Severity of all the organs/ sites	X	X	X	X	Covered	Covered	Covered
2	Heart Cover	Illnesses and Procedures related to heart	X	X	X	X	Covered	Covered	Covered
3	Nervous System Cover	Illnesses and Procedures related to nervous system	X	X	X	X	X	Covered	Covered
4	Other Major Organ Cover	Illnesses and Procedures related to Major Organs and Functions	X	X	X	X	X	X	Covered
Section B	my:health Active	"Wellness Benefits as below: 1. Fitness discount @ Renewal 2. Health Incentive 3. Wellness services "	Covered	Covered	Covered	Covered	Covered	Covered	Covered

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	Coverage	Details	Cancer Suraksha	Cardiac Suraksha	Smart Suraksha	Comprehensive Suraksha	Multi Pay Suraksha -Elite	Multi Pay Suraksha-Supreme	Multi Pay Suraksha-Comprehensive
Section C	preventive Health Check Up	Free health check up for listed tests every year	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Section D	Optional Covers								
1	Pre Diagnosis Cover	Benefit for listed diagnostic tests for any of the covered Illness, upto Rs 25,000	Optional	Optional	Optional	Optional	Optional	Optional	Optional
2	Post Diagnosis Support		Optional	Optional	Optional	Optional	Optional	Optional	Optional
	a.Second Medical Opinion	Second expert medical opinion, E opinion as well as in person, upto Rs 10,000							
	b. Molecular Gene Expression Profiling Test	Molecular Gene Expression Profiling Test - once in Policy term, upto Rs 10,000							
	c. Post Diagnosis Assistance	Post diagnosis counselling expenses, Upto Rs 3,000 per session for up to maximum of 6 sessions							
3	Loss of Job	"Benefit upon resignation or termination due to diagnosis of any of the covered illness upto 50% of Monthly Salary, upto six months" Add On cover	Optional	Optional	Optional	Optional	Optional	Optional	Optional

Section 3: my: health Medisure Super Top Up Insurance

Aggregate Deductible	Sum Insured			
2 Lakh	3 Lakh	8 Lakh		
3 Lakh	7 Lakh	12 Lakh		
4 Lakh	6 Lakh	11 Lakh	16 Lakh	
5 Lakh	5 Lakh	10 Lakh	15 Lakh	20 Lakh

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Section 6: Travel Insurance

Single Trip Plans (Including USA/Canada & Excluding USA/Canada)

Plans	Titanium	Platinum	Gold	Silver	Bronze
Coverage / Sum Insured	$ 500,000	$ 200,000	$ 100,000	$ 50,000	$ 30,000
Emergency Medical Expenses	500,000	200,000	100,000	50,000	30,000
Deductible	100	100	100	100	100
Accidental Death - Common Carrier	5,000	5,000	5,000	3,000	3,000
Deductible	Nil	Nil	Nil	Nil	Nil
Permanent Disablement - Common Carrier	5,000	5,000	5,000	3,000	3,000
Deductible	Nil	Nil	Nil	Nil	Nil
Hospital Cash	15 per day/Max 150	15 per day/Max 150	15 per day/Max 150	15 per day/Max 150	15 per day/Max 150
Deductible	1 Day	3 Days	1 Day	4 Days	4 Days
Emergency Dental Treatment	500	500	500	300	300
Deductible	150	150	150	150	150
Loss of Baggage & Personal Documents	250	250	250	250	250
Deductible	30	30	30	30	30
Medical Evacuation	Included	Included	Included	Included	Included
Deductible	Nil	Nil	Nil	Nil	Nil
Repatriation	Included	Included	Included	Included	Included
Deductible	Nil	Nil	Nil	Nil	Nil
Loss of Checked Baggage	1,000	1,000	1,000	1,000	1,000
Deductible	Max 50% Per Bag/10% Per Item	Max 50% Per Bag/10% Per Item	Max 50% Per Bag/10% Per Item	Max 50% Per Bag/10% Per Item	Max 50% Per Bag/10% Per Item
Delay of Checked Baggage	200	200	200	100	100
Deductible	12 Hours/$10 per 8 Hours	12 Hours/$10 per 8 Hours	12 Hours/$10 per 8 Hours	12 Hours/$10 per 8 Hours	12 Hours/$10 per 8 Hours
Accidental Death	25,000	20,000	15,000	10,000	10,000
Deductible	Nil	Nil	Nil	Nil	Nil
Permanent Disablement / Table B	25,000	20,000	15,000	10,000	10,000
Deductible	Nil	Nil	Nil	Nil	Nil
Personal Liability	200,000	200,000	100,000	100,000	50,000
Deductible	200	200	200	150	150
Financial Emergency Assistance	1,500	1,000	700	500	300
Deductible	Nil	Nil	Nil	Nil	Nil
Hijack Distress Allowance	75 per Day/Max 525	75 per Day/Max 525	75 per Day/Max 450	75 per Day/Max 450	75 per Day/Max 450
Deductible	1 Day	1 Day	1 Day	1 Day	1 Day
Flight Delay	$10 per Hour/Max 120	$10 per Hour/Max 120	$10 per Hour/Max 120	$10 per Hour/Max 120	$10 per Hour/Max 120
Deductible	6 Hours	6 Hours	6 Hours	6 Hours	6 Hours
Hotel Accommodation	3,000	3,000	3,000	3,000	2,000
Deductible	Nil	Nil	Nil	Nil	Nil

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Single Trip Asia (Excluding Japan)

Plans	Silver	Bronze
Coverage / Sum Insured	$ 30,000	$ 15,000
Emergency Medical Expenses	30,000	15,000
Deductible	50	50
Hospital Cash	10 per day/Max 150	10 per day/Max 150
Deductible	4 Days	4 Days
Emergency Dental Treatment	500	500
Deductible	150	150
Loss of Baggage & Personal Documents	150	150
Deductible	30	30
Medical Evacuation	Included	Included
Deductible	Nil	Nil
Repatriation	Included	Included
Deductible	Nil	Nil
Loss of Checked Baggage	300	300
Deductible	Max 50% Per Bag/10% Per Item	Max 50% Per Bag/10% Per Item
Delay of Checked Baggage	100	100
Deductible	12 Hours/$10 per 8 Hours	12 Hours/$10 per 8 Hours
Accidental Death	10,000	10,000
Deductible	Nil	Nil
Permanent Disablement / Table B	10,000	10,000
Deductible	Nil	Nil
Personal Liability	20,000	15,000
Deductible	200	200
Financial Emergency Assistance	300	300
Deductible	Nil	Nil
Hijack Distress Allowance	75 per Day/Max 525	75 per Day/Max 450
Deductible	1 Day	1 Day
Flight Delay	$10 per Hour/Max 120	$10 per Hour/Max 120
Deductible	6 Hours	6 Hours
Hotel Accommodation	2,000	2,000
Deductible	Nil	Nil

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Annual Multi Trip Plan (Worldwide)

Plans	Platinum	Gold
Coverage / Sum Insured	$ 500,000	$ 250,000
Emergency Medical Expenses	500,000	250,000
Deductible	100	100
Accidental Death - Common Carrier	5,000	5,000
Deductible	Nil	Nil
Permanent Disablement - Common Carrier	5,000	5,000
Deductible	Nil	Nil
Hospital Cash	15 per day/Max 150	15 per day/Max 150
Deductible	1 Day	1 Day
Emergency Dental Treatment	500	500
Deductible	150	150
Loss of Baggage & Personal Documents	250	250
Deductible	30	30
Medical Evacuation	Included	Included
Deductible	Nil	Nil
Repatriation	Included	Included
Deductible	Nil	Nil
Loss of Checked Baggage	1,000	1,000
Deductible	Max 50% Per Bag/10% Per Item	Max 50% Per Bag/10% Per Item
Delay of Checked Baggage	200	200
Deductible	12 Hours/$10 per 8 Hours	12 Hours/$10 per 8 Hours
Accidental Death	25,000	25,000
Deductible	Nil	Nil
Permanent Disablement / Table B	25,000	25,000
Deductible	Nil	Nil
Personal Liability	200,000	200,000
Deductible	200	200
Financial Emergency Assistance	1,500	1,500
Deductible	Nil	Nil
Hijack Distress Allowance	75 per Day/Max 525	75 per Day/Max 525
Deductible	1 Day	1 Day
Flight Delay	$10 per Hour/Max 120	$10 per Hour/Max 120
Deductible	6 Hours	6 Hours
Hotel Accommodation	3,000	3,000
Deductible	Nil	Nil

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Single Trip Family Floater Plan (Excluding USA/Canada)

Coverage / Sum Insured	**$ 50,000**
Emergency Medical Expenses	50,000
Deductible	100
Hospital Cash	15 per day/Max 150
Deductible	4 Days
Emergency Dental Treatment	200
Deductible	75
Loss of Baggage & Personal Documents	200
Deductible	20
Medical Evacuation	Included
Deductible	Nil
Repatriation	Included
Deductible	Nil
Loss of Checked Baggage	400
Deductible	Max 50% Per Bag/10% Per Item
Delay of Checked Baggage	100
Deductible	12 Hours/$10 per 8 Hours
Accidental Death	10,000
Deductible	Nil
Permanent Disablement / Table B	10,000
Deductible	Nil
Personal Liability	10,000
Deductible	200
Hijack Distress Allowance	75 per Day/Max 525
Deductible	1 Day