

Introduction:

my:Health Benefit Package Policy-Group by HDFC ERGO is designed to offer coverage for the customers/members of any Group. The Product has been designed to cover up to 33 critical illnesses, 107 Surgical Procedures, Death and disablement under Personal Accident Cover and loss of Income on resignation or termination from employment under payment Suraksha Cover. It is expected to help the insured meet financial needs and all other related expenses in case of occurrence of any listed critical illnesses, Surgery, Accidental injury or loss of Job. An insured has an option to choose any one or more covers from the below listed Sections.

Covers under the policy

1. Critical Illness Cover

We will pay **Sum Insured** if Insured Person, suffers from **Critical Illness** as specifically defined and listed in Annexure 1 below, whose diagnosis and/or manifestation first commence/occurs more than 90 days after the commencement of **Coverage period** and shall only include:

Annexure 1- List of critical Illnesses covered

1. Cancer of specified severity	2. Kidney failure requiring regular dialysis
3. Myocardial Infarction (First Heart Attack of specified severity)	4. Multiple Sclerosis with persisting symptoms
5. Permanent Paralysis of Limbs	6. Stroke resulting in permanent symptoms
7. Benign Brain Tumour	8. Coma of specified severity
9. Parkinson's Disease	10. Alzheimer's Disease
11. End Stage Liver Failure	12. Deafness
13. Loss of Speech	14. Third Degree Burns
15. Medullary Cystic Disease	16. Motor Neurone Disease with permanent symptoms
17. Muscular Dystrophy	18. Primary (Idiopathic) Pulmonary Hypertension
19. Systemic Lupus Erythematosus with Lupus Nephritis	20. Apallic Syndrome
21. Aplastic Anaemia	22. Cardiomyopathy
23. Creutzfeldt-Jakob Disease (CJD)	24. End Stage Lung Failure
25. Major Head Trauma	26. Progressive Scleroderma
27. Blindness	28. Refractory heart failure
29. Poliomyelitis	30. Myasthenia gravis
31. Good pastures syndrome with lung or renal involvement	32. Loss of limbs
33. Loss of independent existence	

Survival Period

Company shall not be liable to make any payment arising out of any claim under Section A1 for any Insured event if the **Insured Person** does not survive a period of at least 30 days after the date of occurrence of the Insured Event.

I. Condition Applicable to Critical Illness Cover:

The cover under this Policy, for the specific Insured Person, shall terminate in the event of claim in respect of such Insured Person becoming admissible and accepted by the Company under this Section. In consequence thereof no benefit shall be payable under any other Section of this Policy except Section A2 and A4 if opted.

II. Exclusions Applicable for Critical Illness Cover

- 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** increased.
- Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies
- Any treatment arising from pregnancy (including voluntary termination), miscarriage, maternity or birth (including caesarean section)
- Any other Critical Illness not defined/not listed above

2. Surgery Care

We will pay **Sum Insured** on **Medically Necessary Hospitalisation** of an **Insured Person** for undergoing a Surgery listed in Annexure 2, provided that such **Illness** or **Injury** has been contracted or sustained by an **Insured Person** during the **Coverage Period**

A. Exclusions and Waiting Period Applicable for Surgery Care

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) Waiting periods

All claims payable will be subject to the waiting periods specified below:

- General waiting period:** 30 days except claims arising due to an **Accident**. In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of sum of **Sum Insured** increase.
- Waiting Period for listed illnesses and Procedures:** 24 months for all Illnesses and Surgical Procedures listed in following table a. and b. except claims payable due to the occurrence of cancer. In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of **Sum Insured** increase.

a. Illnesses

Internal Congenital diseases	Non infective Arthritis
Diseases of gall bladder including cholecystitis	Calculus disease of Urogenital system e.g. Kidney stone, Urinary Bladder Stone
Pancreatitis	Ulcer and erosion of stomach and duodenum
All forms of Cirrhosis	Gastro Oesophageal Reflux Disorder (GERD)
Diabetes and related complications	Hypertension and related complications

Pilonidal sinus	Gout and rheumatism
Benign tumors, cysts, nodules, polyps including breast lumps	Osteoarthritis and osteoporosis
Polycystic ovarian diseases	Fibroids (fibromyoma)
Skin tumours	Benign Hyperplasia of Prostate

b. Procedures

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	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

C. Waiting Period for Pre-existing conditions:

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.

- ii) 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,
- iii) 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.
- iv) Any specific time bound exclusion(s) applied by **Us** and specified in the **Policy Schedule/ Certificate of Insurance** and accepted by the Insured
- v) Any Claim arising due to Non-disclosure of **Pre-existing Illness** or Material fact as sought to be declared on the Proposal form
- vi) Any Surgery which is not listed in the Annexure 1 of policy wordings

3. Personal Accident

3.1 We will pay Sum Insured if Insured Person sustains Injury due to Accident during the Coverage Period which shall within twelve months of its occurrence be the sole and direct cause of,

- a. Death
- b. Permanent Total Disablement
- c. Permanent Partial Disablement

A. Condition Applicable to Personal Accident Cover:

The cover under this Policy, for the specific Insured Person, shall terminate in the event of claim in respect of such Insured Person becoming admissible and accepted by the Company under this Section. In consequence thereof no benefit shall be payable under any other Section of this Policy except Section A2 and A4 if opted.

B. Exclusions Applicable for Personal Accident

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). Event which occurs whilst the Insured is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in

aviation or ballooning, or whilst the Insured is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.

- ii). From engaging in or participation in **Adventure Sports**

4. Payment Suraksha

4.1: Termination from Employment:

We will pay Sum Insured If **Insured Person** suffers Loss of Income due to his/her termination, dismissal, suspension or retrenchment from employment, imposed on him/her by his/her employer as per the employer's rules/regulations during the **Coverage Period**.

Specific Condition applicable to Section 4.1

A claim under this section shall become admissible provided the period of termination, dismissal, temporary suspension or retrenchment from employment of the Insured shall not be less than 30 consecutive days.

a) Exclusions applicable for Section 4.1, Termination from Employment

- i. We will not be liable to make any payment under this Policy in connection with or in respect of:
 - a. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
 - b. Any voluntary unemployment;
 - c. Temporary dismissal or suspension
- ii. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
- iii. Any unemployment due to voluntary resignation, retirement whether voluntary or otherwise
- iv. Arising out of or resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The Policy also excludes loss, damage, cost or expenses of whatsoever nature caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or relating to action taken in respect of any act of terrorism.

4.2: Resignation from Employment:

We will pay **Sum Insured** if **Insured Person** suffers from **Loss of Income** due to his/her Voluntary resignation from the employment arising out of **Injury** due to **Accident** during the **Coverage Period** resulting into;

- i. **Permanent Total Disablement**
- ii. **Permanent Partial Disablement**
- iii. **Temporary Total Disablement**

a) Exclusions applicable for Section 4.2, Resignation from Employment

- i. Any Loss of Income due to Resignation for reasons other than mentioned under Section A4.1
- ii. Any loss of Income due to retirement whether voluntary or otherwise
- iii. Any Resignation due to non-confirmation of employment after or during such period under which the Insured was under probation.
- iv. If accidental Injury is the result of carrying out the duties of your occupation, If your occupation involves;
 - a. Working above 10 meters from ground

- b. Working underground
- c. Working offshore
- d. Underwater diving
- e. Working with explosives
- f. Employment in armed forces
- v. Self-inflicted injury, being under the influence of alcohol or drugs (unless prescribed by Medical Practitioner)
- vi. Loss of income due to Accidental Death
- vii. Any accidental Injury that has occurred prior to coverage effective date
- viii. Event which occurs whilst the Insured is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning, or whilst the Insured is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- ix. From engaging in or participation in **Adventure Sports**

- **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.

Exclusions

General exclusions applicable to all the sections:

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. General Exclusions Applicable for Section A.4, Payment Suraksha

- i). 90 days waiting period shall apply from the commencement of the Coverage period to all claims due to Unemployment due to termination or resignation
- ii). We will not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
- iii). The Company shall not be liable to make any payment under this Policy in connection with or in respect of:
 - a. Self employed persons;
 - b. Unemployment at the time of inception of the Policy
- iv). Any unemployment from a job under which no salary or any remuneration is provided to the Insured
- v). Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.

- i). 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.
- ii). Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- iii). Any Insured Person's participation or involvement in naval, military or air force operation.
- iv). From engaging in or participation in **Adventure sports**
- v). The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies (unless prescribed by Medical Practitioner).

Wellness Cover

my: Health Active

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

1. 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.

2. Wellness services

- **Discounts:** on OPD, pharmacy, diagnostic centres.
- **Customer Engagement:** Monthly newsletters, Dietconsultation, health tips

Product details:

Policy Type	Individual Sum Insured Basis
Age Limit (Age last Birthday as at Policy Inception date)	Minimum Entry Age – 18 Years Maximum Entry Age – 65 Years
Basis of Sum Insured	Individual Sum Insured basis only.
Sum Insured limit	Minimum Policy Sum Insured Rs 1 lac
Basis of Payment	Benefit Basis
Policy Duration	1 Year

Claim process

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

Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy , Health Card or our Website
Claim Intimation Timelines	Within 14 days of the diagnosis of Critical Illness

<p>Particulars to be provided to Us for Claim notification</p>	<ol style="list-style-type: none"> 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 and time of event if applicable 6. Date of admission if applicable 	<p>Claims documents for Personal Accident cover: Permanent Total Disability and Permanent Partial Disability</p>	<ol style="list-style-type: none"> 1. Duly Completed Claim Form signed by Insured Person. 2. Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability. 3. Attested copy of FIR. (If any) 4. All X-Ray / Investigation reports and films supporting to disability. 5. NEFT details & cancelled cheque of Insured Person. 6. Original Policy copy along with Original Assignment endorsement (if any)
<p>Claims documents for Critical Illness cover and Surgery Care</p>	<ol style="list-style-type: none"> 1. Claim Form duly signed by the Insured Person; 2. Copy of Discharge Summary / Discharge Certificate; 3. First consultation letter from treating Medical Practitioner 4. Medical certificate confirming diagnosis, and the treatment of Critical Illness from Medical Practitioner 5. OT Notes in case of Surgery 6. Medical certificate from treating Medical Practitioner specifying the diagnosis and need for the surgery 7. certificate from treating Medical Practitioner, specifying the duration and aetiology 8. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 9. All pathological and radiological Investigation Reports. We may require the Insured Person to undergo medical examination by Medical Practitioner authorized by Us to obtain an independent medical opinion for the processing of the claim. Any cost towards such a medical examination will be borne by Us. 10. NEFT details & cancelled cheque 	<p>Claims documents for Personal Accident cover: Temporary Total Disability</p>	<ol style="list-style-type: none"> 1. Duly Completed Personal Accident Claim Form signed by insured. 2. Attested copy of FIR. (If required) 3. All X-Ray / Investigation reports and films supporting to disability. 4. Claim form with NEFT details & cancelled cheque duly signed by Insured 5. Original Policy copy. 6. For Employed persons: Certificate from HR with details of medical leave availed during the period of Injury 7. Certificate from the treating doctor mentioning the extent of Injury along with the period of disability 8. Certificate from Treating doctor with date of full recovery & resuming of duties
<p>Claims documents for Personal Accident cover: Death</p>	<ol style="list-style-type: none"> 1. Duly Completed Claim Form signed by Nominee/ legal heir of the Insured Person. 2. Copy of address proof (Ration card or electricity bill copy). 3. Attested copy of Death Certificate. 4. Burial Certificate (wherever applicable). 5. Attested copy of Statement of Witness, if any lodged with police authorities. 6. Attested copy of FIR / Panchanama / Inquest Panchanama. 7. Attested copy of Post Mortem Report (only if conducted). 8. Attested copy of Viscera report if any(Only if Post Mortem is conducted). 9. NEFT details & cancelled cheque of the Insured Person 10.Original Policy copy along with Original Assignment endorsement (if any) 	<p>Claims documents for Payment Suraksha Cover: Termination from Employment</p>	<ol style="list-style-type: none"> 1. Duly Completed Claim Form signed by Insured; 2. Certificate from the employer of the Insured confirming the termination from employment of the Insured, furnishing the date of termination from employment of the Insured with the reasons for the same 3. NEFT details & cancelled cheque

Claims documents for Payment Suraksha Cover:Resignation from Employment	<ol style="list-style-type: none"> 1. Duly Completed Claim Form signed by Insured; 2. Certificate from the employer of the Insured confirming the termination from employment of the Insured, furnishing the date of termination from employment of the Insured with the reasons for the same 3. Form 16A 4. NEFT details & cancelled cheque
	Claims documents for Permanent Total Disability and Permanent Partial Disability
	<ol style="list-style-type: none"> 1. Duly Completed Claim Form signed by Insured Person. 2. Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability. 3. Attested copy of FIR. (If any) 4. All X-Ray / Investigation reports and films supporting to disability. 5. NEFT details & cancelled cheque of Insured Person. 6. Original Policy copy along with Original Assignment endorsement (if any)
	Claims documents for Temporary Total Disability
	<ol style="list-style-type: none"> 1. Duly Completed Personal Accident Claim Form signed by insured. 2. Attested copy of FIR. (If required) 3. All X-Ray / Investigation reports and films supporting to disability. 4. Claim form with NEFT details & cancelled cheque duly signed by Insured 5. Original Policy copy. 6. For Employed persons: Certificate from HR with details of medical leave availed during the period of Injury 7. Certificate from the treating doctor mentioning the extent of Injury along with the period of disability 8. Certificate from Treating doctor with date of full recovery & resuming of duties
Claims documents submission	In case of any Claim for the Insured Events, the list of documents as mentioned above shall be provided by the Policy Holder/ Insured Person, immediately but not later than 30 days of date of occurrence of an Insured Event, at own expense to avail the Claim
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

General Conditions

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

This Policy covers events occurred within India, except under the Critical Illness Cover and Personal Accident cover.

3. 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, willfully or otherwise, the Policy shall be:
 - a) cancelled ab initio from the inception date or the **Renewal** date (as the case may be), or the Policy may be modified by Us, at **Our** sole discretion, upon 30 day notice by sending an endorsement to **Your** address shown in the Schedule and
 - b) the claim under such Policy if any, shall be 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 2 i above.

4. 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.
- 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.

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

5. Renewal

- i. The **Company** shall be under no obligation to renew the policy on expiry of the period for which premium has been paid. The **Company** 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. The **Company**, 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 **Policy Period/ Coverage Period**.

6. 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**.

7. 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.

8. 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.

9. 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
Up to 1 Month	85.0%
Up to 3 Month	70.0%
Up to 6 Month	45.0%
Above 6 months	0.0%

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

- 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.

10. Premium Payment in Instalments

If the **Insured Person** has opted for Payment of Premium on an instalment 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	Instalment Premium Option	Grace Period applicable
Option 1	Half Yearly	30 days
Option 2	Quarterly	30 days
Option 3	Monthly	15 days

- i. 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**.
- 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

- i. If Option of Premium payment by Installment is opted through auto Debit/ECS facility, a separate authorization form shall be submitted by Insured Person where Premium to be debited at a chosen frequency will be mentioned upfront
- ii. Where there is a change either in the terms and conditions of the Coverage or Policy or in the premium rate, the ECS authorization shall be obtained afresh
- iii. The Insured Person has the option to withdraw from the ECS mode at least fifteen days prior to the due date of instalment premium payable
- iv. No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode

11. Endorsements

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

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

- i. Minor rectification/correction in name of the 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 of date of birth of the Insured Person (if this does not impact the premium)
- iv. Change in the correspondence address of the Proposer (if this does not impact the premium)
- v. Change in Nominee Details
- vi. Change in bank details
- vii. Any other non-financial endorsement

1.2. Financial Endorsements – which result in alteration in premium

- i. Cancellation of Policy
- ii. Any other financial endorsement

12. 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.

13. 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.

14. 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

15. 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

16. Claim Settlement (Provision of Penal Interest)

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

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**.

18. Contact Us

	within India	Outside India
Claim Intimation:	Service No. 022-62346234 / 0120-62346234 Email: healthclaims@hdfcergo.com	Toll Free No: 800 08250825 Global Toll Free No: +800 08250825 (accessible from locations outside India only) Landline no (Chargeable): 0120-4507250 Email: travelclaims@hdfcergo.com
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Sector 62 Noida – 0120 398 8360	HDFC ERGO General Insurance Co Ltd 6th Floor, Leela Business Park, AndheriKurla Road, Andheri East, Mumbai-400059, Ph-022 66383600

DISCLAIMER: THE ABOVE IS DESCRIPTIVE ONLY. THE ACTUAL TERMS AND CONDITIONS CAN BE FOUND IN THE POLICY DOCUMENT. INSURED'S ARE ADVISED TO READ THE POLICY DOCUMENT COMPLETELY FOR A FULL DESCRIPTION OF THE TERMS AND CONDITIONS OF COVERAGE AND THE EXCLUSIONS RELATING THERETO.

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDAI.

Premium Table:

Cover	Gross rate w/o tax	Gross rate with tax
Critical Illness Cover	0.40%	0.47%
Surgical Care	0.39%	0.46%
Personal Accident	0.04%	0.05%
Payemnt Suraksha	0.60%	0.71%

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

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

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

Regulation