HDFC ERGO General Insurance Company Limited

Frequently Asked Question's (FAQ's)

WHAT IS THIS PLAN ALL ABOUT

HDFC ERGO Sampoorna Suraksha is a one-stop shop for a multitude of insurance requirements. It offers policy buyers complete protection for a varied range of services, including Health, Home, Travel and Cyber Security.

WHAT ARE THE CHECKS TO BE DONE AFTER RECEIVING THE POLICY?

Check the correctness and completeness of below points in the policy schedule:

- Insured's Name or Proposer's Name (Salutation, Gender, Spelling)
- Correspondence Address (House number, Street name, Locality, Pincode, City, Village, Landmark, etc.)
- Mobile Number, Landline Number and Personal E-mail ID
- Policy Period
- Coverage or Sum Insured Details
- Date of Birth of insured

my:health Mobile App

Features:

- Health Calculators
- Vaccination
- Blood Donations
- Physical Activities
- Reliable offers, discounts on services and consultation
- Complete data security
- Cashless OPD and reimbursement
- Improved interactions

Download the App now

WOULD I RECEIVE ANY CONFIRMATION ON THE CHANGES DONE IN MY POLICY?

You would receive an endorsed policy schedule reflecting the changes made in the policy details on your correspondence address as per policy. Same would be captured in the policy under the section "List of endorsements".

DO I GET INCOME TAX BENEFIT?

Yes, you can avail a Tax benefit under Section 80D of Income Tax Act 1961 (Subject to change in Income Tax law). Tax certificate is provided along with the policy copy. You can mail the same on your registered Email Id through Insurance Portfolio Organiser , online .

HOW DO I RENEW MY POLICY?

You can renew your policy through any of the below options:

- Visit our website **www.hdfcergo.com** and go to the Instant Renewal section
- Give us a missed call on **1800 315 7272** and get quick assistance from Renewal expert
- Call us on **022 6234 6234 / 0120 6234 6234** and renew instantly
- Courier the Cheque / Demand Draft in favour of **"HDFC ERGO General Insurance Company Ltd"** to our Customer service office
- Visit our nearest branch or contact your agent

WHAT IS THE CLAIM PROCEDURES?

1. DETAILS TO KEEP HANDY WHILE REGISTERING A CLAIM

- Policy Number
- Nature of disease/illness
- Brief history of diagnosis (first diagnosis date is mandatory)

2. HOW DO I FILE MY CLAIM?

- For Reimbursement claim intimation, customer should visit www.hdfcergo.com > Help > Claim registration OR Send duly signed claim form along with required documents to below address HDFC ERGO General Insurance company Ltd, 5th floor, Tower 1, Stellar IT Park, C-25, Sector-62, Noida, UP, India - 201301.
- For preauth claim write to us **preauth@hdfcergo.com**

3. WHAT ARE THE BASIC DOCUMENTS REQUIRED IN CASE OF A CLAIM?

- Duly filled and signed claim form (available on our website)
- Copy of Photo ID proof of insured and claimant
- Discharge card and original discharge summary
- Consultation note/ Relevant treatment papers
- All relevant medical reports along with supporting invoices and doctors requisition advising the same
- Original and final hositalisation bills with detailed breakup
- Pharmacy bills along with prescriptions

Please note: This is not an exhaustive list. Additional docs may be required on case to case basis.

HOW TO TRACK MY CLAIM STATUS?

You can track your claim status through any of the options below:

- Visit our website www.hdfcergo.com - > Help - > Track your claim section
- Download mobile app, link your policy and track real time status
- Visit Mobile App (IPO): Login into online insurance portfolio organizer (IPO) on the home page of our website www.hdfcergo.com

Kindly mention your claim number and/or policy/reference number in the correspondence

HOW TO CONTACT US?

For claim /Policy Related please calls us at 022 6234 6234 /0120 6234 6234 or Visit the Help Section on www.hdfcergo.com

Convenience at your fingertips

On the HELP section of our website, you can:

Get Policy Copy/ 80D Tax Certificate | Make Changes on Policy | Track Claim Status | Update Contact Details

Ver.OCT19

This document is a summary of the benefits offered. The information mentioned above is illustrative and not exhaustive. Information must be read in conjunction with the policy wordings.
In case of any conflict between this document and the policy wordings, the terms and conditions mentioned in the policy wordings shall prevail.

HDFC ERGO General Insurance Company Limited

Policy Wordings

Sampoorna Suraksha

Insuring Clause

In consideration of payment of **P**remium by You **and realized by** Us, **We** will provide insurance cover to the **Insured Person(s)** under this Policy up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the Policy Schedule.

This **Policy** is subject to Your statements in respect of all the Insured Persons in Proposal form, declaration and/or medical reports, payment of premium and the terms and conditions of this **Policy.**

Definitions

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

I. **Coverage**

SECTION 1: MY:HEALTH SURAKSHA

Section I 1A: 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 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 I1C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

a) **Mental Healthcare**

If an Insured Person is hospitalized for any Mental **Illness** contracted during the Policy period We will pay **Medical Expenses** under Section I1 A in accordance with The Mental Health Care Act, 2017,subsequent amendments and other applicable laws and Rules provided that;

i. The **Hospitalization** is prescribed by a **Medical Practitioner** for **Mental Illness**

ii. The **Hospitalization** is done in **Mental Health Establishment**

2. **Home Healthcare**

Insured Person can avail **Hospitalization** at home under Home Healthcare for **Illnesses** including but not limited to following **Medically Necessary Treatment**, if prescribed by treating **Medical Practitioner**. We will pay **Medical Expenses** under Section I1A-1 incurred for treatment of **such Illness** where opted.

- Gastroenteritis
- Bronchopneumonia
- Respiratory tract infection
- Chemotherapy
- Pancreatitis
- Dengue
- COPD management
- Hepatitis
- Fever management

This Cover can be availed through **Cashless Facility** only as procedure given under Claims Procedure - Section IV1.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If **Co-payment** under Section I1 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 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**

Expenses incurred on Domiciliary **Hospitalization** in respect to following treatment are excluded under the Policy

a. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza

b. Arthritis, Gout and Rheumatism

c. Chronic Nephritis and Nephritic Syndrome

d. Diarrhoea and all type of Dysenteries including Gastroenteritis,

e. Diabetes Mellitus and Insipidus,

f. Epilepsy,

g. Hypertension,

h. Psychiatric or Psychosomatic Disorders of all kinds,

i. Pyrexia of unknown Origin.

j. Post **Hospitalization** Expenses are excluded if **Insured Person** opts for Domiciliary **Hospitalization**

Insured Person shall bear specified percentage of admissible Claim amount under each and every ClaimIf **Co-payment** under Section I1C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

4. **Pre-Hospitalization cover**

We will pay for the **Medical Expenses** incurred during the 60 days immediately before **Hospitalization** of an **Insured Person**, provided that such **Medical Expenses** are incurred for the same **Illness/Injury** for which subsequent **Hospitalization** was required and Claim under Section I1A-1 or 1A- 6 is admissible under the **Policy**.

Where Insured Person has opted for *Home Healthcare* treatment under Section I1 A-2, **Pre-Hospitalization** 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

I1C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

5. **Post-Hospitalization cover**

We will pay for the **Medical Expenses** incurred upto180 days from the date Insured Person is discharged from Hospital provided that such costs are incurred in respect of the same **Illness**/**Injury** for which the earlier **Hospitalization** was required and Claim under Section I1A-1 or 1A6 is admissibleunder the **Policy**

Where **Insured Person** has opted for *Home Healthcare* treatment under Section I1A-2, Post **Hospitalization** 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 ClaimIf **Co-payment** under Section I1 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 I1A-1 on **Hospitalization of Insured Person** in **Hospital** or **Day Care Centre**for**Day Care Treatment.**

Indicative list of **Day Care Treatment** is attached in Annexure I

Insured Person shall bear specified percentage of admissible Claim amount under each and every ClaimIf **Co-payment** under Section I1 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 I1 A1 and I1 A6 is admissible under the **Policy**.

Insured Person shall bear specified percentage of admissible Claim amount under each and every ClaimIf **Co-payment** under Section I1C-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 I1A-1 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 I1 A-1 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 ClaimIf **Co-payment** under Section I1 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 I1 A-1 on **Hospitalization** of **Insured Person** 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. The treatment has been undertaken in a government **Hospital** or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health or authorised medical council of the respective country/state as applicable

iii. In the event of admissible Claim under this Cover, no Claim shall be admissible under SectionI1 A -1 for Allopathic treatment of same **Illness** or **Injury**

Insured Person shall bear specified percentage of admissible Claim amount under each and every ClaimIf **Co-payment** under Section I1 C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

Section I 1 B: Renewal Benefits

1. **Preventive Health Check-Up**

After every block ofevery four consecutive, continuous and Claim free **Policy Years** with **Us**, We will pay towards cost of **Preventive Health Check- up**to specified percentage (as mentioned on the Schedule of Coverage) of Sum Insuredfor 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 I1 A

ii. **Cumulative Bonus** will be reduced at the same rate as accrued in the event of admissible Claim under Section I1 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 Bonus** that 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 my: health 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 my: health 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 **my: Health 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 my: health 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 **PolicyYear** 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 Policiescovering 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 undergomedical tests and/or BMIcheck-upas listed belowminimum 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 my: health mobile App**.

iii. 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.**

iv. 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 Insuredand 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 yearand 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 my: health 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 such as:

• Disease management

• Activity and fitness

• Nutrition

• Weight management.

These services will be available through **Our my: health 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:** like stress management, Pregnancy Care, Work life balance management.

These services will be available through **Our my: health mobile app**

Disclaimer applicable to my: health 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.

Section I 1 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**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 I1 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 I1 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/coverfollowing 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 I1 A1 withinSum 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 III b 1. ix) under General Exclusions, Section III a 1 iv, 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 SectionI 1A1 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 periodup 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 I1 A1 incurred for infertility treatment, assisted reproductive treatments like IVF 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 I1 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 Section III b 1 .ix), x), xx) under General Exclusions, Section III and Optional Cover 2 “Parent and Child Cover – Basic” under Section I 1C stands deleted.

III. **Waiting Period modification Option**

On availing this option, Waiting Period listed under Section –III a 1, 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 I1 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 theSchedule 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 I1 A– Hospitalization Cover.

This benefit is not applicable ifMedical treatment is taken under Section I1 A2 – Home Health care and 1A3 – Domiciliary Hospitalization

6. **Sum Insured Rebound**

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

i. Total of Basic Sum Inured under Hospitalization Cover, Cumulative/ Extended Cumulative Bonus (if applicable) earnedand Sum Insured Rebound will be available to all Insured Persons for all claims under Section I1A 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

ii. 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 I1 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

7. **Outpatient Dental Treatment**

After threeconsecutive 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 Provid**er. 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 I1 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 twoconsecutive 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 I1 B2, condition ii

9. **Major Illness Hospitalization Expenses**

We will payfor Medical Expenses incurred and admissible under Section I1 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/occursafter 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 I1A1, 2 and 3.

In view of this Cover, Exclusion xxi) of Section III b , shall stand covered upto the extent mentioned above.

11. **Waiting period Modification Option**

On availing this option, **Waiting Periods** listed under Section III a 1 – i, ii and iii will stand modified as mentioned in Schedule of Coverage on the Policy Schedule for following Sections;

Section I1 A – Hospitalization Cover

Section I1C4 – Air Ambulance

Section I1C5 – Recovery Benefit

Section I1C9 – Major Illness Hospitalization Expenses

Section I1C17 –Hospital Cash

Section I1C18 – 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 I1 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 I1 B, ii shall remain unaltered.

13. **Room Rent Modification Option**

On availing this option, limits specified under Section I1 A1 i and I1A ii 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 expenses incurred on i and ii above exceed respective applicable limits under the Policy, expenses incurred under Section I1 A1, iii and iv , shall be paid in the same proportion as the admissible rate per day bears to the actual rate per day of **Room Rent** charges

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.

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		

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 SectionI1 A – Hospitalization Cover.

18. **Global Health Cover**

On availing this Cover,We will paythe Expenses incurred outside India under Sections and Covers given below.

Section I1A: Hospitalization Cover

A1	Medical Expenses	A7	Road Ambulance
A4	Pre-Hospitalization cover	A8	Organ Donor Expenses
A5	Post-Hospitalization cover	A9	Alternative Treatments
A6	Day Care Procedures		

Section I1C: Optional Covers

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

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.

SECTION 2: MY:HEALTH CRITICAL SURAKSHA PLUS

Section I.2.A. 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**	Major	100% of Sum Insured	90 days
	Specified Sites- Female			
	Breast			
	Cervix			
	Uterus			
	Fallopian Tube			
	Ovary			
	Vagina/Vulva			
	Specified Sites- Male			
	Head and Neck			
	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		

3. **Nervous System Cover**

If **Insured Person**suffers from **Critical illness**or undergoes **Surgical Procedure** listed belowafter the applicable Waiting Period from

commencement of first **Policy** with **Us**, **We** will pay **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	100% days of sum insured	90 days
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

Covers and General Conditions applicable to Section I2AI, 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 **PolicyYears**only.

*2. **Survival Period***

Claim under Section I2AI, 1 to 4is payable only if **Insured Person** survives 7 days from the diagnosis and fulfillment of the definition of the**CriticalIllness** 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 Sectionsubject 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.

Major 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:

Sr. No.	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	CriticalAilments / 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 and/or manifestation 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**

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		

	Critical illness /Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
12	HIV due to blood transfusion and occupationally acquired HIV	Major	100% of Sum Insured	90 days
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 I2 All, 1 to 4

*1. **Reduced Premium Benefit***

If **Insured Person** is diagnosed with any covered**CriticalIllness** under any Cover from Section I 2All, 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 I2All, 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 claimsubject 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, theCompany 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 **Ourmy: health mobile app** and**YourPolicy** 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 **Ourmy: health mobile** append**YourPolicy** 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 **my: Health App** must be downloaded on the mobile.

Step 2 - **You** can start accumulating Healthy Weeks by tracking physical activity trough the Wearable device linkedto**my: Health 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 Policiescovering more than one **Insured Person**, Healthy Weeks for each **Insured Person** will be tracked andaccumulated. 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**, discountpercentage 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** orObesity (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 my: health mobile app App**.

iii. If the test parameters are within normal limits, **We** will apply 50% discount on the Medical Underwriting loading applied for corresponding Obesityas applicableon **Renewal** of the **Policy** with **Us.**

iv. 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 Policiescovering 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 **Ourmy: health mobile app**only.

i. **Health Coach:**

An **Insured Person** will have access to Health Coaching services in areas such as:

• Disease management

• Activity and fitness

• Nutrition

• Weight management.

These services will be available through **Our my: health 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:** like stress management, Pregnancy Care, Work life balance management

These services will be available through **Our my: health mobile app**

Disclaimer applicable to my: health Mobile app and associated services

It is agreed and understood that Our my:health 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	1 Lac to 10Lacs	11 Lacs 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, Sr Creat	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 **RenewalPolicy** 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 **Our my: health App.**

ii. Test reports from our **Network Provider** will be made available to You on **Our my: health App**

iii. **You** havethe 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 **P**remium 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 I2A I or I2A II as opted, We will pay the expenses incurred towards diagnostic tests/ procedures incurred up to 30 days priorto 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.

Sr. No.	List of Diagnostic tests/ Procedures
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 I2A I.1or I2A 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**towardsoutpatient counseling required upon diagnosis of**Critical Illnessesand Surgical Procedures**for which Claim is admissible under Section I2 A I or I2A 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 2A I – if Base Coverage is opted under Section I2A 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 I2A 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 I2A I or I2A II of the **Policy**.

SECTION 3: MY:HEALTH MEDISURE SUPER TOP UP INSURANCE

If during the **PolicyPeriod,** 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 below, in excess of Aggregate Deductible and subject to a maximum of the **Sum Insured** as stated in the Schedule.

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, Anesthetist, Nurses and Specialists;

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

Occurrence of same illness after a lapse of 45 days will be considered as fresh illness for the purpose of this Policy

2. **Pre-Hospitalization Medical Expenses –**

The 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 1 “In-patient Hospitalization expenses”.

3. **Post Hospitalization Medical Expenses –**

The 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 1, “In-patient Hospitalization expenses”.

3. **Post Hospitalization Medical Expenses –**

The 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 1, “In-patient Hospitalization expenses”.

4. **Day Care treatment –**

The Medical Expenses for a day care treatment where the procedure or surgery

- is undertaken is under General or Local Anaesthesia in a Hospital/ Day care centre for less than 24 hours because of technological advancement, and

- which would have otherwise required hospitalization of more than 24 hours

- does not cover any treatment in an outpatient department or diagnostic procedures.

Please refer annexure 1 at the end of this document for indicative list of covered Day Care treatments

SECTION 4: MY:HEALTH HOSPITAL CASH BENEFIT ADD ON

Section I. 4. A: Coverage

1. **Hospital Cash Benefit**

We will pay Sum Insured on **Medically NecessaryHospitalization** 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 Hospitalizationfor up to maximum of 30 days.

Section I. 4 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**

On availing this option, Wewill pay Sum Insured on **Medically NecessaryHospitalization** of an **Insured Person**outside India due to **Illness**or **Injury**sustained or contracted during the Policy Period.

2. **Waiting period Modification Option**

On availing this option, **Waiting Periods** listed under **Section III a 1: 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.

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 **Ourmy: health mobile app**and**YourPolicy** number

OR

• burning total of 900 calories upto maximum of 300 calories in one exercise session per day, tracked **Your** wearable device linked to **Ourmy: health mobile app**and**YourPolicy** number

• Fitness discount **@ Renewal** is applicable for Adult Insured Persons only. Any Person covered as Child Dependent, irrespective of the Age is excluded

Healthy Weeks Discounts

No. of Healthy Weeks Accumulated	Discount on Renewal Premium
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 **my: Health App** must be downloaded on the mobile.

• Step 2 - **You** can start accumulating Healthy Weeks by tracking physical activity trough the Wearable device linkedto **Ourmy: health mobile app**and**YourPolicy** 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 Policiescovering more than one Insure Person,Healthy Weeks for each Insured Person will be tracked andaccumulated. 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;

i. **Insured Person** shall undergomedical tests and/or BMIcheck-upas listed belowminimum 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 my:Health mobile App.

iii. 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 applicableon **Renewal** of the Policy with **Us.**

iv. 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

v. 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 Policiescovering more than one Insure Person,testsshall 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 such as:

• 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 etc.

• **Customer Engagement:** Monthly newsletters, Diet consultation, health tips

• **Specialized programs:** like stress management, Pregnancy Care, Work life balance management etc.

Disclaimer applicable to my: health Mobile app and associated services

It is agreed and understood that Our my:health 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: PERSONAL ACCIDENT 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) and (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%
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	3.5%
	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%
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%

	The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
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	3.5%
	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. **In-Hospital Medical Expenses – Accident Only**

If, during the **Period of Insurance**, an **Insured Person** sustains **Bodily Injury** and is hospitalized as an in-patient for twenty-four (24) continuous hours or more, then the **Company** will reimburse the **Insured Person** the necessary **Usual and Reasonable In-Hospital Medical Expenses**, incurred within twelve (12) months from the **Date of Loss** up to the Total **Sum Insured** stated in the Schedule, subject to the Terms and Conditions of this Policy. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

Specific Conditions

1) **Usual and Reasonable In-Hospital 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) charges for 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) charges for a registered nurse (R.N).

2) If an **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

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 In-Hospital 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 **Usual and Reasonable In-Hospital Medical Expenses** before the **Period of Insurance**.

2) any dental work.

3) any claim caused by or arising from or due to **Sickness** of any and every kind.

4. **Emergency Medical Expenses – Accident Only**

If, during the **Period of Insurance**, an **Insured Person** sustains **Bodily Injury**, then the **Company** will reimburse the **Insured Person** the necessary **Usual and Reasonable Medical Expenses**, incurred within twelve (12) months from the **Date of Loss** up to the **Sum Insured** stated in the Schedule, subject to the Terms and Conditions of this Policy. 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) charges for a registered nurse (R.N).

2) If an **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

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.

6) any claim caused by or arising from or due to **Sickness** of any and every kind.

5. **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 twelve (12) 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 **Physician**s.

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) charges for a registered nurse (R.N).

2) If an **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

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**.

any dental work.

6. **Hospital Cash – Accident Only**

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** which directly and independently of all other causes results in the **Insured Person** being in a **Hospital** as an inpatient 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.

Special 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**.

7. **Hospital Cash & Home Convalescence – Accident Only**

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** which directly and independently of all other causes results in the **Insured Person** being in a **Hospital** as an inpatient 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. In addition, if the **Insured Person** is instructed by a **Physician** to complete his/her recovery at home, then the **Company** will pay the **Daily Home Allowance** 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

1) The **Daily Home Allowance** will be limited to the maximum number of **Days** an **Insured Person** was in **Hospital** as an in-patient or the maximum number of **Days** stated in the Schedule, whichever is the lesser.

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

8. **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 ease for such **Insured Person**.

9. **Hospital Cash & Home Convalescence – 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. In addition, if the **Insured Person** is instructed by a **Physician** to complete his/her recovery at home, then the **Company** will pay the **Daily Home Allowance** 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

1) The **Daily Home Allowance** will be limited to the maximum number of **Days** an **Insured Person** was in **Hospital** as an in-patient or the maximum number of **Days** stated in the Schedule, whichever is the lesser.

2) Once the **Company** has paid the **Daily Benefit** and **Daily Home Allowance** up to the maximum number of days stated in the Schedule, cover under this Section will cease for such **Insured Person**.

10. **Broken Bones**

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** which directly and independently of all other causes results in a broken bone as specified in this Section, then the **Company** agrees to pay to the **Insured Person** the **Compensation** stated in the Table of Benefits up to the Total **Sum Insured** in the Schedule. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

TABLE OF BENEFITS

	Fracture	% of Sum Insured
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 completed)	30
	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)	
	b) All other compound fractures	
	c) Multiple fractures, at least one complete	
	d) All other fractures	40302012
5)	Fractures of Lower Jaw:	
	a) Multiple fractures (at least one compound & one complete)	
	b) All other compound fractures	
	c) Multiple fractures, at least one complete	
	d) All other fractures	3020168
6)	Fractures of Shoulder Blade, Kneecap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes and heel):	
	a) All compound fractures	
	b) All other fractures	2010
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

Specific Conditions

1) No benefit will be paid before any fracture is recognized medically and a **Physician** has established the extent and nature of the fracture.

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

3) In the event that an **Insured Person** has received a benefit under this Section, and the same **Bodily Injury** results in permanent disablement, any benefits paid under this Section will be deducted from the Permanent Disablement benefit

11. **Burns**

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** whilst on a **Common Carrier** which directly and independently of all other causes results in second or third degree burns, then the **Company** agrees to pay to the **Insured Person** the **Compensation** stated in the Table of Benefits up to the Total **Sum Insured** in the Schedule. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

TABLE OF BENEFITS

	Description		Percentage of Total Sum Insured
1)	Head	a) Third degree burns of 8% or more of the total head surface area	100%
		b) Second degree burns of 8% or more of the total head surface area	50%
		c) Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
		d) Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
		e) Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
		f) Second degree burns of 2% or more, but less than 5% of the total head surface area	30%
2)	Rest of Body	a) Third degree burns of 20% or more of the total body surface area	100%
		b) Second degree burns of 20% or more of the total body surface area	50%
		c) Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
		d) Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
		e) Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
		f) Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
		g) Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
		h) Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

Specific Conditions

1) If the **Bodily Injury** results in more than one of the Descriptions above, then the **Company** shall be liable for the largest Description only.

2) If an **Insured Person** dies or is permanently disabled as the result of the **Bodily Injury**, then any amount claimed and paid to an **Insured Person** under this Section will be deducted from any payment made under **Accidental** Death or Permanent Disablement.

12. **Last Rites Costs – 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 within one (1) calendar month of the **Date of Loss** in death, then the **Company** agrees to pay to the **Insured Person's Beneficiary** or legal representative the **Compensation** stated in the Schedule towards the cost of the last rites of the **Insured Person**.

13. **In Hospital Surgery Benefit**

If during the **Period of Insurance** an **Insured Person** is hospitalised as the result of **Bodily Injury** or **Sickness** and is charged for a surgical procedure, performed by a **Physician**, then the **Company** agrees to pay an amount equal to the costs of the surgical procedure or the amount stated in the Table of Benefits as a percentage of the Total **Sum Insured** stated in the Schedule, whichever is the lesser. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

Specific Conditions

1) Should there be more than one surgical procedure performed during the same operative sessions, the **Company** shall be liable for the largest procedure only.

2) Any surgical procedure not mentioned in the Table of Benefits shall be compensated at the complete discretion of the **Company** taking into consideration the nature of the surgical procedure in conjunction with the stated **Compensation** percentages for more specific surgical procedures shown in the Table of Benefits.

Specific Definitions

1) **In-Patient** means a person who is confined in a **Hospital** as a resident patient and who is charged at least one (1) **Day's** room and board in the **Hospital**.

2) **Invasive Surgery** means any surgery that involves entering the specific body cavity shown in the Table of Benefits.

Specific Exclusions

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

1) congenital anomalies and conditions arising there from.

2) pregnancy, childbirth, miscarriage or abortion or any female organs disease.

3) any**Hospital**, surgical treatment or surgical procedure as the result of **Sickness** within ninety (90) **Days** of the Policy Effective Date.

4) cosmetic or plastic surgery, except as the result of an **Accident**.

5) any infection occurring during **In-Patient** care.

6) any**Hospital**, surgical treatment or surgical procedure on adenoids or tonsils within one hundred eighty (180) **Days** of the Policy Effective Date.

Table Of Benefits

	Description of surgical procedure	The Benefit Expressed as a % of Sum Insured
1)	**Abdomen**	
	a) Two or more surgical procedures performed through the same abdominal incision will be considered as one operation.	
	i) Appendectomy	50
	ii) Resection of bowel	70
	iii) Resection of stomach	70
	iv) Gastro-enterostomy	60
	v) Removal of gall-bladder	70
	vi) Laparotomy for diagnostic or treatment purposes or the removal of one or more organs, unless herein provided	50
	vii) Laparoscopy for diagnostic or treatment purposes	50
2)	**Abscess**	
	a) Incision of superficial abscess, boil or furuncle, one or more	50
	b) Treatment of carbuncle or abscess requiring a **Hospital** stay, one or more	10
3)	**Amputation Of**	
	a) one finger or one toe	10
	b) hand, forearm or foot at ankle	20
	c) leg, arm or thigh	40
	d) thigh at hip	70
4)	**Breast**	
	a) Mastectomy of one or both, radical with resection into axilla	70
	b) Mastectomy one or both, partial	40
5)	**Chest**	
	a) Complete thoracoplasty	100
	b) Removal of lung or portion of lung	70
	c) Thoracoscopy for diagnostic, or treatment purposes	20
	d) Bronchoscopy – diagnostic	10
	e) Bronchoscopy - operative, excluding biopsy	20
	f) Cardiac surgery involving valvular replacement	100
	g) Cardiac surgery involving bypass surgery	75
	h) Cardiac surgery involving angioplasty	50
6)	**Ear**	
	a) Myringotomy	5
	b) Mastoidectomy – radical – one side	50
	c) Mastoidectomy – radical – both sides	60
	d) Fenestration, one or both sides	100
7)	**Esophagus**	
	a) Operation for stricture	40
	b) Gastroscopy	10
8)	**Eye**	
	a) Detached retina – multiple fusions	100
	b) Cataract	50
	c) Glaucoma	30
	d) Removal of eyeball	30
	e) Removal of pterygium	20
	f) Incision of sty or chalazion	
9)	**Fractures treatment of simple**	
	a) For compound fractures the benefit is increased by 50%, but will not exceed the Total **Sum Insured** in the Schedule.	

	Description of surgical procedure	The Benefit Expressed as a % of Sum Insured
	b) For fractures requiring an open operation including bone grafting or bone splicing, the benefit is increased by 100%, but will not exceed the Total **Sum Insured** in the Schedule.	
	i) Collar bone, shoulder blade, or forearm, one bone	15
	ii) Coccyx, tarsals, metatarsals or Talar bone	10
	iii) Thigh	40
	iv) Upper arm or leg	25
	v) Fingers or toes, each, or rib	5
	vi) Forearm – two bones, knee cap, or pelvis not requiring traction	20
	vii) Leg, two bones	30
	viii) Jaw, lower	20
	ix) Carpals, metacarpals, nose, ribs (two or more) or Sternum	10
	x) Pelvis, requiring traction	30
	xi) Vertebrae, transverse processes, each	5
	xii) Vertebrae, compression fracture, one or more	40
	xiii) Wrist	10
10)	**Genito – Urinary Tract**	
	a) Removal of kidney	70
	b) Fixation of kidney	70
	c) Laparotomy for diagnostic or treatment purposes of tumours or stones in kidney, urethra, or bladder by **Invasive Surgery**	60
	d) Laparotomy for diagnostic or treatment purposes or the removal of tumours or stones in kidney, urethra, or bladder by cauterisation, endoscopic means or lithotripsy	20
	e) Stricture or urethra – open operation	30
	f) intra-urethral by **Invasive Surgery**	15
	g) Prostrate entire removal of open operation – complete procedure	70
	h) Prostrate partial removal – by endoscopic means	25
	i) Prostrate by other cutting operation	50
	j) Orchidectomy or epididymectomy	25
	k) Hydrocele or variocele	10
	l) Removal of fibroid tumours, without abdominal approach	20
11)	**Thyroid**	
	a) partial or total removal of thyroid, including all stages of operative procedure	70
12)	**Hernia**	
	a) Invasive Surgery – single hernia	20
	b) Invasive Surgery – double hernia	25
	c) Radical operation, including injection treatment for cure of single hernia	40
	d) Radical operation, including injection treatment for cure of double hernia	50

	Description of surgical procedure	The Benefit Expressed as a % of Sum Insured
13)	**Joints And Dislocations**	
	a) For dislocations requiring an open operation the benefit is increased by 100%, but will not exceed the Total **Sum Insured** in the Schedule.	
	i) Incision into joint for disease or disorder, except as herein otherwise provided and except tapping	15
	ii) Arthroscopy of shoulder, elbow, hip or knee joint, tapping excepted	40
	iii) Excision , open fixation, disarticulation or arthoplasty on shoulder, hip or spine	75
	iv) Excision , open fixation, disarticulation or arthoplasty on knee, elbow, wrist or ankle	35
	v) Dislocation of fingers or toes, each	5
	vi) Dislocation of shoulder or elbow, wrist or ankle	15
	vii) Dislocation of lower jaw	5
	viii) Dislocation of hip or knee, knee cap excepted	20
	ix) Dislocation of knee cap	5
14)	**Nose**	
	a) Intranasal sinus operation	15
	b) extra nasal sinus operation	35
	c) polyps, removal one or more	5
	d) submucous resection	25
	e) turbinectomy	10
15)	**Paracentesis tapping of:**	
	a) Abdomen	10
	b) chest or bladder, catheterization excepted	
	c) ear drum, hydrocele, joints or spine	5
16)	**Rectum And Rectoscopy**	
	a) radical resection for malignancy, all stages including colostomy	100
	b) haemorrhoids, external only, excision – complete procedure	10
	c) haemorrhoids internal or internal and external including prolapsed rectum, total for excision or complete injection treatment	20
	d) fistula in ano	15
	e) fissure in ano	5
	f) rectoscopy with or without biopsy	10
	g) colonoscopy with or without biopsy	15
	h) other cutting operations on rectum	20
17)	**Skull**	
	a) Craniotomy for urgent removal of hematoma	100
	b) Craniotomy involving vascular surgery	75
	c) Craniotomy for removal of tumours	75
18)	**Throat**	
	a) Tonsillectomy or tonsillectomy and adenoidectomy for adults and children 15 years of age and older	15

	Description of surgical procedure	The Benefit Expressed as a % of Sum Insured
	b) Tonsillectomy or tonsillectomy and adenoidectomy for children under 15 years of age	10
	c) use of laryngoscope for diagnosis	5
19)	**Tumours– surgical removal of:**	
	a) Malignant tumours except those of the mucous membrane, skin and subcutaneous tissue	50
	b) Malignant tumours of the mucous membrane, skin and subcutaneous tissue	25
	c) Pilonidal sinus or cyst, cutting operation	25
	d) benign tumours of the testicle or breast	20
	e) ganglion	5
	f) benign tumours, one or more, except as otherwise herein provided	10
	g) varicose – complete procedure on all veins whether cutting operation or injection treatment – one leg	20
	h) varicose – complete procedure on all veins whether cutting operation or injection treatment – two legs	30

9. **Temporary Total Disablement – Accident Only**

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** which directly and independently of all other causes results (starting during the **Period of Insurance**) in **Temporary Total Disablement**, then the **Company** agrees to pay to the **Insured Person** the amount stated in the Schedule. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

Specific Conditions

1) If **Bodily Injury** is sustained to or suffered 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, in excess of the **Deductible** or **Franchise** if applicable.

2) In the event of a dispute arising as to when **Temporary Total Disablement** ceased, the date shall be finally determined by a **Physician** commissioned by the **Company** 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**;

3) The benefit shall not in any event exceed the Total **Sum Insured** or the Maximum Number of Weeks as stated in the Schedule.

4) If an **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

Temporary Total Disablement means disablement which temporarily and entirely prevents an **Insured Person** from engaging in or giving attention to the **Insured Person's** usual occupation.

Specific Exclusions

The **Company** shall not be liable to pay any benefit in respect of any **Insured Person** for any claim caused by or arising from or due to **Sickness** of any and every kind.

10. **Temporary Total Disablement– Accident And Sickness**

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** or **Sickness** (starting during the **Period of Insurance**) which directly and independently of all other causes results in **Temporary Total Disablement**, then the **Company** agrees to pay to the **Insured Person** the amount stated in the Schedule. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

Specific Conditions

1) If **Bodily Injury** or **Sickness** is sustained to or suffered 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, in excess of the **Deductible** or **Franchise** if applicable.

2) In the event of a dispute arising as to when **Temporary Total Disablement** ceased, the date shall be finally determined by a **Physician** commissioned by the **Company** 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**.

3) The benefit shall not in any event exceed the Total **Sum Insured** or the Maximum Number of Weeks as stated in the Schedule.

4) If an **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

Temporary Total Disablement means disablement which temporarily and entirely prevents an **Insured Person** from engaging in or giving attention to the **Insured Person's** usual occupation.

11. **Hostage Release Fees**

If during the **Period of Insurance** an **Insured Person** is **Kidnapped**, then the **Company** agrees to pay the fees incurred for a professional negotiation organisation appointed by the **Company** to secure the release of the **Insured Person** up to the Total **Sum Insured** stated in the Schedule:

1. The **Insured Person** agrees to reimburse the **Company** for any payments made by the **Company** which are ultimately determined not to be insured because of the application of the Specific Exclusions.

2. If an **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

1. **Informant** means any person providing information solely in return for monetary payment paid or promised by the **Policyholder**.

2. **Insured Person**: Specific to this Section and in addition to the **Insured Person(s)** stated in the Schedule, an **Insured Person** shall also include:

a) Immediate Family Member of an **Insured Person**.

b) a person legally resident in the household of an **Insured Person**.

c) accompanying travel companion of the **Insured Person**.

3) **Kidnap or Kidnapped** means the wrongful abduction and holding under duress or by fraudulent means of any **Insured Persons** by any person or group making a **Ransom** demand or series of **Ransom** demands for the release of such **Insured Persons**.

4) **Ransom** means the amount demanded by any person or group who have **Kidnapped** the **Insured Person**, or the amount paid to a person or group for the release of the **Insured Person**.

Specific Exclusions

The **Company** will not be liable for:

1) Any **Ransom**amount.

2) any amount paid to an **Informant** or **Informant**s.

3) any fraudulent, dishonest, or criminal acts of the **Insured Person**.

4) An**Insured Person** being **Kidnapped**by an **Immediate Family Member.**

5) Any**Kidnap**occurring in South America, Mexico or the Philippines.

12. **Assault**

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** that results in death or permanent disablement, as a result of or arising from **Assault**, then the **Company** agrees to pay to the **Insured Person** or the **Insured Person's Beneficiary** or legal representatives the increased percentage of the **Accidental** death or permanent disablement Total **Sum Insured** stated under this Section in the Schedule.

Specific Conditions

All Specific Extensions, Specific Provisions, Specific Conditions, Specific Definitions, Specific Claims Provisions and Specific Exclusions shall also apply to this Section for each benefit to which it attaches.

Specific Definitions

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

Specific Exclusions

The **Company** shall not be liable to pay any benefit in respect of any **Insured Person** for an act of **Assault** by an **Immediate Family Member**.

13. **Mobility Extension**

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** which directly and independently of all other causes results in **Permanent Total Disablement** of such a nature that such **Insured Person** needs and can operate:

1) a self-powered, climbing wheelchair; and/or

2) his/her motor vehicle with the controls suitably adjusted; and/or

3) a lift, necessary ramps, railings and holds to usual place of residence,

then the **Company** agrees to pay for 95% of the costs of such equipment and the installation thereof up to the Total **Sum Insured** stated in the Schedule.

14. **Ambulance Costs**

If during the **Period of Insurance**, an **Insured Person** sustains **Bodily Injury** which is life threatening, then the **Company** agrees to pay the actual ground ambulance costs incurred by the **Insured Person** up to the Total **Sum Insured** stated in the Schedule, for transportation to the nearest **Hospital** where adequate care can be provided.

15. **Concussion Extension**

If during the **Period of Insurance**, an **Insured Person** sustains **Bodily Injury** and is hospitalized as the result of concussion, then the **Company** agrees to pay to the **Insured Person** the following percentages of the Total **Sum Insured** stated in the Schedule: **Length of Hospital stay**

Length of Hospital stay	Compensation Expressed as a Percentage of Total Sum Insured
Percentage of sum insured payable for 0 to 4 **Days**	0%
Percentage of sum insured payable after 5 **Days**	25%
Percentage of sum insured payable after 8 **Days**	Additional 25%
Percentage of sum insured payable after 11 **Days**	Additional 25%
Percentage of sum insured payable after 13 **Days**	Additional 25%

16. **Animal Attack Extension**

If during the **Period of Insurance**, an **Insured Person** sustains **Bodily Injury** as the result of an attack by an **Animal** and is hospitalised for seventy-two (72) continuous hours, then the **Company** agrees to pay to the **Insured Person** the Total **Sum Insured** stated in the Schedule.

Specific Definition

Animal means any four (4) limbed animal that is not an insect or reptile.

17. **Chauffeur Plan Benefit**

If during the **Period of Insurance** an **Insured Person** is partially incapacitated and unable to attend to a substantial part of his / her business commitments as a result of **Bodily Injury**, then the **Company** agrees to pay the daily amount up to the Total **Sum Insured** stated in the Schedule for the hire of a taxi or chauffeur driven car or other necessarily incurred extra costs to maintain the **Insured Person's** mobility to meet his / her business commitments. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

Specific Exclusions

The **Company** shall not be liable to pay any benefit in respect of any **Insured Person** if the **Insured Person** does not follow proper medical advice from a **Physician** after sustaining the **Bodily Injury**.

18. **Spouse Or Dependent Child Consolation Benefit**

If during the **Period of Insurance** an **Insured Person's Spouse** or **Dependent Child** 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** the **Compensation** stated in the Schedule. The **Spouse** or **Dependent Child** must be insured under this Policy for this benefit to be paid.

Specific Extensions

1) Disappearance: In the event of the disappearance of the **Insured Person's Spouse** or **Dependent Child**, following a forced landing, stranding, sinking or wrecking of a conveyance in which such **Insured Person's Spouse** or **Dependent Child** 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's Spouse** or **Dependent Child** shall have died as the result of an **Accident**. If at any time, after the payment of a benefit under this Section, it is discovered that the **Insured Person's Spouse** or **Dependent Child** is still alive, then 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**.

19. **Insured Person's Counselling Benefit**

If during the **Period of Insurance** an **Insured Person's Spouse** or **Dependent Child** 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 the actual costs for professional counselling for the **Insured Person** up to the **Compensation** stated in the Schedule.

Specific Extensions

1) Disappearance: In the event of the disappearance of the **Insured Person's Spouse** or **Dependent Child**, following a forced landing, stranding, sinking or wrecking of a conveyance in which such **Insured Person's Spouse** or **Dependent Child** 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's Spouse** or **Dependent Child** shall have died as the result of an **Accident**. If at any time, after the payment of a benefit under this Section, it is discovered that the **Insured Person's Spouse** or **Dependent Child** is still alive, then 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

Solely with respect to the insurance provided in this Section, Item 16 of Section 5, General Exclusions, is deleted in its entirety.

20. **Family Counselling Benefit**

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 the actual costs for professional counselling for the **Insured Person's Spouse** and **Dependent Child** up to 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 a benefit under this Section, it is discovered that the **Insured Person** is still alive, then 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

1) The total **Sum Insured** is the total amount payable for the **Spouse** and **Dependent Child** combined, not per person.

2) Solely with respect to the insurance provided in this Section, Item 16 of Section 5, General Exclusions, is deleted in its entirety.

21. **Common Accident**

If during the **Period of Insurance** an **Insured Person** and his or her **Spouse** sustain **Bodily Injury** in the same **Accident** which, directly and independently of all other causes, results in the death of both the **Insured Person** and the **Spouse** within twelve (12) months after the **Date of Loss**, then the Total **Sum Insured** payable for each of the **Insured Person** and **Spouse** shall be either the **Accidental** Death Total **Sum Insured** applicable to the **Insured Person** or the **Accidental** Death Total **Sum Insured** applicable to the **Spouse**, whichever is greater. This benefit shall in no event exceed the Common **Accident** maximum amount shown in the Schedule.

This benefit applies only if:

1) the **Insured Person** has elected insurance under the Policy for a **Spouse**; and

2) such insurance is in effect on the date of the **Accident**.

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 Persons** shall have died as the result of an **Accident**. If at any time, after the payment of a benefit under this Section, it is discovered that an **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**.

22. **Evacuation Benefit**

If during the **Period of Insurance** an **Insured Person** is **Evacuating** from the building that is the **Primary Insured Person's** place of employment and sustains **Bodily Injury** in the **Evacuation** which directly and independently of all other causes results in death or disablement within twelve (12) months of the **Evacuation**, then the **Company** agrees to pay the **Compensation** stated in the Schedule.

Specific Definitions

Evacuating / Evacuation means an emergency exit due to a fire, a fire alarm, a bomb scare (whether there is a bomb or not), or an armed attack on the building or the people in the building.

23. **Medical Insurance Premium Indemnity**

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 the actual costs of the medical insurance premiums for the **Insured Person's** surviving **Spouse** and **Dependent Child** up to the amount stated in the Schedule per year up to the number of years stated in the Schedule.

Specific Extensions

1) Disappearance: In the event of the disappearance of an **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 a benefit under this Section, it is discovered that an **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

The total **Sum Insured** is the total amount payable for the **Spouse** and **Dependent Child** combined, not per person.

24. **Dependent Child Education Benefit**

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 the education fees for the **Insured Person's** surviving **Dependent Child** up to the amount stated in the Schedule per year up to the number of years stated in the Schedule.

Specific Conditions

1) To receive benefits under this Section, the **Dependent Child** must be in full time education at an accredited tertiary educational institution.

2) The Total **Sum Insured** is the total amount payable for all **Dependent Children** combined, not per person.

Specific Extensions

1) Disappearance: In the event of the disappearance of an **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 a benefit under this Section, it is discovered that an **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.**

30. **Comatose Benefit – Accident Only**

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

Specific Provisions

In case of successive **Comatose State** with less than ten (10) Days between each one for a same cause, the **Deductible** or **Franchise** will only apply once, as the **Comatose State** will be deemed as one.

Specific Conditions

1) The **Insured Person** must be in the **Hospital** Intensive Care Unit for the duration of the **Comatose State** for any benefits to be payable.

2) The Comatose State must be for three (3) months or more for any benefits to be payable.

Specific Definitions

Comatose State means a state of profound unconsciousness, characterised by the absence of spontaneous eye openings, response

to painful stimuli, and vocalisation.

31. **Comatose Benefit – 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** in a **Comatose State**, within one (1) calendar month of the **Date of Loss**, then the **Company** agrees to pay to the **Insured Person** the **Compensation** stated in the Schedule. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

Specific Provisions

In case of successive **Comatose State** with less than ten (10) **Days** between each one for a same cause, the **Deductible** or **Franchise** will only apply once, as the **Comatose State** will be deemed as one.

Specific Conditions

1) The **Insured Person** must be in the **Hospital** Intensive Care Unit for the duration of the **Comatose State** for any benefits to be payable.

2) The **Comatose State** must be for three (3) months or more for any benefits to be payable.

Specific Definitions

Comatose State means a state of profound unconsciousness, characterised by the absence of spontaneous eye openings, response to painful stimuli, and vocalisation.

32. **Home Tuition Benefit**

If during the **Period of Insurance** an insured **Dependent Child** sustains **Bodily Injury** (starting during the **Period of Insurance**) which directly and independently of all other causes results in **Temporary Total Disablement**, then the **Company** agrees to pay **Home Tuition Fees** per **Day** up to the amount stated in the Schedule, for up to the maximum number of weeks stated in the Schedule. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

Specific Conditions

1) In the event of a dispute arising as to when **Temporary Total Disablement** ceased, the date shall be finally determined by a **Physician** commissioned by the **Company** 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;

2) The benefit shall not in any event exceed the Total **Sum Insured** or the Maximum Number of Weeks as stated in the Schedule.

3) If an **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

1) **Temporary Total Disablement** means disablement which temporarily and entirely prevents an **Insured Person** from attending full time education at an accredited tertiary educational institution

2) **Home Tuition Fees** means the costs for a fully registered and licensed teacher to continue the education of the **Insured Person** at home during **Temporary Total Disablement**.

Specific Exclusions

The **Company** shall not be liable to pay any benefit in respect of any **Insured Person** for any claim caused by or arising from or due to **Sickness** of any and every kind.

33. **Rehabilitation Benefit**

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** which requires Rehabilitation within three (3) weeks of the **Date of Loss**, then the **Company** agrees to pay the actual costs of such treatment up to the amount stated in the Schedule. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

Specific Definitions

Rehabilitation means:

1) treatment by a therapist licensed, registered, or certified to provide such treatment; or

2) treatment in an institution which is licensed to provide such treatment, when the treatment is intended to prepare the **Insured Person** for work in any gainful occupation, including the **Insured Person's** regular occupation.

Specific Exclusions

The **Company** shall not be liable to pay any benefit in respect of any **Insured Person** for any treatment not performed by a fully registered and licensed Physiotherapist.

34. **Reconstructive Surgery Benefit**

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** which requires **Reconstructive Surgery** within six (6) months of the **Date of Loss**, then the **Company** agrees to pay the actual costs of such **Reconstructive Surgery** up to the amount stated in the Schedule. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

Specific Definitions

Reconstructive Surgery means surgery to reconstruct cutaneous or underlying tissue, prescribed as necessary by a **Physician**.

Specific Exclusions

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

1) Any**Reconstructive Surgery** not performed by a fully registered and licensed Cosmetic Surgeon.

2) Any**Reconstructive Surgery** an **Insured Person** elects to have.

35. **Parental Care Benefit**

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 the **Compensation** shown in the Schedule in equal shares to each **Dependent Parent** of the **Insured Person**.

Specific Definitions

Dependent Parent means the parents or grandparents of the **Insured Person** or the **Insured Person's Spouse.** A **Dependent Parent** is eligible for this benefit if he or she, at the time of the **Bodily Injury**, is receiving support and care provided by the **Insured Person** or **Spouse.**

36. **Dependent Child Wedding Benefit**

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 the **Compensation** shown in the Schedule in equal shares to each **Dependent Child** of the **Insured Person**.

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%
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	3.5%
	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%
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	3.5%
	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 **Physician**s.

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) charges 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.

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 I**nsured 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 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 **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 ehicle.

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 theInsured 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 beingobtained 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

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

SECTION 7: HOME INSURANCE – REVISION

Section I. 7. A. – Fire and Special Perils

The Company will indemnify the Insured in respect of loss or damage to the building wherein the home of the Insured is situated and/or contents which shall for purposes of this Section, mean and include items of property in the Insured's home and/or items of property there in for which the Insured is accountable, due to:

1. **Fire**

Excluding destruction of or damage caused to the property insured by:

a. i.Its own fermentation, natural heating or spontaneous combustion;

ii. Its undergoing any heating or drying process.

b. Burning of property insured by order of any Public Authority.

2. **Lightning**

3. **Explosion/Implosion**

Excluding loss, destruction of or damage:

a. To boilers (other than domestic boilers), economisers or other vessels, machinery or apparatus (in which steam is generated) or their contents resulting from their own explosion/implosion;

b. Caused by centrifugal forces.

4. **Aircraft Damage**

Loss, destruction of or damage caused by aircraft, other aerial or space devices and articles dropped there from excluding those caused by pressure waves.

5. **Riot, Strike and Malicious Damage**

Loss or visible physical damage or destruction by external violent means

directly caused to the property insured but excluding those caused by:

a. Permanent or temporary dispossession resulting from confiscation, commandeering, requisition or destruction by order of the Government or any lawfully constituted authority;

b. Permanent or temporary dispossession of any building resulting from the unlawful occupation by any person of such building or prevention of access to the same;

c. Burglary, housebreaking, theft, larceny or any such attempt or omission of any kind by any person (whether or not such act is committed in the course of a disturbance of public peace)by any malicious act.

6. **Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation**

Loss, destruction or damage directly caused by storm, cyclone, typhoon, tempest, hurricane, tornado, flood or inundation.

7. **Impact Damage**

Loss or visible physical damage or destruction caused to the property insured due to impact by any rail/road vehicle or animal by direct contact not be longing to or ownedby

a. The Insured or any occupier of the property insured ;or

b. Their employees while acting in the course of their employment.

8. **Subsidence and Land slide including Rockslide**

Loss, destruction or damage directly caused by Subsidence of part of the site on which the property stands or Landslide/Rockslide excluding:

a. The 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.

e. Demolition, construction, structural alterations or repair of any property or ground works or excavations.

9. **Bursting and/or Over flowing of Water Tanks, Apparatus &Pipes**

10. **Missile Testing Operations**

11. **Leakage from Automatic Sprinkler Installations**

Excluding loss, destruction or damage caused by

a. Repairs or alterations to the buildings or premises.

b. Repairs, removal or extension of the sprinkler installation.

c. Defects in construction known to the Insured.

12. **Bush Fire**

Excluding loss, destruction or damage caused by forest fire.

13. **Earthquake, Volcanic Eruption & Other Convulsions of Nature Loss,** destruction or damage (including loss, destruction or damage by fire) to any of the property insured by this policy occasioned by or through or inconsequence of earthquake including flood or overflow of the sea, lakes, reservoirs and rivers and/or Landslide/Rockslide resulting there from.

Exclusions

This Section does not cover -

1. Loss, destruction or damage caused by war, invasion, act of foreign enemy, hostilities or war like operations (whether war be declared or not), civil war, mutiny or civil commotion assuming the proportions of or amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.

2. Loss, destruction or damage, directly or indirectly, caused to the property insured by a) ionising, radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; b)radioactive toxic, explosives or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

3. Loss, destruction or damage caused to the insured property by pollution or contamination excluding a) pollution or contamination which itself results from a peril hereby insured against; b) any peril hereby insured against which itself results from pollution or contamination.

4. Loss, destruction or damage to manuscripts, plans, drawings, securities, documents of any kind, stamps, coins, cash/paper money, deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, promissory notes, or any other negotiable instrument, books of accounts or any other business books, and explosives.

5. Loss, destruction or damage to articles of consumable nature, livestock and motor vehicles.

6. Loss, destruction or damage to Specified Items including jewellery, curios, antiques, pictures and other works of art, guns, collection of stamps, coins and medals for an amount collectively in excess of Rs. 10,000 unless specifically stated to the contrary in the Schedule.

7. Loss, destruction or damage to any electrical machine, apparatus, fixture or fitting arising from or occasioned by over-running, excessive pressure, short circuiting, arcing, self heating or leakage of electricity from whatever cause (lightningincluded)provided that this exclusion shall apply only to the particular electrical machine, apparatus, fixture or fitting so affected and not to other machines, apparatus, fixtures or fittings which may be destroyed or damaged by fire so setup.

8. Expenses necessarily incurred on (i) Architects, Surveyors and Consulting Engineer's Fees and (ii) debris removal by the Insured following loss, destruction or damage to the property insured by any of the insured perils in excess of 3% and 1% of the claim amount respectively.

9. Loss of earnings, or other consequential or indirect loss or damage of any kind or description what so ever.

10. Loss by the ft during or after the occurrence of any of the insured perils except as provided under riot, strike, and malicious damage cover

Terrorism Damage Exclusion Warranty

Notwithstanding any provision to the contrary within this insurance it is agreed that this insurance excludes loss, damage cost or expense of what so ever nature directly or indirectly caused by, 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. For the purpose of this warranty, an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group (s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear. The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism. If the Company alleges that by reason of this exclusion,any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the insured. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect

SUMINSURED

The basis of valuation shall be

i. Reinstatement value for buildings and all contents excepting personal effects, and

ii. Market value for personal effects.

BASIS OF INDEMNITY

1. The indemnity shall be on the basis of reinstatement value or market value as applicable and as stated above.

2. In the event of property insured being damaged by any of the insured perils , the Company shall pay for the amount of damage or loss or at its option replace or repair the damaged property.

3. If the property hereby insured shall, at the breaking out of any fire or at the commencement of any destruction of or damage to the property by any of the insured perils be collectively of greater value than the Sum Insured there on , then the Insured shall be considered as being his own insurer for the difference and shall bear a rateable portion of the loss accordingly. Provided, however, that if the Sum Insured here by on the property insured shall at the breaking out of such fire or at the commencement of such destruction or damage be not less than

85% (eighty five percent) of the collective value of the property insured, clause 3 of Basis of Indemnity under this Section shall not apply, not with standing anything to the contrary contained in the policy.

Section I 7. B. BURGLARY AND HOUSE BREAKING INCLUDING LARCENY AND THEFT (AS DEFINDED IN INDIAN PENAL CODE)

What is covered

a. The Company will indemnify the Insured in respect of loss or damage to contents ,by burglary and house breaking including larceny and theft.

b. The Company will further indemnify the Insured in respect of damage to the Insured's home and / or safe resulting from burglary and/or house breaking or any attempt thereat subject to a maximum of 5% of the Sum Insured under this Section. Provided however that no loss under clauses a) and b) herein above, shall together exceed the Sum Insured under this Section.

EXCLUSIONS

This Section does not cover loss, destruction or damage:

1. Caused by burglary and/or house breaking and/or theft and/or larceny where any member of the Insured's family is concerned as principal or accessory.

2. To securities, documents of any kind, stamps, coins, cash/ paper money, deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, promissory notes, or any other negotiable instrument, books of accounts or any other business books ,and explosives.

3. To articles of consumable nature ,live stock and motor vehicles.

4. To curios, antiques, pictures and other works of art, guns, collection of stamps, coins and medals for an amount collectively in excess of Rs. 10,000 unless specifically stated to the contrary in the Schedule.

5. To jewellery and valuables in excess of Rs. 10,000 per single article unless stated to the contrary in the Schedule.

SPECIAL CONDITION

1. Jewellery is covered subject to its being kept in locked safe within the home premises.

2. Where any item insured hereunder consists of articles in pair or set the Company's liability in respect there of shall not exceed the value of any article which may be lost or damaged without reference to any special value which such article may have as part of such pair or set.

3. The cover under this section becomes inoperative if the premises remain unoccupied for more than 60 consecutive days unless prior written notice is sent to the Company and its consent obtained, subject to fulfilment of terms and conditions that may be stipulated by the Company for extending cover in such circumstances.

4. For Multi year policy-

Extends to cover the property of the insured up to policy period as specified in the schedule provided that:

a. The policy shall be issued for a minimum period of 2 years.

b. Refund shall be allowed as per below rules.

1. No refund shall be allowed if there has been a claim under the policy.

2. If the policy is cancelled within 3 years of inception, the premium to be retained shall be worked out as per normal rates applicable - that is with out all owing any discount.

3. If the policy is cancelled after 3 years of inception, the discounts lab shall be reworked for the number of years the policy was actually in force .For this purpose fraction of a year shall be rounded to the next higher year.

4. Refund, if any, shall be subject to the retention of minimum premium of Rs.100/-

c. Mid-term inclusion of perils shall not be allowed.

d. Premium for entire policy period shall be collected in advance.

e. Mid-term increase in sum insured shall be allowed on prorate basis for the balance period.

f. Mid-term reduction in Sum Insured is not allowed

g. Policy with long term extension can be issued to only to house/flat owners and not to others who do not own the house/flat.

h. Discounts for Earthquake Cover for Long term policies cannot be allowed.

i. All Other terms and conditions remain same as per Policy wording

SUM INSURED

The basis of valuation shall be

i. Reinstatement value for all contents excepting personal effects, and

ii. Market value for personal effects.

BASIS OF INDEMNITY

1. The indemnity shall be on the basis of reinstatement value or market value as applicable and asstated above.

2. In the event of property insured being damaged by any of the insured perils , the Company shall pay for the amount of damage or loss or at its option replace or repair the damaged property.

If the property here by insured shall, at the commencement of any destruction of or damage to the property by any of the insured perils be collectively of greater value than the Sum Insured there on, then the Insured shall be considered as being his own insurer for the difference and shall be at a rateable portion of the loss accordingly. Provided, however, that if the Sum Insured hereby on the property insured shall at the breaking out of such fire or at the commencement of such destruction or damage be not less than 85% (eighty five percent) of the collective value of the property insured, clause 3 of Basis of Indemnity under this Section 1. shall not apply, not withstanding anything to the contrary contained in the policy.

SECTION 8: E@SECURE INSURANCE

1. **Legal Protection**

If **You** have a legal dispute over any of the **Specified Events**, **We**willprovide **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

Wewill 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**willalso 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 Account**s 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 **You** within 72 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 Account**s and/or **Credit/Debit Card**s.

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** maximumup 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** maximumup 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 **MoneyYou** 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**willalso 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.

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 **Definitions**

The terms defined below have the meanings asdescribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same

Definitions Applicable to my:health Suraksha , my:health Critical Suraksha Plus , my:health Medisure Super Top up Insurance , my:health Hospital cash Benefit Add on , Personal Accident & Travel Insurance

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

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

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

4. **Alternative treatments** means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context

5. **Cashless Facility**means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the **Network Provider** by the insurer to the extent pre-authorization is approved.

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

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

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

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

b) External **Congenital Anomaly**:**Congenital Anomaly** which is in the visible and accessible parts of the body

9. **Co-Payment**means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A **Co-Payment** does not reduce the Sum Insured

10. **Cumulative Bonus**means any increase or addition in the Sum Insured granted by the Insurer without an associated increase in premium.

11. **Day care Centre**means any institution established for **Day Care Treatment** of **Illness** and / or injuries or a medical set -up witha **Hospital** and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criterionas under:-

I. has qualified nursing staff under its employment;

II. has qualified medical practitioner/s in charge;

III. has fully equipped operation theatre of its own where surgical procedures are carried out;

IV. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

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

i. undertaken under General or Local Anaesthesia in a **Hospital**/ **Day Care Centre** in less than 24 hours because of technological advancement, and

ii. which would have otherwise required **Hospitalization** of more than 24 hours,

Treatment normally taken on an Out-patient basis is not included in the scope of this definition

13. **Deductible** means a costsharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of **Hospital** cash policies, which will apply before any benefits are payable by the insurer. A **Deductible** does not reduce the sum insured.

14. **Dependents** means only the family members listed below:

a) **Your** legally married spouse as long as she continues to be married to You

b) **Your** children Aged between 91 days and 25 years if they are unmarried, still financially dependent on You and have not established their own independent households;

c) **Your** natural parents or parents that have legally adopted You, and **Your** parent in laws

15. **Dental Treatment**means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery

16. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

17. **Domiciliary Hospitalization** means medical treatment for an **Illness**/disease/**Injury** whichin the normal course would require care and treatment at a **Hospital** but is actually takenwhile confined at home under any of the following circumstances:

I. the condition of the patient is such that he/she is not in a condition to be removed to a **Hospital**, or

II. the patient takes treatment at home on account of non-availability of room in a **Hospital**

18. **Emergency Care** means management for an **Illness** or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the insured person's health.

19. **Family Floater** means a Policy described as such in the Policy Schedule whereunder You and **Your** Dependents (Spouse, dependent children, dependent parents/parents in laws) named in the Policy Schedule are insured under this Policy as at the Commencement Date. .

20. **Grace Period m**eans the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre –existingdiseases. Coverage is not available for the period for which no premium is received.

21. **Hospital** means any institution established for In-patient Care and **Day Care Treatment** of**Illness** and/or injuries and which has been registered as a **Hospital** with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

• has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,

• has qualified nursing staff under its employment round the clock,

• has qualified Medical Practitioner(s) in charge round the clock,

• has a fully equipped operation theatre of its own where surgical procedures are carried out,

· maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

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

23. **Illness/ Illnesses**means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment

(a) Acute condition - Acute condition is a disease, **Illness** or **Injury** that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ **Illness**/ **Injury** which leads to full recovery

(b) Chronic condition - A chronic condition is defined as a disease, **Illness**, or **Injury** that has one or more of the following characteristics:

i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests

ii. it needs ongoing or long-term control or relief of symptoms

iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it

iv. it continues indefinitely

v. it recurs or is likely to recur

24. **Injury** means **Accidental** physical bodily harm excluding **Illness** or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

25. **In-patient Care** means treatment for which the Insured Person has to stay in a **Hospital** for more than 24 hours for a covered event.

26. **Insured Person** means the persons named in the Policy Schedule and insured under the Policy.

27. **Intensive Care Unit** means an identified section, ward or wing of a **Hospital** which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

28. **ICU (Intensive Care Unit)Charges**means the amount charged by a **Hospital** towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensive charges

29. **Maternity Expenses**means

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesareansection incurred during **Hospitalization**).

b. Expenses towards lawful medical termination of pregnancy during the policy Period.

30. **Major Illness means:**

1. **Cancer of specified severity**

A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.

The following are excluded:

i. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.

ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;

iv. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

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

vi. Chronic lymphocytic leukaemia less than RAI stage 3

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

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

ix. All tumours in the presence of HIV infection.

2. **Open Chest CABG**

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded:

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

3. **Myocardial Infarction (First Heart Attack of specified severity)**

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

a. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

b. New characteristic electrocardiogram changes

c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

a. Other acute Coronary Syndromes

b. Any type of angina pectoris

c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

4. **Kidney failure requiring regular dialysis**

I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

5. **Major Organ/Bone Marrow Transplant**

The actual undergoing of a transplant of:

a. One of the following human organs: lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ,

b. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

a. Other stem-cell transplants

b. Where only islets of langerhans are transplanted

6. **Multiple Sclerosis with persisting symptoms**

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

a. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

b. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Other causes of neurological damage such as SLE and HIV are excluded.

7. **Permanent Paralysis of Limbs**

I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

8. **Stroke resulting in permanent symptoms**

I. Any cerebrovascular incident producing permanent neurological sequelae.

a. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source.

b. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:

a. Transient ischemic attacks (TIA)

b. Traumatic injury of the brain

c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

9. **Surgery of Aorta**

The actual undergoing of medically necessary surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. Traumatic injury of the aorta is excluded.

10. **Primary (Idiopathic) Pulmonary Hypertension**

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:

i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

11. **Open Heart Replacement or Repair of Heart Valves**

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease- affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

31. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow upprescription.

32. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of **Illness** or **Accident** on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or Medical practitioners in the same locality would have charged for the same medical treatment.

33. **Medically Necessary treatment** means any treatment, test, medication, or stay in **Hospital** or part of stay in **Hospital** which

• Is required for the medical management of the **Illness** or **Injury** suffered by the Insured Person;

• Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.

• Must have been prescribed by a Medical Practitioner.

• Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

34. **Medical Practitioner**means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.Medical Practitioner who is sharing the same residence with the Insured person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.

Medical practitioner for mental illnesses means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognised by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognised by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, or recognised by the Medical Council of India, constituted under the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act;

Medical Practitioner (Definition applicable for the treatment taken outside India)

Means a licensed medical practitioner acting within the scope of hislicense and who holds a degree of a recognized institution and isregistered by the Authorized Medical Council of the respectivecountry.

35. **Mental illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by subnormality of intelligence;

36. **Mental health establishment** means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental **Illness**, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental **Illness** are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general **Hospital** or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental **Illness** resides with his relatives or friends;

37. **my: Health App**is proprietary App of HDFC ERGO General Insurance Company. With my: Health App you can:

o Access **Your** Policy Details

• Manage **Your** policy, download **Your** policy schedule and access to **Your** e-card will always be at **Your** fingertips, 24 x 7.

o Policy Endorsement made easy

• By submitting a request to us through my:Health App, you can make any modifications in **Your** policy, for e.g. change in spelling of the name, contact number etc.

o Effortless Claims Management

• Now you can Submit **Your** claims from the app for faster processing and track the status at **Your** fingertips. You can also intimate a claim using the app. You can also view Network hospitals in **Your** area with directions.

o Stay Active – Short Walks, Big Benefits

• The App tracks **Your** steps, fitness session and lets you earn incentive on renewal discount on **Your** policy.

38. **Newborn Baby** means baby born during the Policy Period and is Aged up to 90 days

39. **Network Provider** means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a **Cashless facility**.

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

41. **Non-Medical Expenses –** Are expenses other than those defined as Medical Expenses and which are listed on our website www.hdfcergo.com

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

43. **OPD Treatment**. OPD treatment means the one in which the Insured visits a clinic / **Hospital** or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient**.**

44. **Portability**means transfer by an individual health insurance policy holder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another.

45. **Pre Existing Disease** means any condition, ailment or **Injury** or related condition(s) forwhich there were signs or symptoms, and / or were diagnosed, and / or for which **Medical Advice** / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter

46. **Preventive Health Check-up -**Preventive Health Check-up means a package of medical test(s) undertaken for general assessment of health status, it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease.

47. **Policy** means **Your** statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), and the Policy Schedule (as the same may be amended from time to time).

48. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Policy Schedule

49. **Policy Holder** means Person who has proposed the Policy and in whose name the Policy is issued

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

51. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.

52. **Pre-hospitalization Medical Expenses** means **Medical Expenses** incurred during pre-defined number of days

preceding the **Hospitalization** of the Insured Person , provided that:

i. Such **Medical Expenses** are incurred for the same condition for which the Insured Person's **Hospitalization** was required, and

ii. The In-patient **Hospitalization** claim for such **Hospitalization** is admissible by the Insurance Company

53. **Post-hospitalization Medical Expenses** means **Medical Expenses** incurred during pre-defined number of days immediately after the insured person is discharged from the **Hospital** provided that:

i. Such **Medical Expenses** are for the same condition for which the insured person's **Hospitalization** was required, and

ii. The inpatient **Hospitalization** claim for such **Hospitalization** is admissible by the insurance company**.**

54. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India

55. **Renewal means** the terms on which the contract of insurance can be renewed on mutual consent with a provision of **Grace Period** for treating the **Renewal** continuous for the purpose of gaining credit for **Pre-Existing Diseases**, time-bound exclusions and for all waiting periods

56. **Room Rent** means the amount charged by a **Hospital** towards Room and Boarding expenses and shall include the associated **Medical Expenses**

57. **Reasonable and Customary Charges** means the charges for

services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services ,taking into account the nature of **Illness**/ **Injury** involved.

58. **Sum Insured**means the sum shown in the Policy Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Year, and in relation to a Family Floater represents Our maximum liability for any and all claims made by You and all of **Your** Dependents during the Policy Year

59. **Surgery or Surgical Procedure**means manual and / or operative procedure (s) required for treatment of an **Illness** or **Injury**, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a **Hospital** or **Day Care Centre** by a medical practitioner.

60. **Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.

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

62. **You/Your/Policyholder** means the person named in the Policy Schedule who is insured under the Policy or has proposed and concluded this Policywith Us.

Definitions Applicable to Section 2: my:health Critical Suraksha Plus

1. **Malignant Cancer of Specified sites (Female) – Breast, Cervix, Uterus, Fallopian Tube, Ovary, Vagina/Vulva**

A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.

The following are excluded:

i. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.

ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;

iv. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

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

vi. Chronic lymphocytic leukaemia less than RAI stage 3

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

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

ix. All tumours in the presence of HIV infection.

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

2. **Malignant Cancer of Specified sites (Male)-Head and Neck, Lung, Stomach, Colorectum, Prostate**

A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.

The following are excluded:

i. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.

ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;

iv. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

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

vi. Chronic lymphocytic leukaemia less than RAI stage 3

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

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

ix. All tumours in the presence of HIV infection.

x. Tumors of any other sites except Head and Neck, Lung, Stomach, Colorectum, Prostate

3. **Cancer of specified severity**

A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.

The following are excluded:

x. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.

xi. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

xii. Malignant melanoma that has not caused invasion beyond the epidermis;

xiii. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

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

xv. Chronic lymphocytic leukaemia less than RAI stage 3

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

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

xviii. All tumours in the presence of HIV infection.

4. **Carcinoma In Situ (CiS)**

Carcinoma-in-situ shall mean first ever histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any one of the following covered organ groups, and subject to any classification stated:

i. Breast, where the tumour is classified as Tis according to the TNM Staging method;

ii. Corpus uteri, vagina, vulva or fallopian tubes where the tumour is classified as Tis according to the TNM Staging method or FIGO (staging method of the Federation Internationale de Gynecologie et d'Obstetrique) Stage 0;

iii. Cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or as Tis according to the TNM Staging method or FIGO Stage 0;

iv. Ovary –include borderline ovarian tumours with intact capsule, no

tumour on the ovarian surface, classified as T1aN0M0, T1bN0M0 (TMN Staging) or FIGO 1A, FIGO 1B

v. Colon and rectum; Penis; Testis; Lung; Liver; Stomach, Nasopharynx and oesophagus;

vi. Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary Carcinoma is included.

The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.

5. **Early Stage Cancer**

Early stage Cancers shall mean first ever presence of one of the following malignant conditions:

i. Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification.

ii. Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0.

iii. Tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification).

iv. Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI Stage 0 or lower is excluded.

v. Malignant melanoma that has not caused invasion beyond the epidermis. Other skin carcinoma are excluded.

vi. Hodgkin's lymphoma Stage I by the Cotswolds classification staging system.

The Diagnosis must be based on histopathological features and confirmed by a Pathologist.

6. **Aplastic Anaemia**

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

a. Blood product transfusion;

b. Marrow stimulating agents;

c. Immunosuppressive agents; or

d. Bone marrow transplantation.

II. The diagnosis must be confirmed by a hematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:

(a) Absolute neutrophil count of less than 500/mm³ or less

(b) Platelets count less than 20,000/mm³ or less

(c) Reticulocyte count of less than 20,000/mm³ or less

III. Temporary or reversible Aplastic Anaemia is excluded.

7. **Major Organ Transplant – Bone Marrow**

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

II. The following are excluded:

a. Other stem-cell transplants

b. Where only islets of langerhans are transplanted

8. **Open Chest CABG**

III. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

IV. The following are excluded:

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

9. **Myocardial Infarction (First Heart Attack of specified severity)**

III. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

d. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

e. New characteristic electrocardiogram changes

f. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

IV. The following are excluded:

d. Other acute Coronary Syndromes

e. Any type of angina pectoris

f. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

10. **Open Heart Replacement or Repair of Heart Valves**

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease- affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

11. **Major Organ Transplant – Heart**

I. The actual undergoing of a transplant of heart, that resulted from irreversible end-stage failure of the relevant organ,

a. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

a. Other stem-cell transplants

b. Where only islets of langerhans are transplanted

12. **Surgery of Aorta**

The actual undergoing of medically necessary surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. Traumatic injury of the aorta is excluded.

13. **Primary (Idiopathic) Pulmonary Hypertension**

IV. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

V. The NYHA Classification of Cardiac Impairment are as follows:

iii. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

iv. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

VI. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

14. **Other serious coronary artery disease**

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

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

15. **Dissecting Aortic Aneurysm**

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

16. **Cardiomyopathy**

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

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

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

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

17. **Infective Endocarditis**

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

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

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

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

18. **Eisenmenger's Syndrome**

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

1. Mean pulmonary artery pressure > 40 mm Hg;

2. Pulmonary vascular resistance > 3mm/L/min (Wood units); and

3. Normal pulmonary wedge pressure < 15 mm Hg.

19. **Angioplasty**

i. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

ii. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

iii. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

20. **Balloon Valvotomy or Valvuloplasty**

An interventional procedure involving Percutaneous heart valve repair by balloon valvotomy or valvuloplasty to repair narrowing of heart valves using a catheter.

Payout will be based on the actual undergoing of surgery. The need for surgery should be certified by a cardiologist and supported by an echocardiography

21. **Insertion of Pacemaker**

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

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

22. **Multiple Sclerosis with persisting symptoms**

III. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

c. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

d. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

IV. Other causes of neurological damage such as SLE and HIV are excluded.

23. **Permanent Paralysis of Limbs**

a. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

24. **Stroke resulting in permanent symptoms**

III. Any cerebrovascular incident producing permanent neurological sequelae.

a. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source.

b. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

IV. The following are excluded:

d. Transient ischemic attacks (TIA)

e. Traumatic injury of the brain

f. Vascular disease affecting only the eye or optic nerve or vestibular functions.

25. **Benign Brain Tumour**

I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or

b. Undergone surgical resection or radiation therapy to treat the brain tumor.

III. The following conditions are **excluded:**

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

26. **Coma of specified severity**

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

a. no response to external stimuli continuously for at least 96 hours;

b. life support measures are necessary to sustain life; and

c. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner.

a. Coma resulting directly from alcohol or drug abuse is excluded.

27. **Parkinson's Disease**

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

1. Transfer: Getting in and out of bed without requiring external physical assistance

2. Mobility: The ability to move from one room to another without requiring any external physical assistance

3. Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance

4. Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means

5. Eating: All tasks of getting food into the body once it has been prepared

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

28. **Alzheimer's Disease**

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

29. **Motor Neurone Disease with permanent symptoms**

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

30. **Muscular Dystrophy**

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

Activities of daily living:

a. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;

b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

c. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;

d. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

e. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.

f. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

31. **Apallic Syndrome**

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

32. **Bacterial Meningitis**

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

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

ii. A consultant neurologist.

II. Bacterial Meningitis in the presence of HIV infection is excluded.

33. **Creutzfeldt-Jakob Disease (CJD)**

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

34. **Encephalitis**

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

II. Encephalitis caused by HIV infection is excluded.

35. **Major Head Trauma**

I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

III. The Activities of Daily Living are:

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

ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;

iv. Mobility: the ability to move indoors from room to room on level surfaces;

v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

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

IV. The following are excluded:

i. Spinal cord injury;

36. **Progressive Supranuclear Palsy**

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

37. **Brain Surgery**

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are all excluded. Brain surgery as a result of an Accident is also excluded. The procedure must be considered medically necessary by a Registered Medical practitioner who is a qualified specialist.

38. **Loss of Speech**

I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established

for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

II. All psychiatric related causes are excluded.

39. **Kidney failure requiring regular dialysis**

II. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

40. **Major Organ Transplant – Kidney, Lung, Liver and Pancreas**

The actual undergoing of a transplant of:

c. One of the following human organs: lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ,

d. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

c. Other stem-cell transplants

d. Where only islets of langerhans are transplanted

41. **End Stage Liver Failure**

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:

a. Permanent jaundice; and

b. Ascites; and

c. Hepatic encephalopathy.

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

42. **Medullary Cystic Disease**

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

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

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

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

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

43. **Systemic Lupus Erythematous with LupusNephritis**

i. A multi-system autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of this **Policy**, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered Doctor specialising in

Rheumatology and Immunology.

ii. The WHO Classification of Lupus Nephritis:

• Class I Minimal Change Lupus Glomerulonephritis

• Class II Mesangial Lupus Glomerulonephritis

• Class III Focal Segmental Proliferative Lupus Glomerulonephritis

• Class IV Diffuse Proliferative Lupus Glomerulonephritis

• Class V Membranous Lupus Glomerulonephritis

44. **End Stage Lung Failure**

I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

a. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and

b. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and

c. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 5mmHg); and

d. Dyspnoea at rest.

45. **Fulminant Hepatitis**

I. A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

a. Rapid decreasing of liver size;

b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;

c. Rapid deterioration of liver function tests;

d. Deepening jaundice; and

e. Hepatic encephalopathy.

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

46. **Chronic Adrenal Insufficiency (Addison's Disease)**

I. An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a Registered Medical practitioner who is a specialist in endocrinology through one of the following:

1. ACTH simulation tests;

2. insulin-induced hypoglycemia test;

3. plasma ACTH level measurement;

4. Plasma Renin Activity (PRA) level measurement.

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

47. **Progressive Scleroderma**

I. A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

II. The following are excluded:

1. Localised scleroderma (linear scleroderma or morphea);

2. Eosinophilic fasciitis; and

3. CREST syndrome.

48. **Chronic Relapsing Pancreatitis**

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

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

49. **Elephantiasis**

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

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

50. **HIV due to blood transfusion and occupationally acquired HIV**

I. Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:

a. The blood transfusion was medically necessary or given as part of a medical treatment;

b. The blood transfusion was received in India after the **Policy** Date, Date of endorsement , whichever is the later;

c. The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and

d. The Insured does not suffer from Thalassaemia Major or Haemophilia.

II. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an Accident occurring after the Policy inception Date, renewal dates, whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in India, provided that all of the following are proven to the Company's satisfaction:

1. Proof that the Accident involved a definite source of the HIV infected fluids;

2. Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented Accident. This proof must include a negative HIV antibody test conducted within 5 days of the Accident; and

3. HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This benefit is only payable when the occupation of the Insured is a Registered Medical practitioner, housemen, medical student, registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic in India. This benefit will not apply under either section a or b where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

51. **Terminal Illness**

The conclusive diagnosis of an illness, which in the opinion of a **Medical Practitioner**who is an attending Consultant and agreed by our appointed Registered Medical practitioner, life expectancy is no greater than twelve (12) months from the date of notification of claim, regardless of any treatment that might be undertaken.

52. **Myelofibrosis**

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

53. **Pheochromocytoma**

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

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

54. **Crohn's Disease**

I. Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:

5. Stricture formation causing intestinal obstruction requiring admission to hospital, and

6. Fistula formation between loops of bowel, and

7. At least one bowel segment resection.

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

55. **Severe Rheumatoid Arthritis**

Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:

i. Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;

ii. Permanent inability to perform at least two (2) "Activities of Daily Living";

iii. Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and

iv. The foregoing conditions have been present for at least six (6) months.

56. **Severe Ulcerative Colitis**

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

II. All of the following criteria must be met:

1. the entire colon is affected, with severe bloody diarrhoea; and

2. the necessary treatment is total colectomy and ileostomy; and

3. the diagnosis must be based on histopathological features and confirmed by a Registered Medical practitioner who is a specialist in gastroenterology.

57. **Deafness**

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing" in both ears.

58. **Blindness**

I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

II. The Blindness is evidenced by:

a. corrected visual acuity being 3/60 or less in both eyes or;

b. the field of vision being less than 10 degrees in both eyes.

III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

59. **Third Degree Burns**

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

Definitions applicable to Section 3: my:health Medisure Super Top Up

1. For Super Top Up : Dependents: mean only the family members listed below:

• Your legally married spouse ,

• Your dependent children – being your children (natural or legally adopted) aged between 3 months and 23 years, who is/are financially dependent on the primary insured or proposer and does not have his / her independent sources of income.

• Your parents or parents-in-law

2. **Disease:** means an alteration in the state of the body or of some of its organs, interrupting or disturbing the performance of the functions, and causing or threatening pain and weakness or physical or mental disorder and certified by a Medical Practitioner to that effect.

3. **Subrogation:** Subrogation shall mean the right of the Insurer to assume the rights of the Insured person to recover expenses paid out under the Policy that may be recovered from any other source.

Definitions Applicable to Section 5 : Personal Accident Insurance

1. **Daily Home Allowance** means the amount payable for every twenty-four (24) continuous hours an **Insured Person** is instructed by a **Physician** to complete his/her recovery at home following a payment of the **Daily Benefit**.

2. **Immediate Family / Immediate Family Member** means an **Insured Person'sSpouse**; children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward; step or adopted children; step-parents; aunts, uncles; nieces, and nephews, who reside in the same country as the **Insured Person**.

3. **Nominated Account** means the account nominated by the **Policyholder** in the Proposal Form, or as subsequently instructed by the **Policyholder** in writing, to which premiums for this Policy are to

be debited/ charged.

Definitions Applicable to Section 6 : Travel Insurance

1. **Insured Journey** means a trip commencing during the Period of Insurance. The Company agrees to continue the insurance for an Insured Person who commences an Insured Journey before the Policy Expiration Date, on the proviso that premium has been paid for such Insured Journey and the return trip is within One hundred Eighty (180) Days after the Insured Journey commences.

2. **Medical Treatment** means a **Physician's** medical advice, treatment, consultations, and prescribed or remedial attention

Definitions Applicable to Section 5 : Personal Accident Insurance and Section 6:Travel Insurance

1. **Accumulation Limit** means the maximum amount payable by the **Company** in respect of any one **Accident**, irrespective of the number of **Insured Persons** involved in such **Accident**. In the event that an **Accident** occurs which results in insurable losses under this Policy and which ordinarily would mean that the **Accumulation Limit** is exceeded, the **Accumulation Limit** amount will be distributed on a proportional basis to all **Insured Persons**, taking into account the maximum **Sums Insured** per Benefit and per **Insured Person**

2. ***Any one illness*** means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/ Nursing Home where treatment may have been taken.

3. ***Assistance Provider*** means the assistance company with whom the ***Company*** contracts, as an independent contractor, to provide travel-related emergency assistance services.

4. **Beneficiary**: In case of death of the **Insured Person**, the **Beneficiary** means, unless stipulated otherwise by the **Insured Person**, the surviving Spouse of the Insured Person, mentally capable and not divorced, followed by the children recognized or adopted followed by the **Insured Person's** legal heirs or nominees. For all other benefits, the **Beneficiary** means the **Insured Person** himself unless stipulated otherwise.

5. **Civil War** means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Included in the definition: armed rebellion, revolution, sedition, insurrection, Coup d' Etat, the consequences of Martial law.

6. **Close Business Associate** means:

a. a business associate not a fellow employee of the **Insured Person** where the business relationship with the **Insured Person** is continuous and reliant on each other for the **Insured Person's** business, or

b. a business companion who travels with the **Insured Person** for the same business purpose, and whose presence is necessary for the **Insured Person's** business, or

c. a fellow employee of the **Insured Person**.

7. **Common Carrier** means any land, sea or air conveyance operated under a licence issued by a governmental authority having jurisdiction, for the transportation of fare paying passengers and which has fixed, established routes only.

8. **Compensation** means **Sum Insured**, Total **Sum Insured** or percentage of the **Sum Insured**, as appropriate.

9. **Daily Activities** means activities such as, but not limited to, cooking and/or taking of food, discharging of urine and/or faeces, getting dressed or undressed, washing and taking a bath, walking and general living activities.

10. **Daily Benefit** means the amount payable for every twenty-four (24) continuous hours an **Insured Person** is in **Hospital** as an in-patient up to the maximum number of **Days** stated in the Schedule

11. **Date of Loss**:

o For**Accident** means the date of the **Accident**.

o for all other benefits means the date the event happened that leads to an alleged claim.

o For **Sickness** means the first date of diagnosis or the date the **Insured Person** first became aware of the **Sickness**.

12. **Day** means a continuous period of twenty-four (24) hours.

13. **Family Accumulation Limit** means the maximum amount payable by the **Company** in respect of any one **Accident**, irrespective of the number of **Insured Persons** from the same **Immediate Family** involved in such **Accident**. In the event that an **Accident** occurs which results in insurable losses under this **Policy** and which ordinarily would mean that the **Family Accumulation Limit** is exceeded, the **Family Accumulation Limit** amount will be distributed on a proportional basis to all Insured Persons from the same **Immediate Family**, taking into account the maximum **Sums Insured** per Benefit and per **Insured Person.**

14. **Foreign War** means armed opposition, whether declared or not between two countries.

15. **Franchise** means an amount stated in the Schedule as a percentage or a fixed amount for which the **Company** will not be responsible if the claim falls below such percentage or fixed amount, or a period of time for which the **Company** will not be responsible unless the period of time has expired.

16. **Immediate Family / Immediate Family Member** means an **Insured Person's Spouse;** children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward; step or adopted children; step-parents; aunts, uncles; nieces, and nephews, who reside in the same country as the **Insured Person.**

17. **Operative Time** means the time that the insurance is effective as stated on the Schedule

18. **Permanent Total Disablement** means disablement, as the result of a **Bodily Injury**, which:

o continues for a period of twelve (12) consecutive months, and

o is confirmed as total, continuous and permanent by a Physician after the twelve (12) consecutive months, and

o entirely prevents an Insured Person from engaging in or giving attention to gainful occupation of any and every kind for the remainder of his/her life.

19. **Primary Insured Person means the Insured Person who elects insurance under the Policy and pays all the required premium for the insurance elected**

20. **Salary** means the total gross basic annual salary excluding payments for overtime, commission or bonus payable by the **Policyholder** to the **Insured Person** at the time of the **Date of Loss.** For weekly paid **Insured Persons,** the **Salary** will be calculated by taking the average gross weekly basic salary of the **Insured Person** for the thirteen (13) weeks prior to the **Date of Loss** and multiplying this amount by fifty-two (52).

21. **Serious Injury or Serious Sickness** means **Bodily Injury** or **Sickness** certified as being dangerous to life by a **Physician**.

22. **Sickness** means any fortuitous somatic illness or disease but excluding any disease or illness which is, arises out of or is caused by a condition or defect for which medical treatment was recognized, advised, sought out, or should have reasonably sought out, or received at any time before the **Period of Insurance**.

23. **Spouse** means an **Insured Person's** husband or wife who is recognized as such by the laws of the jurisdiction in which they reside.

24. **Subrogation** shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

25. **Terrorism** means activities against persons, organisations or property of any nature:

1) that involve the following or preparation for the following:

a) use or threat of force or violence; or

b) commission or threat of a dangerous act; or

c) commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and

2) when one or both of the following applies:

a) the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or

b) it appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

26. **Total Number of Travel Days means**the maximum number of days insured under the Policy.

Definitions applicable forSection 7: Home Insurance - Revision

1. "**Building**" means structure (above plinth and foundation excluding land) of standard construction unless specifically mentioned. It shall include connected utilities, sanitary fittings, fixtures and fittings therein belonging to the Insured and for which he is accountable.

2. "**Contents**" means all items/articles owned or held in trust by the Insured and his/her family members residing in the same home for which the Insured is accountable.

3. "**Jewellery**" means articles of precious stones, gold, silver or other precious metals.

4. "**Market Value**" means Replacement Value less depreciation.

5. "**Personal Effects**" means clothing, spectacles, umbrellas, footwear, etc.

6. "**Reinstatement Value**" means the cost of replacing or reinstating on the same site, property of the same kind or type but not superior to or more extensive than the insured property when new.

7 "**Single Article**" is defined as one distinct physical object having an independent economic value.

8. "**Specified Items**" means jewellery, curios, antiques, pictures and other works of art, collection of stamps, coins and medals.

9. "**Standard Construction**" means any construction with RCC/ RBC/ Tiles/ ACC roof and external walls of Burnt bricks/ Stone/ Concrete blocks.

10. "**Valuables**" means carpets (other than normal wall to wall carpets), telephone instruments, photographic equipment including still & video cameras), clocks, binoculars, telescopes, musical instruments, audio and video equipment, computers (including laptops) & other peripheral equipment, watches, mobile phones, calculators, digital diaries and palm tops.

Definitions applicable for Section 8:E@SECURE Insurance

1. **Bank Account: YourBank Account** details including personal e-banking login name, passwords or **Bank Account** number that are issued by banks operating in India.

2. **Bank Rate:** Means Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due

3. **Credit/Debit Card: Your**physical **Credit/Debit Card**, **Credit/Debit Card** details or **Credit/Debit Card** numbers that are issued by banks operating in India.

4. **Cyber Bullying or Harassment:** Means an aggressive, intentional act or behavior that is carried out by a group or an individual, using electronic forms of contact, repeatedly and over time against a victim who cannot easily defend himself or herself.

Cyber bullying or harassment includes any of the following but not limited to: posting rumors about a person, sexual remarks, threats to disclose victims' personal information, or pejorative labels, internet trolling and cyber stalking.

5. **Computer System:** Means **Your** electronic data storage or computing devices including input and output support devices and excluding calculators which are not programmable and capable of being used in conjunction with external files, which contain ComputerProgrammes, electronic instructions, input Data and output Data, that performs logic, arithmetic, Data storage and retrieval, communication control and other functions. Computer System shall include all kinds of digital devices including but is not limited to mobile phones, laptops, personal computers.

6. **Endorsement:** An authorized amendment to this Policy

7. **Extortion Loss:** means any:

i. monies paid by **You** with **Our** prior written consent to prevent or end an **Extortion Threat**; or

ii. Professional Fees for independent advisors to conduct an investigation to determine the cause of an **Extortion Threat**

8. **Email Spoofing:** means forgery of an email header so that expected and awaited message appears to have originated from a legitimate source, instead was sent by someone from somewhere other than the actual legitimate and/or trusted source

9. **Extortion Threat:** means any threat or connected series of threats, for the purpose of demanding monies, communicated to **You** to prevent or end a **Security Threat**

10. **Flooding**; **Flood:** The process of creating various e-contents (on blog posts, social networking profiles etc) to roll back the harmful information in major search engines such as Google, Yahoo, MSN.

11. **Harmful Publication:** Published information on the internet (including forums, blog postings, social media and any other websites) that undermines **Your** reputation such that the information is:

a. Defamatory–an allegation of a fact that is false and injurious;

b. Insulting–an offensive expression of contempt or invectiveness; orUnlawful disclosure of one's private life.

12. **Journalist:** A person employed by traditional news media or any professional medium or agency to regularly gather, process and disseminate news and information to serve the public interest.

13. **Money:** Any circulating medium of exchange, including but not limited to

a. coins & paper money,

b. gold, silver, or other metal in pieces of convenient form stamped by public authority and issued as a medium of exchange and measure of value

Any article or substance used as a medium of exchange, measure of wealth, or means of payment, such as cheques on demand or demand drafts.

14. **Deemed Necessary:** Means Psychiatric services needed to prevent, diagnose, or treat a psychological illness, injury, condition, disease, or its symptoms and that meet accepted standards of psychiatry.

15. **Occupation: Your**full-time or part-time gainful employment or any other work for pay or profit.

16. **Personal Information: Your** private details (including any online authentication information) relating to **Your** identity that will allow **You** to be identified, such as:

- Full name
- Passport number
- Aadhaar ID number
- Mailing and/or home address
- Driving license number
- Telephone number(s) registered under **Your** name
- Online login ID and password
- **Credit/Debit Card** number
- **Bank Account** number

17. **Period of Insurance** The period of cover as stated in the Policy Schedule.

18. **Phishing:** Fraudulent websites or emails, purporting to be from reputable companies or institutions in order to induce individuals to reveal personal information, such as usernames, passwords and credit card numbers and internet banking details.

19. **Policyholder** : The name stated in the Policy Schedule.

20. **Specified Event:** An occurrence of one or more of these covered events which arises out of the use of the internet and that is attributed to the conduct of a **Third Party** and is not due to **Your** fault:

• Damage to E-reputation

• Identity Theft

• Unauthorized Online Transactions

• E-Extortion

• Cyber Bullying

• Phishing and E-mail Spoofing

21. **Security Threat:** means any threat conveyed over internet to demand money or goods or services from **You** by threatening to inflict harm to **Your** person, **Your** reputation, or **Your** property by making public, **Your Personal Information/** data stored in your **Computer System** while still in your physical possession and custody or by denying **You** the access to data or information in such **Computer Systems.**

22. **Third Party:** Any person or entity who deals at arm's length with **You** and which neither controls nor is controlled by **You. Third Party** shall not be:

• Any person covered under this Policy; or

• Any person or entity who is in an employer-employee relationship with **You**; or

• Any member of **YourFamily** (regardless residing with **You** or not) and/ or their authorized representatives.

23. **We/Us/Ou**r HDFC ERGO General Insurance Company Limited

24.**You/Your/Yourself** The name stated in the Policy Schedule.

III **Waiting Periods and Exclusions**

a. **Waiting Periods**

1. **Waiting Periods applicable to Section 1: my:health Suraksha**
2. **my:health Hospital Cash Benefit Add on**

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

i) **General waiting period:**claim arising due to condition for which appearance of signs/symptoms, consultation, investigation, treatment or admission started within 30 days from Policy Commencement Date, except for the claims arising due to an Accident.

ii) **Waiting Period for listed illnesses and Procedures**: 24 months for all Illnesses and Surgical Procedures listed below however this waiting period will not be applicable where the underlying cause is cancer(s).

a. **Illnesses**

Internal Congenital diseases	Non infective Arthritis
Diseases of gall bladder including cholecystitis	Urogenital system e.g.Kidneystone,Urinary Bladder Stone
Pancreatitis	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
Pilonidal sinus	Gout and rheumatism
Benign tumors, cysts, nodules, polyps including breast lumps	Osteoarthritis and osteoporosis
Polycystic ovarian diseases	Fibroids (fibromyoma)
Sinusitis, Rhinitis	Tonsillitis
Skin tumors	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) **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.

iv) **Waiting Period for Parent and Child Care Cover- Basic/Parent Child Cover - Booster (Sectionl 1 C,2 and 3)**

A waiting period of 48 months shall apply for all Claims under Parent and Child Care Cover – Basic/Parent and Child Cover – Booster

Waiting period for parent & child care cover –Basic / Booster is applicable only for my:health Suraksha

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

i) **General waiting period:** claim arising due to condition for which appearance of signs/symptoms, consultation, investigation, treatment or admission started within 30 days from Policy Commencement Date, except for the claims arising due to an Accident.

This Exclusion doesn't apply for those having any health insurance indemnity policy in India at least for 1 year prior to taking this Policy as well as for subsequent renewals with Us without a break

ii) **Waiting Period for listed illnesses and Procedures**: 24 months for all Illnesses and Surgical Procedures listed below however this waiting period will not be applicable where the underlying cause is cancer(s).

• 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

• Congenital internal anomaly

• 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).

• Hypertension, Diabetes and related complications

iii) **Waiting Period for Pre-existing conditions:**

A waiting period of 36 months shall apply for all Pre-existing Conditions declared and/or accepted at the time of applying first policy with us.

b. **General Exclusions**

1. **General Exclusions applicable for Section I1: my:health Suraksha,**

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

i). War or any act of war, invasion, act of foreign enemy, war like operations (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.

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 while mentally sound or unsound.

iii). Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing of a professional or semi-professional nature.

iv). The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as 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.

v). Treatment of Obesity and any weight control program.

vi). sleep-apnoea, Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition").

vii). Congenital external diseases, defects or anomalies,

viii). Stem cell harvesting, or growth hormone therapy. Venereal disease, sexually transmitted disease or **Illness**;

ix). Pregnancy (including voluntary termination), miscarriage (except as a result of an **Accident** or **Illness**), maternity or birth (including caesarean section) except in the case of ectopic pregnancy.

x). treatment to treat infertility any fertility, sub-fertility or assisted conception procedure,

xi). Sterility, treatment whether to affect infertility, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.

xii). **Dental Treatment** and surgery of any kind, unless requiring **Hospitalization**.

xiii). Treatment and supplies 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).

xiv). Circumcisions (unless necessitated by **Illness** or **Injury** an forming part of treatment); treatment for correction of vision due to refractive error, aesthetic or change-of-life treatments of any description such as sex transformation operations.

xv). Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of **Medically Necessary Treatment** certified by the attending Medical Practitioner for reconstruction following an **Accident**, cancer or burns.

xvi). **Experimental**, investigational or **Unproven**treatments, devices and pharmacological regimens.

xvii). Admission primarily for diagnostic purposes not related to **Illness** for which **Hospitalization** has been done and Conditions for which In patient **Hospitalization** is not warranted.

xviii). Any Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.

xix). Preventive care, any physical, psychiatric or psychological examinations or testing if doesn't required **Hospitalization**; enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) 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.

xx). vaccination including inoculation and immunisations (Except post bite treatment),

xxi). **Non-Medical expenses** such as charges for admission, discharge, registration, Items of personal comfort and convenience including but not limited to television (wherever specifically charged for) , charges for access to telephone and telephone calls (wherever specifically charged for) , foodstuffs(except patient's diet) , cosmetics, hygiene articles, body care products and bath additive, barber or beauty service,guest service as well as similar incidental services and supplies, and medical supplies including elastic stockings, diabetic test strips, Charges related to a **Hospital** stay not expressly mentioned as being covered, including but not limited to, administration, documentation and filing. Full list of Non-Medical expenses is available at www.hdfcergo.com.

xxii). vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

xxiii). Treatment rendered by a Medical Practitioner which isoutside 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,

xxiv). Treatment taken on Outpatient basis

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

xxvi). any treatment and associated expenses for alopecia, baldness, wigs, or toupees, and similar products.optometric therapy.

xxvii). 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.

xxviii). Expenses for Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).

xxix). 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 I2: my:health Critical Illness Plus**

1. **General Exclusions applicable to all Covers**

i. A waiting period of 48 months shall apply for all Pre-existing Conditions declared and/or accepted at the time of applying first **Policy** with us.

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

iii. Any Illness, sickness or disease other than those opted and specified as **Critical Illnesses or Surgical Procedure** underthis **Policy**;

iv. Any claim with respect to any Critical Illness diagnosed or which manifested prior toPolicy Inception Date

v. Any condition directly or indirectly caused by or associated with any sexuallytransmitted disease, including Genital Warts, Syphilus, Gonorrhoea, Genital Herpes,Chalmydia, Pubic Lice and Trichomoniasis, whether or not arising out of any **Pre-existing diseases**.

vi. Any Critical Illness arising out of use, abuse or consequence or influence of anysubstance, intoxicant, drug, alcohol or hallucinogen;

vii. Narcotics used by the **Insured Person** unless taken as prescribed by a registeredMedical Practitioner,

viii. Any Claim directly or indirectly caused due to intentional self-injury, suicideor attempted suicide; whether the person is medically sane or insane

ix. Any Critical Illness directly or indirectly, caused by or arising from or attributable to aforeign invasion, act of foreign enemies, hostilities, warlike operations (whether warbe declared or not or while performing

duties in the armed forces of any countryduring war or at peace time), civil war, public defense, rebellion, revolution,insurrection, military or usurped power;

x. Any claim caused by ionizing radiation or contamination by radioactivity fromany nuclear fuel (explosive or hazardous form) or from any nuclear waste from thecombustion of nuclear fuel, nuclear, chemical or biological attack.

xi. Working in underground mines, tunneling or involving electrical installations with hightension supply, or as jockeys or circus personnel;

xii. Congenital External Anomalies or any complications or conditions arising therefromincluding any developmental conditions of the Insured;

xiii. Insured Persons whilst engaging in a speed contest or racing of any kind (other thanon foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding,hang gliding, mountain or rock climbing necessitating the use of guides or ropes,potholing, abseiling, deep sea diving using hard helmet and breathing apparatus,polo, snow and ice sports in so far as they involve the training for or participation incompetitions or professional sports, or involving a naval, military or air forceoperation;

xiv. Participation by the **Insured Person** in any flying activity, except as a bona fide, farepayingpassenger of a recognized airline on regular routes and on a scheduledtimetable.

2. **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

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

i). Domiciliary hospitalization expenses

ii). 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.

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

iv). Any treatment arising from or traceable to pregnancy, childbirth including caesarean section. However, this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means.

v). Circumcision unless necessary for treatment of a illness or injury not excluded hereunder or due to an accident.

vi). Ambulance charges.

vii). Genetic disorder and stem cell implantation/surgery.

viii). Dental treatment or surgery of any kind unless necessitated due to an accident and requiring minimum 24 hours Hospitalization or treatment of irreversible bone disease involving the jaw which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage.

ix). Birth control procedures, hormone replacement therapy and voluntary termination of pregnancy during the first 12 weeks from the date of conception.

x). Routine medical, eye and ear examinations, cost of spectacles, laser surgery for cosmetic purposes or corrective surgeries, contact lenses or hearing aids, vaccinations except post-bite treatment, issue of medical certificates and examinations as to suitability for employment or travel.

xi). All expenses arising out of any condition directly or indirectly caused due to or associated with human T-call Lymph tropic virus type III (HTLV-III) or Lymphadinopathy Associated Virus (LAV) or Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases / illness / injury caused by and/or related to HIV and sexually transmitted diseases.

xii). Vitamins and tonics unless forming part of treatment for illness or injury and prescribed by a Medical Practitioner.

xiii). Instrument used in treatment of Sleep Apnoea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump or any other external devices used during or after treatment.

xiv). Treatment for developmental problems including learning difficulties eg. Dyslexia, behavioural problems including attention deficit hyperactivity disorder (ADHD).

xv). Treatment for general debility, ageing, convalescence, run down condition or rest cure, Congenital external anomaly/ies or defects, sterility, infertility including IVF, impotency, venereal disease, puberty or menopause.

xvi). Committing or attempting to commit a criminal or illegal act, or intentional self injury or attempted suicide while sane or insane.

xvii). Certification / Diagnosis / Treatment by a family member or from persons not registered as Medical Practitioners under the respective Medical Councils, or any diagnosis or treatment that is not scientifically recognized or experimental or unproven.

xviii). Ailment requiring treatment due to use, abuse or a consequence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen and treatment for de-addiction, or rehabilitation.

xix). Any illness or hospitalization arising or resulting from You or any of Your family members committing any breach of law with criminal intent.

xx). Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.

xxi). Prostheses, corrective devices and medical appliances, which are not required intra-operatively for the illness/ injury for which You were hospitalised.

xxii). Any stay in Hospital/Nursing Home without undertaking any treatment or where there is no active line of treatment by the Medical Practitioner.

xxiii). Treatment of any mental illness or sickness including a psychiatric condition, disorganization of personality or mind, or emotions or behavior, Parkinson's or Alzheimer's disease even if caused or aggravated by or related to an accident or illness or general debility or exhaustion ("run-down condition").

xxiv). Any cosmetic surgery unless forming part of treatment for cancer or burns, surgery for sex change or treatment of obesity/morbid obesity or treatment/surgery /complications/illness arising as a consequence thereof.

xxv). Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment even if the same requires confinement at a Hospital/Nursing Home.

xxvi). Costs of donor screening and organ.

xxvii). Costs incurred on Alternative treatments.

xxviii). whilst You are engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports or involving a naval military or air force operation.

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

xxx). All expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.

xxxi). All expenses directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, military or usurped power. .

xxxii). All non-medical expenses as per annexure 2 attached.

xxxiii). Any condition after the point at which it is certified by the attending Medical Practitioner to be of such a nature that further medical treatment may serve to stabilize or maintain it but it is unlikely to result in a material improvement within a reasonable time.

xxxiv). Service charges or any other charges levied by the Hospital/ Nursing Home, except registration/admission charges.

4. **Applicable for Section I 4: my:health Hospital Cash Add on**

i). War or any act of war, invasion, act of foreign enemy, war like operations (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.

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 while mentally sound or unsound.

iii). Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing of a professional or semi-professional nature.

iv). The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as 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.

v). Treatment of Obesity and any weight control program.

vi). sleep-apnoea, Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition").

vii). Congenital external diseases, defects or anomalies,

viii). Stem cell harvesting, or growth hormone therapy. Venereal disease, sexually transmitted disease or **Illness**; Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or **Illness**), maternity or birth (including caesarean section) except in the case of ectopic pregnancy.

ix). treatment to treat infertility any fertility, sub-fertility or assisted conception procedure,

x). Sterility, treatment whether to affect infertility, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.

xi). **Dental Treatment** and surgery of any kind, unless requiring **Hospitalization**.

xii). Treatment and supplies 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).

xiii). Circumcisions (unless necessitated by **Illness** or **Injury**an forming part of treatment); treatment for correction of vision due to refractive error, aesthetic or change-of-life treatments of any description such as sex transformation operations.

xiv). Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of **Medically Necessary Treatment** certified by the attending Medical Practitioner for reconstruction following an **Accident**, cancer or burns.

xv). **Experimental**, investigational or **Unproven** treatments, devices and pharmacological regimens.

xvi). Admission primarily for diagnostic purposes not related to **Illness** for which **Hospitalization** has been done and Conditions for which In patient **Hospitalization** is not warranted.

xvii). Any Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.

xviii). Preventive care, any physical, psychiatric or psychological examinations or testing if doesn't required **Hospitalization**; enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) 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.

xix). vaccination including inoculation and immunisations (Except post bite treatment),

xx). Charges related to a **Hospital** stay not expressly mentioned as being covered, including but not limited to, administration, , documentation and filing.

xxi). charges for admission, discharge, registration, Items of personal comfort and convenience including but not limited to television (wherever specifically charged for) , charges for access to telephone and telephone calls (wherever specifically charged for), foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and medical supplies including elastic stockings, diabetic test strips,

xxii). Vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

xxiii). 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,

xxiv). Treatment taken on Outpatient basis

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

xxvi). Any treatment and associated expenses for alopecia, baldness, wigs, or toupees, and similar products. Optometric therapy.

xxvii). 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.

xxviii). Expenses for Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).

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

5. **Applicable for Section I5: Personal Accident Insurance and 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 wilful 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 utilisation of a motorised 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 the

conditions commonly known as Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) and/or any related **illness** or condition including derivatives or variations thereof howsoever acquired or caused. The onus shall always be upon the **Insured Person** to show that **Bodily Injury** or **Sickness** was not caused by or did not arise through AIDS or HIV.

13) For **Bodily Injury** or **Sickness** caused by or arising from or due to venereal or venereal related disease.

14) For **Bodily Injury** sustained whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.

15) for **Bodily 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 **Bodily Injury** occurred whilst the **Insured Person** was on leave or not in uniform.

16) for treatments for nervous or mental problems, whatever their classification, psychiatric or psychotic conditions, depression of any kind, or mental insanity.

17) any pathological fracture.

18) for cures of any kind and all stays in long term care institutions (retirement homes, convalescence centres, centres of detoxification etc.).

19) 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.

20) 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.

21) Any Medical Expenses incurred, the need of which arises out of a Pre-existing Condition

22) For **Bodily Injury** caused by or arising from or as a result of **Terrorism**.

6. **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 cryptocurrency"

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), wire tapping, audio or video recordings or telephone marketing.

SECTION F: CLAIMS PROCEDURE

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

Procedure	Cashless Hospitalization		Cashless claims for Hospitalizations outside India	Reimbursement Claims	Home Healthcare Claims
	Emergencies	Planned			
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 • 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. vi. 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 specifying reasons for the rejection.
List of Claim documents	Not Applicable			As enlisted below	Not Applicable

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 center

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

2) **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 14 days of the diagnosis of **CriticalIllness or** undergoing **Surgical Procedure**
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 chequeProvide 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

3) **Applicable for Section 3 my:health Medisure Super Top Up Insurance**

Notification of Claim

Give immediate notice to the Company 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**

Completed claim forms and documents must be furnished to Us within the stipulated timelines. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim, if You can satisfy Us that it was not reasonably possible for You to submit/give proof within such time.

The due intimation, submission of documents and compliance with requirements by You as mentioned above shall be essential, failing which We/TPA shall not be bound to entertain a claim.

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 (9 am 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 interest at 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 Policy Holder's Interests) Regulations 2002

8. **Claim Settlement**

Wherever a claim has not been settled within the stipulations of the Claims Service Assurance Clause above, We will settle the Claim within a period of 30 days from receipt of final completed set of documents/ investigation reports (if applicable)

In the event that We decide to reject a claim made under this Policy, We shall intimate the same to you within a period of 30 days of receipt of the final completed set of documents/investigation reports (if applicable), in accordance with the provisions of IRDA (Protection of Policyholder's Interests) Regulations, 2002.

4) **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
Claim Intimation Timelines	Within 24 hours of the Emergency HospitalizationAt 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	Claim Form duly signed by the insured;Copy of Discharge Summary / Discharge Certificate;First consultation letter from treating Medical Practitionercertificate from treating Medical Practitioner's specifying the diagnosis, duration and etiologyMLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicableNEFT 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

5) **Claims process applicable for Section 5: Personal Accident Insurance**

Claims documents for under Section 5: Personal Accident 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 pendency 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 recognized 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:

1) 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

2) 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 7 days.

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 **Company.** by 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 **Company** by 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 recognise 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 cooperation 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 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 recognise 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: Home Insurance revision

The Insured shall upon the occurrence of any event giving rise or likely to give rise to a claim under this policy:

a. In the event of theft lodge forthwith a complaint with the Police and take all practicable steps to apprehend the guilty person or persons and to recover the property lost.

b. Give immediate notice there of to the Company and shall within fourteen (14) days thereafter furnish to the Company at his own expense detailed particulars of the amount of the loss or damage together with such explanations and evidence to substantiate the claim as the Company may reasonablyrequire.

c. Tender to the Company all reasonable information, assistance and proof in connectionwithanyclaim.

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 conductand 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 I**nsured**.

Notwithstanding the above, delay in claim intimation or submission of claim documents due to reasons beyond the control of the I**nsured** 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:healthSuraksha,**

1. **Free Look period**

A period of 15 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. You have the option of cancelling the Policy stating the reasons for cancellation, if You have any objections to any of the terms and conditions.

• We shall refund the premium paid after adjusting the amounts spent on stamp duty charges, Medical examination (wherever applicable) and proportionate premium (If Policy has already commenced).

• Cancellation will be allowed only if there are no admissible claims under the Policy as on date of Cancellation.

• Free Look period is not applicable on **Renewal**

2. **Other Insurance / Contribution**

If **Insured Person** has two or more policies to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the **Policy holder**has the right to require a settlement of claim under terms and conditions of any of his/herPolicies.

3. **Non Disclosure or Misrepresentation**

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:

• 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 prejudiced.

4. **Fraudulent claim**

If any Claim made or utilization of Covers under the Policy is found to be fraudulent, or is supported by any fraudulent means, devices or software by **Insured Person** or anyone acting on their behalf to obtain any benefit under this Policy;

• The policy shall be cancelled ab-initio from the inception date or the **Renewal** date (as the case may be),

• All benefits payable, if any, under such Policy shall be forfeited with respect to such claim

5. **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.

6. **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 under **Section 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.

7. **Renewal:**

i. This policy is ordinarily renewable for lifetime except on grounds of fraud, non-disclosure of material facts or misrepresentation as sought to be declared in the proposal form or non-cooperation by the insured

ii. We are not under any obligation to send renewal notice or reminders.

iii. For dependent children, Policy is renewable up to 25 years. After the completion of maximum **Renewal** age of dependent children, a separate proposal form should be submitted to us at the time of **Renewal**. Credit of continuity/waiting periods, earned**Cumulative Bonus** and Healthy Weeks discount accrued for all the previous **Policy Years** would be extended in the **Renewal** under new Policy.

iv. You can apply for enhancement of Sum Insured or change in plan at the time of **Renewal** by submitting a fresh proposal form to **Us**. All waiting periods as defined in the Policy shall apply afresh for the enhanced Sum Insured from the effective date of enhancement.

v. Premium payable on **Renewal** and on subsequent continuation of cover are subject to the provisions under condition 10

8. **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.

9. **Portability**

Health Insurance portability can be availed under this Policy if;

i. The proposed **Insured Person** was continuously covered under anysimilar health insurance policy with any other Insurance company

ii. The proposed **Insured Person** was insured continuously and without a break under another retail or Group health insurance policy with Us.

Procedure to avail Portability:

a. The **Portability**of Policy can be availed of by submitting the completed Proposal form, portability annexure along with previous policy documents and **Renewal** notice of expiring policy, at least 45 days in advance, but not earlier than 60 days, from the expiry of the existing health insurance policy.

b. Policy can be ported on at the time of **Renewal** of the existing health insurance policy.

c. Waiting period credits shall be extended to **Pre-Existing Diseases** and time bound exclusions/waiting periods.

d. If the proposed **Sum Insured** is higher than the **Sum insured** under the expiring policy, all waiting periods under Section E shall be applicable on the increased Sum Insured.

e. Portability shall be applicable to the Sum Insured under previous Policy and to the Cumulative Bonus acquired under that Policy

f. We will process **Portability** application within 15 days of receiving the completeproposal form and Portability Form.

10. **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(if this does not impact the premium)*

f. Change in Nominee Details

g. Change in Height, weight, marital status (if this does not impact the premium) *

h. Change in bank details

i. Any other non-financial endorsement

1.2 **Financial Endorsements – which result in alteration in premium**

a. Change in Age/date of birth

b. Change in Height, weight

c. Addition of Insured Person (New Born Baby or newly wedded spouse)

d. Deletion of Insured Person on death or Marital separation

e. 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.

11. **Cancellation** (Other than free look Period)

You may cancel this **Policy** at any time by giving **Us** written notice. The cancellation shall be from the date of receipt of such written notice. In case of any claim made during **Policy Year**, no premium will be refunded for that Policy Year.

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.
i. When yearly payment option is chosen, cancellation grid as per 1-Year Tenure policies will be applicable

ii. 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.

iii. 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

12. **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 Person 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 I**nsured Person avails a treatment in Tier 1a or Tier1b cities, 20% **Co-Payment** shall be applicable on admissible claim amount.

iv. Co-Payment under ii and iii above will not be applied If an **Insured Person** opts for **Hospitalization** with **Room Rent** up to Rs 2,500 per day or on **Hospitalization** for **Medically Necessary** treatment following an **Accident**

13. **Premium Payment Option**

i. Insured Person has the option to pay total premium at the commencement of policy or in instalments as per options below

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. No Additional charges are levied if Premium is paid in Instalments.

iii. **Grace Period** shall be applicable as mentioned in the table above. Diagnosis of **Critical Illness**, Undergoing of **Surgical Procedure** or any Illness contracted during the **Grace Period** will not be admissible under the **Policy**.

iv. If case of non-receipt of Instalment Premium before expiry of the **Grace Period**, the policy shall stand cancelled and the Premium for unexpired period will be refunded as below

a. When yearly payment option is chosen, cancellation grid as per 1 Year Tenure policies will be applicable

b. For all other Premium Payment options, 50% of current instalment premium will be refunded, when the current period is less than 6 months in to the policy year. For policy period after 6 months, no refund will be payable.

c. No refund of Premium in case anyclaim is paid or payable during the **Policy Year.**

14. **Revision/ Modification of the product**

We may revise the **Renewal** premium payable under the Policy or the terms of cover, with the prior approval fromInsurance Regulatory and Development Authority of India. We will intimate You of any such changes at least 3 months prior to date of such revision or modification

15. **Withdrawal of the Product**

i. We may withdraw this product with the prior approval from Insurance Regulatory and Development Authority of India.

ii. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.

iii. In such an event of withdrawal of this product, You can choose to renew this policy under any of **Our** similar Health insurance products.

iv. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on **Renewal** with **Us**

16. **Payment of 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. 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 cases of delay in the payment **We** shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

iv. However, where the circumstances of a claim warrant an investigation, **We** will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, **We** will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate 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** 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.

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

B) **Conditions Applicable for Section I.**

2: **my:health Critical Suraksha Plus**

1. *Fraudulent claim*

• If any claim made under the **Policy** is found to be fraudulent, or is supported by any fraudulent means or devices or software by **Insured Person** or anyone acting on their behalf to obtain any benefit under this Policy then The policy shall be cancelled ab-initio from the inception date or the renewal date (as the case may be),

• All benefits payable, if any, under such **Policy** shall be forfeited with respect to such claim

2. Geography

The policy provides worldwide coverage, there is no territorial limit

3. Free Look period

You have a period of 15 days from the date of receipt of the first **Policy** to review the terms and conditions of this **Policy**. If **You** have any objections to any of the terms and conditions, **You** have the option to cancel the **Policy** stating the reasons for cancellation. If **you** have not made any claim during the Free look period, **you** shall be entitled to refund of premium subject to,

• a deduction of the expenses incurred by **Us** on **Your** medical examination, stamp duty charges, if the risk has not commenced,

• a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced

• a deduction of such proportionate risk premium commensuration with the risk covered during such period ,where only a part of risk has commenced

• Free Look period is not applicable for renewed policies

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. 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**

5. Renewal:

i. The **Policy** is ordinarily renewable for life except on grounds of fraud, moral hazard or non-disclosure of any material facts or misrepresentation or non-cooperation by the **Insured Person** (Subject to policy is renewed annually with us within the Grace period of 30 days from the date of Expiry)

6. Portability

An **Insured Person** can avail Health Insurance portability under this **Policy** if;

i. The proposed **Insured Person** was continuously covered under any similar health insurance **Policy** with any other Insurance company

ii. The proposed **Insured Person** was insured continuously and without a break under another Similar retail or Group health insurance **Policy** with **Us**.

Procedure to avail Portability:

a. The **Portability** benefit, can be availed of by applying to **Us** with the completed Proposal form and portability annexure along with previous policy documents and renewal notice of existing policy, at least 45 days before, but not earlier than 60 days, from the expiry of the existing health insurance policy.

b. This benefit is available only at the time of **Renewal** of the existing health insurance policy.

c. If the proposed **Sum Insured** is higher than the **Sum insured** under the expiring policy, then all waiting periods would be applied on the increased **Sum Insured**.

d. Waiting period credits shall be extended to **Pre-Existing Diseases** and time bound exclusions/waiting periods.

e. **We** will process**Portability**application within 15 days of receiving the completed proposal form and Portability Form.

7. Endorsements

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

1.3 **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

1.4 **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 with**Us**and weshall 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.**

8. *Cancellation*

i. **You** may terminate this **Policy** at any time by giving **Us** written notice. The cancellation shall be from the date of receipt of such written notice. In case of any claim made during **Policy Year**, no premium will be refunded on cancellation. If no claim has been made under the **Policy,** then **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%

ii. **We** may cancel on grounds of misrepresentation, fraud, non-disclosure of material facts as sought to be in proposal form or non-cooperation by any **Insured Person**. Cancelled ab initio from the inception date or the renewal date (as the case may be), at our sole discretion upon giving 30 days' notice

9. *Premium Payment Option*

i. **Insured Person** shall have the option to pay **Policy** premium in total at the inception of **Policy** or in installments as per options as below

Options	Installment Premium Option
Option 1	Yearly
Option 2	Half Yearly
Option 3	Quarterly
Option 4	Monthly

ii. No Additional charges, on the existing premium are applicable irrespective of the Installment Option selected.

iii. **Grace Period** of 15 days in case of Monthly premium payment option and 30 days for half yearly and Quarterly premium payment option shall be applicable.Diagnosis of **Critical Illness**, Undergoing of **Surgical Procedure** or any Illness contracted during the **Grace Period** will not be admissible under the **Policy**.

iv. If case of non-receipt of Installment Premium on the Installment due date or before expiry of the grace period, the **Policy**shall stand cancelled and the Premium for unexpired period will be refunded as below

v. **Cancellation**

a. When yearly payment option is chosen, cancellation grid as per 1 Year Tenure policies will be applicable

b. For all other Premium Payment options, 50% of current installment premium will be refunded when the current period is less than 6 months in to the **Policy Year**. For installment after 6 months, no refund will be payable.

c. No refund of any premium in case of any claim during **Policy Year.**

10. Revision/ Modification of the product

We may revise the **Renewal** premium payable under the **Policy** or the terms of cover, with the prior approval from Insurance Regulatory and Development Authority of India. **We** will intimate You of any such changes at least 3 months prior to date of such revision or modification.

11. Withdrawal of the Product

i. **We** may withdraw this product with the prior approval from Insurance Regulatory and Development Authority of India.

ii. **We** will intimate **You** of any such changes at least 3 months prior to date of such revision or modification.

iii. In the event of withdrawal of this product, **You** can choose to renew this **Policy** under Our available similar and closely similar Health Insurance Products.

iv. However benefits payable shall be subject to the terms contained in such other **Product**as approved by Insurance Regulatory and Development Authority of India

v. Suitable credit of continuity/waiting periods for all the previous **Policy Year**shall be extended in the new **Policy**, provided the **Policy** has been maintained without a break.

12. Payment of 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 person.**

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 cases of delay in the payment **We** shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

iv. However, where the circumstances of a claim warrant an investigation, **We** will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, **We** will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate 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** 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.

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

C) **General Conditions Applicable for Section I. 3: my:health Medisure Super Top Up Insurance**

1. **Duty of Disclosure**

The Policy shall be null and void and no benefit shall be payable in the event of the following:

• In case of any untrue or incorrect statements or misrepresentation, mis-description or non-disclosure or suppression of any material particulars as sought to be declared on the Proposal Form

• if any material information has been withheld in the Proposal Form, personal statement, declaration or other documents,

• if a claim is found to be fraudulent or any fraudulent means or device is used by You or any one acting on Your behalf to obtain a benefit under this Policy.

Material information to be disclosed includes every matter that You know, or could reasonably be expected to know, that relates to questions in the Proposal Form and which is relevant to Our decision to accept the risk of insurance and if so on those terms. You must exercise the same duty to disclose those matters to Us before the renewal, extension, variation, endorsement or reinstatement of the Policy.

2. **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.

3. **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.

4. **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.

5. **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 valix'x'dated/confirmed by You.

6. **Subrogation**

In the event of payment under this Policy, We shall be subrogated to Your rights of recovery thereof against any person or organization, and You shall execute and deliver instruments and papers necessary to secure such rights. You and any claimant under this Policy shall at Our expense do and concur in doing and permit to be done, all such acts and things as may be necessary or required by Us, before or after Your indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which We shall be or would become entitled or subrogated. This clause does not apply to coverage provided on benefit basis.

7. **Contribution**

If there shall be existing any other insurance covering the same Insured/ Insured Person whether effected by the Insured/Insured Person or not and If the Claim amount exceeds the Sum Insured under the Policy after considering the deductible or Co-pay, the Company shall not be liable to pay or contribute more than its ratable proportion of Claim. This clause does not apply where Claim amount is not exceeding the Sum Insured and/or to benefit sections under this Policy. Insured Person has the right to choose the Insurer by who Claim to be settled.

8. **Fraudulent Claims**

If any claim 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 You or anyone acting on Your behalf to obtain any benefit under this Policy then this Policy shall be void and all claims being processed shall be forfeited for all person(s) named in the Schedule to this Policy, all sums paid under this Policy shall be repaid to Us by all person(s) named in the Schedule to this Policy who shall be jointly liable for such repayment.

9. **Cancellation/Termination**

We reserve the right and may at any time, cancel Your Policy, on grounds of misrepresentation, fraud, non disclosure or suppression of material facts as sought to be declared on the Proposal form or non co-operation,

by giving 15 days notice in writing by Registered Post Acknowledgment Due to You at Your last known address in which case, We shall not be liable to repay the premium for the unexpired term.

You may also give 15 days notice in writing, to Us, for the cancellation of this Policy, in which case We shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at Our short period scales as under:

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 on second year premium will be calculated on Annual Premium without long term Policy discount.

An individual policy with a single person named in the Schedule to this Policy shall automatically terminate in case of death of the Policyholder. In case of an individual Policy with multiple persons named in the Schedule to this Policy and incase of a floater, the Policy shall continue to be in force for the remaining members of the family upto the expiry of current Policy Period. The Policy may be renewed on an application by another adult person named in the Schedule to this Policy, whenever such is due.

However, in case of a valid claim having been paid or reported under this Policy, there would be no refund of premium.

Minimum premium of Rs 250 per Policy will be retained by Us towards administrative charges.

10. **Free-look Period**

A period of 15 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. You have the option of cancelling the Policy stating the reasons for cancellation, if You have any objections to any of the terms and conditions. We shall refund the premium paid after adjusting the amounts spent on stamp duty charges, Medical examination (wherever applicable) and proportionate risk premium (If Policy has already commenced). Cancellation will be allowed only if there are no claims paid or reported under the Policy. Minimum premium shall not apply for free look cancellations.

11. **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.

12. **Income Tax benefit:** Premium paid under the Policy shall be eligible for benefits under the Income Tax laws prevailing from time to time.

13. **Law Applicable:** Laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy or any claim there under.

14. 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.

15. **Renewal**

i. We shall not be bound to give notice that renewal is due.

ii. If You desire renewal, You shall apply to Us for the same prior to expiry of the Policy Period of Insurance.

iii. Renewals are deemed to be continuous when received within a period of 30 days from the date of expiry of last policy, subject to however, to the effective policy inception date being reckoned from such period when the renewal premium is received by Us.

iv. Policy will be considered as a fresh policy if there is a break of 30 or more days between the previous policy expiry date and current policy start date.

v. We will not be liable to pay hospitalization expenses incurred during break period. Any disease/ condition contracted in the break in period will not be covered and will be treated as Pre-existing condition.

vi. Any enhanced Sum Insured during subsequent policy renewals will not be available for an illness, injury already contracted under the preceding policy periods. All Waiting periods as defined in the Policy shall apply for this enhanced limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with Us. Sum Insured enhancement will be subject to Underwriting approval.

vii. Where an individual is added to this Policy, either by way of endorsement or at the time of renewal, the pre-existing disease clause, exclusions and waiting periods will be applicable considering such Policy Year as the first year of Policy with Us.

viii. In case of floater Policies, where dependent child crosses age 23 years, renewal can be done in a separate Policy under the same Product or any other available Products with continuity benefits.

ix. A Policy shall be ordinarily renewable for lifetime unless:

a. any fraud, misrepresentation or suppression of material facts as sought to be declared on the Proposal form by You or on Your behalf is found either in obtaining insurance or subsequently in relation thereto or,

b. We have discontinued issuance of Policy under this Product , in which event You will have the option of renewal under any similar Policy being issued by Us; provided however, benefits payable shall be subject to the terms contained in such other Policy. Such modification or revision of the terms and conditions of the Product shall be intimated to you 3 months in advance along with reasons of modification and revision.

• Based on the experience of the Product, Premium, Terms and Conditions may be revised subject to prior approval of Insurance Regulatory and Development Authority. Such revision shall be intimated to you 3 months in advance with an option of renewal under any similar Policy being issued by Us. However, benefits payable shall be subject to the terms contained in such other Policy. Individual Claims experience loading is not applicable under the Policy.

16. **Continuity Benefits**

For Portability Policies, continuity benefits shall be offered to all in accordance with the Portability Guidelines issued by Insurance Regulatory and Development Authority from time to time. Portability benefits are not automatically applicable under the Policy unless application for portability has been specifically made and subsequently accepted by the Company. Application for portability must be made 45 days before expiry of the Policy.

Where the product is discontinued or offered to the customers of a specific institution, with which We have a tie up, continuity of benefits will be provided under the same or similar policies available with Us during such period in the event that such tie-up has been discontinued or Product is withdrawn.

17. **Pre-acceptance Medical Test Requirement**

a. All Individuals upto 55 years (age last birthday as at Policy inception date) - 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.

b. For age group 56-65 years (age last birthday as at Policy inception date)- The Individuals would be required to undergo pre-acceptance medical tests as follows-Medical Examination Report, Treadmill Test/ ECG, 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, at the sole discretion of the Company to determine the acceptance of a Proposal.

The Health checkup and subsequent Medical reports are valid upto 30 days from date of Health Checkup.

In case of accepted proposals,

A 50% reimbursement of the medical test costs will be applicable for

accepted proposals (on our pre agreed rates with the network provider).

18. **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.

19. **Endorsements**: Following type of endorsement are permissible under the Policy.

Premium Bearing

• Increase in Sum Insured – Subject to medical underwriting permissible at Renewal

• Decrease in Sum Insured – Permissible at Renewal unless Policy wrongly issued by us

• Addition of member – Newly married spouse or New born baby permissible at Renewal

• Policy cancellation

Non Premium Bearing

• Address change

• Corrections – Names, address etc

• Change of Occupation

Above list is indicative.

D) **General Conditions Applicable for Section I. 4: my :hospital Cash Benefit Add on**

1. **Free Look period**

A period of 15 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. You have the option of cancelling the Policy stating the reasons for cancellation, if You have any objections to any of the terms and conditions.

• We shall refund the premium paid after adjusting the amounts spent on stamp duty charges, Medical examination (wherever applicable) and proportionate premium (If Policy has already commenced).

• Cancellation will be allowed only if there are no claims paid or reported under the Policy. Minimum premium shall not apply for free look cancellations.

• Free Look period is not applicable for renewed policies

2. **Non-Disclosure or Misrepresentation**

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.

3. **Fraudulent claim**

If any Claim made or utilization of Covers under the Policy is found to be fraudulent, or is supported by any fraudulent means, devices or software by **Insured Person** or anyone acting on their behalf to obtain any benefit under this Policy;

• The policy shall be cancelled ab-initio from the inception date or the **Renewal** date (as the case may be),

• All benefits payable, if any, under such Policy shall be forfeited with respect to such claim

4. **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.

5. **Renewal:**

i. This policy is ordinarily renewable for lifetime except on grounds of fraud, non-disclosure of material facts or misrepresentation as sought to be declared in the proposal form or non-cooperation by the insured

ii. For dependent children, Policy is renewable up to 25 years. After the completion of maximum **Renewal** age of dependent children, a separate proposal form should be submitted to us at the time of **Renewal**. Suitable credit of continuity/waiting periods and **Cumulative Bonus** for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break.

iii. You can apply for enhancement of Sum Insured or change in plan at the time of **Renewal** by submitting a fresh proposal form to **Us**. All waiting periods as defined in the Policy shall apply afresh for the enhanced Sum Insured limit from the effective date of enhancement.

iv. Premium payable on **Renewal** and on subsequent continuation of cover are subject to the provisions under condition 9

6. **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.

7. **Portability**

An Insured person can avail Health Insurance portability under this policy, if

i. The proposed **Insured Person** was continuously covered under any similar health insurance policy with any other Insurance company

ii. The proposed **Insured Person** was insured continuously and without a break under another retail or Group health insurance policy with Us.

Procedure to avail Portability:

a. The **Portability** benefit, can be availed of by applying to **Us** with the completed Proposal form and portability annexure along with previous policy documents and **Renewal** notice of existing policy, at least 45 days before, but not earlier than 60 days, from the expiry of the existing health insurance policy.

b. This benefit is available only at the time of **Renewal** of the existing health insurance policy.

c. If the proposed **Sum Insured** is higher than the **Sum insured** under the expiring policy, then all waiting periods would be applied on the increased Sum Insured.

d. Waiting period credits shall be extended to **Pre-Existing Diseases** and time bound exclusions/waiting periods.

e. We will process**Portability**application within 15 days of receiving the completeproposal form and Portability Form.

8. **Endorsements**

The following endorsements are permissible during the Policy Period:

1.5 **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(if this does not impact the premium)*

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

1.6 **Financial Endorsements – which result in alteration in premium**

a. Change in Age/date of birth

b. Change in Height, weight

c. Addition of Insured Person (New Born Baby or newly wedded spouse)

d. Deletion of Insured Person on death or Marital separation

e. 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.

9. **Cancellation**

• We may cancel on grounds of misrepresentation, fraud, non-disclosure of material facts as sought to be in proposal form or non-cooperation by any Insured Person. Cancelled ab initio from the inception date or the renewal date (as the case may be), at our sole discretion upon giving 30 days' notice

• You may cancel this **Policy** at any time by giving **Us** written notice. The cancellation shall be from the date of receipt of such written notice. In case of any claim made during **Policy Year**, no premium will be refunded.

If 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%

10. **Premium Payment Option**

i. Insured Person shall have the option to pay premium in total at the commencement of policy or in installments as per options below

Options	Installment Premium Option
Option 1	Yearly
Option 2	Half Yearly
Option 3	Quarterly
Option 4	Monthly

ii. No Additional charges, on the existing premium are applicable irrespective of the Installment Option selected.

iii. **Grace Period** of 15 days in case of Monthly premium payment option and 30 days for half yearly, Quarterly and Yearly premium payment option shall be applicable.

iv. If case of non-receipt of Installment Premium before expiry of the **Grace Period**, the policy shall stand cancelled and the Premium for unexpired period will be refunded as below

d. When yearly payment option is chosen, cancellation grid as per 1 Year Tenure policies will be applicable

e. For all other Premium Payment options, 50% of current installment premium will be refunded, when the current period is less than 6 months in to the policy year. For policy period after 6 months, no refund will be payable.

f. No refund of any premium in case of any claim is paid during policy year

11. **Revision/ Modification of the product**

We may revise the **Renewal** premium payable under the Policy or the terms of cover, with the prior approval from Insurance Regulatory and Development Authority of India. We will intimate You of any such changes at least 3 months prior to date of such revision or modification

12. **Withdrawal of the Product**

i. We may withdraw this product with the prior approval from Insurance Regulatory and Development Authority of India.

ii. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.

iii. In such an event of withdrawal of this product, You can choose to renew this policy under any of **Our** similar Health insurance products.

iv. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been continuously renewed with **Us**

13. **Payment of 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. 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 cases of delay in the payment **We** shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

vi. However, where the circumstances of a claim warrant an investigation, **We** will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, **We** will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate 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 **Insured Person's** treatment 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

E) **General Conditions Applicable to Section 5: Personal Accident**

1. This Policy shall be governed by the laws of India and, except as otherwise provided in Section4 (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 nondisclosure 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 from 00.00 a.m. on the **Day** after (or a future date that has been agreed upon by the **Insured Person** and the **Company)** of the month after the date all of the following are true:

a. the **Insured Person** is eligible to be insured;

b. the required premium has been paid to the **Company**; and

c. 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 twenty-five percent (25%) of the annual premium or earned premium calculated pro-rata, whichever is the higher. No refund will be made for such **Insured Person** for whom a claim has been paid or admitted by the **Company**. This Policy may also be cancelled by the **Company** by thirty (30) **Days** notice given in writing to the **Policyholder** at their last known address on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation and the premium paid shall be adjusted on the basis of the **Company** retaining earned premium calculated pro-rata.

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) or any of the Hospital Cash sections of the Policy; or

c. in respect of **Immediate Family**, the date that such **Insured Person** ceases to be the **Insured Person's Immediate Family Member.**

8. In the event that the initial premium payable is not paid and realised, this Policy shall be deemed to be void from the intended Policy Effective Date stated in the Schedule. If one or more premiums payable under this Policy has been paid, then the non-payment or non realisation of any subsequent premium shall terminate this Policy as of the due date of such unpaid or unrealised premium.

9. 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.

10. **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

11. **Free Look Period**: The Policyholder have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If the policyholder has any objections to any of the terms and conditions, then the policyholder has the option of cancelling the Policy stating the reasons for cancellation and will be refunded the premium paid after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. The policyholder can cancel the Policy only if no claims have been made under the Policy. All the policyholder's rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

12. **Fraud warning:**

i. Any person who, knowingly and with intent to defraud the **company** or Other person, files a proposal for insurance containing any falseInformation, or conceals for the purpose of misleading, information

ii. Concerning any fact material thereto, commits a fraudulentInsurance act which will render the policy voidable at the **company**'s Sole discretion and result in a denial of insurance benefits.

iii. If a claim is in any respect fraudulent, or if any fraudulent or falsePlan, specification, estimate, deed, book, account entry, voucher,Invoice or other document, proof or explanation is produced, or ifAny fraudulent means or devices are used by the **insured person**, **Policyholder**, beneficiary, claimant or by anyone acting on theirBehalf to obtain any benefit under this policy, or if any falseStatutory declaration is made or used in support thereof, or if loss isOccasioned by or through the procurement or with the knowledge or

iv. Connivance of the **insured person**, **policyholder**, beneficiary, claimantOr other person, then all benefits under this policy are forfeited.

13. 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

14. 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 multi-year 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.

15. Notices: Notices to the **Company** under this Policy shall be given in writing addressed 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.

16. Valuation and Foreign Currency: All premiums, benefit amounts, loss, **Sums Insured** 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.

17. Subject to the terms and conditions of this Policy, payment of the renewal premium when due, will automatically renew this Policy. Renewal documents will not be issued as the existing Policy is evidence of cover, unless otherwise notified or terminated.

18. Any general increase or decrease in premium will be advised by providing 30 days notification to the **Insured Person's** last known address.

F) **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, misdescription 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) theCompany 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 **Physician**s, **Hospital**s, 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.**

G) **General Conditions Applicable for Section 7: Home Insurance Revision**

1. This policy shall be voidable in the event of mis-representation, mis-description or non-disclosure of any material particular.

2. All insurances under this policy shall cease on expiry of seven days from the date of fall or displacement of any building or part thereof the whole or any part of anyrange of buildings or any of which such building forms part. Provided such a fall or displacement is not caused by insured perils, loss or damage which is covered by this policy or would be covered if such building, range of buildings structure were insured under this policy. Notwithstanding the above, the Company subject to an express notice being given as soon as possible but not later than seven days of any such fall or displacement may agree to continue the insurance subject to revised rates, terms and conditions as may be decided by it and confirmed in writing to this effect.

3. Under any of the following circumstances the insurance ceases to attach as regards the property affected unless the insured, before the occurrence of any loss or damage, obtains the sanction of the Company signified by endorsement upon the policy by or on behalf of the Company:

i. If the interest in the property passes from the insured otherwise than by will or operation of law.

4. This insurance may be terminated at any time at the request of the insured, in which case the Company will retain the premium at customary short period ratefor the time the policy has been in force. This insurance may also at any time be terminated at the option of the Company, on 15 days notice to that effect beinggiven to the insured, in case of any fraud, misrepresentation, non-disclosure of material fact or non-cooperation of the insured as per Regulation 7(n) of IRDA(Protection on Policy Holders interests) Regulations, 2002 in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of cancellation.

TABLE OF SHORT PERIOD SCALES

Period of Risk	Premium to be retained (%of the Annual Rate)
Not exceeding 15 days	10%
Not exceeding 1 Month	15%
Not exceeding 2 Months	30%
Not exceeding 3 Months	40%
Not exceeding 4 Months	50%
Not exceeding 5 Months	60%
Not exceeding 6 Months	70%
Not exceeding 7 Months	75%
Not exceeding 8 Months	80%
Not exceeding 9 Months	85%
Exceeding 9 Months	Full Annual Premium

5. On the happening of any loss or damage the insured shall forthwith give notice there of to the Company and shall within 15 days after the loss or damage, or such further time as the Company may in writing allow in that behalf , deliver to the Company

i. A claim in writing for the loss or damage containing as particular an account as may be reasonably practicable of all the several articles or items or property damaged or destroyed ,and of the amount of the loss or damage thereto respectively, having regard to their value at the time of the loss or damage not including profit of any kind.

ii. Particulars of all other insurances ,if any.

The Insured shall also at all the times at his own expense produce ,procure and give to the Company all such further particulars, plans, specification books, vouchers, invoices, duplicates or copies thereof, documents, investigationreports(internal/external),proofsandinformationwithrespect to the claim and the origin and cause of the loss and the circumstances under which the loss or damage occurred, and any matter touching the liability or the amount of the liability of the Company as may be reasonably required by or on behalf of the Company together with a declaration on oath in other legal form of the truth of the claim and of

any matters connected therewith. No claim under this policy shall be payable unless the terms of this condition have been complied with.

II. In no case whatsoever shall the Company be liable for any loss or damage after the expiry of 12 months from the happening of the loss or damage unless the claim is the subject of pending action or arbitration; it being expresslyagreedanddeclaredthatiftheCompanyshalldisclaimliabilityfor any claim hereunder and such claim shall not within 12 (twelve) calendar months from the date of the disclaimer have been made the subject matter of a suit in a court of law then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

6. On the happening of loss or damage to any property insured under this policy, the Company may

a. Enter and take keep possession of the building or premises where the loss or damage has happened.

b. Take the possession of or require to be delivered to it any property of the insured in the building or on the premises at the time of the loss or damage.

c. Keep possession of any such property and examine, sort arrange remove otherwise deal with the same.

d. Sell any such property or dispose of the same for account of whom it may concern.Thepowersconferredbythisconditionshallbeexercisablebythe Company at anytime until notice in writing is given by the insured that he makes no claim under the policy, or if any claim is made, until such claim is finally determined or withdrawn, and the Company shall not by any act done in the exercise or purported exercise of its powers hereunder, incur any liability to the Insured or diminish its rights to rely upon any of the conditions of this policy in answer to any claim.If the insured or any person on his behalf shall not comply with requirements of the Company or shall hinder or obstruct the Company, in the exercise of its powers hereunder, all benefits under this policy shall be forfeited. The Insured shall not in any case be entitled to abandon any property to the Company whether taken possession of by the Company or not

7. Any person who, knowingly and with intent to defraud the insurance company or other persons, 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 insurance 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 any fraudulent means or devices are used by the insured, 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, policyholder, beneficiary, claimant or other person, then all benefits under this policy are forfeited

8. If the Company at its option, reinstates or replaces the property damaged or destroyed, or any part thereof, instead of paying the amount of the loss or damage, or join with any other Company or Insurer(s) in so doing, the Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner, and in no case shall the Company be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the Company thereon. If the Company so elects to reinstate or replace any property the insured shall at his own expense furnish the Company with such plans, specifications, measurements, quantities and such other particulars as the Company may with a view to reinstatement or replacement shall be deemed an election by the Company to reinstate or replace. If in any case the Company shall be unable to reinstate or repair the property hereby insured, because of any municipal or other regulations in force affecting the alignment of streets or the construction of buildings or otherwise, the Company shall, in every such case, only be liable to pay such sum as would be requisite to reinstate or repair such property if the same could lawfully be reinstated to its former condition.

9. Reinstatement Value Clause

The insurance in respect of building and all contents except Personal Effects will be subject to the following provision:

"It is hereby declared and agreed that in the event of the building and/or any content other than Personal Effects insured under this Policy being lost, destroyed or damaged, the basis upon which the amount payable under the policy is to be calculated shall be cost of replacing or reinstating on the same site or any other site with property of the same kind or type but not superior to or more extensive than the insured property when new as on date of the loss, subject to the following Special Provisions and subject also to the terms and conditions of the policy except in so far as the same may be varied hereby." Special Provisions:

a. The work of replacement or reinstatement (which may be carried out upon another site and in any manner suitable to the requirements of the insured subject to the liability of the Company not being thereby increased) must be commenced and carried out with reasonable dispatch and in any case must be completed within twelve (12) months after the date of loss, destruction or damage or within such further time as the Company may in writing allow, otherwise no payment beyond the amount which would have been payable under the policy if this Reinstatement Value Clause had not been incorporated there in shall be made.

b. Until expenditure has been incurred by the Insured in replacing or reinstating the property lost, destroyed or damaged the Company shall not be liable for any payment in excess of the amount which would have been payable under the policy if this Reinstatement Value Clause had not been incorporated therein.

c. If at the time of replacement or reinstatement the sum representing the cost which would have been incurred in replacement or reinstatement if the whole of the property covered had been destroyed, exceeds the Sum Insured thereon or at the commencement of any loss, destruction or damage to such property by any of the perils insured against by the policy, then the insured shall be considered as being his own insurer for the excess and shall bear a rateable proportion of the loss accordingly.

d. This Reinstatement Value Clause shall be without force or effect if:

1. The Insured fails to intimate to the Company within six (6) months after the date of loss, destruction or damage or such further time as the Company may in writing allow his intention to replace or reinstate the property lost destroyed or damaged; or

2. The Insured is unable or unwilling to replace or reinstate the property lost, destroyed or damaged on the same or another site.

10. If at the time of any loss or damage happening to any property hereby insuredthere be any other subsisting insurance or insurances, whether effected by the Insured or by any other person or persons covering the same property, this Company shall not be liable to pay or contribute more than its rateable proportion of such loss or damage.

11. The Insured shall at the expense of the Company do and concur in doing, permit to be done, all such acts and things as may be necessary or reasonably required by the Company for the purpose of enforcing any rights and remedies or of obtaining relief or indemnity from other parties to which the Company shall be or would become entitled or subrogated, upon its paying for or making good any loss or damage under this policy, whether such acts and things shall be or become necessary or required before or after his indemnification by the Company.

12. If any dispute or difference shall arise as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator to be within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by such two arbitrators shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996, as amended. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as hereinbefore provided, if the Company has disputed liability under or in respect of this policy. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the award by such arbitrators of the amount of the loss or damage shall be first obtained.

13. Every notice and other communication to the Company required by these conditions must be written and be addressed to the Company at its corporate office address as follows:

HDFC ERGO General Insurance Company Limited
Registered & Corporate Office: 1st Floor, 165 - 166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020.

Customer Service Address: 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri (E), Mumbai – 400 059.

14. At all times during the period of insurance of this policy the insurance cover will be maintained to the full extent of the respective Sum Insured in consideration of which upon settlement of any loss under this policy, pro-rata premium for the unexpired period from the date of such loss to the expiry of period of insurance for the amount of such loss shall be payable by the insured to the Company.

The additional premium referred above shall be deducted from the net claim amount payable under the policy. This continuous cover to the full extent will be available not withstanding any previous loss for which the Company may have paid hereunder and irrespective of the fact whether the additional premium as mentioned above has been actually paid or not following such loss. The intention of this condition is to ensure continuity of the cover to the insured subject only to the right of the Company for deduction from the claim amount, when settled, of pro-rata premium to be calculated from the date of loss till expiry of the policy. Notwithstanding what is stated above, the Sum Insured shall stand reduced by the amount of loss in case the insured immediately on occurrence of the loss exercises his option not to reinstate the Sum Insured as above.

15. The Insured shall take all reasonable steps to safeguard the property insured against any loss or damage.

16. Observation of Terms and Conditions:

The due observance and fulfillment of the terms, conditions and endorsements of this policy insofar as they relate to anything to be done or complied with by the Insured shall be a condition precedent to any liability of the Company to make any payment under this policy.

General Exceptions

The Company shall not be liable in respect of:

1.Loss or damage, whether director indirect occasioned by happening through or arising from any consequencesofwar,invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power or civil commotion or loot or pillage in connection therewith.

2. Loss or damage caused by depreciation or wear and tear.

3. Consequentiallossofanykindordescription.

4. Loss or damage, directly or indirectly, caused by or arising from or in consequence of or contributed to by

• Nuclear weaponsmaterial.

• Ionising radiations or contamination by radio activity from any nuclear fuel or any nuclear waste from the combustion of nuclear fuel For this purposeonly combustion shall include any self-sustaining process of nuclear fission.

4) **General Conditions applicable for section 8: E@SecureInsurance**

1. Triggering Multiple **Specified Event**

Where one loss occurrence triggering multiple **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**willadvise **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 Account**s and/or **Credit/ Debit Card**s 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 **Yourself** informed 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**. **We** do 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.**

Contact Us

	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 **Email**travelclaims@ hdfcergo.com
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-15th 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

Grievance Redressal Procedure

i.If You have a grievance that You wish Us to redress, You may contact Us with the details of **Your** grievance as given below:

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contacts us at	https://www.hdfcergo.com/ customer-care/grievances Call - 022-62346234 / 0120-62346234 care@hdfcergo.com	https://www.hdfcergo.com/ customecare/ grievances/escalation level 1 Call - 022-62346234 / 0120-62346234 grievance@hdfcergo.com	https://www.hdfcergo.com/ customer-care/grievances/escalation level 2 Call - 022-62346234 / 0120-62346234 cgo@hdfcergo.com
Write to us at	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	Chief Grievance Officer, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai-400078

ii.If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may approach the nearest Insurance Ombudsman for resolution of Your grievance. The contact details of Ombudsman offices are mentioned below:

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	**Jurisdiction of Office Union Territory, District**
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.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, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.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@ecoi.co.in	Madhya Pradesh, Chattisgarh
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455, Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.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@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, 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@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI 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@ecoi.co.in	Delhi
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@ecoi.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 - 67504123 / 23312122, Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	**Jurisdiction of Office Union Territory, District**
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM 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@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA 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@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331, Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.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.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960, Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.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 Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

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