

my:health Group Medisure Insurance

Introduction

The Policy covers Hospitalization and Day Care Expenses incurred towards treatment of disease/illness/injury. This Policy can be issued to any group of persons, and can be availed of either by employers for their employees/families or Employee welfare association for their members/families, borrowers of bank and their families, holders of credit cards/privilege cards and their families issued by a specific company, professional association or clubs or societies or institution for their members/families and for customers/families of a particular business where insurance is offered as an add on benefit.

Scope of Cover

The Policy provides for:

- Hospitalisation Expenses
- Pre-Post Hospitalisation Expenses
- Domiciliary Hospitalization Expenses
- Day Care Expenses.

The Policy can be customised to avail of specific benefits/restrictions by way of extensions on the Policy as listed below:

Extn. No. 1: Pre-existing Disease Exclusion Waiver (Indemnity Cover)

Provides for Hospitalization and Day Care Expenses incurred for treatment of Pre-existing disease illness/injury from the inception of the Policy.

Extn. No. 2: Deletion of 30 days Waiting Period (Indemnity Cover)

Provides for Hospitalization and Day Care Expenses incurred for treatment of covered illness/injury/disease contracted within first 30 days from the inception of the Policy.

Extn. No. 3: Deletion of First/Two Year Exclusions (Indemnity Cover)

Provides for Hospitalization and Day Care Expenses incurred from date of inception of the Policy for treatment of disease/illness/injury excluded for first two years of the Policy.

Extn. No. 4: OPD Cover (Indemnity Cover)

Policy provides for medical expenses incurred as an outpatient. Hospitalisation for minimum of 24 hours shall not apply.

Extn. No. 5: Corporate Buffer (Indemnity Cover)

Provides for additional Sum Insured which floats over the entire group and can be utilized post exhaustion of Individual or family floater Sum Insured

Prospectus**Extn. No. 6: Maternity Treatment Expenses Cover (Indemnity Cover)**

Provides for Hospitalisation Expenses incurred for pregnancy. As opted, coverage under the extension may be available with 9 month waiting period or from day one.

Extn. No. 7: Baby Day One Cover (Indemnity Cover)

Provides for Hospitalisation and Day Care expenses incurred for treatment of new born baby from day one.

Extn. no. 8: Pre and Post Natal Expenses Cover (Indemnity Cover)

Provides for medical expenses incurred pre and post hospitalization of delivery. As Opted, extension can provide coverage for expenses incurred as an inpatient or as an outpatient, any or both of these.

Extn. No. 9: Emergency Ambulance Expenses (Indemnity Cover)

Provides for expenses towards Emergency Ambulance incurred for an admissible Hospitalisation claim during the Policy Period

Extn. No. 10: Emergency Air Ambulance Expenses (Indemnity Cover)

Provides for expenses towards Emergency Air Ambulance incurred for a admissible Hospitalisation claim during the Policy Period

Extn. no. 11: Hospitalization Cover for Accidents (Indemnity Cover)

Policy is restricted to provide for Hospitalisation and Day Care expenses incurred towards Hospitalisation only due to accidental injury.

This extension can be given only as standalone cover.

Extn. no.12: Hospitalization Cover for Critical Illnesses (Indemnity Cover)

Policy is restricted to provide for Hospitalisation and Day Care expenses incurred towards Hospitalisation only due to named critical illness.

This extension can be given only as standalone cover.

Extn. no.13: Additional Sum Insured for Hospitalization due to Critical Illnesses (Indemnity Cover)

Extension would also provide for an amount for Hospitalization and Day Care expenses incurred for named critical illness in addition to Sum Insured under the Policy.

Extn. no. 14: Critical Illnesses Cover on Benefit Basis (Benefit Cover)

Provides for Lump Sum amount on the diagnosis of critical illness and major surgeries. If opted, the extension would also provide for hospitalization expenses incurred till the diagnosis of critical illness and/or till requirement for performance of major surgery is confirmed.

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Indicative list of critical illness for extension no.12, 13 and 14 is as below:

Survival period condition and detailed description of illness is mentioned in Extension wordings of the Policy.

Cancer	Total Blindness
Major Organ Transplant	End Stage Renal Disease (not involving transplant
Multiple Sclerosis	Myocardial Infarction – STEMI
Third Degree Burns	Angioplasty
Aorta Graft Surgery	Paraplegia/Paralysis of Lower Limbs
Coronary Artery Bypass Graft	Triple Vessel Disease
Heart Valve Replacement	Benign Brain Tumor (Surgery
Coma	Stroke
Quadriplegia/Paralysis of four limbs	Primary Pulmonary Hypertension
Motor Neuron Disease	

Extn. no. 15: Additional Sum Insured for Hospitalisation due to Accident (Indemnity Cover)

Extension would also provide for an amount for Hospitalization and Day Care expenses incurred for Hospitalisation due to accidental injury in addition to Sum Insured under the Policy.

Extn. no. 16: Extra Cover (Indemnity Cover)

Extension would provide for an amount for Hospitalization and Day Care expenses incurred for an admissible claim in addition to the Primary policy sum insured/ Amount under reimbursement scheme covering the Insured person/family as applicable for such admissible expenses or threshold level opted for the insured person/family as applicable and stated in the schedule, whichever is higher . Extra Cover would be a specific amount available only to the Insured Person and his/ her family who has opted for the extension.

Extension is available under the following options:

Option 1:

Each claim for the insured person, during the period of this policy shall be treated separately subject to the above Basis of Payment.

Option 2:

Each claim for the insured person, during the period of this policy shall be treated in Aggregate subject to the above Basis of Payment.

Extn. no. 17: Transfer of Sum Insured (Indemnity Cover)

In case other member of the family has exhausted his/her Individual Sum Insured extension provides for transfer of Sum Insured of one family member to the other,

Extn. no. 18: External Congenital Disease Cover (Indemnity Cover)

Provides for Hospitalisation and Day care expenses incurred for treatment of external congenital disease.

Prospectus**Extn. No. 19: Focal Error Correction Surgery (Indemnity Cover)**

Provides for medical expenses incurred in performance of a surgery for correction of vision. Condition of 24 hours minimum hospitalization shall not apply.

Extn. No. 20: Hospital Cash Allowance (Benefit Cover)

Provide for daily allowance while Insured Person is Hospitalised for an admissible claim under the Policy. Allowance can be restricted for critical illness related Hospitalisation/ injury related Hospitalisation/ Hospitalisation requiring confinement in ICU etc.

Extn. No. 21: Convalescence Benefit/ Special Care Benefit/ Recovery Benefit (Benefit Cover)

This Extension would provide a lump-sum benefit amount In the event of Hospitalisation of the Insured Person for a minimum of specified no. of days for a valid claim under the Policy,

Extn. No. 22: Master Health Check up (Indemnity Cover)

Provides for Health Check-Up of the Insured Person. Health Check may be opted from the first year of the Policy or after Pre defined claims free years of the Insured Person.

Extn. No. 23: Home Nursing Allowance (Indemnity/Benefit Cover)

Extension can be taken on Indemnity or Benefit basis.

Indemnity cover:

Provides for reimbursement of expenses incurred towards private nursing services of a registered nurse at the Insured Person's home provided that attending Medical Practitioner recommends such care for medical reasons.

Benefit Cover:

Provides for pre defined daily allowance for medical expenses incurred towards private nursing services of a registered nurse at the Insured Person's home provided that treating Medical Practitioner recommends such care for medical reasons.

Extn. No. 24: Double Benefit (Benefit Cover)

Provides a lump Sum amount in addition to the Sum Insured towards medical expenses in the event of two persons of the same family Insured under this policy are hospitalised simultaneously for pre defined no. of days.

Extn. No. 25: Continuity of Cover (Indemnity Cover)

This extension provides for the waiver of waiting period in the event the same is served by the Insured in previous policies of other Insurance companies without any break-in.

Extn. no. 26: Treatment of NRI in Indian Hospital is Allowed (Indemnity Cover)

Provides for Hospitalization and Day Care expenses incurred in India for treatment of Non Resident Indians covered under the policy.

Extn. no 27: Funeral Expenses in Case of Death due to Illness (Indemnity/Benefit Cover)

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Extension can be taken on Indemnity or Benefit basis.

Indemnity cover:

Provides for reimbursement of funeral expenses in the event of death of the Insured person due to disease, illness, injury covered under the policy and for which a claim for hospitalization has been admitted under the Policy.

Benefit Cover:

Provides lump sum amount for funeral expenses in the event of death of the Insured person due to disease, illness, injury covered under the policy and a claim for hospitalization has been admitted under the Policy.

Extn. no. 28: Treatment for Infertility(Indemnity Cover)

Provides for medical expenses incurred towards treatment of infertility and/or impotency of the Insured Person.

Extn. No. 29: Ayush treatment (Indemnity Cover)

Extension would cover Hospitalisation expenses for illness/disease/injury covered under policy for treatment under any form of non- allopathic treatment. Minimum 24 hours hospitalization is a must.

Extn. No. 30: Expenses on Accompanying Person/ Attendee charges (Indemnity/Benefit Cover)

Extension can be taken on Indemnity or Benefit basis.

Indemnity Basis

Provides for reimbursement of per day expenses incurred for an accompanying person while the Insured Person is Hospitalised, Same is subject to a valid claim being payable under the hospitalization cover.

Benefit Basis

Provides a per day allowance towards expenses incurred for an accompanying person while the Insured Person is Hospitalised, Same is subject to a valid claim being payable under the hospitalization cover.

Extn. no. 31: Mobility Extension (Indemnity Cover)

Provides for expenses incurred for external aids (like Crutches,Walker.Prosthetic device) in treatment of Insured Person for a valid hospitalization claim. Payment under this extension is subject to external aids are prescribed by treating medical practitioner.

Extn. no. 32: Modification of Residential Accommodation & Own Vehicle (Indemnity Cover)

Provides for reimbursement of reasonable expenses incurred by the Insured Person to modify his/her residential accommodation or own vehicle, in the event of valid claim under the policy, provided that these alterations are declared necessary as per the advice of the Attending Medical Practitioner.

Extn. no. 33: Organ Donor Expenses (Indemnity Cover)

Provides for reimbursement of expenses incurred towards donor in case of major organ transplant, for the harvesting of the organ provided that the Organ donor is any person in accordance with the Transplantation of Human Organs Act 1994 (amended) and other applicable laws and rules and the Organ donated is for the use of the Insured Person

Extn. no. 34: HIV /AIDS Cover (Indemnity Cover)

Provides for Hospitalisation expenses incurred towards treatment of HIV /AIDs.

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Extn. no. 35: Multiple Opinion Cover (Indemnity Cover)

Extension will provide Insured Person to take Pre defined no. of opinions for disease/illness/injury from Medical practitioners anywhere in the world.

Extn. No. 36: Geographical Area (worldwide) (Indemnity Cover)

Provides for hospitalization expenses incurred by the Insured Person outside India subject to Insured person is under employment with the company established in India and is on official trip abroad. Coverage shall be provided on named basis and with prior intimation of deputation outside India to the Company. Sum Insured for these Insured Persons would automatically increase based on terms finalized at the Inception of the Policy. Claims would be payable under Indian currency. Jurisdiction would be India only.

Extn. No. 37: Geographical Area (short trip) (Indemnity Cover)

Provides for hospitalization expenses incurred by the Insured Person anywhere in the world subject to Insured is on official trip which is not longer than 60 days. Coverage shall be provided on named basis and with prior intimation of travel to the Company. If the travel is to USA and Canada/excluding USA and Canada Sum insured would automatically increase by 5/2 times respectively Claims would be payable under Indian currency. Jurisdiction would be India.

Extn. No. 38: Co-payment Clause

By way of this extension Insured Person agrees to bear specified percentage of admissible cost from each claim.

Extn. No. 39: Policy Excess

By way of this extension Insured Person agrees to bear specified amount of admissible cost from each claim.

Extn. no. 40: Policy Franchise

By way of this extension Insured Person agrees to bear all the admissible claims which are upto the declared amount.

Extn. No. 41: Floater Cover (Indemnity Cover)

Provides for availability of Single Sum Insured which floats over all the members of the family for payment of their Hospitalisation and Day care expenses. Utilisation of any amount would lead to reduction of Sum Insured by that amount.

Limit per individual can also be fixed under the floater sum insured. For example: Family floater sum insured is Rs. 2 lacs, sum insured for children is restricted to Rs.25000 and for parents Rs. 50000 for the entire policy period, In case there is claim of Rs.200000 for parent the maximum amount payable under the Policy would be Rs. 50000 only subject to Rs. 50000 is available unutilized from the family floater sum insured. Extn. no.42: Deletion of Domiciliary Hospitalization Cover (Indemnity Cover)

Restricts the policy from covering medical expenses incurred as a Domiciliary Hospitalisation.

Extn. No. 43: Limitation of Benefits (Indemnity Cover)

Allows the Company to introduce certain loss control measures like room rent, ailment capping etc

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Extn. no. 44: Pre and Post Hospitalisation (Indemnity Cover)

Standard Policy covers Pre and post hospitalization claim for 30 and 60 days respectively this extension allows change in 30/60 days pre and post hospitalisation limit as per the requirement of the Group.

Extn., no. 45: Instalment facility

Provides the Insured/Insured Person to pay the annual Policy premium in pre defined small parts during the Policy Period.

Premium payable under this Policy will be in advance in the following manner:

In the case of monthly / quarterly / half yearly instalment premiums – before the beginning of each such period when the premium instalment is due.

Extn. no. 46: Free-look Period Condition

Provides the Insured Person 15 days period from the date of receipt of the Policy to review the terms of the Policy. Insured has an option of cancelling the Policy stating the reason for cancellation subject to there is an objection towards any term and condition of the Policy. Company would refund the premium after adjusting the amount spent on stamp duty and proportionate risk premium. Cancellation is not applicable if there are claims reported under the Policy

Extn. no. 47: Claims Review Condition

Provides for maintaining the Insured's Policy within the desired claims ratio by reviewing the policy performance quarterly and introducing the loss control measures or infusion of additional premium subject to mutual consent of both the parties.

Extn. No. 48: Upper Age

Entry age under the Policy is 3 months to 85 years extension provides us to relax the entry age under the Policy. There is no exit age under the Policy.

Extn. No. 49: Inclusion of Small Scale Hospital/Nursing home

Provides for Hospitalisation and Day care expenses incurred for treatment of admissible claim taken in Hospital/Nursing Home with minimum 2 inpatient beds instead of Policy condition of atleast minimum 10 beds.

Extn. no. 50 Any One Illness Condition

Any one illness means continuous period of Insurance which includes relapse period. Any relapse within the specified no. of days would be treated as one claim. As per the standard Policy relapse upto 45 days is considered as one illness, this extension provides for relapse period of 105 days.

Extn. no. 51: Sports/Aerial Activity Cover

Provides for Hospitalisation and Day Care expenses incurred while Insured is performing or participating in any of the sports (ballooning, skydiving, paragliding etc) and aerial activity (flying etc).

Exclusion no. 26,27 shall stand deleted.

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Extn. no. 52: Claims Intimation/Submission Clause

Provides for relaxation in timeline for intimation and submission of claim under the Policy.

Extn. no. 53: Refund on Unutilized Funds:

In order to appreciate and promote better claims management practices, Insured, who manages the risk within favorable claims ratio would be shared with percentage of surplus premium for the Policy Period.

Sum Insured under extensions as per the requirement of the insured be part of or additional to family floater /individual sum insured of the insured person however if the same is part of family floater /individual sum insured of the insured person a suitable adjustment factor shall be applied.

General Exclusions

Briefly, the Company shall not be liable to make payment for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following except covered by way of an extension:

1. All pre-existing diseases / illness / injury / conditions as defined in the Policy, until 48 months of continuous covers have elapsed since inception of the first Policy with the Company.
2. Any disease contracted and/or medical expenses incurred in respect of any disease/illness by the Insured/Insured Person during the first 30 days from the commencement date of the Policy except in case of accidental injuries. This exclusion doesn't apply for Insured/Insured Person having any health insurance indemnity policy in India atleast for 1 year prior to taking this Policy as well as for subsequent renewals with the Company without a break.
3. Treatment towards Cataract, Hysterectomy for Menorrhagia or Fibromyoma, Knee Replacement Surgery (other than caused by an accident), Arthritis, Rheumatism, Joint Replacement Surgery (other than caused by accident), Prolapse of Intervertebral 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, 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, any type of Breast lumps, Hypertension and Diabetes and related complications during the first two years (24 months) of continuous operation of this insurance cover.

Diabetes & Related complications include: Diabetic Retinopathy, Diabetic Nephropathy, Diabetic Foot/Wound, Diabetic Angiopathy, Diabetic Neuropathy, Hyper/Hypoglycemic Shocks.

Hypertension & Related complications include: Coronary Artery Disease, Cerebrovascular Accident, Hypertensive Nephropathy, Internal Bleed/Haemorrhages. If these diseases/conditions are pre-existing at the time of proposal or subsequently found to be pre-existing exclusion 1 above shall apply.

4. Any treatment arising from or traceable to pregnancy, childbirth including caesarean section. However, this Exclusion/waiting period will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending Medical Practitioner.
5. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder or due to an accident.
6. Genetic disorder and stem cell implantation/surgery.
7. Dental treatment or surgery of any kind unless necessitated due to an accident and requiring minimum 24 hours

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- 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.
8. Birth control procedures, hormone replacement therapy and voluntary termination of pregnancy during the first 12 weeks from the date of conception.
 9. 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 or for new born baby up to 90 days, issue of medical certificates and examinations as to suitability for employment or travel.
 10. Any condition directly or indirectly caused due to or associated with human T-cell Lymph tropic virus type III (HTLV-III) or Lymphadenopathy 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.
 11. Vitamins and tonics unless forming part of treatment for disease, illness or injury and prescribed by a Medical Practitioner.
 12. Instrument used in treatment of Sleep Apnea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition or any other external devices used during or after treatment.
 13. Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
 14. Treatment for developmental problems including learning difficulties eg. Dyslexia, behavioural problems including attention deficit hyperactivity disorder(ADHD).
 15. Treatment for general debility, ageing, convalescence, run down condition or rest cure, congenital external anomalies or defects, sterility, infertility including IVF, impotency, venereal disease, puberty, menopause or intentional self-injury, suicide or attempted suicide(whether sane or insane).
 16. 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.
 17. 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.
 18. Any illness or hospitalisation arising or resulting from the Insured person or any of his family members committing any breach of law with criminal intent.
 19. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
 20. Prostheses, corrective devices and medical appliances, which are not required intra-operatively for the disease/ illness/ injury for which the Insured Person was hospitalised.
 21. Treatment of any mental illness or sickness or disease including a psychiatric condition, disorganization of personality or mind, or emotions or behaviour, Parkinsons 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").

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22. Any cosmetic surgery unless forming part of treatment for cancer or accident or burns, surgery for sex change or treatment of obesity/morbid obesity or treatment/surgery /complications/illness arising as a consequence thereof.
23. 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.
24. Costs of donor screening.
25. Any form of non-Allopathic treatment, Naturopathy, Ayurvedic, Homeopathy, acupuncture, reflexology, chiropractic treatment or any other form of indigenous system of medicine.
26. Insured Persons whilst 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.
27. Insured Person whilst 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.
28. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
29. 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.
30. All non-medical expenses including but not limited to convenience items for personal comfort not consistent with or incidental to the diagnosis and treatment of the disease/illness/injury for which the Insured Person was hospitalized, Ambulatory devices, walker, crutches, belts, collars, splints, slings, braces, stockings of any kind, diabetic footwear, glucometer/thermometer and any medical equipment that is subsequently used at home.
31. Service charges or any other charge levied by the Hospital, except registration/admission charges.
32. Any stay in Hospital without undertaking any treatment or any other purpose other than for receiving eligible treatment of a type that normally requires a stay in the hospital.

Policy Features

Age Eligibility:

Minimum age at entry is 3 months to 85 years. There is no exit age under the Policy.

Policy can be provided on Individual as well as Floater basis depending upon the requirement of the group.

Sum Insured Options will be ranging from 15,000 to 50 Lac.

Insured can choose to change the TPA prior to 30days of renewal of the policy.

Renewal:

Renewal is available for the lifetime.

Company shall not be bound to give notice that renewal is due. If the Insured desires renewal he/she shall apply to the Company for the same prior to expiry of the Period of Insurance. Renewal shall be with mutual consent.

A Policy shall be ordinarily renewable unless any fraud, misrepresentation or suppression or non cooperation by the Insured or on his behalf is found either in obtaining insurance or subsequently in relation thereto.

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Renewal of Policies issued only to specific institution with which the Company has a Tie-up or to affinity partner will be deemed to be continuous if renewed within 30 days from date of expiry of previous policy. In such case Company's risk would commence from the date of receipt of premium, any claim between date of expiry and premium receipt date would not be payable.

the Company has discontinued issue of the particular type of Policy, in which event the Insured shall have the option of renewal under any similar Policy being issued by the Company; 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 Policy, Premium, terms and conditions may be revised. 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.

Continuity Benefits

For Roll Over Cases (Portability Policies) Continuity benefits shall be offered to all Insured/Insured Persons in accordance to IRDA circular 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.

Where the product is offered to the customers of a specific institution, with which the Company has a tie up, continuity of benefits will be provided under the same or similar policies available with the Insurer during such period in the event that such tie-up has been discontinued.

Cancellation:

The Company may at any time, cancel this Policy, on grounds of misrepresentation, fraud, non-disclosure of material facts or non co-operation of the insured, by giving 15 days notice in writing by Registered Post Acknowledgment Due to the Insured at his/their last known address 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 the cancellation. The Insured may also give 15 days notice in writing, to the Company, for the cancellation of this Policy, in which case the Company 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 the Company's short period scales provided no claim has occurred upto the date of cancellation.

Period On Risk	Rate Of Premium Refunded
Up to 1 month	75% of annual rate
Up to 3 months	50% of annual rate
Up to 6 months	25% of annual rate
Exceeding six months	Nil

Rating Chart

Average base pure premium								
Age band	5000	15000	30000	100000	200000	500000	1000000	5000000
0-25	278	377	523	662	828	1,357	1,728	4,025
26-35	255	401	619	911	1,203	2,013	2,587	6,177
36-45	264	440	703	1,099	1,539	2,649	3,473	8,517
46-55	314	542	885	1,427	2,112	3,696	4,909	12,315
56-65	431	755	1,273	2,157	3,236	5,651	7,528	19,025
66-70	560	1,026	1,773	3,110	4,665	8,148	10,885	27,555
71-75	656	1,313	2,298	4,103	6,155	10,750	14,361	36,435
76-80	887	1,774	3,105	5,545	8,318	14,528	19,463	49,184
81-84	1,246	2,420	4,179	7,332	10,998	19,210	25,735	64,595
Above 85	1,617	2,979	5,021	8,511	12,767	22,299	29,959	74,727

Above table provides average pure risk premium for Standard Policy.

Conditions to be fulfilled by the Insured/Insured Person

1. Notify the Company for any change in business/occupation (when nature of job changes)/new enrollments/deletions in writing to the Policy issuing office at the address mentioned on the Policy.
2. Ensure due observance and fulfillment of the terms, conditions and extensions on the Policy.

General Note:

The details furnished above do not constitute the entire terms, conditions and exclusions of the Policy. For more details on the above Policy, please visit our office nearest to you. Our executives will be pleased to furnish further details.

Free-look Cancellation

On the first inception of the Policy, 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 and proportionate premium (If Policy has already commenced). Cancellation will be allowed only if there are no claims paid or reported under the Policy. Free look provision is not available at the time of renewal of the Policy.

Advt. Ref. No. _____

Anti-Rebating Warning:

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance policy in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Violations of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Rs. 10 Lakhs.