

GROUP CREDIT PROTECTION POLICY

POLICY WORDINGS

A. SCHEDULE:

B. PREAMBLE:

The insurance cover provided under this Policy to the Insured / Insured Person up to the Sum Insured is and shall be subject to (a) the terms and conditions of this Policy and (b) the receipt of premium and (c) Disclosure to Information Norm (including by way of the Proposal or Information Summary Sheet) and (d) Policy Schedule/ Certificate of Insurance.

C. DEFINITIONS

Any word or expression, to which a specific meaning has been assigned in any part of this Policy Wording or the Policy Schedule/ Certificate of Insurance, shall bear the same meaning wherever it appears. For purposes of this Policy, the terms specified below shall have the meaning as set forth herein below:

1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Activities of Daily Living means,**
 - 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;
 - Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - 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;
 - Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
 - Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence
3. **Adventure Activities/ sports** means any activity which involves high level of inherent danger to the Insured Person, whether he/she is trained in such sport or activity, or not. These activities/ sports may involve speed, height, high level of physical exertion and/or require highly specialised gear. These may include action sports, speed contest or racing (other than on foot), big game hunting, mountaineering or rock-climbing necessitating the use of guides or ropes, winter sports, skiing, ice hockey, ballooning, skydiving, hang gliding, scuba diving or other under water activities, river rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), polo,

paragliding, parasailing, bungee jumping, base jumping, hand gliding, ski jumping, abseiling, deep sea diving using hard helmet and breathing apparatus, adventure racing on water, snorkeling, kayaking, surfing and other snow and ice sports and activities of similar type.

4. **Age** means age of the Insured person on last birthday as on date of commencement of the Policy.
5. **Any One Illness** means continuous period of illness and it includes relapse within forty five days from the date of last consultation with the hospital where treatment has been taken.
6. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
7. An **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
Central or State Government AYUSH Hospital or
Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - a. Having at least 5 in-patient beds;
 - b. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - c. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - d. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
8. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:
 - a. Having qualified registered AYUSH Medical Practitioner(s) in charge;
 - b. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - c. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
9. **Break in Policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period
10. **Condition Precedent** means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.
11. **Congenital Anomaly** refers to 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.

12. **Day Care Centre** means any institution established for day care treatment of disease/ injuries or a medical setup within a 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 criteria as under:
 - a. has qualified nursing staff under its employment;
 - b. has qualified medical practitioner (s) in charge;
 - c. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - d. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.
13. **Day Care Treatment** means medical treatment, and/or surgical procedure which is: undertaken under general or local anesthesia in a hospital/day care centre in less than twenty four hours because of technological advancement, and which would have otherwise required a hospitalisation of more than twenty four hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.
14. **Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
15. **Endorsement** means written evidence of change to the Policy including but not limited to increase or decrease in the period, extent and nature of the cover agreed by Us in writing.
16. **Equated Monthly Installments (EMI or EMI Amount)** means the fixed payment amount required to repay the principal amount of Loan and Interest by the Insured Person at a specified date each calendar month, as set forth in the amortization chart referred to in the Loan agreement (or any amendments thereto) between the Bank/Financial Institution and the Insured Person prior to the date of occurrence of the Insured Event under this Policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured Person prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured Person.
17. **Family** means, the Family that consists of the proposer and any one or more of the family members as mentioned below:
 - a. Legally wedded spouse.
 - b. Parents and Parents-in-law.
 - c. Dependent Children (i.e. natural or legally adopted) between the age 3 months to 30 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals.
18. **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of

pre-existing diseases. Coverage need not be available during the period for which no premium is received.

19. **Hospital** means any institution established for in-patient care and day care treatment of disease/ 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 Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:
 - a. has qualified nursing staff under its employment round the clock;
 - b. has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;
 - c. has qualified medical practitioner (s) in charge round the clock;
 - d. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - e. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.
20. **Hospitalization** means admission in a hospital for a minimum period of twenty four (24) consecutive 'In-patient care' hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours.
21. **Illness** 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.
22. **Acute Condition** means a disease, illness or injury that is likely to response 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.
23. **Chronic Condition** means a disease, illness, or injury that has one or more of the following characteristics
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires rehabilitation for the patient or for the patient to be special trained to cope with it
 - it continues indefinitely
 - 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 person(s) named in the schedule of 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 on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
29. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
30. **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 doctors in the same locality would have charged for the same medical treatment.
31. **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 the licence.
32. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
 - a. is required for the medical management of illness or injury suffered by the insured;
 - b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - c. must have been prescribed by a medical practitioner;
 - d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
33. **Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.
34. **Notification of Claim** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.
35. **Pre-Existing Disease (PED):** Pre-existing disease means any condition, ailment, injury or disease
 - a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
 - b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy
36. **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.
37. **Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to The Insured person
38. **Policy period** means period of one policy year as mentioned in the schedule for which the Policy is issued
39. **Policy Schedule** means the Policy Schedule attached to and forming part of Policy

40. **Policy year means** a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule
41. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
42. **Renewal:** 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.
43. **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 of suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
44. **Sub-limit** means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit
45. **Sum Insured** means the pre-defined limit specified in the Policy Schedule. Sum Insured and Cumulative Bonus represents the maximum, total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person (on Individual basis) or all Insured Persons (on Floater basis) during the Policy Year.
46. **Third Party Administrator (TPA)** means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.
47. **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
48. **Waiting Period** means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.

D. BENEFITS:

SECTION A- CRITICAL ILLNESS:

The coverage under this Policy, for Insured person, shall terminate in the event of claim of a covered Critical Illness (except Angioplasty, if opted) becoming accepted and paid by Us. In consequence thereof, no other benefit shall be payable under Section 1 – Critical Illness or Section 2 – Personal Accident – Death and Disability. In case of Angioplasty (if opted), the policy will continue for the balance Sum Insured available under the Policy.

1.A. COVERAGE

We will pay the Insured Person the base Sum Insured as a lump sum for the listed critical illnesses subject to the following conditions:

1. The claim is admissible for first time diagnosis of listed Critical Illnesses or undergoing the listed surgical procedures for the first time.
2. The claim is admissible under this section if the signs or symptoms related to the critical illness manifest after <<90>> days as specified in the policy Document from the first risk Commencement date
3. Only one claim shall be payable to the insured regardless of the number of Critical Illness, incapacities or treatments suffered by him/her
4. Covered Critical Illness: A "Critical Illness" shall mean any one of the following critical illness with specific meaning as defined in the Policy.

Sr. No	Critical Illnesses	9CI	18CI	25CI	41CI
1	Cancer of Specified Severity	Yes	Yes	Yes	Yes
2	Kidney Failure Requiring Regular Dialysis	Yes	Yes	Yes	Yes
3	End Stage Liver Failure	Yes	Yes	Yes	Yes
4	Major Organ Transplant/Bone Marrow Transplant	Yes	Yes	Yes	Yes
5	Open Heart Replacement or Repair of Heart Valves	Yes	Yes	Yes	Yes
6	Open Chest CABG	Yes	Yes	Yes	Yes
7	Stroke resulting in Permanent Symptoms	Yes	Yes	Yes	Yes
8	Permanent Paralysis of Limbs	Yes	Yes	Yes	Yes
9	Myocardial Infarction (First Heart Attack of Specified	Yes	Yes	Yes	Yes
10	Multiple Sclerosis with Persisting Symptoms		Yes	Yes	Yes
11	Coma of Specified Severity		Yes	Yes	Yes
12	Parkinson's Disease		Yes	Yes	Yes
13	Benign Brain Tumour		Yes	Yes	Yes
14	Alzheimer's Disease		Yes	Yes	Yes
15	Aorta Graft Surgery		Yes	Yes	Yes
16	Deafness		Yes	Yes	Yes
17	Loss of speech		Yes	Yes	Yes
18	Third Degree Burns		Yes	Yes	Yes
19	Motor Neurone Disease with Permanent Symptoms			Yes	Yes
20	Primary(Idiopathic)Pulmonary Hypertension			Yes	Yes
21	Loss of Limb			Yes	Yes
22	Muscular Dystrophy			Yes	Yes
23	Blindness			Yes	Yes
24	Major Head Trauma			Yes	Yes
25	End Stage Lung Failure			Yes	Yes
26	Systemic Lupus Erythematosus with Lupus Nephritis;				Yes
27	Pneumonectomy				Yes
28	Medullary Cystic Disease				Yes
29	Cardiomyopathy				Yes
30	Encephalitis				Yes
31	Progresive Supranuclear Palsy				Yes
32	Multiple System Atrophy				Yes
33	Fulminant Hepatitis				Yes
34	Other Serious Coronary Artery Disease				Yes
35	Apallic Syndrome				Yes
36	Severe Rheumatoid Arthritis				Yes

37	Creutzfeldt-Jakob Disease				Yes
38	Aplastic Anaemia				Yes
39	Severe Ulcerative Colitis				Yes
40	Progressive Scleroderma				Yes
41	Bacterial Meningitis				Yes
42	Angioplasty (Ad – On CI)				

Note - Angioplasty may be added on as a CI benefit to any of the above four variants. However, the cover would be restricted to 25% of the sum assured or Rs. 500,000 whichever is lower.

Survival period:

Survival period of <<30 / NIL>> days would be applicable from the date of diagnosis of any of the above listed Critical Illnesses to be eligible for this benefit (Refer Schedule for Survival Period applicability)

The Insured Event under this Section I and the conditions applicable to the same are more particularly defined below:

01. Cancer of Specified Severity:

I. A malignant tumor 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 leukemia, lymphoma and sarcoma.

II. The following are excluded –

i. All tumors 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 tumors 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 Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

02. Kidney failure requiring regular dialysis

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.

03. End Stage Liver Failure

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

1. Permanent jaundice; and
2. Ascites; and
3. Hepatic encephalopathy.

04. Major organ/bone marrow transplant

The actual undergoing of a transplant of:

4. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
5. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

05. 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.

06. Open Chest CABG

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.

07. Stroke resulting in permanent symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. 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.

08. Permanent Paralysis of Limbs

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.

09. Myocardial Infarction (First Heart Attack of specific severity):

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:

6. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
7. New characteristic electrocardiogram changes
8. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

10. Multiple Sclerosis with persisting symptoms

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

- i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- ii. 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. Neurological damage due to SLE is excluded.

11. Coma of specified severity

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:

9. no response to external stimuli continuously for at least 96 hours;
10. life support measures are necessary to sustain life; and
11. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

12. Parkinson's disease

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to us.

The diagnosis must be supported by all of the following conditions:

12. the disease cannot be controlled with medication;
13. signs of progressive impairment; and
14. inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

Activities of daily living:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the 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 bed to a upright chair or wheelchair and vice versa;
- iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v. Feeding: The ability to feed oneself once the food has prepared and made available.
- vi. Mobility: The ability to move indoors from room to room on level surfaces

13. Benign Brain Tumor

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.

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

- Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- Undergone surgical resection or radiation therapy to treat the brain tumor.

14. Alzheimer's Disease

Alzheimer's (presenile dementia) disease is a progressive degenerative disease of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.

Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a Neurologist and supported by Our appointed Medical Practitioner.

The disease must result in a permanent inability to perform three or more Activities of daily living with "Loss of Independent Living" or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 60 days

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.

15. Aorta Graft Surgery

The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.

16. 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.

17. 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.

18. 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.

19. Motor Neuron 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 six months.

20. Primary (Idiopathic) Pulmonary Hypertension

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 Catheterization. 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.

The NYHA Classification of Cardiac Impairment are as follows:

- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

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.

21. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

22. 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 Doctor who is a consultant neurologist. The condition must result in the inability of the Life 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:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the 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. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- v. Feeding: the ability to feed oneself once food has been prepared and made available;
- vi. Mobility: The ability to move indoors from room to room on level surfaces

23. 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:
 - i. corrected visual acuity being 3/60 or less in both eyes or;
 - ii. 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.

24. Major Head Trauma

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.

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.

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.

25. End Stage Lung Failure

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

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart;
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia;
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and
- iv. Dyspnea at rest.

26. Systemic Lupus Erythematosus with Lupus Nephritis

A multi-system autoimmune disorder characterized 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 specializing in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

- Class I Minimal Change Lupus **G**lomerulonephritis
- Class II Messangial Lupus Glomerulonephritis
- Class III Focal Segmental Proliferative Lupus **G**lomerulonephritis
- Class IV Diffuse Proliferative Lupus Glomerulonephritis
- Class V Membranous Lupus Glomerulonephritis

27. Pneumonectomy

The undergoing of surgery on the advice of an appropriate Medical Specialist to remove an entire lung for disease or traumatic injury suffered by the life assured.

28. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

- the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

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

29. Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Doctor 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:

NYHA 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.

The Diagnosis of Cardiomyopathy has to be supported by echographic findings of

compromised ventricular performance.

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

30. Encephalitis

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 Doctor who is a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks. The permanent deficit should result in permanent inability to perform three or more Activities for Daily Living (listed below).

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

31. Progressive Supranuclear Palsy

Confirmed by a Registered Doctor 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.

32. Multiple System Atrophy

A diagnosis of multiple system atrophy by a Specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of 30 days of either:

- motor function with associated rigidity of movement; or
- The ability to coordinate muscle movement; or
- Bladder control and postural hypotension.

33. Fulminant Hepatitis

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:

- Rapid decreasing of liver size;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

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

34. Other Serious Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary angiography, regardless of whether or not any form of coronary artery intervention or surgery has been performed.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery (but not including their branches).

35. Apallic Syndrome

Apallic Syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist acceptable to us and the patient should be documented to be in a vegetative state for a minimum of at least one month in order to be classified as UWS, PVS, Apallic Syndrome.

36. Severe Rheumatoid Arthritis

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

- Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
- Permanent inability to perform at least two (2) "Activities of Daily Living";
- 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
- The foregoing conditions have been present for at least six (6) months.

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

37. Creutzfeldt-Jacob Disease (CJD)

Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A Registered Doctor 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.

38. Aplastic Anaemia

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

- Blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist 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:

- Absolute neutrophil count of less than 500/mm³ or less
- Platelets count less than 20,000/mm³ or less
- Reticulocyte count of less than 20,000/mm³ or less

Temporary or reversible Aplastic Anaemia is excluded.

39. Severe Ulcerative Colitis

Acute fulminant ulcerative colitis with life threatening electrolyte disturbances. All of the following criteria must be met:

- the entire colon is affected, with severe bloody diarrhea; and
- the necessary treatment is total colectomy and ileostomy; and
- the diagnosis must be based on histopathological features and confirmed by a Registered Doctor who is a specialist in gastroenterology.

40. Progressive Scleroderma

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.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

41. Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal chord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities of daily Living.

This diagnosis must be confirmed by:

- The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- A consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

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.

42. Angioplasty (OPTIONAL BENEFITS UNDER SECTION 2)

1. 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).
2. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
3. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.
4. Special terms applicable for claims in respect of AngioPlasty
 - a. 180 (One hundred and eighty) days waiting period applicable;
 - b. Benefit available: 25% (twenty five percent) of the Sum Insured (whatever applicable based on fixed/reduced sum insured basis) subject to a maximum of INR 500,000 (Five lacs);
 - c. After payment of Angioplasty benefit, balance Sum Insured will be available for other CI conditions covered during the Policy Period.

1.B. CLAIMS SETTLEMENT PROCESS (APPLICABLE TO SECTION. 1. CRITICAL ILLNESS)

In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated to the Company within 30 (thirty) days from the Date of Diagnosis of the Illness, date of Surgical Procedure or date of occurrence of the Insured Event as the case may be. However, the Company may condone the delay on merits of the claim subject to getting satisfied that the delay in notification was due to reasons beyond the control of the Insured Person / Nominee.

The Company shall not be liable to pay any claims under this Section I unless the claim under the Policy is accompanied by the following documents:

1. Duly completed claim forms;
2. Loan Certificate/Amortization Schedule prepared by the Bank/ Financial Institution at the time of disbursement of Loan showing details of the Loan/EMIs, Principal Outstanding, etc.,
3. Bank's document showing the details of the Loan borrower
4. Copy of Schedule/Certificate of Insurance
5. Copy of Discharge Certificate/ Card from the hospital/ Medical Practitioner, if applicable;
6. Certificate from the attending Medical Practitioner of the Insured Person evidencing diagnosis of Illness or Injury or occurrence of the Insured Event or the undergoing of the medical / surgical procedure in relation to the claim of the particular Insured Person, inter alia,
 - a. name of the Insured Person;
 - b. name, date of occurrence and medical details of the Insured Event
 - c. Confirmation that the Insured Event does not relate to any Pre-Existing

Disease or any Illness or Injury which existed within the first 90 (Ninety) or 180 (one hundred eighty) days of commencement of Policy Period.

7. Copy of investigation test reports and hospital receipts;
8. Letter from treating consultant stating presenting complaints with duration and the past medical history.
9. Bills including relevant stickers for implants, if applicable.
10. Death Certificate/ Post mortem report, if applicable
11. KYC (know your customer) documents, if the claim is more than 1 (One) lakh
12. Identity proof
13. Age proof
14. NEFT/Bank Details
15. Discharge voucher from the Insured Person
16. Additional documents will be called for when the above listed documents do not adequately corroborate admissibility of the claim under respective benefits as per the Policy terms.

SECTION 2. PERSONAL ACCIDENT

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy, to pay the Sum Insured in relation to the Insured Person as per the option selected and as stated under the Schedule/Certificate of Insurance to this Policy, on occurrence of the Insured Event as stated below:

Insured Event: For the purposes of this Section and the determination of the Company's liability under it, the Insured Event in relation to any Insured Person, shall mean Injury sustained during the Policy Period which shall be the sole and direct cause of a) Death or b) Permanent Total Disablement or c) Permanent Partial Disability, as applicable, as described hereunder.

2.A. COVERAGE

1. Accidental Death

If an Insured Person suffers on account of an injury arising out of an Accident, during the Policy Period and this is the sole and direct cause of the Insured Person's death within 12 months of such Injury sustained, then We will pay the Sum Insured as specified in the Schedule.

2. Permanent Total Disability

If an Insured Person suffers on account of an injury arising out of an Accident during the Policy Period and this is the sole and direct cause of his Permanent Total Disability in one

of the ways detailed in the table below, within 12 months of occurrence such Injury sustained, then We will pay 100% of the Sum Insured for the benefits listed below.

The Disablement	Compensation Expressed as a Percentage of Sum Insured
1) Permanent Total Loss of Limbs (both hands or both feet or one hand and one foot)	100%
2) Complete and Irrecoverable loss of sight of both eyes	100%
3) Permanent Total Loss of one Eye and one Limb	100%

Provided that, such Permanent Total Disability shall as a direct consequence thereof permanently disable the Insured Person from resuming his normal occupation.

3. Reimbursement of Cost of Performance of Funeral Ceremony

In the event of We making payment for a claim for Accidental Death, We will indemnify the expenses incurred for preparation for burial or cremation service of mortal remains of the Insured Person, subject to the following:

- a. Our liability to make payment under this benefit will be as per the amount, subject to the maximum amount of INR 5,000/-during the Policy Period as specified in the Schedule.
- b. The geographical scope for this benefit will be worldwide; however the claims shall be settled in India in Indian rupees.

4. Repatriation of Mortal Remains

In the event of We making payment for a claim for Accidental Death of Insured as a result of an Accident, We will, in addition to the Accidental Death Benefit, We will pay towards transportation of mortal remains of the Insured Person from the place of death to the residence of the Insured Person or to a cremation/ burial ground, lower of up to 2% of the Base Sum Insured payable under the Accidental Death Benefit or INR 10,000/-

5. Double Indemnity Benefit: (OPTIONAL BENEFITS UNDER SECTION 2)

Accidental Death while Travelling on Common Carriers - In case of death of the Insured Person due to an Accident whilst the Insured Person is travelling as a fare paying passenger in any of the listed Public Carriers i.e. bus; ferry; hovercraft; ship; taxi; train; underground train; commercial helicopter or aircraft and provided that this additional benefit is chosen and specified in the Schedule, We will pay 200% of the Sum Insured with respect to Personal Accident benefit.

Maximum Amount towards Accidental Death will be paid 200% under the policy.

6. Accidental Dismemberment / Permanent Partial Disablement Benefit – (OPTIONAL BENEFITS UNDER SECTION 2)

In case of Permanent Partial Disability or dismemberment of Insured Person due to an injury arising out of an Accident sustained during the Policy Period resulting in Permanent Partial Disability / Dismemberment within 12 months of occurrence of such injury, as described below, We will pay the percentage of Sum Insured, as specified below:

Accidental Dismemberment/Permanent Partial Disablement	Percentage of Sum Insured
Loss of the sight of one eye or the actual loss by physical separation of one entire hand or one entire foot.	50%
Use of a hand or a foot without physical separation	50%
Loss of speech	50%
Loss of toes – all	20%
Loss of toes great – both phalanges	5%
Loss of toes great – one phalanx	2%
Loss of toes other than great, if more than one toe lost: each	2%
Loss of hearing – both ears	75%
Loss of hearing – one ear	30%
Loss of four fingers and thumb of one hand	50%
Loss of four fingers of one hand	40%
Loss of thumb – both phalanges	25%
Loss of thumb – one phalanx	10%
Loss of index finger – three phalanges	15%
Loss of index finger – two phalanges	10%
Loss of index finger – one phalanx	5%
Loss of middle finger or ring finger or little finger – three phalanges	10%
Loss of middle finger or ring finger or little finger – two phalanges	7%
Loss of middle finger or ring finger or little finger – one phalanx	3%
Loss of metacarpals – first or second (additional) or third, fourth or fifth (additional)	3%

Provided that, such disablement shall as a direct consequence thereof permanently disable the Insured person from resuming his normal occupation.

Special Conditions:

In the event of permanent disablement, the Insured will be under obligation to:

- a) Have himself/herself examined by the Panel Doctors appointed by the Company and the Company will pay the costs involved thereof;
- b) Authorize doctors providing treatment or giving expert opinion and any other authority to supply the Company any information that may be required on the condition of the Insured.
- c) The Disablement/Dismemberment must occur within 12 months of the accident.
- d) The Disablement/Dismemberment must be confirmed prior to the expiry of a period of 3 months since occurrence of the disablement.

If the above obligation is not met with due to whatsoever reason, the Company shall be relieved of its liability to compensate under this benefit.

7. Accidental Hospitalization Benefit – (OPTIONAL BENEFITS UNDER SECTION 2)

In case the Insured Person sustains Injury due to an Accident during the Policy Period, then in addition to any amount payable under other benefits under this Section, We will pay for the Medical Expenses incurred towards Hospitalization within 7 days from the date of occurrence of the Accident that results in injury causing an hospitalization on reimbursement basis upto 2% of the Sum Insured, subject to maximum benefit amount payable of INR 1,00,000/- whichever is lower.

For the purpose of this benefit, Medical Expenses shall include -

- Room rent, boarding, nursing expenses,
- Intensive care unit,
- Consultation fees,
- Anesthesia, blood, oxygen, operation theatre charges,
- Medicines, drugs and consumables,
- Diagnostic procedures,
- The cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure,
- Physiotherapy expenses as recommended by the treating Medical Practitioner.

3.B. CLAIMS SETTLEMENT PROCESS (APPLICABLE TO SECTION.2. PERSONAL ACCIDENT)

(i) In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated to the Company as soon as possible but not later than 30 days from the date of its occurrence. However, the Company may condone the delay on merits of the claim subject to getting satisfied that the delay in notification was due to reasons beyond the control of the Insured Person/Nominee.

(ii) The Insured Person/Nominee shall deliver to the Company, within 30 days of the

date of occurrence of the Insured Event, a detailed statement in writing as per the claim form and any other material particular, relevant to the making of such claim.

(iii) The Insured Person/Nominee shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.

(iv) Proof satisfactory to the Company shall be furnished in connection with all matters upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the Insured Person on the occasion of any alleged Injury when and so often as the same may reasonably be required on behalf of the Company. Such evidence as the Company may from time to time require shall be furnished and a post-mortem examination report wherever applicable, shall be furnished to the Company within a period of thirty days.

The Company shall not be liable to pay any claims under this Section II unless the claim under the Policy is accompanied by the following documents:

1. Duly completed claim form;
2. Medical Practitioner's Report;
3. First Information Report and Final Police report, wherever necessary;
4. Copy of Schedule/Certificate of Insurance
5. Death certificate, wherever applicable;
6. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury etc.;
7. Disability certificate from a Medical Practitioner or Hospital confirming the extent and nature of disability;
8. Post mortem report, if the same was conducted wherever applicable;
9. Discharge voucher from the Insured Person, if applicable
10. Bills and receipt towards expenses relevant to funeral ceremony / repatriation of mortal remains;
11. Loan Certificate/Amortization Schedule prepared by the Bank/ Financial Institution at the time of disbursement of Loan showing details of the Loan/EMIs, Principal Outstanding, etc.,
12. Identity proof
13. Proof of travel by the Insured Person in listed public carrier in case the Double Indemnity Benefit is applicable. Additional documents will be called for when the above listed documents do not adequately corroborate admissibility of the claim under respective benefits as per the Policy terms.

SECTION 3: OPTIONAL COVER

3.1.A. INVOLUNTARY LOSS OF JOB

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions stated in the Policy and on payment of additional premium as applicable, to pay once during the Policy Period on occurrence of the Insured Event as stated below under this Section, in relation to the Insured Person's, EMI Amount(s) falling due in respect of the Loan (Loan account number as stated in Schedule to this Policy) after the commencement of the Insured Event till the reinstatement of employment with the same employer or new employer or expiry of Policy Period, whichever is earlier, subject to payment of a maximum of up to six (6) EMIs as stated under Schedule to this Policy for the Insured Person.

Insured Event: For the purposes of this Section and the determination of the Company's liability under it, Insured Event in relation to Insured Person shall mean involuntary termination from employment of the Insured Person or his/her permanent dismissal, temporary suspension or retrenchment or lay off from employment imposed on him/her by the employer during the Policy Period due to any of the following:

- a) First time diagnosis of any of the covered Critical Illness for which a claim is admissible and payable under Critical Illness benefit, during the Policy Period, or
- b) Permanent Total Disability occurring due to an Accident during the Policy Period for which a claim is admissible and payable under Permanent Total Disability benefit.

as per the employer's rules /regulations or executed/implemented by the employer in compliance of any laws for the time being in-force or any directives by any Public Authority

3.1.B. CLAIMS SETTLEMENT PROCESS (APPLICABLE TO SECTION 4. OPTIONAL COVER)

In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated by the Insured to the Company within thirty (30) days from the date of termination from employment of the Insured Person or his dismissal, temporary suspension or retrenchment from employment as the case may be and the Insured Person shall arrange for submission of the following documents to the Company:

1. Duly completed claim form;
2. Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.

3. Certificate from the employer of the Insured Person confirming the termination, dismissal temporary suspension or retrenchment from employment of the Insured person furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured Person with the reasons for the same. In case of temporary suspension the period of suspension should also be mentioned in such certificate.
4. In case of Loss of Job due to Critical Illness or PTD, then in addition to the above mentioned documents all relevant documents as mentioned in the respective section.
5. Any other document as may be required by the Company.

However, the Company may condone the delay on merits of the claim subject to getting satisfied that the delay in notification was due to reasons beyond the control of the Insured Person/Nominee.

3.2.A. HOSPITAL DAILY CASH BENEFIT

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy and on payment of additional premium as applicable, to pay the fixed amount specified in the Schedule in respect of the Insured Person for each continuous and completed period of 24 hours that the Insured Person is Hospitalized due to an Injury or Illness first diagnosed during the Policy Period, for up to 30 days in a Policy Period. In the case of Hospitalization within the Intensive Care Unit (ICU), the Company will pay twice the benefit payable under this Section for a period not exceeding 15 days in a Policy Period.

Insured Event: For the purposes of this Section and the determination of the Company's liability under it, Insured Event in relation to Insured Person shall mean each continuous and completed period of 24 hours of Hospitalization due to an Injury or Illness diagnosed during the Policy Period.

3.2.B. CLAIMS SETTLEMENT PROCESS

In the event of a claim arising out of an Insured Event covered under this Section, the same shall be intimated to Us within 30 (THIRTY) days, except under genuine circumstances beyond your/ Insured person's control in our opinion and the Insured person shall arrange for submission of the necessary documents to Us. Submission of these documents to Our satisfaction is condition precedent to admission of any liability under the policy.

- Duly completed claim forms;
- Copy of Discharge Certificate/ Card from the Hospital/ Medical Practitioner;
- Certificate from the attending Medical Practitioner of the Insured Person

evidencing diagnosis of Illness or Injury or occurrence of the Insured Event or the undergoing of the medical / surgical procedure in relation to the claim of the particular insured person, inter alia,

- name of the Insured person;
 - name, date of occurrence and medical details of the Insured Event
 - Confirmation that the Insured Event does not relate to any Pre-Existing Disease or any Illness or Injury which existed within the first 30 (Thirty) days of commencement of Policy Period.
- Copy of investigation test reports and hospital receipts;
 - Letter from treating consultant stating presenting complaints with duration and the past medical history.
 - First Information Report/ Final Policy Report, if applicable
 - KYC (know your customer) documents
 - Identity proof
 - Age proof
 - NEFT/Bank Details

3.3.A. CHILD EDUCATION BENEFIT

If the Insured Person/s is diagnosed with any of the covered Critical Illness or suffers Personal Accident - Death or Permanent Total Disablement during the Policy Period for which a valid claim has been admitted under the Policy, We will pay, on receipt of additional premium, towards this child education benefit of the Insured Person(s)' Dependent Child / children up to 10% of the Sum Insured, subject to maximum INR 500,000/-

In case of one child, the benefit payable would be the maximum Sum Insured specified under this option and in the case of more than one child, the benefit will be equally divided subject to maximum of 2 dependent children covered under this benefit.

Note:

The cover under this Policy, for the specific Insured Person, shall terminate in the event of claim in respect of that Insured Person becoming admissible and accepted by the Company under Section 2 or 3.A.1 or 3.A.2 for diagnosis of any of the covered Critical Illness or Death or Permanent Total Disablement.

3.3.B. CLAIM PROCEDURE

In the event of a claim under 'Child Education Benefit', the following documents are required in addition to the documents mentioned in Section I or II as the case may be:

- Completed Claim Form

- Proof of number of Dependent Child / children substantiated by proof of identity documents
- Age proof of the Dependent Child / children
- Copy of recent Photograph & KYC documents of insured / nominee with cancelled cheque or 1st page of bank passbook giving the details of child with account no. (If child is minor, child should have a joint account along with the legal guardian / heir.)

E. GENERAL EXCLUSIONS APPLICABLE TO ALL THE SECTIONS THE POLICY (unless waived off under specific Section):

The Company shall not be liable for any loss or damage under this Policy:

E.1. Standard Exclusions:

1. arising or resulting from the Insured Person committing any breach of the law with criminal intent.
2. due to, or arising out of or connected with or traceable to, War, invasion, act of foreign enemy, hostilities (whether war be declared or not) Civil War, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of Terrorism, Riots, Strike, Malicious Acts etc.
3. Caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self- sustaining process of nuclear fission.
4. Caused by or contributed to by or arising from nuclear weapon materials.
5. arising out of or as a result of any act of self-destruction or self-inflicted Injury, attempted suicide or suicide.
6. arising out of or resulting while serving in any branch of the Military or Armed Forces of any country during War or warlike operations.
7. arising out of or resulting or caused by, resulting from or in connection with any act of terrorism/sabotage regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The Policy also excludes loss, damage, cost or expenses of whatsoever nature caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of Terrorism/sabotage.
8. Any Claim of the Insured Person while driving any vehicle without a valid Driving License.
9. Any claim incurred after date of proposal/enrolment form and before issuance of policy/Certificate of Insurance where there is change in health status of the member and the same is not communicated to us.

E.2. Specific Exclusions:

1. All tumors 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.
2. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 3. **Malignant melanoma that has not caused invasion beyond the epidermis;**
 4. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
 5. **All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;**
 6. **Chronic lymphocytic leukaemia less than RAI stage 3**
 7. **Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,**
 8. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
 9. All tumors in the presence of HIV infection.
 10. Liver failure secondary to drug or alcohol abuse is excluded.
 11. Other stem-cell transplants
 12. Where only islets of langerhans are transplanted
 13. Angioplasty and/or any other intra-arterial procedures
 14. Transient ischemic attacks (TIA)
 15. Traumatic injury of the brain
 16. Vascular disease affecting only the eye or optic nerve or vestibular functions.
 17. Other acute Coronary Syndromes
 18. Any type of angina pectoris
 19. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.
 20. Other causes of neurological damage such as SLE and HIV are excluded.
 21. Coma resulting directly from alcohol or drug abuse is excluded.
 22. Parkinson's disease secondary to drug and/or alcohol abuse is excluded.
 23. 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.
 24. non-organic diseases such as neurosis and Psychiatric illnesses;
 25. alcohol related brain damage; and
 26. any other type of irreversible organic disorder/dementia
 27. Surgery performed using only minimally invasive or intra arterial techniques.
 28. Angioplasty and all other intra arterial, catheter based techniques,

"keyhole" or laser procedures.

29. Aorta graft surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.
30. Spinal cord injury;
31. Removal of a lobe of the lungs (lobectomy)
32. Lung resection or incision
33. Encephalitis caused by HIV infection is excluded.

EXCLUSIONS (APPLICABLE TO SECTION.1. CRITICAL ILLNESS)

The Company shall not be liable to make any payment arising out of the following events:

1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;
2. Any claim with respect to any Critical Illness diagnosed prior to Policy start date or arising in the first 90 days of the Policy Period
3. Any Pre-existing Disease; Injury or any complication arising therefrom.
Pre-existing Disease means any condition, ailment, injury or disease / critical illness / disability:
 - a. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement; or
 - b. For which medical advice or treatment was recommended by, or received from, a Physician within 36 months Prior to the effective date of the policy issued by the insurer or its reinstatement
 Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
4. If the Insured Person does not submit a medical certificate from a doctor evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical / surgical procedure in relation to the claim of the particular Insured Person.
5. Any Critical Illness arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen unless administered by / prescribed on the advice of a physician / Medical Practitioner;
6. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,
7. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide;
8. Any Critical Illness, caused by or arising from or attributable to a 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 during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;

9. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
10. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
11. Insured Persons whilst engaging in a 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 in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation;
12. External Congenital Anomalies or disease or defects or any complications or conditions arising therefrom including any developmental conditions of the Insured;
13. Participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
14. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for.;
15. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
16. Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
17. Any Critical Illness caused due to surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the Doctor
 - b. The Surgery / Procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and
 - d. Body Mass Index (BMI):
 - greater than or equal to 40 or
 - greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type 2 Diabetes
18. Any Critical Illness arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime,

- misdemeanor or civil commotion with criminal intent;
19. In the event of the death of the Insured Person within the stipulated survival period as set out above.
 20. Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
 21. Any Critical Illness caused by sterility and infertility. This includes:
 - Any type of contraception, sterilization
 - Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - Gestational Surrogacy
 - Reversal of sterilization
 22. Any Critical Illness caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason.
 23. Any Critical Illness caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

EXCLUSIONS (APPLICABLE TO SECTION.2. PERSONAL ACCIDENT)

The Company shall not be liable under this Section for:

1. No claim shall be payable under this section in case of any PTD arising out of accident for which medical care, treatment or advice was recommended by or received from a Doctor or from which the Insured suffered disability and diagnosed before the commencement of the Policy Period.
2. Any Pre-existing condition or Disability arising out of a Pre-existing Diseases or any complication arising therefrom. Pre-existing Disease means any condition, ailment, injury or disease / critical illness / disability:
 - a. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement; or
 - b. For which medical advice or treatment was recommended by, or received from, a Physician within 36 months Prior to the effective date of the policy issued by the insurer or its reinstatement

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

3. Any payment in case of more than one claim under the Policy during any one Policy Period by which our maximum liability in that period would exceed the Sum Insured. This would not apply to payments made under Involuntary Loss of Job, Reimbursement of cost of Performance of Funeral Ceremony, Repatriation of Mortal Remains Benefit, Child Education Benefit fund or any other Ad – on pertaining to Personal Accident of the Policy.
4. Suicide or attempted suicide, intentional self-inflicted injury or acts of self-destruction.
5. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person’s Family.
6. Death or disablement arising out of 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 during war or at peace time), participation in any naval, military or air- force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
7. Benefit under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement arising from Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
8. Benefit under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement arising from medical or surgical treatment except as necessary solely and directly as a result of an Accident.
9. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Schedule.
10. Death or disablement arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal intent.
11. Death or disablement arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen unless administered by / prescribed on the advice of a physician / Medical Practitioner.
12. Death or disablement caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
13. Insured Persons whilst engaging in a 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 in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation and is specifically specified in the Schedule.
14. Working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.
15. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting

from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

- a. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
 - b. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
16. In respect of Insured Event which occurs whilst the Insured Person is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning, or whilst the Insured person is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airline anywhere in the world;
 17. In respect of death, injury or disablement of Insured Person (a) from engaging in or participation in adventure sports including but not limited to winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters, participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured Person is untrained, unless specifically covered under the Policy (b) caused by venereal disease or insanity;
 18. Congenital external diseases, defects or anomalies or in consequence thereof
 19. Any Physical, medical condition or treatment or service that is specifically excluded in this policy.

PERMANENT EXCLUSION (APPLICABLE TO SECTION 2.7. ACCIDENTAL HOSPITALISATION BENEFIT):

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. Outpatient treatment expenses;
2. Treatment of any disease, sickness or illness;
3. Services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by

- a Medical practitioner;
4. Elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force;
 5. Dental care, except as a result of Injury caused by a covered Accident to sound natural teeth while this Policy is in force;
 6. Medical Expenses incurred as a result of influence of over usage / abuse of alcohol and/or drug addiction or overdose i.e., over and above the dosage as prescribed by / administered on advice of a Physician / Registered Medical Practitioner;
 7. Maternity Expenses, treatment arising from or traceable to pregnancy except miscarriage and pre-mature birth as a result of an Accident.
 8. Medical Expenses incurred outside the Republic of India except emergency treatment to stabilize the Insured Person.
 9. Any non-allopathic treatment.

EXCLUSIONS (APPLICABLE TO SECTION 3.OPTIONAL COVER)

1. No benefit shall be payable under this benefit in the event of termination, lay-off, dismissal, temporary suspension or retrenchment from employment of the Insured Person being attributed to any dishonesty or fraud or poor performance on the part of the Insured Person or non-compliance of any company or organization's internal rules/ guidelines or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured Person by the employer.
2. The Company shall not be liable to make any payment under this Policy in connection with or in respect of:
 - a) Self-employed persons;
 - b) Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
 - c) Any voluntary unemployment;
 - d) Unemployment at the time of inception of the Policy Period or arising within the first 90 days of inception of the Policy Period.
3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured Person.
4. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority.
5. Any unemployment due to resignation, retirement whether voluntary or otherwise.
6. Any unemployment due to non-confirmation of employment after or during such period under which the Insured Person was under probation.

EXCLUSIONS UNDER HOSPITAL CASH BENEFIT

The Company shall not be liable to make any payment under this Policy towards Hospital Cash Benefit, caused by, arising out of or attributable to any of the following:

1. Any condition, ailment or injury or related condition(s) for which You had and / or were diagnosed, and / or received medical advice / treatment within 36 months to prior to the first policy issued by Us.
2. Routine eye tests, dental treatment or other examination and/or tests not incidental to the treatment or diagnosis of an injury, sickness or disease,
3. Sleep disorder, Parkinson and Alzheimer's disease, external congenital diseases defects or anomalies, general debility, or exhaustion ("run-down condition"); stem cell implantation or surgery, or growth hormone therapy.
4. Sterility, treatment whether to effect or to treat infertility, any fertility, sub-fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.
5. Dental treatment or other examination and/or tests not incidental to the treatment or diagnosis of an injury, sickness or disease.
6. Circumcisions unless required as a part of treatment of an illness or injury; laser treatment for correction of eye due to refractive error; aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.
7. Prostheses, cosmetic surgery or reconstructive surgery unless as a result of an accidental injury,
8. Custodial care, bed rest, convenience care, convalescence, general debility, rest cure,
9. Any treatment relating to obesity, weight reduction, weight improvement,
10. Self-inflicted injuries or attempted suicide,
11. 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, any epidemics recognized by government or WHO.
12. Any injury, sickness or disease received as a result of the insured person committing any breach of law,
13. Any injury, sickness or disease received as a result of the insured person being under the influence of alcohol or drugs other than in accordance with the directions of a registered medical practitioner,
14. Any injury, sickness or disease received as a result of the insured person taking part in any naval, military or air force operation,

15. Any injury, sickness or disease received as a result of the insured person participating in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition,
16. Any injury, sickness or disease received as a result of aviation, gliding or any form of aerial flight other than on a scheduled commercial airline as a bona fide passenger (whether fare paying or not), pilot or crew member
17. Experimental, investigational or unproven treatment devices and pharmacological regimens.
18. Any procedure primarily for diagnostic or preventive purposes, which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any illness for which confinement is required at a Hospital.
19. Any non-allopathic treatment.
20. Any treatment or part of a treatment that is not medically necessary.

F. GENERAL CONDITIONS APPLICABLE TO THE ALL SECTIONS

F.1. Standard Terms and Conditions:

1. Incontestability and Disclosure to information norm

The Policy shall be null and void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact in the Proposal Form, personal statement, Declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured Person or any one acting on his behalf to obtain any benefit under this Policy.

2. 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 the Insured Person, or anyone acting on his behalf to obtain any benefit under this Policy, if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

3. Cancellation

The Insured may cancel this Policy by giving 7 days' written notice, and in such an event, the Company shall refund premium for the unexpired Policy Period as per the rates detailed below.

- a) If no claim has been made during the policy period, a proportionate refund of the premium will be issued based on the number of unexpired days. The date of cancellation request will be considered as expiry date of coverage
- b) If the claim has been made in the current policy year, the premium for the remaining policy year(s) will be refunded on cancellation

A) For Reducing Sum Assured Plans

Policy Tenure	1	2	3	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
Loan Tenure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
Policy Cancellation Month	1	84%	92%	95%	96%	97%	97%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	
	2	70%	85%	90%	92%	94%	95%	95%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	97%	97%	97%	97%	97%	97%	97%
	3	57%	77%	85%	89%	91%	92%	93%	94%	94%	94%	94%	94%	94%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
	4	45%	70%	80%	85%	88%	90%	91%	91%	92%	92%	92%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
	5	35%	64%	75%	81%	85%	87%	89%	89%	90%	90%	90%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%
	6	25%	57%	71%	78%	82%	85%	86%	87%	88%	88%	89%	89%	89%	89%	89%	89%	89%	90%	90%	90%	90%	90%	90%	90%
	7	18%	51%	66%	75%	80%	83%	84%	85%	86%	86%	87%	87%	87%	87%	87%	88%	88%	88%	88%	88%	88%	88%	88%	88%
	8	11%	46%	62%	71%	77%	80%	82%	83%	84%	84%	85%	85%	85%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%
	9	6%	40%	58%	68%	74%	78%	80%	81%	82%	83%	83%	83%	84%	84%	84%	84%	84%	84%	84%	84%	84%	85%	85%	85%
	10	3%	35%	54%	65%	72%	76%	78%	79%	80%	81%	81%	81%	82%	82%	82%	82%	82%	82%	83%	83%	83%	83%	83%	83%
	11	1%	30%	50%	61%	69%	73%	76%	77%	78%	79%	79%	80%	80%	80%	80%	81%	81%	81%	81%	81%	81%	81%	81%	81%
	12	0%	26%	46%	58%	66%	71%	73%	75%	76%	77%	77%	78%	78%	78%	79%	79%	79%	79%	79%	79%	79%	80%	80%	80%
	13	0%	22%	43%	55%	64%	69%	71%	73%	74%	75%	76%	76%	76%	77%	77%	77%	77%	77%	78%	78%	78%	78%	78%	78%
	14	0%	18%	39%	52%	61%	67%	69%	71%	72%	73%	74%	74%	75%	75%	75%	75%	76%	76%	76%	76%	76%	76%	76%	76%
	15	0%	15%	36%	50%	59%	64%	67%	69%	70%	71%	72%	72%	73%	73%	73%	74%	74%	74%	74%	74%	74%	74%	74%	75%
	16	0%	12%	32%	47%	56%	62%	65%	67%	68%	69%	70%	71%	71%	71%	72%	72%	72%	72%	72%	72%	73%	73%	73%	73%
	17	0%	9%	29%	44%	54%	60%	63%	65%	67%	68%	68%	69%	69%	70%	70%	70%	70%	70%	71%	71%	71%	71%	71%	71%
	18	0%	7%	26%	41%	52%	58%	61%	63%	65%	66%	67%	67%	68%	68%	68%	68%	69%	69%	69%	69%	69%	69%	69%	69%
	19	0%	5%	24%	39%	49%	56%	59%	61%	63%	64%	65%	65%	66%	66%	67%	67%	67%	67%	67%	67%	68%	68%	68%	68%
	20	0%	3%	21%	36%	47%	54%	57%	60%	61%	62%	63%	64%	64%	64%	65%	65%	65%	65%	66%	66%	66%	66%	66%	66%
	21	0%	2%	19%	34%	45%	52%	55%	58%	59%	60%	61%	62%	62%	63%	63%	63%	64%	64%	64%	64%	64%	64%	64%	64%
	22	0%	1%	16%	31%	43%	50%	54%	56%	57%	59%	59%	60%	61%	61%	61%	62%	62%	62%	62%	62%	62%	63%	63%	63%

Policy Tenure	1	2	3	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Loan Tenure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
23	0%	0%	14%	29%	41%	48%	52%	54%	56%	57%	58%	58%	59%	59%	60%	60%	60%	60%	61%	61%	61%	61%	61%	61%	
24	0%	0%	12%	27%	39%	46%	50%	52%	54%	55%	56%	57%	57%	58%	58%	58%	58%	59%	59%	59%	59%	59%	59%	59%	
25	0%	0%	10%	25%	37%	44%	48%	50%	52%	53%	54%	55%	55%	56%	56%	57%	57%	57%	57%	57%	57%	57%	58%	58%	
26	0%	0%	8%	23%	35%	42%	46%	49%	50%	52%	52%	53%	54%	54%	55%	55%	55%	55%	55%	56%	56%	56%	56%	56%	
27	0%	0%	7%	21%	33%	40%	44%	47%	49%	50%	51%	51%	52%	52%	53%	53%	53%	54%	54%	54%	54%	54%	54%	54%	
28	0%	0%	5%	19%	31%	39%	43%	45%	47%	48%	49%	50%	50%	51%	51%	51%	52%	52%	52%	52%	52%	52%	53%	53%	
29	0%	0%	4%	17%	29%	37%	41%	43%	45%	46%	47%	48%	49%	49%	49%	50%	50%	50%	50%	51%	51%	51%	51%	51%	
30	0%	0%	3%	15%	27%	35%	39%	42%	44%	45%	46%	46%	47%	47%	48%	48%	48%	49%	49%	49%	49%	49%	49%	49%	
31	0%	0%	2%	14%	26%	33%	38%	40%	42%	43%	44%	45%	45%	46%	46%	46%	47%	47%	47%	47%	47%	47%	48%	48%	
32	0%	0%	1%	12%	24%	32%	36%	38%	40%	41%	42%	43%	44%	44%	44%	45%	45%	45%	45%	46%	46%	46%	46%	46%	
33	0%	0%	1%	11%	22%	30%	34%	37%	39%	40%	41%	41%	42%	42%	43%	43%	43%	44%	44%	44%	44%	44%	44%	44%	
34	0%	0%	0%	9%	21%	28%	33%	35%	37%	38%	39%	40%	40%	41%	41%	41%	42%	42%	42%	42%	42%	42%	43%	43%	
35	0%	0%	0%	8%	19%	27%	31%	34%	35%	36%	37%	38%	39%	39%	40%	40%	40%	40%	40%	41%	41%	41%	41%	41%	
36	0%	0%	0%	7%	18%	25%	29%	32%	34%	35%	36%	36%	37%	37%	38%	38%	38%	39%	39%	39%	39%	39%	39%	39%	
37	0%	0%	0%	6%	16%	24%	28%	30%	32%	33%	34%	35%	35%	36%	36%	37%	37%	37%	37%	37%	37%	37%	38%	38%	
38	0%	0%	0%	5%	15%	22%	26%	29%	30%	32%	33%	33%	34%	34%	35%	35%	35%	35%	36%	36%	36%	36%	36%	36%	
39	0%	0%	0%	4%	14%	21%	25%	27%	29%	30%	31%	32%	32%	33%	33%	33%	33%	34%	34%	34%	34%	34%	34%	34%	
40	0%	0%	0%	3%	13%	20%	23%	26%	27%	29%	29%	30%	31%	31%	31%	32%	32%	32%	32%	32%	32%	32%	33%	33%	
41	0%	0%	0%	2%	11%	18%	22%	24%	26%	27%	28%	28%	29%	29%	30%	30%	30%	30%	31%	31%	31%	31%	31%	31%	
42	0%	0%	0%	2%	10%	17%	21%	23%	24%	25%	26%	27%	27%	28%	28%	28%	29%	29%	29%	29%	29%	29%	29%	29%	
43	0%	0%	0%	1%	9%	16%	19%	21%	23%	24%	25%	25%	26%	26%	26%	27%	27%	27%	27%	27%	27%	28%	28%	28%	
44	0%	0%	0%	1%	8%	14%	18%	20%	21%	22%	23%	24%	24%	25%	25%	25%	25%	26%	26%	26%	26%	26%	26%	26%	
45	0%	0%	0%	0%	7%	13%	16%	19%	20%	21%	22%	22%	23%	23%	23%	24%	24%	24%	24%	24%	24%	24%	24%	25%	
46	0%	0%	0%	0%	6%	12%	15%	17%	18%	19%	20%	21%	21%	21%	22%	22%	22%	22%	22%	22%	23%	23%	23%	23%	
47	0%	0%	0%	0%	5%	11%	14%	16%	17%	18%	19%	19%	19%	20%	20%	20%	21%	21%	21%	21%	21%	21%	21%	21%	

Policy Tenure	1	2	3	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Loan Tenure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
48	0%	0%	0%	0%	5%	10%	13%	14%	16%	16%	17%	18%	18%	18%	19%	19%	19%	19%	19%	19%	19%	19%	20%	20%
49	0%	0%	0%	0%	4%	9%	11%	13%	14%	15%	16%	16%	16%	17%	17%	17%	17%	17%	18%	18%	18%	18%	18%	18%
50	0%	0%	0%	0%	3%	8%	10%	12%	13%	14%	14%	15%	15%	15%	15%	16%	16%	16%	16%	16%	16%	16%	16%	16%
51	0%	0%	0%	0%	3%	7%	9%	10%	11%	12%	13%	13%	13%	14%	14%	14%	14%	14%	14%	14%	14%	14%	15%	15%
52	0%	0%	0%	0%	2%	6%	8%	9%	10%	11%	11%	12%	12%	12%	12%	12%	13%	13%	13%	13%	13%	13%	13%	13%
53	0%	0%	0%	0%	2%	5%	7%	8%	9%	9%	10%	10%	10%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%
54	0%	0%	0%	0%	1%	4%	6%	7%	7%	8%	8%	9%	9%	9%	9%	9%	9%	9%	10%	10%	10%	10%	10%	10%
55	0%	0%	0%	0%	1%	3%	5%	6%	6%	7%	7%	7%	7%	7%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%
56	0%	0%	0%	0%	1%	3%	4%	4%	5%	5%	5%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%
57	0%	0%	0%	0%	0%	2%	3%	3%	4%	4%	4%	4%	4%	4%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
58	0%	0%	0%	0%	0%	1%	2%	2%	2%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
59	0%	0%	0%	0%	0%	1%	1%	1%	1%	1%	1%	1%	1%	1%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
60	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

No refunds of premium will be made under the Policy during the last year of the Policy Period.

Upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of the Insured Person, the cover in respect of that Insured Person shall forthwith terminate and the Company shall not be liable hereunder.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the Insured Person where

Free look cancellation: In case the policy is cancelled within the freelook period of 30 days, 100% of the premium shall be refunded as per Free look rule.

In case of prepayment (part/full) of Loan, the cover can either be continued upto its natural expiry or be cancelled at Your/ Insured Person's request. If cancellation request is received, refund will be allowed subject to no claim been admitted for You/Insured Person.

4. Renewal

Policy can be renewed only till the Loan is Active and has outstanding balance against it.

- a. The cover under this Policy, for the specific Insured Person, shall terminate in the event of claim in respect of that Insured Person becoming admissible and accepted by the Company under Section 2 (Critical Illness) or Section 3 A & B (Personal Accident – Death and Disablement). Further renewal of the Policy is not allowed.
- b. The Policy has to be renewed within the expiry date or within a Grace Period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date days from the expiry date, beyond which the continuity benefits including Waiting Period shall not be available and any insurance cover thereafter will be treated as fresh cover.
- c. In any case, we shall not be liable to pay claim occurring during the period of break in insurance including Grace Period.
- d. Renewal shall not be refused unless justified on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the Insured Person, provided, however, that you apply for renewal and remit the requisite premium within the period stipulated under (a) above.
- e. Sum Insured can be modified at the time of renewal for which fresh proposal form will be required to be submitted. In case of enhancement of Sum Insured at the time of renewal, waiting periods will apply afresh for the enhanced sum insured.
- f. Your premium will also change if you move into a higher age group, change in Sum Insured, change the term or change the plan.
- g. We, however, are not bound to give notice that it is due for renewal. Unless renewed as herein provided, this Policy or Certificate of Insurance shall terminate at the expiration of the period for which premium has been paid.

5. Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to the Insured Person at the address as specified in the Schedule to this Policy. Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

Every notice and communication to the Company required by this Policy shall be in writing and be addressed to the nearest office of the Company. In case the Policy is sold via voice log the notice to the Company may be placed via same mode.

6. Withdrawal of Product

In case the product is found to be financially unviable or is deficient in any manner, the Company shall, in terms of IRDAI (Health Insurance) Regulations 2016, including the IRDAI (Health Insurance) (Amendment) Regulations 2019, have the option to withdraw this product from the market subject to prior approval of such withdrawal from the Regulatory Authority. Any withdrawal of the product would be duly intimated 3 months prior to expiry of the policy to existing customers, who on expiry of the existing Policy, will have an option to obtain renewal under similar product/s available with Us. The Company shall allow the benefit of Portability in accordance with applicable law, in all such cases.

7. Claim Procedure

Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.

- Cashless facility:
Turn Around Time (TAT) for claims settlement:
 - i. TAT for preauthorization of cashless facility - 1 hr
 - ii. TAT for cashless final bill authorization - 3 hrs

Follow below steps to avail Cashless facility through our In house Health Claims Management:

Step I: Locate nearest Hospital by visiting our website or web portal or call our Health Helpline 1800 200 4030.

Step II: Visit Network hospital and show your Health Serve Card issued by the company along with Valid Photo ID proof and get 'Cashless Request Form' from Insurance helpdesk of the hospital.

Step III: Fill your details in the 'Cashless Request Form' & submit it to the Hospital Insurance helpdesk.

Step IV: Hospital verifies the patient details and sends duly filled Cashless Request Form to Universal Sampo

Step V: Universal Sampo Health team will review and judge the admissibility of the Cashless Request as per Policy Terms & Conditions and the same will be communicated to Insured and Hospital with in 60 mins for Initial Cashless request & 3 hrs for discharge request on their registered mobile number & Email ID respectively.

Provide the details/web link for following:

- i. Network Hospital details: Available on website: www.universalsampo.com.
- ii. Helpline Number:

Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030, Senior Citizen: 1800-267-4030

Landline Numbers: (022) 39133700 (Local Charges Apply)

iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer:
Available on website: www.universalsompo.com.

iv. Downloading/getting claim form: Available on website: www.universalsompo.com

- Anywhere Cashless Facility (Non Network Cashless):
You can now avail cashless facility from non-network hospitals.

To avail the treatment under cashless from non-network hospitals, please find the below steps.

Prior Intimation is required for processing cashless from non-network hospitals:

- Inform us (Toll Free Helpline – 1800 200 4030) minimum 48 hours before admission for planned hospitalization and with 24 hours of admission for emergency hospitalization across India.
- Mail us at healthserve@universalsompo.com
- Reimbursement facility:

Follow below steps to avail reimbursement facility through our In house Health Claims Management:

Step I: Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at healthserve@universalsompo.com and inform about your claim.

Step II: Visit hospital and undergo your treatment. Settle your hospitalization bill and collect all the documents after discharge from the hospital.

Step III: Fill in Reimbursement Claim Form and submit all original documents to our below mention office for reimbursement.

Universal Sampo General Insurance Company Limited,
Health Claims Management Office,
1st Floor C-56- A/13,
Block- C Sector- 62,
Noida,
Uttar Pradesh, Pincode: 201309

Step IV: On receipt of document your claim will processed as per Terms & Conditions of policy and the same will be communicated over SMS & Email.

Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim.

Claim Settlement:

- i The Company shall settle or reject a claim, as the case may be, within 15 days from the date of submission of the claim.
- ii In case of delay beyond stipulated 15 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of intimation to till the date of payment.

8. Redressal of Grievance:

If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, you can address Your grievance as follows:

Step 1: Contact us

Write us at:

**Customer Service Universal Sampo
General Insurance Co. Ltd.**

**Unit No. 601 & 602, 6th Floor, Reliable
Tech Park, Thane- Belapur Road, Airoli,
Navi Mumbai, Maharashtra – 400708**

E- mail Address

contactus@universalsompo.com

For more details:

www.universalsompo.com

Toll Free Numbers: 1800-22-4030 or

1800-200-4030

**Senior Citizen toll free number: 1800-267-
4030**

Step 2: Grievance Cell

If the resolution you received, does not meet your expectations, you can directly write to our Grievance Id. After examining the matter, the final response would be conveyed within two weeks from the date of receipt of your complaint on this email id.

**Customer Service Universal Sampo General
Insurance Co. Ltd.**

**Unit No. 601 & 602, 6th Floor, Reliable
Tech Park, Thane- Belapur Road, Airoli,
Navi Mumbai, Maharashtra – 400708**

E- mail Address:

grievance@universalsompo.com

For more details:

www.universalsompo.com

Visit Branch Grievance Redressal Officer (GRO) - Walk into any of our nearest branches and request to meet the GRO.

- We will acknowledge receipt of your concern Immediately

- Seek and obtain further details, if any, from the complainant (permitted only once) Within one week
- Within 2 weeks of receiving your grievance, we will respond to you with the best solution.
- We shall regard the complaint as closed incase on non-receipt of reply from the complainant Within 8 weeks from the date of registration of the grievance

Step 3: Chief Grievance Redressal Officer

In case, you are not satisfied with the decision/resolution of the above office or have not received any response within 15 working days, you may write or email to:

Customer Service Universal Sampo General Insurance Co. Ltd.

Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708

E- mail Address:

gro@universalsompo.com

For more details:

www.universalsompo.com

For updated details of grievance officer, kindly refer the link

<https://www.universalsompo.com/resourse-grievance-redressal>

Step 4: Insurance Ombudsman

Bima Bharosa Portal link: <https://bimabharosa.irdai.gov.in/>

You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any.

Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at <https://www.gicouncil.in/>, the Consumer Education Website of the IRDAI at <http://www.policyholder.gov.in>, or from any of Our Offices.

The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site:

<https://www.cioins.co.in/Ombudsman>.

Note: Grievance may also be lodged at IRDAI- <https://bimabharosa.irdai.gov.in/>.

F.2. Specific Terms and Conditions:

1. SPECIFIC CONDITIONS (APPLICABLE TO SECTION.1. CRITICAL ILLNESS)

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

The insured has to survive for a period of 30 / NIL days from the date of diagnosis of any of the Critical Illnesses listed above to be eligible for the benefit under the policy. We will not be liable for payment of any claim in the scenario where the insured person expires within the survival period, if opted (Refer Schedule for Survival Period).

2. SPECIAL CONDITIONS (APPLICABLE TO SECTION 2.PERSONAL ACCIDENT)

The cover under this Policy, for the specific Insured Person, shall terminate in the event of claim in respect of that Insured Person becoming admissible and accepted by the Company under this Section for either PA – Death or Permanent Total Disablement. In consequence thereof no benefit shall be payable under this Section or any other Section of this Policy. However, in case of Permanent Partial Disablement (if opted) and if it occurs prior to Permanent Total Disablement, the risk cover under the Policy will continue with the remaining Sum Insured available under the Policy.

3. SPECIFIC CONDITIONS (APPLICABLE TO SECTION 3.OPTIONAL COVER)

1. The benefit under this Section is available only for salaried employees within India.
2. Waiting Period - An initial waiting period of 90 days after the commencement of the Policy Period (or first Policy Period in case of renewal without break).
3. A claim shall be admissible under this Section if the Insured Person loses his job within 12 months from the Date of Diagnosis of a covered Critical Illness payable under SECTION 1 CRITICAL ILLNESS or the date of Accident leading to the Permanent Total Disablement payable under SECTION 2 PERSONAL ACCIDENT-Permanent Total Disablement subject to the policy being in force at the time of unemployment.
4. A claim under this Section shall become admissible provided the period of termination, layoff, retrenchment or permanent dismissal from employment of the Insured Person is not less than 30 consecutive days (“Retrenchment Period”). Any payment shall be made after 30(thirty) consecutive days from the last day of employment of the Insured Person.
5. The payout for this benefit is as fixed at the outset and shall not be affected by any midterm change in EMI/interest rates, irrespective of whether You/ Insured person has opted for Fixed Sum Insured or Reducing Sum Insured.
6. The cover under this Section shall terminate after 6 EMIs have been admissible and paid, whether in one or more claims within a single Policy Period.

In the event the Sum Insured as appearing against Section 1 (Critical Illness) & Section 2 (Personal Accident and Permanent Total Disablement) of the Policy is less than the

total of the actual Loan disbursed up to the date of the occurrence of the Insured Event, then the EMI payable shall be in the same proportion as the actual Loan disbursed to the Sum Insured.

4. SPECIFIC CONDITIONS APPLICABLE TO SECTION 03- HOSPITAL CASH BENEFIT

1. Hospital Cash Benefit is payable only for admission in Hospital for a minimum period of 24 consecutive inpatient care hours.
2. Waiting Period - An initial waiting period of 30 days from the commencement of the Policy Period (or first Policy Period in case of renewal without break) is applicable under this Policy, except for the below illnesses/ treatments, where the waiting period is of 2 years as long as in the third Policy Year You/ Insured Person has been insured under this Policy continuously and without any break:
 - a. Illnesses: arthritis if non infective; calculus diseases of gall bladder and urogenital system; cataract; fissure/fistula in anus; hemorrhoids; sinus; gastric and duodenal ulcers; gout and rheumatism; internal tumors; cysts; nodules; polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis if age related; polycystic ovarian diseases; sinusitis and related disorders and skin tumors unless malignant.
 - b. Treatments: Surgeries for benign ear; adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty; dilatation and curettage (D&C); hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy; joint replacement; myomectomy for fibroids; surgery of gallbladder and bile duct unless necessitated by malignancy; surgery of genito urinary system unless necessitated by malignancy; surgery.

Specific Terms and Conditions applicable to the entire policy:

1. Observance of terms and conditions

The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

2. Reasonable Care

The Insured Person shall take all reasonable steps to safeguard the interests of the Insured Person against accidental loss or damage that may give rise to the claim under this Policy.

3. Entire Contract

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an Endorsement on the Policy. No agent shall or has the authority to change in any respect whatsoever, any term of this Policy or waive

any of its provisions.

4. No Constructive Notice

Any of the circumstances in relation to these conditions coming to the knowledge of any official of the company shall not be the notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

5. Records to be maintained

The Insured shall keep an accurate record of any material change in the risk during the currency of the policy, containing all relevant particulars and shall allow the Company to inspect such record. The Insured Person shall within one month after the expiry of the Policy Period furnish such information as the Company may require.

6. Notice of charge etc.

The Company shall not be bound to notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy but the receipt of the Insured Person or his legal personal representative shall in all cases be an effectual discharge to the Company.

7. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

8. Electronic Transactions

The Insured Person agrees to adhere to and comply with all terms and conditions involving 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 the Company, for and in respect of this Policy or its terms as approved by the Authority.

9. Right to Inspect

If required by the Company, an agent/representative of the Company including a loss assessor or a Surveyor appointed in that behalf shall in case of any loss or any circumstances that have given rise to the claim to the Insured Person be permitted at all reasonable times to examine into the circumstances of such loss. The Insured Person shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such

circumstance in his possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain in the correctness thereof or the liability of the Company under the Policy. The Insured Person shall provide reasonable support to the Company in this regard.

10. Currency for Payment

All claims shall be payable in India and in Indian Rupees only.

11. Payments

The Company shall be duly discharged of its obligations under this Policy and the Insured Person shall hold the Company harmless, upon making the payment of the claim to the Insured Person / his assignee or the Bank/Financial Institution or his Nominee/ legal heirs as the case may be.

12. Material Change / Change of Occupation

The Insured Person shall immediately notify the Company in writing by way of the alterations of risk format of any material change in the risk or change in business or occupation during the currency of the Policy and cause at his own expense such additional precaution to be taken as circumstances may require to ensure safety thereby containing the circumstances that may give rise to a claim and the Company may adjust the scope of the cover and/or the premium, if necessary, accordingly. The above notification is not mandatory when only the employer/administrator changes but the nature of occupation does not change.

13. Arbitration Clause

The parties to the contract may mutually agree and enter into a separate Arbitration. Agreement to settle any and all disputes in relation to this policy.

Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

(This clause does not apply to Group policies where premium is paid by members)

14. Sum Insured

Section 2 (Critical Illness) & Section 3 (Personal Accident – Death and Disablement) shall always have the same Sum Insured.

The Sum Insured shall have 2 (Two) options –

Basis of Sum Insured opted	Benefit
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Reducing Sum Insured	Principle Outstanding as per the amortization schedule prepared by Bank/Financial Institution at the time of disbursing the loan
Fixed Sum Insured	100% of the Sum Insured that is Loan Amount

In the event the Sum Insured as appearing against Section 2 (Critical Illness) & Section 3 A&B (Personal Accident – Death and Disablement) of the Schedule is less than the total of the actual Loan disbursed up to the date of the occurrence of the Insured Event, then the Amortization schedule shall be calculated as if the actual Loan disbursed was equivalent to the Sum Insured.

15. Age Limit

The insured person should have attained the age of atleast 18 years and shall not have completed the age of 65 years as on the date of commencement of the policy period. Life long renewal is available.

16. Termination

This Policy will terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in Schedule.

9. Entry Age

Minimum entry Age for Adult Member – 18 Years

Maximum entry Age – 65 Years

17. For Reducing sum insured covers:

Notwithstanding anything contrary stated in the Policy, the Sum Insured under the Policy on the date of the Insured Event covered under Sections 2 and 3 for the purpose of calculation of claim shall be the least of the following:

1. The Principal Outstanding in the books of the Bank/Financial Institution as on the date of occurrence of the Insured Event; or
2. The Principal Outstanding as per the amortization schedule prepared by Bank/Financial Institution. In the event the Sum Insured under Section 2 and 3 of the Policy is less than the total of the actual Loan disbursed upto the date of the occurrence of the Insured Event, then the Amortization schedule shall be calculated as if the actual Loan disbursed was equivalent to the Sum Insured. ; or
3. The Sum Insured under the Policy with respect to Sections 2 and 3

18. Assignment clause

It is hereby declared and agreed that:

1. from the Policy start date, the monies payable by the Company to the Insured and all rights, title, benefits and interest of the Insured under this Policy stand assigned in favour of the "Bank / Financial Institution as named in the Schedule of this Policy";
2. upon any monies becoming payable under this Policy the same shall be paid by the Company to the "Bank/Financial Institution as named in Schedule of this Policy" without any reference / notice to the Insured, but not exceeding the Principal Outstanding as defined under the Policy. In the event of any monies payable under this Policy exceeding the Principal Outstanding, the Company shall pay such monies as exceeding the Principal Outstanding to the Insured.
3. the receipt of such monies in the manner aforesaid by the Bank/Financial Institution as named in the Schedule of this Policy and the Insured, as applicable, shall completely discharge the Company from all liability under the Policy and shall be binding on the Insured and the heirs, executors, administrators, successors or legal representatives of the Insured, as the case may be.
4. That any adjustment, settlement, compromise or reference to arbitration in connection with any dispute between the Company and the Insured or any of them arising under or in connection with this policy if made by the Bank/Financial Institution shall be valid and binding on all parties insured hereunder but no so as to impair rights of the Bank/Financial Institution to recover the full amount of any claim it may have on other parties insured hereunder.
5. This clause is applicable in the event of claim under Critical Illness, Accidental Death and Permanent Total Disability.

19. Dispute Resolution Clause

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

20. Contribution :

If at the time of the happening of any loss or damage covered by this Policy there shall be existing any other insurance of any nature whatsoever covering the same property , whether effected by the Insured or not, then the Company shall not be liable to pay or contribute more than its ratable proportion of any loss or damage.

21. Subrogation :

The Insured and any claimant under this Policy shall at the expense of the Company do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing any rights and remedies or obtaining relief or indemnity from other parties to which the Company shall be or would become entitled or subrogated upon the Company 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 the Insured's indemnification by the Company.

22. Insurance Ombudsman –

The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-A.

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, Dadra & Nagar Haveli, Daman and Diu.	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
Karnataka.	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
Madhya Pradesh Chattisgarh.	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
Odisha	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
Punjab, Haryana, Himachal Pradesh,	CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160

Jammu & Kashmir, Chandigarh.	017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in
Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).	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
Delhi.	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
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	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
Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.	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
Rajasthan.	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

<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p>	<p>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</p>
<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>	<p>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</p>
<p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, 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.</p>	<p>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</p>
<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>	<p>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</p>
<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad,</p>	<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301.</p>

Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in
Bihar, Jharkhand.	PATNA Office of the Insurance Ombudsman, 1 st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.	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

Registered & Corp Office: Universal Sampo General Insurance Company Ltd. 8th Floor & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon East, Mumbai 400063, Toll free no: 1800-22-4030/1800-200-4030, IRDAI Reg no: 134, CIN# U66010MH2007PLC166770 E-mail: contactus@universalsampo.com, website link www.universalsampo.com
