<<Date>>
<<Policyholder's Name>>
<<Policyholder's Address>>
<<Policyholder's Contact Number>>

Dear <<Policyholder's Name>>,

Sub: Your Policy no. <<>> (Protection Coverage)
Your Policy no. <<>> (Health Coverage)

We are glad to inform you that your proposal has been accepted and the Click 2 Protect Health Policy ("Policy")has been issued. The product is jointly offered by HDFC Standard Life Insurance Company Limited (HDFC Life) and Apollo Munich Health Insurance Company Limited (Apollo Munich). We believe You have familiarized yourself with the policy benefits and policy service structure of the 'Combi Product' before deciding to purchase the policy The risks of this 'Combi Product' are distinct and are assumed / accepted by respective insurer. We have made every effort to design your Policy in a simple format. For your convenience, the first booklet in this jacket is the coverage offered by HDFC Life and the second booklet in this jacket is the coverage offered by Apollo Munich.

Policy documents:
As an evidence of the insurance contract between you, HDFC Life and Apollo Munich, the policy wordings are enclosed herewith. Please preserve these documents safely and also inform your Nominees about the same. A copy of the proposal form submitted by you is also enclosed for your information and record.

Cancellation in the Free-Look Period:
In case you are not agreeable to any of the terms and conditions stated in the Policy, you have the option to return the Policy to us stating the reasons thereof, within 15 days from the date of receipt of this Policy. If you have purchased your Policy through Distance Marketing mode, this period will be 30 days. For the Health coverage kindly note that Free Look Cancellation option is not available at the time of renewal of the health cover. On receipt of your letter along with the original Policy, we shall arrange to refund the Premium paid by you, subject to deduction of the proportionate risk Premium for the period on cover and the expenses incurred by us for medical examination (if any) and stamp duty (if any). You shall not be allowed to cancel the any coverage individually during the Free-look Period. Any application for cancellation during the Free-look Period will cancel this Policy in its entirety.

Other Essential aspects:

1. The liability to settle the claim vests with respective insurers, i.e., for life insurance benefits it vests with HDFC Life and for health insurance benefits it vests with Apollo Munich.
2. The legal/quasi legal disputes, if any, are dealt by the respective insurers for respective benefits.
3. You are eligible to continue with either part of the policy, discontinuing the other during the policy term. In such a scenario, you shall be covered under the individual plan of the respective insurer with similar benefits.
4. The health cover of this Policy is ordinarily renewable except on the grounds of fraud, moral hazard or mis-representation or non-compliance of any of the provisions by you.

5. The Premium payment options for the coverages are provided in the respective policy schedules
6. All Policy servicing requests pertaining to this Policy shall be received by either of the insurers. Multiple communication channels of both the insurers shall serve as nodal points for receiving the Policy servicing request from you. All requests impacting premium or Policy terms towards the coverage of a particular insurer shall be serviced by respective insurer. The other insurer shall only facilitate in receiving such requests. All Other requests shall be serviced by the insurer receiving such requests from you.
7. This Policy is being offered to you under an Agreement executed by and between HDFC Life and Apollo Munich and as approved by IRDAI. The insurers may mutually decide to terminate the Agreement and intimate the same to you ninety (90) day prior to the termination of the relationship..However, Your Policy will continue until the expiry or termination of the coverage in accordance with the policy wordings for respective coverage.

Contacting us:
The addresses for correspondence for each insurer are specified below. To enable us to serve you better, you are requested to quote your Policy number in all future correspondence. In case you are keen to know more about our products and services, we would request you to talk to <<Agency Name>>who has advised you while taking this Policy. The details of your Agent including his contact details are listed below.

To contact us in case of any grievance under coverage offered by respective companies, please refer relevant grievance redressal mechanism section under each booklets. In case you are not satisfied with our response, you can also approach the Insurance Ombudsman in your region.

Yours sincerely,

<<Designation of the Authorised Signatory >>

Branch Address: <<Branch Address>>
Agency Code: <<Agency Code>>
Agency Name: <<Agency Name>>
Agency Telephone Number: <<Agency mobile & landline number>>
Agency Contact Details: <<Agency address>>

Address for Correspondence: HDFC Standard Life Insurance Company Limited, 11th Floor LodhaExcelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai-400011.

Regd. Off: LodhaExcelus, 13th Floor, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.
Call 1860-267-9999 (local charges apply). DO NOT prefix any country code e.g. +91 or 00. Available all days
from 9am to 9pm | Email – service@hdfclife.com | NRIservice@hdfclife.com (For NRI customers only) Visit – www.hdfclife.com . CIN: L65110MH2000PLC128245.

Address for Correspondence:Apollo Munich Health Insurance Co. Ltd., iLABS Centre, 2nd & 3rd Floor, Plot No 404 - 405, UdyogVihar, Phase – III, Gurgaon-122016, Haryana|Email: customerservice@apollomunichinsurance.com
Support Toll Free: 1800-102-0333

Regd. Off:Apollo Hospitals Complex,Jubilee Hills, Hyderabad,Andhra Pradesh - 500033

Part A

POLICY DOCUMENT- Click 2 Protect Health

Unique Identification Number: << >>

Your Policy is a non - participating protection product. This document is the evidence of a contract between HDFC Standard Life Insurance Company Limited and the Policyholder as described in the Policy Schedule given below. This Policy is based on the Proposal made by the within named Policyholder and submitted to the Company along with the required documents, declarations, statements, applicable medical evidence and other information received by the Company from the Policyholder, Life Assured or on behalf of the Policyholder ("Proposal"). This Policy is effective upon receipt and realisation, by the Company, of the consideration payable as First Premium under the Policy. This Policy is written under and will be governed by the applicable laws in force in India and all Premiums and Benefits are expressed and payable in Indian Rupees.

POLICY SCHEDULE

Policy number: << >>

Client ID: << >>

Policyholder Details

Name	<< >>
Address	<< >>

Life Assured Details

Name	<< >>
Date of Birth	<< dd/mm/yyyy >>
Age on the Date of Risk Commencement	<< >> years
Age Admitted	<<Yes/No>>
Gender	<<>>

Policy Details

Date of Commencement of Policy	<<Date>>
Date of Risk Commencement	<< RCD >>
Date of Issue/Inception of Policy	<< First Issue Date>>
Premium Due Date(s)	<<dd /month>>
Plan Option chosen	<<3D Life Long Protection Option*/3D Life Option#/Extra Life Income Option$/Extra Life Option&/Income Option^/ Income Replacement Option@/Life Option•/ Return of Premium Option¥/Life Long Protection Option¤>>
Sum Assured	Rs. << >>
Annualised Premium/Single Premium	Rs. << >>>
Policy Term	<<___>> years/Whole of Life
Premium Paying Term	<<<Limited < > years/ Regular < > years/ Single>>>
Frequency of Premium Payment	<<Annual/Half-yearly/ Quarterly/ Monthly/ Single >>
Premium per Frequency of Premium Payment	Rs. << >>
Underwriting Extra Premium per Frequency of Premium Payment	Rs. << >>
Total Premium per Frequency of Premium Payment*	Rs. << >>
Grace Period	<< 15 (for Monthly mode) / 30 (for other modes) >> Days
Final Premium Due Date	<< dd/mm/yyyy >>
Maturity Date	<< dd/mm/yyyy >>
Top Up	<< Yes/No >>
Top Up Rate	<<___>>%
Frequency of Premium Payment for Top Up	<< Annual/Half-yearly/ Quarterly/ Monthly >>

Income Term[$^@]	<< >> years
Lump Sum[$^@]	Rs. << >>
Initial Monthly Income[$^@]	Rs. << >>
Extra Life Lump Sum[$]	Rs. << >>
Extra Life Initial Monthly Income[$]	Rs. << >>
Level/Increasing Income[$^@]	<< Level/Increasing >>
Income Increase Rate[^$]	<< >> %
Extra Life Sum Assured[&$]	Rs. << >>

Rider Policy Details

Name of the Rider	<<>>
UIN of the Rider	<<>>
Date of Risk Commencement	<<>>
Date of Issue	<<>>
Rider Sum Assured	<<>>
Annualised Premium/Single Premium	<<>>
Policy Term	<<>>
Premium Paying Term	<<>>
Frequency of Premium Payment	<<>>
Premium per Frequency of Premium Payment	<<>>

Rider Policy Details

Name of the Rider	<<>>
UIN of the Rider	<<>>
Date of Risk Commencement	<<>>
Date of Issue	<<>>
Rider Sum Assured	<<>>
Annualised Premium	<<>>
Policy Term	<<>>
Premium Paying Term	<<>>
Frequency of Premium Payment	<<>>
Premium per Frequency of Premium Payment	<<>>

The Premium amount is excluding any applicable taxes and levies leviable on the Premium. Amount of taxes and levies, will be charged at actuals as per prevalent rate.
*The Premium amount mentioned does not include Top-Up Premium. In case Top-Up option is chosen, then additional Premium shall be payable for the same.

NOMINATION SCHEDULE

Nominee's Name	<<Nominee-1 >>	<<Nominee-2 >>
Nomination Percentage	<< >> %	<< >> %
Nominee's Address	<< >>	<< >>
Appointee's Name (Applicable where the Nominee is a minor)	<< >>	
Date of Birth of Appointee	<< dd/mm/yyyy >>	
Appointee's Address	<< >>	

Signed at Mumbai on <<>>
For HDFC Standard Life Insurance Company Limited
Authorised Signatory

In case you notice any mistake, you may return the Policy document to us for necessary correction.

SPACE FOR ENDORSEMENTS

Part B

(Definitions)

In this Policy, the following definitions shall be applicable:

1) *Accident- means* sudden, unforeseen and involuntary event caused by external, visible and violent means;
2) *Accidental Death* - means death by or due to a bodily injury caused by an Accident, independent of all other causes of death. Accidental Death must be caused within 180 days from the date of any bodily injury;
3) *Annualised Premium* - Annualised Premium shall be the premium payable in a year chosen by the Policyholder, excluding the underwriting extra premiums, loadings for modal premiums, applicable taxes and levies, if any;
4) *Appointee* – means the person named by You and registered with Us in accordance with the Nomination Schedule, who is authorized to receive the Sum Assured under this Policy on the death of the Life Assured while the Nominee is a minor;
5) *Assignee* – means the person to whom the rights and benefits under this Policy are transferred by virtue of assignment under section 38 of the Insurance Act, 1938;
6) *Accidental & Total Permanent Disability (ATPD)* means when the Life Assured is totally, continuously and permanently disabled and meets either of the two definitions below:
   - Unable to Work shall mean:
     Disability as a result of injury or accident and is thereby rendered totally incapable of being engaged in any work or any occupation or employment for any compensation, remuneration or profit and he/she is unlikely to ever be able to do so.
   - Physical Impairments shall mean:
     The Life Assured suffers an injury/accident due to which there is total and irrecoverable loss of:
     i. The use of two limbs; or
     ii. The sight of both eyes; or
     iii. The use of one limb and the sight of one eye; or
     iv. Loss by severance of two or more limbs at or above wrists or ankles; or
     v. The total and irrecoverable loss of sight of one eye and loss by severance of one limb at or above wrist or ankle.

   The disabilities as stated under "Unable to Work" and "Physical Impairments" must have lasted, without interruption, for at least 6 consecutive months and must, in the opinion of a medical practitioner (as defined below), be deemed permanent. The benefit will commence upon the completion of this uninterrupted period of 6 months. However, for the disabilities mentioned in (iv) and (v) above, such 6 months period would not be applicable and the benefit will commence immediately;
7) *Authority/ IRDAI* – means Insurance Regulatory and Development Authority of India;
8) *Company, company, Insurer, Us, us, We, we, Our, our* – means or refers to HDFC Standard Life Insurance Company Limited;
9) *Critical Illness(CI)* – means the illness as defined in the below table:

Sr. No	Term	Definition
1	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 v. TNM classification T2N0M0 vi. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

		vii. Chronic lymphocytic leukaemia less than RAI stage 3 viii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification, ix. 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; x. All tumors in the presence of HIV infection.
2	*Open Chest CABG*	I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist. II. The following are excluded: i. Angioplasty and/or any other intra-arterial procedures
3	*Myocardial Infarction (First Heart Attack of specific severity)*	I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria: i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain) ii. New characteristic electrocardiogram changes iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers. II. The following are excluded: i. Other acute Coronary Syndromes ii. Any type of angina pectoris iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.
4	*Major Surgery of Aorta*	I. The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. II. The following are excluded: i. Surgery performed using only minimally invasive or intra-arterial techniques.
5	*Kidney Failure Requiring Regular Dialysis*	I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.
6	*Stroke Resulting In Permanent Symptoms*	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extra cranial 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. II. The following are excluded: i. Transient ischemic attacks (TIA) ii. Traumatic injury of the brain iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

7	*Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders*	I. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Member. This diagnosis must be supported by the clinical confirmation of an appropriate Registered Medical practitioner who is also a Neurologist and supported by the Company's appointed doctor. II. The following are excluded: i. Non-organic disease such as neurosis and psychiatric illnesses; and ii. Alcohol-related brain damage.
8	*Apallic Syndrome*	I. Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a neurologist acceptable to the Company and the condition must be documented for at least one month.
9	*Benign Brain Tumour*	I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI. II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist. i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or ii. Undergone surgical resection or radiation therapy to treat the brain tumor. III. The following conditions are excluded: i. 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.
10	*Coma of Specified Severity*	I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following: i. no response to external stimuli continuously for at least 96 hours; ii. life support measures are necessary to sustain life; and iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.
11	*End Stage Liver Failure*	I. Permanent and irreversible failure of liver function that has resulted in all three of the following: i. Permanent jaundice; and ii. Ascites; and iii. Hepatic encephalopathy. II. Liver failure secondary to drug or alcohol abuse is excluded.
12	*End Stage Lung Failure*	I. 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; and ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO_2 < 55mmHg$); and iv. Dyspnea at rest.
13	*Loss of Independent Existence*	I. Confirmation by a Medical Practitioner acceptable to the Company of the loss of independent existence due to illness or trauma, which has lasted for a minimum period of 6 months and results in a permanent inability to perform at least three (3) of the 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. II. 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 or 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. III. The following is excluded: i. Any injury or loss as a result of War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion
14	*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.
15	*Third Degree Burns*	I. 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.
16	*Major Head Trauma*	I. Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes. II. The accidental head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology. III. The Activities of Daily Living are: i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; iv. Mobility: the ability to move indoors from room to room on level surfaces;

		v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; vi. Feeding: the ability to feed oneself once food has been prepared and made available. IV. The following are excluded: i. Spinal cord injury;
17	*Motor Neurone Disease With Permanent Symptoms*	I. Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.
18	*Multiple Sclerosis with Persistent Symptoms*	I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following: investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months. II. Other causes of neurological damage such as SLE and HIV are excluded.
19	*Open heart replacement or repair of heart valves*	I. 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.
20	*Angioplasty*	I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG). II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. III. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.
21	*Cardiomyopathy*	I. An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria: i. Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced and ii. Echocardiography findings confirming presence of cardiomyopathy and Left Ventricular Ejection Fraction (LVEF) of 40% or less II. The following are excluded: i. Cardiomyopathy directly related to alcohol or drug abuse.
22	*Parkinson's Disease*	I. Unequivocal Diagnosis of Parkinson's disease by a Registered Medical Practitioner who is a neurologist where the condition: i. cannot be controlled with medication; ii. shows signs of progressive impairment; and

		iii. Activities of Daily Living assessment confirms the inability of the Member to perform at least 3 of the Activities of Daily Living as defined in this Policy, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons, for a continuous period of six months. II. Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinson's Disease are 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.
23	*Permanent Paralysis Of Limbs*	I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis shall be permanent with no hope of recovery and must be present for more than 3 months.
24	*Primary (Idiopathic) Pulmonary Hypertension*	I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment. II. The NYHA Classification of Cardiac Impairment are as follows: i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest. III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.
25	*Major Organ / Bone Marrow Transplant*	I. The actual undergoing of a transplant of: i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner. II. The following are excluded: i. Other stem-cell transplants ii. Where only islets of langerhans are transplanted
26	*Scleroderma*	I. A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and

		serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys. II. The systemic involvement should be evidenced by any one of the following findings - i. Lung fibrosis with a diffusing capacity (DCO) of less than 70% of predicted ii. Pulmonary hypertension with a mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation iii. Chronic kidney disease with a GFR of less than 60 ml/min (MDRD-formula) iv. Echocardiographic findings suggestive of Grade III and above left ventricular diastolic dysfunction III. The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist. IV. The following conditions are excluded: i. Localised scleroderma (linear scleroderma or morphea); ii. Eosinophilicfascitis; and iii. CREST syndrome.
27	*Muscular Dystrophy*	I. Diagnosis of muscular dystrophy by a Registered Medical Practitioner who is a neurologist based on three (3) out of four (4) of the following conditions: i. Family history of other affected individuals; ii. Clinical presentation including absence of sensory disturbance, normal cerebro- spinal fluid and mild tendon reflex reduction; iii. Characteristic electromyogram; or iv. Clinical suspicion confirmed by muscle biopsy. II. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least three (3) of the six (6) 'Activities of Daily Living' as defined, for a continuous period of at least six (6) months.
28	*Poliomyelitis*	I. The occurrence of Poliomyelitis where the following conditions are met: i. Poliovirus is identified as the cause and is proved by Stool Analysis, ii. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.
29	*Medullary Cystic Disease*	Medullary Cystic Disease where the following criteria are met: I. The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis; II. Clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and III. The Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. IV. Isolated or benign kidney cysts are specifically excluded from this benefit.
30	*Systematic lupus Erythematosus with Renal Involvement*	I. Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens. For purposes of the definition of "Critical Illness", SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.

		II. Abbreviated ISN/RPS classification of lupus nephritis (2003): i. Class I - Minimal mesangial lupus nephritis ii. Class II - Mesangial proliferative lupus nephritis iii. Class III - Focal lupus nephritis iv. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis v. Class V - Membranous lupus nephritis vi. ClassVI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.
31	*Aplastic Anaemia*	I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following: i. Blood product transfusion; ii. Marrow stimulating agents; iii. Immunosuppressive agents; or iv. Bone marrow transplantation. II. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present: i. Absolute Neutrophil count of 500 per cubic millimetre or less; ii. Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and iii. Platelet count of 20,000 per cubic millimetre or less.
32	*Loss of Limbs*	I. 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.
33	*Deafness*	I. 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 90decibels across all frequencies of hearing" in both ears.
34	*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, and Throat (ENT) specialist. II. All psychiatric related causes are excluded.

10) *Date of Risk Commencement* - means the date, as stated in the Policy Schedule, on which the insurance coverage under this Policy commences;
11) *Extra Life Sum Assured*[&$] – means the absolute amount of benefit, in addition to the Sum Assured on Death which is guaranteed to become payable on Accidental Death of the Life Assured as per the terms and conditions specified in the Policy;
12) *Frequency of Premium Payment*– means the period, as stated in the Policy Schedule, between two consecutive Premium due dates for the Policy;
13) *Grace Period* – means the specified period of time immediately following the Premium due date during which a payment can be made to continue a Policy in force without loss of continuity of benefits;
14) *Guaranteed Sum Assured on Maturity* – means the Total Premiums paid by the Policyholder during the term of the Policy;
15) *Income Term*[$^@] – means the period (in years) for which the Monthly Income will be paid by us;
16) *Life Assured* - means the person as stated in the Policy Schedule on whose life the contingent events have to occur for the Benefits to be payable. The Life Assured may be the Policyholder;
17) *Lump Sum*[$^@] - means an amount (if chosen by the Life Assured) that will be paid out in the event of Life Assured's death;

18) *Maturity Date* - means the date stated in the Policy Schedule, on which the Policy Term expires and this Policy terminates;
19) *Monthly Income*$^{\$\wedge@}$ - means the income chosen at the inception of the Policy;
20) *Medical Practitioner* - A Medical Practitioner is 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 licence. The person must be qualified in allopathic system of medicine and shall not be the Life Assured himself/herself;
21) *Nominee(s)* – means the person named by you and registered with us in accordance with the Nomination Schedule, who is authorized to receive the Death Benefit under this Policy, on the death of the Life Assured;
22) *Policy Anniversary*- means the annual anniversary of the Date of Risk Commencement;
23) *Policyholder, You, you, your* – means or refers to the Policyholder stated in the Policy Schedule.
24) *Policy Term* - means the term of the Policy as stated in the Policy Schedule;
25) *Policy Year* - means a period of 12 months starting from the Date of Risk Commencement.
26) *Premium(s)*- means an amount stated in the Policy Schedule, payable by You to Us for every Policy Year by the due dates, and in the manner stated in the Policy Schedule, to secure the benefits under this Policy, excluding applicable taxes and levies;
27) *Premium Paying Term* – means the period as stated in the Policy Schedule, in years, over which Premiums are payable;
28) *Revival of a Policy* - means restoration of the Policy, which was discontinued due to the non-payment of Premium, by the Company with all the benefits mentioned in the Policy document, with or without rider benefits, if any, upon the receipt of all the Premiums due and other charges/late fee, if any, as per the terms and conditions of the Policy, upon being satisfied as to the continued insurability of the insured/Policyholder on the basis of the information, documents and reports furnished by the Policyholder;
29) *Revival Period* - means the period of two consecutive years from the date of discontinuance of the Policy, during which period the Policyholder is entitled to revive the Policy, which was discontinued due to the non-payment of Premium, in accordance with the terms of Revival of a Policy;
30) *Sum Assured* - Absolute amount chosen by the Policyholder at inception;
31) *Sum Assured on Death*- means the absolute amount of benefit which is guaranteed to become payable on death of the Life Assured as per the terms and conditions specified in the Policy;
32) *Surrender* - means complete withdrawal/ termination of the entire Policy;
33) *Surrender Value* - means an amount, if any, that becomes payable in case of Surrender of the Policy in accordance with the terms and conditions of the Policy.
34) *Total Premiums paid* – Total Premium paid shall be computed as the product of Annualised Premium and the number of years (or part thereof) for which Premiums have been paid;
35) *Terminal Illness* - A Life Assured shall be regarded as terminally ill only if that life assured is diagnosed as suffering from a condition which, in the opinion of two independent Medical Practitioners' specializing in treatment of such illness, is highly likely to lead to death within 6 months. The terminal illness must be diagnosed and confirmed by Medical Practitioners' registered with the Indian Medical Association and approved by the Company. The Company reserves the right for independent assessment. Terminal illness due to AIDS is excluded.

Part C

1. Benefits

The benefits mentioned below shall be applicable based on the plan option chosen by the Policyholder under this Policy:

I. Death Benefit

Upon death of the Life Assured before the expiry of the Policy Term and provided all Premiums, which have fallen due have been paid, Sum Assured on Death as calculated under the respective plan options shall be payable.

II. Acceleration of Death Benefit

In case of diagnosis of Terminal Illness before the expiry of the Policy Term and provided all Premiums, which have fallen due have been paid, the payment of Sum Assured on Death will be accelerated and paid immediately and the Policy shall terminate.

III. Waiver of premium Benefit on ATPD

In case of diagnosis of ATPD before the expiry of the Policy Term and provided all Premiums, which have fallen due have been paid, the payment of all future Premiums will be waived and the benefits of the Policy shall continue.

IV. Waiver of premium Benefit on Critical Illness

In case of diagnosis of any of the Critical Illness before the expiry of the Policy Term and provided all Premiums, which have fallen due have been paid the payment of all future Premiums will be waived.

V. Accidental Death benefit

Upon Accidental Death of the Life Assured before the expiry of the Policy Term and provided all Premiums, which have fallen due have been paid, Extra Life Sum Assured will be payable in addition to Sum Assured on Death, in the same proportion as applicable to the payment of Sum Assured on Death.

VI. Maturity Benefit

Upon survival of Life Assured till the end of the Policy Term, Guaranteed Sum Assured on Maturity shall be payable.

2. Plan Options:

I. Life Option:

For Single pay Policy:

A. Death Benefit: The Death Benefit payable shall be higher of:
   i. 125% of Single Premium; or
   ii. Absolute amount assured to be paid on death
   where,
   Absolute amount assured to be paid on death = Sum Assured

B. Acceleration of Death Benefit: As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.

C. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).

D. The coverage under the Policy shall be for the Policy Term.

For limited pay and regular pay Policy:

A. Death Benefit: Sum Assured on Death payable under this option shall be the highest of:
   i. 10 times the Annualized Premium, or
   ii. 105% of Total Premiums paid, or
   iii. Absolute amount assured to be paid on death
   where,
   Absolute amount assured to be paid on death = Sum Assured

B. Acceleration of Death Benefit: As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.

C. Waiver of premium Benefit on ATPD: As provided under Part C (Clause 1(III))

D. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).

E. The coverage under the Policy shall be for the Policy Term.

II. 3D Life Option:

For limited pay and regular pay Policy:

A. Death Benefit: Sum Assured on Death payable under this option shall be the highest of:
i. 10 times the Annualised Premium, or
ii. 105% of Total Premiums paid, or
iii. Absolute amount assured to be paid on death
where,
Absolute amount assured to be paid on death = Sum Assured

B. Acceleration of Death Benefit: As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.

C. Waiver of premium Benefit on ATPD: As provided under Part C (Clause 1(III))

D. Waiver of premium Benefit on Critical Illness: As provided under Part C (Clause 1(IV))

E. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).

F. The coverage under this option shall be for the Policy Term.

III. Extra Life Option:

For Single pay Policy:

A. Death Benefit: The Death Benefit payable shall be higher of:
i. 125% Single Premium; or
ii. Absolute amount assured to be paid on death
where,
Absolute amount assured to be paid on death = Sum Assured

B. Acceleration of Death Benefit: As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.

C. Accidental Death Benefit: As provided under Part C (Clause 1(V))

D. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).

E. The coverage under the Policy shall be for the Policy Term.

For limited pay and regular pay Policy:

A. Death Benefit: Sum Assured on Death payable under this option shall be the highest of:
i. 10 times the Annualized Premium, or
ii. 105% of Total Premiums paid, or
iii. Absolute amount assured to be paid on death
where,

Absolute amount assured to be paid on death = Sum Assured

B. Acceleration of Death Benefit: As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.

C. Waiver of premium Benefit on ATPD: As provided under Part C (Clause 1(III))

D. Accidental Death Benefit: As provided under Part C (Clause 1(V)).

E. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).

F. The coverage under the Policy shall be for the Policy Term.

IV. Income Option:

For Single pay Policy:

A. Death Benefit: Sum Assured on Death payable under this option shall be the highest of:
   i. 125% of Single Premium; or
   ii. Absolute amount assured to be paid on death
   where,
   - Absolute amount assured to be paid on death (i.e. Sum Assured) = Total of:
     - Amount of Lump Sum, if any; and
     - Aggregate of all Monthly Incomes

B. The Policyholder shall choose the following at the start of the Policy. Thereafter no changes shall be allowed to be made by the Policyholder.
   - Amount of Lump Sum benefit, (if any)
   - Income Term - the period for which income is payable (Upto a maximum of 20 years). The Income Term shall commence immediately on death and continue for the chosen Income Term.
   - Amount of annual income during the Income Term. This income will be payable monthly in arrears, in 12 equal instalments.
   - A simple rate of increase of the annual income, if any. These increases will apply to the annual income from the 2nd year of the Income Term.

   The Monthly Income shall be payable monthly in arrears and commence from the 1st day of the Policy month subsequent to the Life Assured's death.

   During the Income Term, the Nominee or beneficiary of the Policyholder may choose to surrender all future Monthly Income in exchange for a Lump Sum. Such a request for surrender of Monthly Income in exchange for a Lump Sum shall be jointly made by all Nominees/beneficiaries. Further, this Lump Sum shall be the value of all future Monthly Income discounted at the interest rate applicable during Revival of Policy, as mentioned under Clause 6 (ii) of Part D.
   In this option the Income Term is independent of Policy Term. In other words, in the event of a claim, the applicable Monthly Income would continue throughout the Income Term even if the Policy Term has ended.

C. Acceleration of Death Benefit: As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.

D. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).

E. The coverage under the Policy shall be for the Policy Term.

For limited pay and regular pay Policy:

A. Death Benefit: Sum Assured on Death payable under this option shall be the highest of:
   i. 10 times the Annualised Premium, or

ii. 105% of Total Premiums paid, or
iii. Absolute amount assured to be paid on death
where,

- Absolute amount assured to be paid on death (i.e. Sum Assured) = Total of:
  - Amount of Lump Sum, if any; and
  - Aggregate of all Monthly Incomes

B. The Policyholder shall choose the following at the start of the Policy. Thereafter no changes shall be allowed to be made by the Policyholder.
   - Amount of Lump Sum benefit, (if any)
   - Income Term - the period for which income is payable (Upto a maximum of 20 years). The Income Term shall commence immediately on death and continue for the chosen Income Term.
   - Amount of annual income during the Income Term. This income will be payable monthly in arrears, in 12 equal instalments.
   - A simple rate of increase of the annual income, if any. These increases will apply to the annual income from the 2nd year of the Income Term.

   The Monthly Income shall be payable monthly in arrears and commence from the 1st day of the Policy month subsequent to the Life Assured's death.

   During the Income Term, the Nominee or beneficiary of the Policyholder may choose to surrender all future Monthly Income in exchange for a Lump Sum. Such a request for surrender of Monthly Income in exchange for a Lump Sum shall be jointly made by all Nominees/beneficiaries. Further, this Lump Sum shall be the value of all future Monthly Income discounted at the interest rate applicable during Revival of Policy, as mentioned under Clause 6 (ii) of Part D.

   In this option the Income Term is independent of the Policy Term. In other words, in the event of a claim, the applicable Monthly Income would continue throughout the Income Term even if the Policy Term has ended.

C. Acceleration of Death Benefit: As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.

D. Waiver of premium Benefit on ATPD: As provided under Part C (Clause 1(III))

E. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).

F. The coverage under the Policy shall be for the Policy Term.

V. Extra Life Income Option:

For Single pay Policy:

A. Death Benefit: The Death Benefit payable shall be higher of:
   i. 125% Single Premium; or
   ii. Absolute amount assured to be paid on death
   where,
   Absolute amount assured to be paid on death, i.e. Sum Assured = Total of:
   - Amount of Lump Sum, if any; and
   - All Monthly Incomes

B. The Policyholder shall choose the following at the start of the Policy. Thereafter no changes shall be allowed to be made by the Policyholder.
   - Amount of Lump Sum benefit, (if any)
   - Income Term - the period for which income is payable (Upto a maximum of 20 years). The Income Term shall commence immediately on death and continue for the chosen Income Term.
   - Amount of annual income during the Income Term. This income will be payable monthly in arrears, in 12 equal installments.

- Extra Life Sum Assured - The value of "Extra Life Sum Assured" shall not be greater than the Sum Assured. The "Extra Life Sum Assured" once selected cannot be changed during the Policy Term.
- A simple rate of increase of the annual income, if any. These increases will apply to the annual income from the 2nd year of the Income Term.

The Monthly Income shall be payable monthly in arrears and commence from the 1st day of the Policy month subsequent to the Life Assured's death.

During the Income Term, the Nominee or beneficiary of the Policyholder may choose to surrender all future Monthly Income in exchange for a Lump Sum. Such a request for surrender of Monthly Income in exchange for a Lump Sum shall be jointly made by all Nominees/beneficiaries. Further, this Lump Sum shall be the value of all future Monthly Income discounted at the interest rate applicable during Revival of Policy, as mentioned under Clause 6 (ii) of Part D.

In this option the Income Term is independent of Policy Term. In other words, in the event of a claim, the applicable Monthly Income would continue throughout the Income Term even if the Policy Term has ended.

C. Acceleration of Death Benefit: As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.

D. Accidental Death Benefit: As provided under Part C (Clause 1(V))

E. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).

F. The coverage under the Policy shall be for the Policy Term.

For limited pay and regular pay Policy:

A. Death Benefit: Sum Assured on Death payable under this option shall be the highest of:
i. 10 times the Annualised Premium, or
ii. 105% of Total Premiums paid, or
iii. Absolute amount assured to be paid on death
where,
- Absolute amount assured to be paid on death, i.e. Sum Assured = Total of:
  - Amount of Lump Sum, if any; and
  - All Monthly Incomes

B. The Policyholder shall choose the following at the start of the Policy. Thereafter no changes shall be allowed to be made by the Policyholder.
- Amount of Lump Sum benefit, (if any)
- Income Term - the period for which income is payable (Upto a maximum of 20 years). The Income Term shall commence immediately on death of the Life Assured and continue for the chosen Income Term.
- Amount of annual income during the Income Term. This income will be payable monthly in arrears, in 12 equal instalments.
- Extra Life Sum Assured - The value of "Extra Life Sum Assured" shall not be greater than the Sum Assured. The "Extra Life Sum Assured" once selected cannot be changed during the Policy Term.
- A simple rate of increase of the annual income, if any. These increases will apply to the annual income from the 2nd year of the Income Term.

The Monthly Income shall be payable monthly in arrears and commence from the 1st day of the Policy month subsequent to the Life Assured's death.

During the Income Term, the Nominee or beneficiary of the Policyholder may choose to surrender all future Monthly Income in exchange for a Lump Sum. Such a request for surrender of Monthly Income in exchange for a Lump Sum shall be jointly made by all Nominees/beneficiaries. Further,

this Lump Sum shall be the value of all future Monthly Income discounted at the interest rate applicable during Revival of Policy, as mentioned under Clause 6 (ii) of Part D. In this option the Income Term is independent of Policy Term. In other words, in the event of a claim, the applicable Monthly Income would continue throughout the Income Term even if the Policy Term has ended.

C. Acceleration of Death Benefit: As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.

D. Waiver of premium Benefit on ATPD: As provided under Part C (Clause 1(III))

E. Accidental Death Benefit: As provided under Part C (Clause 1(V)).

F. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).

G. The coverage under the Policy shall be for the Policy Term.

VI. Income Replacement Option:

For Single pay Policy:

A. Death Benefit: Death Benefit payable under this option shall be the sum of Sum Assured on Death and Additional Benefits, where, the Sum Assured on Death shall be the highest of:
   i. 125% Single Premium; or
   ii. Absolute amount assured to be paid on death
   where,
   - Additional Benefits = Sum of all future Monthly Incomes
   - Absolute amount assured to be paid on death = 12 times the applicable Monthly Income at the time of death of the Life Assured

B. Under this option, the Policyholder shall choose
   a) An amount of Annual Income at start, which is payable monthly in arrears in 12 equal installments.
   b) Level or Increasing Income. Under Level Income Option, the income will remain constant for the Policy Term. Under the Increasing Income option, the income will escalate at a simple rate of 10% p.a. at each Policy Anniversary, both before and after the claim is made.

   The Monthly Income shall be payable monthly in arrears and commence from the 1st day of the Policy month subsequent to the Life Assured's death.

   During the Income Term, the Nominee or beneficiary of the Policyholder may choose to surrender all future Monthly Income in exchange for a Lump Sum. Such a request for surrender of Monthly Income in exchange for a Lump Sum shall be jointly made by all Nominees/beneficiaries. Further, this Lump Sum shall be the value of all future Monthly Income discounted at the interest rate applicable during Revival of Policy, as mentioned under Clause 6 (ii) of Part D.

   The Monthly Income will continue till the end of the Policy Term, subject to minimum term of 4 years. The minimum term of 4 years shall apply even when the income payment extends beyond the Policy Term.

C. Acceleration of Death Benefit: As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.

D. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).

E. The coverage under the Policy shall be for the Policy Term.

For limited pay and regular pay Policy:

A. Death Benefit: Death Benefit payable under this option shall be the sum of Sum Assured on Death and Additional Benefits, where, the Sum Assured on Death shall be the highest of:
   i. 10 times the Annualized Premium, or
   ii. 105% of Total Premiums paid, or
   iii. Absolute amount assured to be paid on death
   where,
   - Additional Benefits = Sum of all future Monthly Incomes
   - Absolute amount assured to be paid on death = 12 times the applicable Monthly Income at the time of death of the Life Assured

B. Under this option, the Policyholder shall choose
   a) An amount of Annual Income at the start of the Policy Term, which is payable monthly in arrears in 12 equal instalments.
   b) Level or Increasing Income. Under Level Income Option, the income will remain constant for the Policy Term. Under the Increasing Income option, the income will escalate at a simple rate of 10% p.a. at each Policy Anniversary, both before and after the claim is made.

   The Monthly Income shall be payable monthly in arrears and commence from the 1st day of the Policy month subsequent to the Life Assured's death.

   During the Income Term, the Nominee or beneficiary of the Policyholder may choose to surrender all future Monthly Income in exchange for a Lump Sum. Such a request for surrender of Monthly Income in exchange for a Lump Sum shall be jointly made by all Nominees/beneficiaries. Further, this Lump Sum shall be the value of all future Monthly Income discounted at the interest rate applicable during Revival of Policy, as mentioned under Clause 6 (ii) of Part D.

   The Monthly Income will continue till the end of the Policy Term, subject to minimum term of 4 years. The minimum term of 4 years shall apply even when the income payment extends beyond the Policy Term.

C. Acceleration of Death Benefit: As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.

D. Waiver of premium Benefit on ATPD: As provided under Part C (Clause 1(III))

E. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).

F. The coverage under the Policy shall be for the Policy Term.

VII. Return of Premium Option:

For Single pay Policy:

A. Death Benefit: The Death Benefit payable shall be higher of:
   i. 125% Single Premium; or
   ii. Guaranteed Sum Assured on Maturity; or
   iii. Absolute amount assured to be paid on death
   where,
   - Guaranteed Sum Assured on Maturity = Single Premium
   - Absolute amount assured to be paid on death = Sum Assured

B. Acceleration of Death Benefit: As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.

C. Maturity Benefit: As provided under Part C (Clause 1(VI))

D. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).

E. The coverage under the Policy shall be for the Policy Term.

For limited pay and regular pay Policy:

A. Death Benefit: Sum Assured on Death payable under this option shall be the highest of:
   i. 10 times the Annualized Premium, or
   ii. 105% of Total Premiums paid, or
   iii. Guaranteed Sum Assured on Maturity, or
   iv. Absolute amount assured to be paid on death
   where,
   - Guaranteed Sum Assured on Maturity = Total Premium Paid
   - Absolute amount assured to be paid on death = Sum Assured

B. Acceleration of Death Benefit: As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.

C. Waiver of premium Benefit on ATPD: As provided under Part C (Clause 1(III))

D. Maturity Benefit: As provided under Part C (Clause 1(VI))

E. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).

F. The coverage under the Policy shall be for the Policy Term.

VIII. Life Long Protection Option:

For limited pay and regular pay Policy:

A. Death Benefit: Sum Assured on Death payable under this option shall be the highest of:
   i. 10 times the Annualized Premium, or
   ii. 105% of Total Premiums paid, or
   iii. Absolute amount assured to be paid on death
   where,
   Absolute amount assured to be paid on death = Sum Assured

B. Acceleration of Death Benefit: As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.

C. Waiver of premium Benefit on ATPD: As provided under Part C (Clause 1(III))

D. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).

E. The coverage under the Policy shall be for the Policy Term.

IX. 3D Life Long Protection Option:

For limited pay and regular pay Policy:

A. Death Benefit: Sum Assured on Death payable under this option shall be the highest of:
   i. 10 times the Annualised Premium, or
   ii. 105% of Total Premiums paid, or
   iii. Absolute amount assured to be paid on death
   where,
   Absolute amount assured to be paid on death = Sum Assured

B. Acceleration of Death Benefit: As provided under Part C (Clause 1(II)). The benefit shall be the same as Death Benefit provided under this Option.

C. Waiver of premium Benefit on ATPD: As provided under Part C (Clause 1(III))

D. Waiver of premium Benefit on Critical Illness: As provided under Part C (Clause 1(IV))

E. Death Benefit shall be paid on earlier of the death of the Life Assured or diagnosis of Terminal Illness as mentioned under Part C (Clause 1(I)) and Part C (Clause 1(II)).

F. The coverage under this option shall be for the Policy Term.

3. General

i. The Death Benefit payable under this Policy as per the option chosen are subject to the exclusions set out in Part F Clause 1 (Exclusions).
ii. Upon the payment of the Death Benefit and Accidental Death Benefit (if applicable), the Policy terminates and no further Benefits are payable.
iii. The recipients of Benefits under this Policy shall be as specified below:
   A. Death Benefit shall be payable to the registered Nominee(s), if the Policyholder and the Life Assured are the same; or to the Policyholder if the Life Assured is other than the Policyholder.
   B. If the Policy has been assigned, all Benefits shall be payable to the Assignee.

4. Payment and cessation of Premiums

i. The first Premium must be paid along with the submission of your completed application. Subsequent Premiums are due in full on the due dates as per the Frequency set out in your Policy Schedule.
ii. Premiums under the Policy can be paid as single Premium or on yearly, half-yearly, quarterly or monthly basis as per the chosen Frequency and as set out in the Policy Schedule or as amended subsequently.
iii. If you have chosen monthly Premium payment Frequency, we may collect first 3 months Premium along with the Proposal Form.
iv. The Premiums that fall due in the same financial year can be paid in advance. However, where the Premium due in one financial year is paid in advance in earlier financial year, we may collect the same for a maximum period of three months in advance of the due date of the Premium.
v. Any Regular Premiums paid before the Due Date will be deemed to have been received on the Due Date for that Regular Premium.
vi. A Grace Period of not more than 30 days, where the mode of payment of Premium is other than monthly and single pay policies, and not more than 15 days in case of monthly mode, is allowed for the payment of each renewal Premium after the first Premium. We will not accept part payment of the Premium.
vii. For other than single pay policies, if any Premium remains unpaid after the expiry of the Grace Period, your Policy may lapse as described in Part D Clause 2 (Lapsed Policies), with effect from the due date of the first unpaid Premium. In that event, the Benefits under such Policy shall be payable in accordance with Part D Clause 2 (Lapsed Policies) as stated below.
viii. Premiums are payable by you without any obligation on us to issue a reminder notice to you.
ix. Where the Premiums have been remitted otherwise than in cash, the application of the Premiums received is conditional upon the realization of the proceeds of the instrument of payment, including electronic mode.
x. The Benefits payable under this Policy will be paid after deduction of the Premium fallen due during the then current Policy Year, if such Premium has remained unpaid.
xi. If you suspend payment of Premium for any reason whatsoever, Part D Clause 2 (Lapsed Policies) may apply and we shall not be held liable for any loss of Benefits.

Part D

1. Surrender Value

i. **For single pay Policies**

Surrender Value shall get acquired immediately upon payment of Premium

For Life Option:

$$\text{Surrender Value} = 70\% \times \text{Single Premium} \times \frac{\text{Unexpired Policy Term}}{\text{Original Policy Term}}$$

For Extra Life Option:

$$\text{Surrender Value} = 70\% \times \text{Single Premium} \times \frac{\text{Unexpired Policy Term}}{\text{Original Policy Term}}$$

For Income Option:

$$\text{Surrender Value} = 70\% \times \text{Single Premium} \times \frac{\text{Unexpired Policy Term}}{\text{Original Policy Term}}$$

For Extra Life Income Option:

$$\text{Surrender Value} = 70\% \times \text{Single Premium} \times \frac{\text{Unexpired Policy Term}}{\text{Original Policy Term}}$$

For Income Replacement Option:

$$\text{Surrender Value} = 70\% \times \text{Total Premiums Paid} \times \left(\frac{\text{Unexpired Policy Term}}{\text{Original Policy Term}}\right)^2$$

For Return of Premium Option:

Within first 3 Policy Years

Surrender Value = 70% × Single Premium

4th Policy Year onwards

Surrender Value = 90% × Single Premium

ii. **For limited Pay Policies**

Surrender Value shall get acquired upon payment of Premiums for 2 Policy Years, in case Premium Paying Term is less than 10. For other cases, Surrender Value shall get acquired on payment of Premiums for 3 years.

For Life Option:

$$\text{Surrender Value} = 70\% \times \text{Total Premiums Paid} \times \frac{\text{Unexpired Policy Term}}{\text{Original Policy Term}}$$

For 3D Life Option:

$$\text{Surrender Value} = 70\% \times \text{Total Premiums Paid} \times \frac{\text{Unexpired Policy Term}}{\text{Original Policy Term}}$$

For Extra Life Option:

$$\text{Surrender Value} = 70\% \times \text{Total Premiums Paid} \times \frac{\text{Unexpired Policy Term}}{\text{Original Policy Term}}$$

For Income Option:

$$\text{Surrender Value} = 70\% \times \text{Total Premiums Paid} \times \frac{\text{Unexpired Policy Term}}{\text{Original Policy Term}}$$

For Extra Life Income Option:

$$\text{Surrender Value} = 70\% \times \text{Total Premiums Paid} \times \frac{\text{Unexpired Policy Term}}{\text{Original Policy Term}}$$

For Income Replacement Option:

$$\text{Surrender Value} = 70\% \times \text{Total Premiums Paid} \times \left(\frac{\text{Unexpired Policy Term}}{\text{Original Policy Term}}\right)^2$$

For Return of Premium Option:

Within first 3 Policy Years (if surrender value is acquired)

$$\text{Surrender Value} = 30\% \times \text{Total Premiums Paid}$$

In the 4th & 5th Policy Year

$$\text{Surrender Value} = 50\% \times \text{Total Premiums Paid}$$

6th Policy Year onwards

$$\text{Surrender Value} = \left[50\% + \frac{40\%}{(\text{Original Policy Term} - 5)} \times (\text{Policy Year of Surrender} - 5)\right] \times \text{Total Premiums Paid}$$

For Life Long Protection Option:

$$\text{Surrender Value} = 70\% \times \text{Total Premiums Paid} \times \frac{\text{Max}(0, 100 - \text{Age at surrender})}{100 - \text{Age at entry}}$$

For 3D Life Long Protection Option:

$$\text{Surrender Value} = 70\% \times \text{Total Premiums Paid} \times \frac{\text{Max}(0, 100 - \text{Age at surrender})}{100 - \text{Age at entry}}$$

iii. **For regular pay Policies**

If the Policyholder chooses the Return of Premium option, Surrender Value shall get acquired upon payment of Premiums for 2 Policy Years, in case Premium Paying Term is less than 10. If the Premium Paying Term is equal to or more than 10, Surrender Value shall get acquired on payment of Premiums for 3 years.

For Life Option:

No Surrender Value shall be payable.

For 3D Life Option:

No Surrender Value shall be payable.

For Extra Life Option:

No Surrender Value shall be payable.

For Income Option:

No Surrender Value shall be payable.

For Extra Life Income Option:

No Surrender Value shall be payable.

For Income Replacement Option:

No Surrender Value shall be payable.

For Return of Premium Option

Within first 3 Policy Years (if Surrender Value is acquired)

$$\text{Surrender Value} = 30\% \times \text{Total Premiums Paid}$$

In the 4th & 5th Policy Year

$$\text{Surrender Value} = 50\% \times \text{Total Premiums Paid}$$

6th Policy Year onwards

$$\text{Surrender Value} = \left[50\% + \frac{40\%}{(\text{Original Policy Term} - 5)} \times (\text{Policy Year of Surrender} - 5)\right] \times \text{Total Premiums Paid}$$

For Life Long Protection Option:

No Surrender Value shall be payable.

For 3D Life Long Protection Option:

No Surrender Value shall be payable.

iv. For the purpose of calculation of Unexpired Policy Term, only full calendar months shall be considered.
v. For the purpose of computation of Surrender Value, the Premiums shall exclude any applicable taxes and levies paid in respect of this Policy.

2. Lapsed Policies

i. In case of limited pay and regular pay Policies, upon Premium discontinuance, if Surrender Value is not acquired then the Policy lapses without any value.
ii. In case of limited pay and regular pay Policies, upon Premium discontinuance, if the Policy has acquired Surrender Value, the Death Benefit will be highest of
   - 10 times of the Annualised Premium; or
   - 105% of Total Premiums Paid; or
   - Paid Up Sum Assured

   where,

   $$\text{Paid Up Sum Assured} = (\text{Sum Assured on Death} + \text{Additional Benefits}) \times \frac{\text{Total Premiums Paid}}{\text{Total Premiums Payable}}$$

   Note: Additional Benefits shall be payable under the Income Replacement Option only.

iii. The Death Benefit for lapsed Policies will be payable on the earlier of death and diagnosis of Terminal Illness.
iv. In case of limited pay and regular pay Policies, upon premium discontinuance, if the Policy has acquired Surrender Value, Maturity Benefit for the Return of Premium Option will be as follows:

$$\text{Guaranteed Sum Assured on Maturity} \times \frac{\text{Total Premiums Paid}}{\text{Total Premiums Payable}}$$

v. A lapsed Policy may be revived subject to the terms and conditions contained in Part D Clause 6.

3. Automatic Premium Loans

Automatic premium loans are not offered under this Policy.

4. Life Stage Protection

i. This option is available subject to board approved underwriting Policy of the Company (BAUP).

ii. The Policyholder may opt to increase the Sum Assured without undergoing any further underwriting upon the occurrence of any of the following events in his/her life or in the life of the Life Assured, in case the Policyholder is different from the Life Assured:
- 1st Marriage: 50% of Sum Assured subject to a maximum of Rs. 50 lakhs
- Birth of 1st child: 25% of Sum Assured subject to a maximum of Rs. 25 lakhs
- Birth of 2nd child: 25% of Sum Assured subject to a maximum of Rs. 25 lakhs

iii. This option will be available subject to all of the following conditions.
- The Life Assured is less than 45 years of age at the time of the above mentioned events.
- The Life Assured is underwritten as a standard life at Policy inception.
- This option will be available only for a period of six months from the date of the above specified events.
- An additional premium will be charged for the increase in the Sum Assured.
- This premium rate shall be based on the age attained, outstanding Policy Term and outstanding Premium Paying Term at the time of the exercise of option. The outstanding Policy Term and Premium Paying Term shall be subject to the minimum Policy Term and Premium Paying term available under the Policy at the time of exercising of this option.
- The Premium rates applicable shall be those approved by the Authority as at Policy inception.
- This option is available subject to the Premium rates being available at the time of exercise of the option. For instance, if the Policyholder wishes to exercise the option at the point where the minimum Premium Paying Term or the maximum age at entry of the Policy is violated, the option shall not be allowed.
- This option shall be available only if no claim has been made under the Policy, eg. Waiver of premium on ATPD, CI.
- If any rider is attached to the Policy and the rider benefit has been paid during the Policy Term, then this option cannot be exercised.

iv. The Premium payable for the remainder of the Premium Paying Term will be recalculated based on revised sum assured.

5. Top Up Option

i. This option is available subject to BAUP. The Policyholder can opt for a systematic increase in the Sum Assured from 1st Policy Anniversary onwards in the life of the life assured.

ii. This option will be available subject to all of the following conditions.
- This option can be chosen only at the Policy inception
- The Life Assured is underwritten as a standard life at Policy inception.
- The increments shall stop in the event of any valid claim (including rider claim) being made under the Policy
- An additional Premium will be charged for the increase in the Sum Assured. The incremental cover as well as the incremental premium, both, will apply prospectively.
- This premium rate shall be based on the age attained and outstanding Policy Term at the time of the increase in Sum Assured. This shall be subject to the minimum Policy Term available under the product at the time of increase in Sum Assured.
- This option is available subject to the Premium rates being available at the time of exercise of the option.
- In case the Life Assured is underwritten as a non standard life at revival stage, future increase in Sum Assured shall cease.

iii. The Policyholder may choose to opt out of this option any time during the Policy Term.

iv. Upon the Policyholder choosing to opt out of this option,
- The Policyholder shall continue to pay the Premium amount equal to the last paid Premium immediately before such opting out.
- The increments in the cover shall stop from the time the Policyholder has chosen to opt out from this option.

v. The incremental Sum Assured and the increase in the Premium payable shall be as per the Benefit Illustration as agreed by you and attached to the copy of the Proposal Form in this Policy.

6. Revival of the Policy

i. **For Single pay Policies**

Where the Policyholder has opted for a Top-up option, non payment of Top-up Premium will be considered as opting out of the Top-up option and such Top-up option cannot be revived.

ii. **For Limited and Regular pay Policies**

If your Policy has been lapsed, it may be revived subject to the IRDAI (Non-Linked Insurance Products) Regulations, 2013 as amended from time to time and the terms and conditions that we may specify from time to time. Currently,

the application for the revival should be made within two years from the due date of the first unpaid Premium and before the expiry of the Policy Term. The revival shall be subject to satisfactory evidence of continued insurability of the Life Assured and payment of outstanding Premiums with interest. Where the Policyholder has opted out of the Top-up option either expressly or by way of non-payment of Top-up Premium, the Policyholder will be required to pay Premium as mentioned under Part D Clause 5(iv). The current rate of interest is 9% p.a.

7. Alterations

Policyholder has the option to alter the premium frequency of the Main Policy and the Rider Policy. However, the premium frequency for Main Policy and Rider Policy shall be the same.

8. Loans

No loans are available under this Policy.

9. Bonus

No Bonus is payable under this Policy.

10. Free Look Cancellation

In case the Policyholder is not agreeable to any of the terms and conditions stated in the Policy, the Policyholder has an option to return the Policy to the Company stating the reasons thereof, within 15 days from the date of receipt of the Policy. If the Policy has been purchased through Distance Marketing mode this period will be 30 days. On receipt of the Policyholder's letter along with the original Policy document, the Company shall arrange to refund the Premium paid, subject to deduction of the proportionate risk Premium for the period on cover and the expenses incurred by the Company for medical examination and stamp duty.

11. Grace Period:

i. Grace period allowed for payment of premiums is 15 days for monthly premium payment mode and 30 days for quarterly and half-yearly premium payment mode.

ii. In case of death during Grace Period, any unpaid modal premium shall be deducted from the Death Benefit.

Part E

1. Additional Servicing Charges

Any additional servicing request initiated by the Policyholder will attract a charge of Rs. 250 per request. Any change in this charge is subject to prior approval from IRDAI. The list of additional services eligible under this product is given below. Any administrative servicing that we may introduce at a later date would be included to this list:

- Cheque bounce/cancellation of cheque
- Request for duplicate documents such as duplicate Policy document
- Failure of ECS/SI due to an error at Policyholder's end.

Part F

1. Exclusions

i. Suicide claim provisions

In case of death due to suicide, within 12 months;

- From the date of inception of the Policy, the Nominee or beneficiary of the Policyholder shall be entitled to 80% of the Premiums paid, provided the Policy is in-force.
- From the date of revival of the Policy, the Nominee or beneficiary of the Policyholder shall be entitled to an amount which is higher of 80% of the Premiums paid till the date of death or the Surrender Value as available on the date of death.

ii. We will not pay Accidental Death Benefit if the death occurs after 180 days from the date of the Accident. We will not pay Accidental Death Benefit, if Accidental Death is caused directly or indirectly by any of the following:

- Intentionally self-inflicted injury or suicide, irrespective of mental condition
- Alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner
- War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion
- Taking part in any flying activity, other than as a passenger in a commercially licensed aircraft
- Taking part in any act of a criminal nature with criminal intent
- Taking part or practicing for any hazardous hobby, pursuit or race unless previously agreed to by us in writing

iii. Additional Exclusions for 3D Life and 3D Life Long Protection Options:

We shall not be liable to pay any benefit if the Critical Illness is caused directly or indirectly by the following:

- Any of the listed Critical Illness conditions where death occurs within 30 days of the diagnosis.
- Any sickness related condition manifesting itself within 90 days of the commencement of the Policy/date of acceptance of risk or reinstatement of cover.
- Intentionally self-inflicted injury or attempted suicide, irrespective of mental condition.
- Alcohol or solvent abuse, or voluntarily taking or using any drug, medication or sedative unless it is an "over the counter" drug, medication or sedative taken according to package directions or as prescribed by a Medical Practitioner.
- Taking part in any act of a criminal nature with criminal intent.
- HIV or AIDS.
- Failure to seek medical or follow medical advice (as recommended by a Medical Practitioner).
- Radioactive contamination due to nuclear accident.

2. Age Admitted

i. The Company has calculated the Premiums under the Policy on the basis of the age of the Life Assured as declared in the Proposal. In case You have not provided proof of age of the Life Assured with the Proposal, You will be required to furnish such proof of age of the Life Assured as is acceptable to us and have the age admitted. In the event the age so admitted ("Correct Age") during the Policy Term is found to be different from the age declared in the Proposal, without prejudice to our rights and remedies including those under the Insurance Act, 1938, we shall take one of the following actions (i) if the Correct Age makes the Life Assured ineligible for this Policy, we will offer him suitable plan as per our underwriting norms. If you do not wish to opt for the alternative plan or if it is not possible for us to grant any other plan, the Policy will stand cancelled from the date of issuance and the Premiums paid under the Policy will be returned subject to the deduction of expenses incurred by the Company and the Policy will terminate thereafter; or (ii) if the Correct Age makes the Life Assured eligible for the Policy, the difference between the revised Premium, as per the Correct Age and the original Premium, with interest, will be due on the next Policy Anniversary date and the revised Premium will continue for the rest of the Premium Payment Term. The provisions of Section 45 of the Insurance Act, 1938 shall be applicable.

3. Claim Procedure

i. Maturity Benefit: The Maturity Benefit will be paid if and only if:

- The Policy has matured and the Life Assured is alive on the Maturity Date,
- No claim has been made on the Policy, except any survival benefit, if any,
- The Policy has not been discontinued or surrendered or cancelled or terminated, and
- All relevant documents including the original Policy document in support of your claim have been provided to the Company.

ii. Death Benefit: The Death Benefit will be paid if and only if:

- The death of the Life Assured has occurred before the Maturity Date,
- The standard Policy provisions specified in Part F Clause 1 (Exclusions) and Part F Clause 7 (Incorrect Information and Non Disclosure) are not attracted,
- The Policy has not been discontinued or surrendered or cancelled or terminated, and
- All relevant documents in support of the claim have been provided to the Company. These would normally include the following:

  Basic documentation for all claims:
  - Completed claim form, (including NEFT details and bank account proof as specified in the claim form);
  - Original Policy;
  - Original or copy Death Certificate issued by Municipal Authority/ Gram Panchayat / Tehsildar (attested by issuing authority);
  - Original or copy of certificate of doctor certifying death (attested by issuing authority); and
  - Claimant's identity and residence proof.

  Additional records (if death is due to natural causes):
  - Original or copy of past and current medical records (Indoor case paper, admission notes, discharge summary) attested by Hospital authorities.

  Additional records (if death is due to un-natural causes):
  - Original or copy of First Information Report, Police Panchnama report attested by Police authorities; and
  - Original or copy of Postmortem report attested by Hospital authority.

  Note:
  - In case original documents are submitted, attestation on the document by authorities is not required.
  - Depending on the circumstances of the death, further documents may be called for as we deem fit.

iii. The claim is required to be intimated to us within a period of three years from the date of death. However, we may condone the delay in claim intimation, if any, where the delay is proved to be for reasons beyond the control of the claimant.

4. Nomination

The Policyholder can nominate a person/ persons in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. Simplified version of the provisions of Section 39 is enclosed in Annexure I for reference.

5. Assignment

The Policyholder can assign or transfer of a Policy in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time. Simplified version of the provisions of Section 38 is enclosed in Annexure II for reference.

6. Issuance of Duplicate Policy:

The Policyholder can request for a duplicate copy of the Policy at HDFC Life offices or through Certified Financial Consultant (Insurance Agent) who advised you while taking this Policy. While making an application for duplicate Policy the Policyholder is required to submit a notarized original indemnity bond. Additional charges may be applicable for issuance of the duplicate Policy.

7. Incorrect Information and Non-Disclosure

Fraud, misrepresentation and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time. Simplified version of the provisions of Section 45 is enclosed in Annexure III for reference.

8. Policy on the life of a Minor

This Policy cannot be taken for the benefit of the Life Assured who is a minor

9. Taxes and levies

As per the current laws, taxes and levies are applicable on life insurance Premium and are payable in addition to the Premium amount specified in the Policy Schedule. Any other indirect tax, statutory levy or duty leviable in future including changes in the rate of any of the above may become payable by you by any method we deem appropriate including by levy of an additional monetary amount in addition to the Premium.

10. Modification, Amendment, Re-enactment of or to the Insurance laws and rules, regulations, guidelines, clarifications, circulars etc. thereunder

i. This Policy is subject to-
   - The Insurance Act 1938,
   - Amendments, modifications (including re-enactment) as may be made from time to time, and
   - Other such relevant Regulations, Rules, Laws, Guidelines, Circulars, Enactments etc as may be introduced thereunder from time to time.

ii. We reserve the right to change any of these Policy Provisions / terms and conditions in accordance with changes in applicable Regulations or Laws or if it becomes impossible or impractical to enact the provision / terms and conditions.

iii. We are required to obtain prior approval from the IRDAI before making any material changes to these provisions, except for changes of regulatory / statutory nature.

iv. We reserve the right to require submission by You of such documents and proof at all life stages of the Policy as may be necessary to meet the requirements under Anti- money Laundering/Know Your Customer norms and as may be laid down by IRDAI and other regulators from time to time.

11. Jurisdiction:

This Policy shall be governed by the laws of India and the Indian Courts shall have jurisdiction to settle any disputes arising under the Policy.

12. Notices

Any notice, direction or instruction given to Us, under the Policy, shall be in writing and delivered by hand, post, facsimile or from registered electronic mail ID to:
HDFC Standard Life Insurance Company Limited, 11th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400011.
Registered Office: Lodha Excelus, 13th Floor, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400011.
Helpline number: 18602679999 (Local charges apply)
E-mail: service@hdfclife.com
Or such other address as may be informed by Us.
Similarly, any notice, direction or instruction to be given by Us, under the Policy, shall be in writing and delivered by hand, post, courier, facsimile or registered electronic mail ID to the updated address in the records of the Company.
You are requested to communicate any change in address, to the Company supported by the required address proofs to enable the Company to carry out the change of address in its systems. The onus of intimation of change of address lies with the Policyholder. An updated contact detail of the Policyholder will ensure that correspondences from the Company are correctly addressed to the Policyholder at the latest updated address.

Part G

1. **Complaint Resolution Process**
   i. The customer can contact us on the below mentioned address in case of any complaint/ grievance:
   Grievance Redressal Officer
   HDFC Standard Life Insurance Company Limited
   11th Floor, Lodha Excelus, Apollo Mills Compound,
   N. M. Joshi Marg, Mahalaxmi, Mumbai, Maharashtra - 400011
   Helpline number: 18602679999 (Local charges apply)
   E-mail: service@hdfclife.com
   ii. All grievances (Service and sales) received by the Company will be responded to within the prescribed regulatory Turn Around Time (TAT) of 14 days.
   iii. Written request or email from the registered email id is mandatory.
   iv. If required, we will investigate the complaints by taking inputs from the customer over the telephone or through personal meetings.
   v. We will issue an acknowledgement letter to the customer within 3 working days of the receipt of complaint.
   vi. The acknowledgement that is sent to the customer has the details of the complaint noumber, the Policy noumber and the Grievance Redressal Officer's name who will be handling the complaint of the customer.
   vii. If the customer's complaint is addressed within 3 days, the resolution communication will also act as the acknowledgment of the complaint.
   viii. The final letter of resolution will offer redressal or rejection of the complaint along with the reason for doing the sameso.
   ix. In case the customer is not satisfied with the decision sent to him or her, he or she may contact our Grievance Redressal Officer within 8 weeks of the receipt of the communication at any of the touch points mentioned in the document, failing which, we will consider the complaint to be satisfactorily resolved.
   x. The following is the escalation matrix in case there is no response within the prescribed timelines or if you are not satisfied with the response. The number of days specified in the below- mentioned escalation matrix will be applicable from the date of escalation.

Level	Designation	Response Time
1st Level	Sr. Manager - Customer Relations	10 working days
2nd Level (for response not received from Level 1)	Vice President - Customer Relations	10 working days
Final Level (for response not received from Level 2)	Sr. Vice President and Head Customer Relations & Principal Grievance Redressal Officer	3 working days

2. If you are not satisfied with the response or do not receive a response from us within 14 days, you may approach the Grievance Cell of IRDAI on the following contact details:
   IRDAI Grievance Call Centre (IGCC) TOLL FREE NO:155255
   Email ID: complaints@irda.gov.in
   Online- You can register your complaint online at http://www.igms.irda.gov.in/

   Address for communication for complaints by fax/paper:
   Consumer Affairs Department
   Insurance Regulatory and Development Authority of India
   9th floor, United India Towers, Basheerbagh
   Hyderabad – 500 029, Telangana State (India)
   Fax No: 91- 40 – 6678 9768

3. In the event you are dissatisfied with the response provided by us, you may approach the Insurance Ombudsman in your region. The contact details of the Insurance Ombudsman are provided below.
   i. Details and addresses of Insurance Ombudsman

Office of the Ombudsman	**Contact Details**	**Areas of Jurisdiction**
AHMEDABAD	Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139	Gujarat , Dadra & Nagar Haveli, Daman and Diu

	Fax: 079 – 27546142 Email: bimalokpal.ahmedabad@gbic.co.in	
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@gbic.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Orissa
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in	Karnataka
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 – 2708274 Email: bimalokpal.chandigarh@gbic.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
NEW DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 – 23230858 Email: bimalokpal.delhi@gbic.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 – 23376599	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry

	Email: bimalokpal.hyderabad@gbic.co.	
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363 Email: bimalokpal.jaipur@gbic.co.in	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 – 2359336 Email: bimalokpal.ernakulam@gbic.co.in	Kerala , Lakshadweep , Mahe – a part of Pondicherry
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 – 22124341 Email: bimalokpal.kolkata@gbic.co.in	West Bengal , Andaman & Nicobar Islands, Sikkim
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@gbic.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 – 26106052 Email: bimalokpal.mumbai@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
PATNA	Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email id : bimalokpal.patna@gbic.co.in.	Bihar and Jharkhand
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road,	State of Uttaranchal and the following Districts of Uttar Pradesh:

	Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@gbic.co.in	Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
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@gbic.co.in	Maharashtra Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

ii. Power of Ombudsman-

The Ombudsman may receive and consider-

- complaints under rule 13 of Redressal of Public Grievances Rules , 1998;
- any partial or total repudiation of claims by the Company;
- any dispute in regard to Premium paid or payable in terms of the Policy;
- any dispute on the legal construction of the Policy insofar as such disputes relate to claims;
- delay in settlement of claims;
- non issue of any insurance document to customers after receipt of Premium.

iii. Manner in which complaint is to be made -

A. Policyholder who has a grievance against the Company, may himself or through his legal heirs make a complaint in writing to the Ombudsman within whose jurisdiction the branch or office of the Company complained against is located.

B. The complaint shall be in writing duly signed by the complainant or through his legal heirs and shall state clearly the name and address of the complainant, the name of the branch or office of the Company against which the complaint is made, the fact giving rise to complaint supported by documents, if any, relied on by the complainant, the nature and extent of the loss caused to the complainant and the relief sought from the Ombudsman.

C. No complaint to the Ombudsman shall lie unless -

- The complainant had before making a complaint to the Ombudsman made a written representation to the Company named in the complaint and either the Company had rejected the complaint or the complainant had not received any reply within a period of one month after the Company received his representation or the complainant is not satisfied with the reply given to him by the Company;
- The complaint is made not later than one year after the Company had rejected the representation or sent its final reply on the representation of the complainant; and
- The complaint is not on the same subject-matter, for which any proceedings before any court, or Consumer Forum or arbitrator is pending or were so earlier.

Annexure I

Section 39 - Nomination by policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015. The extant provisions in this regard are as follows:

(1) The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.

(2) Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.

(3) Nomination can be made at any time before the maturity of the policy.

(4) Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.

(5) Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.

(6) A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.

(7) Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.

(8) On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.

(9) A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.

(10) The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.

(11) In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.

(12) In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).

(13) Where the policyholder whose life is insured nominates his **a.** parents or **b.** spouse or **c.** children or **d.** spouse and children **e.** or any of them the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.

(14) If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).

(15) The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Act, 2015 (i.e 23.03.2015).

(16) If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.

(17) The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment) Act, 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

Disclaimer: This is only the relevant extract of the Insurance Laws (Amendment) Act, 2015. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 for complete and accurate details.

Annexure II

Section 38 - Assignment or Transfer of Insurance Policies

Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015. The extant provisions in this regard are as follows:

(1) This policy may be transferred/assigned, wholly or in part, with or without consideration.

(2) An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.

(3) The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.

(4) The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.

(5) The transfer or assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer.

(6) Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.

(7) On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.

(8) If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.

(9) The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is a. not bonafide or b. not in the interest of the policyholder or c. not in public interest or d. is for the purpose of trading of the insurance policy.

(10) Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.

(11) In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.

(12) The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.

(13) Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except **a.** where assignment or transfer is subject to terms and conditions of transfer or assignment OR **b.** where the transfer or assignment is made upon condition that

i. the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR

ii. the insured surviving the term of the policy

Such conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.

(14) In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and b. may institute any proceedings in relation to the policy c. obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings.

(15) Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by this section.

Disclaimer: This is only the relevant extract of the Insurance Laws (Amendment) Act, 2015. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 for complete and accurate details.

Annexure III

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended by Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 are as follows:

(1) No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 yrs from **a.** the date of issuance of policy or **b.** the date of commencement of risk or **c.** the date of revival of policy or **d.** the date of rider to the policy whichever is later.

(2) On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from **a.** the date of issuance of policy or **b.** the date of commencement of risk or **c.** the date of revival of policy or **d.** the date of rider to the policy whichever is later.
For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

(3) Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy: **a.** The suggestion, as a fact of that which is not true and which the insured does not believe to be true; **b.** The active concealment of a fact by the insured having knowledge or belief of the fact; **c.** Any other act fitted to deceive; and **d.** Any such act or omission as the law specifically declares to be fraudulent.

(4) Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.

(5) No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

(6) Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.

(7) In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.

(8) Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.

(9) The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

Disclaimer: This is only the relevant extract of the Insurance Laws (Amendment) Act, 2015. Policy Holders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 for complete and accurate details.

Policy Schedule - Click 2 Protect Health [Individual/Family Floater]

Issuing /Servicing Office:
GSTIN of Issuing Office:
Policy Holder's Name:
GSTIN/UIN (If Any) of Policy Holder
Policy Holder's Address:

Intermediary Code:
Intermediary Name
Intermediary Contact No:
Policy Number:
Policy Issuance Date
Description/Accounting Code of Service — Accident and Health Insurance Service/ 997133
First policy inception date:
Policy Period: From xx:xx Hrs on 02-Aug-2012 — To xx:xx Hrs on 02-Aug-2012

Insured Persons Details:

Member ID	Insured Person's Name	Age	Relationship to Policyholder	Basic Sum Insured (Rs)	Critical Advantage Sum Insured (USD $)	Multiplier Benefit (Rs)	Critical Advantage Rider Premium (Rs)	Gross Premium (Rs)

Nominee Name: Relationship to Policyholder:

The nominee must be an immediate relative of the policyholder. For all other Insured Persons the policy holder shall be the nominee.

Premium Calculation:

Net Premium	(Rs)
Discounts	(Rs)
Loadings	(Rs)
Taxable Premium	(Rs)
CGST @ .....%	(Rs)
SGST/UTGST @ .....%	(Rs)

J&K GST, if applicable @ ……. %	(Rs)
IGST @ 18 %	(Rs)
Any other Cess or Taxes, if any	(Rs)
Gross Premium	(Rs)
Gross Premium (in words)	

Gross premium amount (in words)

The stamp duty of Rs. 0.50/- (Paisa Fifty Only) paid vide No.F.10 (783)/COS(HQ)/Con.duty/08. (Not applicable for the state of Jammu & Kashmir).

J&K TIN: 01871052106

Original for Recipient/ Duplicate for Supplier

Whether tax is payable on reverse charge basis No

EXCLUSION(S) / SPECIAL CONDITION(S)		
Member ID No of Insured	Person Name	Details

LOADING		
Member ID No of Insured	Person Name	Loading Reason

Claim Administrator: Apollo Munich

Claim Administrator: Apollo Munich
(For critical advantage rider)

Location:
Date:

For and on behalf of Apollo Munich Health Insurance Company Limited

Authorized Signatory

Certificate for the purpose of deduction under Section 80 D of Income Tax Act, 1961*

This is to certify that Mr Atul Swdeshpal Bhatia has paid Rs 64809.14 (Rupees Sixty-Four Thousand Eight Hundred Nine and Paisa Fourteen Only) towards premium for Click2 Protect Health Two Year Policy No 190000/11121/1000317184 issued to Mr Atul Swdeshpal Bhatia for period 02-Aug-2012 to 01-Aug-2014.

For and on behalf of Apollo Munich Health Insurance Company Limited

Location: Gurgaon
Date: 28-Aug-2012

Authorized Signatory

Note:
Benefit of section 80D of the income Tax act shall be available to the payor of the premium only, for the relationships as allowed by the Income Tax Act.

CLICK 2 PROTECT HEALTH

Apollo Munich Health Insurance Company Limited will cover all the Insured Persons under this Policy upto the **Sum Insured**. The insurance cover is governed by, and subject to, the terms, conditions and exclusions of this Policy.

Section. 1. In-patient Benefits

This section of benefits is applicable when

- An insured suffers an Accident or Illness, which is covered under this Policy
- Hospitalisation is necessary & is done for treatment OR
- Day care treatment is necessary and is done OR
- Domiciliary treatment is necessary and is done

IMPORTANT: Claims made under these benefits will impact eligibility for Multiplier Benefit.

	We will cover the Medical Expenses for:	**In addition to the waiting periods (Section 6a) and general exclusions (Section 6c), We will also not cover expenses**
	a. In-patient Treatment. This includes • Hospital room rent or boarding; • Nursing; • Intensive Care Unit • Medical Practitioners (Fees) • Anaesthesia • Blood • Oxygen • Operation theatre • Surgical appliances; • Medicines, drugs & consumables; • Diagnostic procedures.	If as per any or all of the Medical references herein below containing guidelines and protocols for Evidence Based Medicines, the Hospitalisation for treatment under claim is not necessary or the stay at the hospital is found unduly long: ▪ Medical text books, ▪ Standard treatment guidelines as stated in clinical establishment act of Government of India, ▪ World Health Organisation (WHO) protocols, ▪ Published guidelines by healthcare providers, ▪ Guidelines set by medical societies like cardiological society of India, neurological society of India etc.
	b. Pre-Hospitalisation expenses for consultations, investigations and medicines incurred upto 60 days before the date of admission to the hospital (In-patient OR Day Care).	i) Claims which have NOT been admitted under 1 a) and 1d). ii) Expenses not related to the admission and not incidental to the treatment for which the admission has taken place.
	c. Post-Hospitalisation expenses for consultations, investigations and medicines incurred upto 180 days after discharge from the Hospital.	i) Claims which have NOT been admitted under 1 a) and 1d). ii) Expenses not related to the admission and not incidental to the treatment

Important terms You should know.

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

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.

Out-patient Treatment means the medical consultation, investigations or treatment taken in a clinic / hospital or associated facility like a consultation room. Important to note that out-patient treatment does not require admission to day care or in-patient sections of hospital.

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

		for which the admission has taken place.
	d. Day Care Procedures Medical treatment or surgical procedure which is undertaken under general or local anaesthesia, which require admission in a Hospital/Day Care Centre for stay less than 24 hours. Treatment normally taken on out-patient basis is not included in the scope of this definition. Indicative list of Day Care Procedures ▪ Cancer Chemotherapy ▪ Liver biopsy ▪ Coronary angiography ▪ Haemodialysis ▪ Operation of cataract ▪ Nasal sinus aspiration	i) Treatment that can be and is usually taken on an out-patient basis is not covered. ii) Treatment NOT taken at a Hospital or Day-care centre.
	e. Domiciliary Treatment Medical treatment for an Illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances: i. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital or, ii. The patient takes treatment at home on account of non availability of room in a Hospital. Pre Hospitalisation expenses for consultations, investigations and medicines incurred upto 60 days before hospitalisation	1. Treatment of less than 3 days (Coverage will be provided for expenses incurred in first three days only if treatment period is greater than three days). 2. Post-Hospitalisation expenses.
	f. Organ Donor: Medical and surgical Expenses of the organ donor for harvesting the organ where an Insured Person is the recipient. IMPORTANT: Expenses incurred by an insured person while donating an organ is NOT covered.	1. Claims which have NOT been admitted under 1a) for insured member. 2. Admission not compliant under the Transplantation of Human Organs Act, 1994 (as amended). 3. The organ donor's Pre and Post-Hospitalisation expenses.
	g. Ambulance Cover Expenses incurred on transportation of Insured Person to	1. Claims which have NOT been admitted under Section 1a) and Section 1d).

Important terms You should know.

Shared accommodation means a Hospital room with two or more patient beds.

Single occupancy or any higher accommodation n type means a Hospital room with only one patient bed.

	a Hospital for treatment in case of an Emergency, subject to Rs. 2000 per Hospitalisation.	2. Healthcare or ambulance service provider not registered with road traffic authority.
	h. Daily Cash for choosing shared Accommodation Daily cash amount will be payable per day as mentioned in schedule of benefits if the Insured Person is hospitalised in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours if the Hospitalisation exceeds 48 hours.	1. Daily Cash Benefit for time spent by the Insured Person in an intensive care unit 2. Claims which have NOT been admitted under 1a).
	i. **E-Opinion in respect of a Critical Illness** We shall arrange and pay for a second opinion from Our panel of medical Practitioners, if: -The Insured Person suffers a Critical Illness during the Policy Period; and -He requests an E-opinion; and The Insured Person can choose one of Our panel Medical Practitioners. The opinion will be directly sent to the Insured Person by the Medical Practitioner. "Critical Illness" includes Cancer, Open Chest CABG, First Heart Attack, Kidney Failure, Major Organ/Bone Marrow Transplant, Multiple Sclerosis, Permanent Paralysis of Limbs and Stroke.	1. More than one claim for this benefit in a Policy Year. 2. Any other liability due to any errors or omission or representation or consequences of any action taken in reliance of the E-opinion provided by the Medical Practitioner
	j. **Emergency Air Ambulance Cover** We will pay for ambulance transportation in an airplane or helicopter subject to maximum limit prescribed in j (1) , for emergency life threatening health conditions which require immediate and rapid ambulance transportation to the hospital/medical centre that ground transportation cannot provide subject to: • Necessary medical treatment not being available at the location where the Insured Person is situated at the time	1. Claims which have NOT been admitted under 1 a) and 1d). 2. Expenses incurred in return transportation to the insured's home by air ambulance is excluded.

	of Emergency; • The Medical Evacuation been prescribed by a Medical Practitioner and is Medically Necessary; • The insured person is in India and the treatment is required in India only and not overseas in any condition whatsoever; and • The air ambulance provider being registered in India. J(i) The amount payable in case of Air ambulance facility shall be either the actual expenses or Rs. 2.5 Lacs per hospitalisation, whichever is lower; upto basic sum insured limit for a year.	

Section. 2. Restore Benefit

	Instant addition of 100% Basic Sum Insured on complete or partial utilization of Your existing Policy Sum Insured and Multiplier Benefit (if applicable) during the Policy Year. The Total amount (Basic sum insured, Multiplier benefit and Restore sum insured) will be available to all Insured Persons for all claims under In-patient Benefit during the current Policy Year and subject to the condition that single claim in a Policy Year cannot exceed the sum of Basic Sum Insured and the Multiplier Benefit (if applicable). Conditions for Restore benefit: **a.** The Sum Insured will be restored only once in a Policy Year. **b.** If the Restored Sum Insured is not utilized in a Policy Year, it will expire. In case of a Family Floater Policy, Restore Sum Insured will be available on floater basis for all Insured Persons in the Policy.	.

Section. 3. Preventive Health Check-up

This benefit is effective only if mentioned in the schedule of benefits.

a) If You have maintained this policy with Us for the period of time mentioned in the schedule of benefits without any break, then at the end of each block of continuous years (as mentioned in the schedule of benefits) We will pay upto the amount mentioned in the Schedule of Benefits towards the cost of a preventive health check-up for those Insured Persons who were insured for the number of previous Policy Years mentioned in the Schedule.

Note: If member has changed the plan in subsequent year and in the new plan the waiting period is less than previous plan then waiting period mentioned in the current plan would be applicable.

IMPORTANT: This benefit does NOT carry forward if it is not claimed and would not be provided if this Policy is not renewed further.

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

Plan	3 Lacs	5 Lacs	10 Lacs	15 Lacs	20,25,50 Lacs
Individual	Not Applicable	Upto a maximum of Rs.1,500 per insured person, only once at the end of a block of every continuous two Policy Years.	Upto a maximum of Rs.2,000 per insured person at the end of each year at renewal.	Upto a maximum of Rs.4,000 per insured person, at the end of each year at renewal	Upto Maximum of Rs. 5,000 per Insured Person, at the end of each year at renewal
Family	Not Applicable	Upto a maximum of Rs.2,500 per policy, only once at the end of a block of every continuous two Policy Years.	Upto a maximum of Rs.5,000 per policy at the end of each year at renewal	Upto a maximum of Rs.8,000 per policy, at the end of each year at renewal.	Upto Maximum of Rs. 10,000 per policy, at the end of each year at renewal.

Section. 4. Multiplier Benefit

a) If NO claims have been made in respect of any benefit listed under Section 1 in a Policy Year and the Policy is renewed with Us without any break
   i) We will apply a bonus by enhancing the renewed policy's Sum Insured by 50% of the Basic Sum Insured of the previous year's Policy.
   ii) The maximum bonus will not exceed 100% of the Basic Sum Insured in any Policy Year.

   In Family Floater policy,

   1. The Multiplier Benefit shall be available on Family Floater basis and accrue only if no claims have been made in respect of any Insured Person during the previous Policy Year.

   2. Accrued Multiplier Benefit is available to all Insured Persons under the Policy.

b) If a Multiplier Benefit has been applied and a claim is made in any Policy Year, then in the subsequent Policy Year We will automatically decrease the accrued Multiplier Benefit at the same rate at which it is accrued. However this reduction will not reduce the Sum Insured below the Basic Sum Insured of the policy, and only the accrued multiplier bonus will be decreased.

c) If the Insured Persons in the expiring policy are covered on individual basis and thus have accrued the multiplier bonus for each member in the expiring policy, and such expiring policy is renewed with Us on a

Family Floater basis, then the multiplier bonus to be carried forward for credit in the Policy would be the lowest accrued multiplier bonus amongst all the Insured Persons from the expiring Policy.

d) Portability benefit will be offered to the extent of sum of previous sum insured and accrued multiplier bonus, portability benefit shall not apply to any other additional increased Sum Insured.

e) In policies with a two year Policy Period, the application of above guidelines of Multiplier Benefit shall be post completion of each policy year.

Section. 5. Special terms and conditions

a) Waiting Periods

All Illnesses and treatments shall be covered subject to the waiting periods specified below:

i) We are not liable for any claim arising due to condition for which appearance of signs/symptoms, consultation, investigation, treatment or admission started within 30 days from Policy Commencement Date, except for the claims arising due to an Accident.

ii) A waiting period of 24 months from the first policy commencement date will be applicable to the medical and surgical treatment of illnesses / diagnoses or surgical procedures mentioned in the following table. However this waiting period will not be applicable where the underlying cause is cancer(s).

Organ / Organ System	Illness / diagnoses (irrespective of treatments medical or surgical)	Surgeries / procedure (irrespective of any illness / diagnosis other than cancers)
Ear, Nose & Throat (ENT)	• Sinusitis • Rhinitis • Tonsillitis	• Adenoidectomy • Mastoidectomy • Tonsillectomy • Tympanoplasty • Surgery for Nasal septum deviation • Surgery for Turbinate hypertrophy • Nasal concha resection • Nasal polypectomy
Gynaecological	• Cysts, polyps including breast lumps • Polycystic ovarian diseases • Fibromyoma • Adenomyosis • Endometriosis • Prolapsed Uterus	• Hysterectomy
Orthopaedic	• Non infective arthritis • Gout and Rheumatism • Osteoporosis • Ligament, Tendon and Meniscal tear • Prolapsed inter vertebral disk	• Joint replacement surgeries
Gastrointestinal	• • Cholelithiasis • Cholecystitis	• Cholecystectomy • Surgery of hernia

	• Pancreatitis • Fissure/fistula in anus, Haemorrhoids, Pilonidal sinus • Gastro Esophageal Reflux Disorder (GERD), Ulcer and erosion of stomach and duodenum • Cirrhosis (However Alcoholic cirrhosis is permanently excluded) • Perineal and Perianal Abscess • Rectal Prolapse	
Urogenital	• Calculus diseases of Urogenital system including Kidney, ureter, bladder stones • Benign Hyperplasia of prostate • Varicocele	• Surgery on prostate • Surgery for Hydrocele/ Rectocele
Eye	• Cataract • Retinal detachment • Glaucoma	• Nil
Others	• NIL	• Surgery of varicose veins and varicose ulcers
General (Applicable to all organ systems/organs whether or not described above)	• Benign tumors of Non infectious etiologye.eg. cysts, nodules, polyps, lump, growth, etc	• Nil

iii) 36 months waiting period from policy Commencement Date for all Pre-existing Conditions declared and/or accepted at the time of application.

Pl Note: Coverage under the policy for any past illness/condition or surgery is subject to the same being declared at the time of application and accepted by Us without any exclusion.

b) Reduction in waiting periods

1) If the proposed Insured Person is presently covered and has been continuously covered without any lapses under:

(a) any health insurance plan with an Indian non life insurer as per guidelines on portability , Or

(b) any other similar health insurance plan from Us,

Then:

(a) The waiting periods specified in Section 6 a i), ii) and iii) of the Policy stands waived; And :

(b) The waiting periods specified in the Section 6 a i), ii) and iii) shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; And

(c) If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured any other accrued Sum Insured under the previous health insurance policy.

2) The reduction in the waiting period specified above shall be applied subject to the following:
   a) We will only apply the reduction of the waiting period if We have received the database and past claim history related information as mandated under portability guidelines issued by insurance regulator from the previous Indian insurance company (if applicable);
   b) We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation and information.
   c) We will retain the right to underwrite the proposal.
   d) We shall consider only completed years of coverage for waiver of waiting periods. Policy extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver.

c) General exclusions

We will not pay for any claim which is caused by, arising from or in any way attributable to:

Non Medical Exclusions	i) War or similar situations: Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind. ii) Any Insured Person committing or attempting to commit a breach of law with criminal intent. iii) Intentional self injury or attempted suicide while sane or insane. iv) Dangerous acts (including sports): An Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing in a professional or semi professional nature.
Medical Exclusions	v) Treatment of illness or injury as a consequence of the use of alcohol, tobacco, narcotic or psychotropic substances. vi) Prosthetic and other devices which are self detachable /removable without surgery involving anaesthesia vii) Treatment availed outside India viii) Treatment at a healthcare facility which is NOT a Hospital. ix) Treatment of obesity and any weight control program. x) Treatment for correction of eye sight due to refractive error xi) Cosmetic, aesthetic and re-shaping treatments and surgeries: a. Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns. b. Circumcisions (unless necessitated by Illness or injury and forming part of treatment); aesthetic or change-of-life treatments of any description such as sex transformation operations. xii) Types of treatment, defined Illnesses/ conditions/ supplies: a. Non allopathic treatment. b. Conditions for which treatment could have been done on an outpatient basis without any Hospitalisation.

c. Charges related to peritoneal dialysis, including supplies
d. Admission primarily for administration of monoclonal antibodies or IV immunoglobulin infusion.
e. Experimental, investigational or unproven treatment devices and pharmacological regimens.
f. Admission primarily for diagnostic and evaluation purposes only
g. Any diagnostic expenses which is not related and not incidental to any illness which is not covered in this Policy
h. Convalescence, rest cure, sanatorium treatment, rehabilitation measures, respite care, long-term nursing care, custodial care, safe confinement, de-addiction, general debility or exhaustion ("run-down condition").
i. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment);
j. Admission for enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements
k. Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
l. Psychiatric, mental disorders (including mental health treatments), Parkinson and Alzheimer's disease,
m. Sleep-apnoea.
n. External congenital diseases, defects or anomalies,.
o. Stem cell therapy or surgery, or growth hormone therapy.
p. Venereal disease, sexually transmitted disease or illness;
q. "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human Immunodeficiency Virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS Related Complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
r. Any expense attributable directly or indirectly to pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or child birth (including caesarean section), except in the case of ectopic pregnancy in relation to a claim under 1a) for In-patient Treatment only.

s. Treatment for sterility, infertility (primary or secondary), assisted conception or other related conditions and complications arising out of the same.

t. Birth control, and similar procedures including complications arising out of the same.

u. The expense incurred by the insured on organ donation.

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

w. Dental treatment and surgery of any kind, unless requiring Hospitalisation.

	xiii) Any non medical expenses mentioned in Annexure I. xiv) Healthcare providers (Hospitals /Medical Practitioners) a. Any Medical Expenses incurred using facility of any Medical Practitioners or institution that We have told You (in writing) is not to be used at the time of renewal or at any specific time during the policy period. b. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed. c. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover. xv) Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. Drugs or treatments which are not supported by a prescription. xvi) Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured. xvii) Admission for administration of Intra-articular or Intra-lesional injections, Monoclonal antibodies like Rituximab/Infliximab/Tratsuzumab, etc (Trade name Remicade, Rituxan, Herceptin, etc), Supplementary medications like Zolendronic acid (Trade name Zometa, Reclast, etc) or IV immunoglobulin infusion

Section. 6. General Terms and Conditions

a. Conditions to be followed

The fulfilment of the terms and conditions of this Policy including the payment of premium by the due dates mentioned in the Schedule and the correct disclosures in a complete manner in the proposal form insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability. The premium for the policy will remain the same for the policy period as mentioned in policy schedule. The policy will be issued for a period for 1 or 2 year(s) period based on Policy Period selected and mentioned on the Policy Schedule, the sum insured & benefits will be applicable on Policy Year basis.

b. Geography

This Policy only covers medical treatment taken within India. All payments under this Policy will only be made in Indian Rupees within India. For the purpose of policy issuance, the premium will be computed basis the city of residence provided by the insured person in the proposal form. The premium that would be applicable zone wise and the cities defined in each zone are as under:

- Delhi NCR/Mumbai MMR- Delhi, Gurgaon, Noida, Faridabad, Ghaziabad, Greater Noida ,Mumbai, Navi Mumbai , Thane, Kalyan, Dombivali, Bhayandar, Ulhasnagar, Bhiwandi, Vasai,Virar
- Rest of India- All other cities
- The premium will be modified in case of mid term address change involving migration from one zone to another and would be calculated on pro-rata basis.

c. Insured Person

Only those persons named as Insured Persons in the Schedule shall be covered under this Policy. Any eligible person may be added during the Policy Period after his application has been accepted by Us and additional premium has been received. Insurance cover for this person shall only commence once We have issued an endorsement confirming the addition of such person as an Insured Person.

Any Insured Person in the policy has the option to
to similar indemnity health insurance policy available with us at the time of renewal subject to underwriting with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines.

If an Insured Person dies, he will cease to be an Insured Person upon Us receiving all relevant particulars in this regard. We will return a rateable part of the premium received for such person IF AND ONLY IF there are no claims in respect of that Insured Person under the Policy.

d. Loadings & Discounts

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).

We will inform You about the applicable risk loading or exclusion or both as the case may be through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 7 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 7days, We shall cancel Your application and refund the premium paid within next 7 days. We will issue Policy only after getting Your consent and additional premium (if any). Please visit our nearest branch to refer our underwriting guidelines if required.

We will provide a Family Discount of 10% if 2 or more family members are covered under a single health portion of this Policy. An additional discount of 7.5% will be provided if insured person is paying two year premium in advance as a single premium. These discounts shall be applicable at inception and renewal of the policy

Pl Note:
The application of loading does not mean that the illness/ condition, for which loading has been applied, would be covered from inception. Any waiting period as mentioned in Section 6 a i),ii) & iii) above or specifically mentioned on the Policy Schedule shall be applied on illness/condition, as applicable.

Stay Active

We will offer a discount at each renewal if the insured member achieves the average step count target on the mobile application provided by Us in the specified time interval (calculated from the policy risk start date) as per the grid below. In an individual policy, the average step count would be calculated per adult member and in a floater policy it would be an average of all adult members covered. Dependent children covered either in individual or floater plan will not be considered for calculation of average steps.

This discount will be accrued at defined time intervals as given in table below. The discount will be cumulated and offered as discount on the renewal premium.

In individual policies the discount percentage (%) would be applied on premium applicable per insured member (Dependent Children are not eligible for this stay active discount in an individual policy) and in a floater policy it would be applied on premium applicable on policy.
The discount grid would be as per the table below:

1 Year Policy

	Time Interval (calculated from policy risk start date)				
Average Step Target	Risk start date or date of download of mobile application -90 days	91-180 days	181-270 days	271-300 days	Maximum Discount at the end of the year
5000 or below			0%	0%	0%
5001 to 8000	0.5%	0.5%	0.5%	0.5%	2%
8001 to 10000	1.25%	1.25%	1.25%	1.25%	5%
Above 10000	2%	2%	2%	2%	8%

2 Year Policy

	Time Interval (calculated from policy risk start date)								
Average Step target	Risk start date or date of download of mobile application -90 days	91-180 days	181-270 days	271-360 days	361-450 days	451-540 days	541-630 days	631-660 days	Maximum Discount at the end of 2 years
5000 or below	0%	0%	0%	0%	0%	0%	0%	0%	0%
5001 to 8000	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	2%
8001 to 10000	0.625%	0.625%	0.625%	0.625%	0.625%	0.625%	0.625%	0.625%	5%
Above 10000	1%	1%	1%	1%	1%	1%	1%	1%	8%

The mobile app must be downloaded within 30 days of the policy risk start date to avail this benefit. The average step count completed by an Insured member would be tracked on this mobile application.

We reserve the right to remove or reduce any count of steps if found to be achieved in unfair manner by manipulation.

Illustration

Policy start date	1st Jan 2016
Policy Tenure	1 year

Time Interval				
	Risk start date or date of download of mobile application -	91 days-180 days	181 days-270 days	271- 300 days

	90 days			
average steps taken in the defined time period	8500	10000	5001	7500
Discount %applicable	1.25%	1.25%	0.5%	0.5%

Total discount applicable on renewal premium = 3.5%

e. Notification of Claim

	Treatment, Consultation or Procedure:	**We must be informed:**
i)	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation:	Immediately and in any event at least 48 hours prior to the Insured Person's admission.
ii)	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency:	Within 24 hours of the Insured Person's admission to Hospital.
iii)	For all benefits which are contingent on Our prior acceptance of a claim under Section 1)a):	Within 7 days of the Insured Person's discharge post-hospitalisation.

f. Cashless Service:

	Treatment, Consultation or Procedure:	**Treatment, Consultation or Procedure Taken at:**	**Cashless Service is Available:**	**We must be given notice that the Insured Person wishes to take advantage of the cashless service accompanied by full particulars:**
i)	If any planned treatment, consultation or procedure for which a claim may be made:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	At least 48 hours before the planned treatment or Hospitalisation
ii)	If any treatment, consultation or procedure for which a claim may be made to be taken in an Emergency:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	Within 24 hours after the treatment or Hospitalisation

g. Supporting Documentation & Examination

The Insured Person or someone claiming on Your behalf shall provide Us with any documentation, medical records and information We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of the earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. Such documentation will include but is not limited to the following:

i) Our claim form, duly completed and signed for on behalf of the Insured Person.
ii) Original Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.

iii) All reports and records, including but not limited to all medical reports, case histories/indoor case papers, investigation reports, treatment papers, discharge summaries.
iv) A precise diagnosis of the treatment for which a claim is made.
v) A detailed list of the individual medical services and treatments provided and a unit price for each (detailed break up).
vi) Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.
vii) All pre and post investigation, treatment and follow up (consultation) records pertaining to the present ailment for which claim is being made
viii) All investigation, treatment and follow up records pertaining to the past ailment(s) since their first diagnoses or detection
ix) Treating doctor's certificate regarding missing information in case histories e.g. Circumstance of injury and Alcohol or drug influence at the time of accident
x) Copy of settlement letter from other insurance company or TPA
xi) Stickers and invoice of implants used during surgery
xii) Copy of MLC (Medico legal case) records and FIR (First information report), in case of claims arising out of an accident
xiii) Regulatory requirements as amended from time to time, currently mandatory NEFT (to enable direct credit of claim amount in bank account) and KYC (recent ID/Address proof and photograph) requirements
xiv) Legal heir certificate

h. The Insured Person shall have to undergo medical examination by Our authorised Medical Practitioner, as and when We may reasonably require, to obtain an independent opinion for the purpose of processing any claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

i. Claims Payment

i) We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
ii) We will only make payment to You under this Policy. Receipt of payment by You shall be considered as a complete discharge of Our liability against the respective claim under this Policy. In the event of Your death, We will make payment to the Nominee (as named in the Schedule), payments under this Policy shall only be made in Indian Rupees within India.
iii) The assignment o of benefits of the policy shall be subject to applicable law.

iv) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.
v) Cashless service: If any treatment, consultation or procedure for which a claim may be made is to be taken at a Network Hospital, then We will provide a cashless service by making payment to the extent of Our liability direct to the Network Hospital as long as We are given notice that the Insured Person wishes to take advantage of a cashless service accompanied by full particulars at least 48 hours before any planned treatment or Hospitalisation or within 24 hours after Hospitalisation in the case of an emergency.

vi) We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2002. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDAI (Protection of Policyholders Regulation), 2002, we shall pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

vii) In an event claim event falls within two Policy Period then We shall settle claim by taking into consideration the available in the two Policy Periods. Such eligible claim amount to be payable to the Insured shall be reduced to the extent of premium to be received for the renewal /due date of the premium of health insurance policy, if not received earlier.

viii) Healthcare Advisory Benefit: We may suggest alternate Network Provider in specific cases of surgical or medical treatment, should the Insured member accept and utilize one of the alternatives suggested he would be eligible for a lump sum benefit of Rs 5000.

Please note: The acceptance of our recommendation is not obligatory on the Insured member and We are not liable for any outcome of the treatment conducted at the network centre.

j. Non Disclosure or Misrepresentation:

If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:

- cancelled ab initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at our sole discretion, upon 30 day notice by sending an endorsement to Your address shown in the Schedule and
- the claim under such Policy if any, shall be rejected/repudiated forthwith.

k. r Fraudulent Claims:

If any claim is in any manner fraudulent, or is supported by any fraudulent means or devices, whether by You or the Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be:

- cancelled ab-initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at our sole discretion, upon 30 day notice by sending an endorsement to Your address shown in the Schedule; and
- all benefits payable, if any, under such Policy shall be forfeited with respect to such claim.

l. Other Insurance

If at the time when any claim is made under this Policy, insured has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the Policy holder shall have the right to require a settlement of his claim in terms of any of his policies. The insurer so chosen by the Policy holder shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen Policy.

Provided further that, If the amount to be claimed under the Policy chosen by the Policy holder, exceeds the sum insured under a single Policy after considering the deductibles or co-pay (if applicable), the Policy holder shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective

insurers may then settle the claim by applying the Contribution clause. This clause shall only apply to indemnity sections of the policy.

m. Subrogation

The Insured Person must do all acts and things that We may necessarily and reasonably require to enforce/ secure any civil / criminal rights and remedies or to obtain relief / indemnity from any other party because of making reimbursement under the Policy. This would be irrespective of whether such necessity has arisen before or after the reimbursement. These subrogation rights must NOT be prejudiced in any manner by the Insured Person. The Insured Person must provide Us with whatever assistance or cooperation is required to enforce such rights. We would deduct any amounts paid or payable and expenses of effecting recovery from any recovery that We make pursuant to this clause and pay the balance to You. This clause is only applicable to indemnity policies and benefits.

n. Endorsements

This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us. Any change that We make will be evidenced by a written endorsement signed and stamped by Us.

o. Renewal

This policy is ordinarily renewable for life except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured

a) We are NOT under any obligation to:
   i) Send renewal notice or reminders.
   ii) Renew it on same terms or premium as the expiring Policy. Any change in benefit or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority of India (IRDAI) and will be intimated to You atleast 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar indemnity health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as multiplier benefit, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines.

b) We will not apply any additional loading on your policy premium at renewal based on claim experience.

c) Sum Insured can be enhanced only at the time of renewal subject to the underwriting norms and acceptability criteria of the policy. If the insured increases the sum insured one grid up, no fresh medicals shall be required. In cases where the sum insured increase is more than one grid up, the case may be subject to medicals, the cost of such medicals would be borne by You and upon acceptance of your request We shall refund 100% of the expenses incurred on medical tests. In case of increase in the Sum Insured waiting period will apply afresh in relation to the amount by which the Sum Insured has been enhanced. The quantum of increase shall be at the discretion of the company.

d) We shall be entitled to call for any information or documentation before agreeing to renew the Policy. Your Policy terms may be altered based on the information received.

e) All applications for renewal of the Policy must be received by Us before the end of the Policy Period. A Grace Period of 30 days for renewing the Policy is available under this Policy. Any disease/ condition contracted during the Grace Period will not be covered and will be treated as a Pre-existing Condition.

p. Change of Policyholder

The Policyholder may be changed only at the time of renewal. The new policyholder must be a member of the Insured Person's immediate family. Such change would be subject to Our acceptance and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.

The Policyholder may be changed in case of his demise or him moving out of India during the Policy Period.

q. Notices

Any notice, direction or instruction under this Policy shall be in writing and if it is to:

i) Any Insured Person, it would be sent to You at the address specified in Schedule / endorsement
ii) Us, shall be delivered to Our address specified in the Schedule.
iii) No insurance agents, brokers, other person/ entity is authorised to receive any notice on Our behalf.

r. 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.

s. Termination (Other than Free Look)

i) You may terminate this Policy at any time by giving Us written notice. The cancellation shall be from the date of receipt of such written notice. Premium shall be refunded as per table below IF AND ONLY IF no claim has been made under the Policy.

1 Year Policy Period		2 Year Policy Period	
Length of time Policy in force	**% of premium refunded**	**Length of time Policy in force**	**% of premium refunded**
Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	48.00%
		Upto 15 Months	25.00%
		Upto 18 Months	12.00%
		Exceeding 18 Months	Nil

ii) We shall terminate this Policy for the reasons as specified under aforesaid section 7 j) (Non Disclosure or Misrepresentation) & section 7 k) (Fraudulent Claims) of this Policy and such termination of the Policy shall be ab initio from the inception date or the renewal date (as the case may be), upon 30 day notice, by sending an endorsement to Your address shown in the Schedule,

t. Free Look Period

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

Section. 7. Other Important Terms You should know

The terms defined below and at other junctures in the Policy Wording have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the

plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

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

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

Def. 3. **Alternative treatments** means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context

Def. 4. **Any one illness** means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

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

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

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

Def. 8. **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

Def. 9. **Contribution** means essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

Def. 10. **Co-payment** means a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

Def. 11. **Cumulative Bonus (Multiplier Benefit)** means any increase in the Sum Insured granted by the insurer without an associated increase in premium.

Def. 12. **Critical Illness means** Cancer of specified severity, Open Chest CABG, First Heart Attack of specified severity, Kidney Failure requiring regular dialysis, Major Organ/Bone Marrow Transplant, Multiple Sclerosis with Persisting Symptoms, Permanent Paralysis of Limbs, Stroke resulting in Permanent Symptoms as defined below only:

i) **Cancer of specified severity:**
A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist.
The term cancer includes leukemia, lymphoma and sarcoma.
The following are excluded:

- Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as pre-malignant or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- Any skin cancer other than invasive malignant melanoma
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....
- Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- Chronic lymphocytic leukemia less than RAI stage 3
- Micro carcinoma of the bladder
- All tumours in the presence of HIV infection.

ii) **Open Chest CABG:**

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The Diagnosis must be supported by coronary angiography and realisation of the surgery has to be confirmed by a specialist Medical Practitioner

The following are excluded:

- Angioplasty and / or Any other intra-arterial procedures
- Any Key-hole surgery or laser surgery

iii) **First Heart Attack of Specified Severity:**

The first occurrence of 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 this will be evidenced by all of the following criteria:

- A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain).
- New characteristic electrocardiogram changes.
- Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

  The following are excluded:
- Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T.
- Other acute Coronary Syndromes.
- Any type of angina pectoris

iv) **Kidney Failure requiring Regular Dialysis:**

End stage renal disease presented 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.

The diagnosis has to be confirmed by a specialist Medical Practitioner

v) **Major Organ/ Bone Marrow Transplant:**

The actual undergoing of a transplant of:

- One of the following human organs - heart, lung, liver, pancreas, kidney, that resulted from irreversible end-stage failure of the relevant organ or;
- Human bone marrow using hematopoietic stem cells.

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

The following are excluded:

- Other Stem-cell transplants
- Where only islets of langerhans are transplanted

vi) **Multiple Sclerosis with Persisting Symptoms:**

The definite occurrence of Multiple Sclerosis.The diagnosis must be supported by all of the following:

- Investigation including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple Sclerosis.
- There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of atleast 6 months.
- Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast 1 month apart.

Excluded is:

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

vii) **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 (Physician / Neurologist) must be of the opinion that paralysis will be permanent with no hope of recovery and must be present for more than 3 months. .

viii) **Stroke resulting in Permanent Symptoms:**

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

The 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 atleast 3 months has to be produced.

The following are excluded:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular diseases affecting only the eye or optic nerve or vestibular functions

Def. 13. **Day Care centre** means any institution established for day care treatment of illness and/or 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—

-has qualified nursing staff under its employment;

-has qualified medical practitioner/s in charge;

-has a fully equipped operation theatre of its own where surgical procedures are carried out;

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

Def. 14. **Day Care Procedures** means those medical treatment, and/or surgical procedure

i. which is undertaken under General or Local Anaesthesia in a Hospital/day care centre in less than 24 hours because of technological advancement,

ii. which would have otherwise required a Hospitalisation of more than 24 hours.

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

Def. 15. **Deductible** means a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

Def. 16. **Dental treatment** means treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

Def. 17. **Dependents** means only the family members listed below:

i) Your legally married spouse as long as she continues to be married to You;

ii) Your children Aged between 91 days and 25 years if they are unmarried
iii) Your natural parents or parents that have legally adopted You, provided that the parent was below 65 years at his initial participation in this Policy.
iv) Your Parent -in-law as long as Your spouse continues to be married to You and were below 65 years at his initial participation in this Policy.

All Dependent parents must be financially dependent on You.

Def. 18. **Dependent Child** means a child (natural or legally adopted), who is unmarried, Aged between 91 days and 25 years, financially dependent on the primary Insured or Proposer and does not have his / her independent sources of income.

Def. 19. **Domiciliary Hospitalisation** medical treatment for an illness/disease/injury which in the normal course would require a care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:

- The condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- The patient takes treatment at home on account of non availibity of a room in a hospital

Def. 20. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event o f misrepresentation, mis-description or non-disclosure of any material fact.

Def. 21. **Emergency Care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

Def. 22. **Family Floater** means a Policy described as such in the Schedule where under You and Your Dependents named in the Schedule are insured under this Policy as at the Commencement Date. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your Dependents during the Policy Period.

Def. 23. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-Existing Diseases. Coverage is not available for the period for which no premium is received.

Def. 24. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
- has qualified nursing staff under its employment round the clock,
- has qualified Medical Practitioner(s) in charge round the clock,
- has a fully equipped operation theatre of its own where surgical procedures are carried out,
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Def. 25. **Hospitalisation** or **Hospitalised** means admission in a Hospital for a minimum of 24 consecutive hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.

Def. 26. **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

a) Acute Condition means a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

b) Chronic Condition means a disease, illness, or injury that has one or more o f 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 o f symptoms
— it requires your rehabilitation or for you to be specially trained to cope with it
—it continues indefinitely
—it comes back or is likely to come back.

Def. 27. **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.

Def. 28. **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.

Def. 29. **Insured Person means** You and the persons named in the Schedule.

Def. 30. **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.

Def. 31. **Medical Advise** means any consultation or advise from a Medical Practitioner including the issue of any prescription or repeat prescription.

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

a) Pre- Hospitalisation Medical Expenses means the Medical expenses incurred immediately before the Insured Person is Hospitalised, provided that:
   i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
   ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

b) Post- Hospitalisation Medical Expenses means Medical expenses incurred immediately after the insured person is discharged from the hospital provided that:
   iii. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and
   iv. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company

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

- Is required for the medical management of the Illness or injury suffered by the Insured Person;
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
- Must have been prescribed by a Medical Practitioner.
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

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

Def. 35. **Network Provider** means Hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility

Def. 36. **Non Network mean**s any Hospital, day care centre or other provider that is not part of the Network

Def. 37. **Notification of Claim** means the process of notifying a claim to the insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified.

Def. 38. **OPD treatment** means the treatment in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient

Def. 39. **Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

Def. 40. **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer.

Def. 41. **Preventive Health Check-up** means a package of medical test(s) undertaken for general assessment of health status, it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease.

Def. 42. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any) and the policy schedule (as the same may be amended from time to time).

Def. 43. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.

Def. 44. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.

Def. 45. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India

Def. 46. **Reasonable & Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/ injury involved.

Def. 47. **Room Rent** means the amount charged by a hospital for the occupancy of a bed on per day (24 hrs) basis and shall include associated medical expenses.

Def. 48. **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 all waiting periods.

Def. 49. **Subrogation** means the the right o f the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

Def. 50. **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 or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.

Def. 51. **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule.

Def. 52. **Unproven/Experimental treatment** means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

Def. 53. **We/Our/Us** means the Apollo Munich Health Insurance Company Limited.

Def. 54. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Section. 8. Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, You can contact Apollo Munich through:

- Website : www.apollomunichinsurance.com
- Toll Free : 1800-102- 0333
- Fax : 1800- 425- 4077
- Courier : Claims Department,

Apollo Munich Health insurance Co. Ltd
Ground floor, Srinilaya – Cyber Spazio
Suite # 101,102,109 & 110, Ground Floor,
Road No. 2, Banjara Hills,
Hyderabad-500 034

Or
Apollo Munich Health Insurance Co. Ltd.
iLABS Centre, 2nd & 3rd Floor, Plot No 404 - 405, Udyog Vihar, Phase – III,
Gurgaon-122016, Haryana

Additional Note**: Please refer to the list of empanelled network centers on our website Or the list provided in the welcome kit.**

Section. 9. Grievance Redressal Procedure

If You have a grievance that You wish Us to redress, You may contact Us with the details of Your grievance through:

- Our website : www.apollomunichinsurance.com
- E-mail : customerservice@apollomunichinsurance.com
- Toll Free : 1800-102-0333
- Fax : +91-124-4584111
- Courier : Any of Our Branch office or Corporate office

You may also approach the grievance cell at any of Our branches with the details of Your grievance during Our working hours from Monday to Friday.

As per guidelines on special provision for Insured Persons who are senior citizens, We will provide a separate channel for addressing grievances of our senior citizen customers. You may avail this service by contacting the above mentioned toll free no and selecting suitable option provided on Our Interactive Voice Response (IVR) system.

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Our Head of Customer Service at:

The Grievance Cell, Apollo Munich Health Insurance Company Limited, 2nd and 3rd Floor, iLABS Centre, Plot No 404-405, Udyog Vihar, Phase III, Gurgaon, Haryana-122016.

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may approach the nearest Insurance Ombudsman for resolution of Your grievance. The contact details of Ombudsman offices are mentioned below.

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Shri. / Smt. Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@gbic.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Shri. M. Parshad Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in	Karnataka.
BHOPAL - Shri. R K Srivastava 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@gbic.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri. B. N. Mishra Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Orissa.
CHANDIGARH - Shri. Manik B. Sonawane Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI - Shri Virander Kumar Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453,	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).

Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in	
DELHI - Smt. Sandhya Baliga Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237539 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in	Delhi.
GUWAHATI - Sh. / Smt. Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri. G. Rajeswara Rao 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 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR - Shri. Ashok K. Jain Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in	Rajasthan.
ERNAKULAM - Shri. P. K. Vijayakumar 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@gbic.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA - Shri. K. B. Saha 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@gbic.co.in	West Bengal, Bihar, Sikkim, Jharkhand, Andaman & Nicobar Islands.
LUCKNOW - Shri. N. P. Bhagat Office of the Insurance Ombudsman,	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur,

6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@gbic.co.in	Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Shri. A. K. Dasgupta 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@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA Office of the Insurance Ombudsman, Email:bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
Pune - Shri. A. K. Sahoo Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 32341320 Email:bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

IRDAI REGULATION NO 5: This Policy is subject to regulation 5 of IRDAI (Protection of Policyholder's Interests) Regulation.

Annexure I – List of excluded items

S N O.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
	TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable

36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
	ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES	
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified

70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY	Not Payable except Bone Marrow Transplantation where covered by policy
	ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS	
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not separately
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
79	SURGICAL DRILL	Payable under OT Charges, not separately
80	EYE KIT	Payable under OT Charges, not separately
81	EYE DRAPE	Payable under OT Charges, not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not seperately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	SAVLON	Not Payable-Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
88	COTTON	Not Payable-Part of Dressing Charges
89	COTTON BANDAGE	Not Payable- Part of Dressing Charges

90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
	ELEMENTS OF ROOM CHARGE	
96	LUXURY TAX	Actual tax levied by government is payable .Part of room charge for sub limits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of Room Charge, Not payable separately
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable- part of room charges
	ADMINISTRATIVE OR NON-MEDICAL CHARGES	
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable

112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
	EXTERNAL DURABLE DEVICES	
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP - COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable

138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	SPO2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
	ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\\DETTOL \SAVLON\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital

157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
159	ALEX SUGAR FREE	Payable -Sugar free variants of admissable medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	DIGENE GEL/ ANTACID GEL	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
164	HIV KIT	Payable - payable Pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite
	PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE	
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
	OTHERS	

176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case f PIVD requiring traction s this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometery/ Strips)	Not payable pre hospitilasation or post hospitalisation / Reports and Charts required/ Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable

196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid.

Schedule of benefits

Individual

Basic Sum Insured per Insured Person per Policy Year (Rs. in Lakh)	3.00	5.00	10.00	15.00	20.00,25.00,50.00
1a) In-patient Treatment	Covered	Covered	Covered	Covered	Covered
1b) Pre-Hospitalization	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days
1c) Post-Hospitalization	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days
1d) Day Care Procedures	Covered	Covered	Covered	Covered	Covered
1e) Domiciliary Treatment	Covered	Covered	Covered	Covered	Covered
1f) Organ Donor	Covered	Covered	Covered	Covered	Covered
1g) Ambulance Cover	Upto Rs.2,000 per Hospitalisation	Upto Rs.2,000 per Hospitalisation	Upto Rs.2,000 per Hospitalisation	Upto Rs.2,000 per Hospitalisation	Upto Rs.2,000 per Hospitalisation
1h) Daily Cash for choosing Shared Accommodation	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.1000 per day, Maximum Rs.6,000
1i) E-Opinion in respect of a Critical Illness	Covered	Covered	Covered	Covered	Covered
1j) Emergency Air Ambulance Cover	Not Covered	Not Covered	Covered	Covered	Covered
2) Restore Benefit	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured
3) Preventive Health Checkup (per person)	Not Applicable	Upto Rs 1500	Upto Rs. 2000	Upto Rs. 4000	Upto Rs. 5000
4) Multiplier Benefit	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal

Family

Basic Sum Insured per Insured Person per Policy Year (Rs. in Lakh)	3.00	5.00	10.00	15.00	20.00,25.00,50.00
1a) In-patient Treatment	Covered	Covered	Covered	Covered	Covered
1b) Pre-Hospitalization	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days
1c) Post-Hospitalization	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days
1d) Day Care Procedures	Covered	Covered	Covered	Covered	Covered
1e) Domiciliary Treatment	Covered	Covered	Covered	Covered	Covered
1f) Organ Donor	Covered	Covered	Covered	Covered	Covered
1g) Ambulance Cover	Upto Rs.2,000 per Hospitalisation	Upto Rs.2,000 per Hospitalisation	Upto Rs.2,000 per Hospitalisation	Upto Rs.2,000 per Hospitalisation	Upto Rs.2,000 per Hospitalisation
1h) Daily Cash for choosing Shared Accommodation	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.1000 per day, Maximum Rs.6,000
1i) E-Opinion in respect of a Critical Illness	Covered	Covered	Covered	Covered	Covered
1j) Emergency Air Ambulance Cover	Not Covered	Not Covered	Covered	Covered	Covered
2) Restore Benefit	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured
3) Preventive Health Checkup (per policy)	Not Applicable	Upto Rs 2500	Upto Rs.5000	Upto Rs. 8000	Upto Rs. 10,000
4) Multiplier Benefit	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal