

SBI GENERAL COMPREHENSIVE PROTECTION POLICY

POLICY WORDING

Section-1 Preamble

This is a contract of insurance between the Company and the Policy Holder which is subject to the realization of the full premium in advance and the terms, conditions and exclusions to this Policy. This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by Policy Holder in respect of the Insured Persons in the Proposal and the Policy Schedule/ Certificate of Insurance. Please inform the Company immediately of any change in the address, state of health or any other changes affecting the Policy Holder or any Insured Person.

Section-2 Definitions

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where the context so requires, references to the singular include references to the plural; references to the male includes the female and other gender and references to any statutory enactment includes subsequent changes to the same.

2.1 Standard Definitions

1. **Accident** means sudden, unforeseen, and involuntary event caused by external, visible, and violent means.
2. **Any One Illness** means continuous period of Illness and includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment was taken.
3. **Break in Policy** means the period of gap that occurs at the end of the existing Policy term/ installment premium due date, when the premium due for Renewal on a given Policy or instalment premium due is not paid on or before the premium Renewal date or Grace Period.
4. **Complaint or Grievance** means written expression (includes communication in the form of electronic mail or voice based electronic scripts) of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel.
5. **Complainant** means a Policyholder or prospect or Nominee or assignee or any beneficiary of an insurance Policy who has filed a Complaint or Grievance against an Insurer and /or distribution channel.
6. **Condition Precedent** means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
7. **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.
8. **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.
9. **Disclosure of Information Norm** means the Policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
10. **Emergency Care** means management for an Illness 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.
11. **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a Policy in force without loss of continuity benefits pertaining to Waiting Periods and coverage of Pre-existing Diseases. Coverage need not be available during the period for which no premium is received.

The Grace Period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

Provided the Insurers shall offer coverage during the Grace Period, if the premium is paid in instalments during the Policy Period.
12. **Hospital** means any institution established for In-patient Care and Day Care Treatment of diseases, 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:
 - a. has qualified nursing staff under its employment round the clock,
 - b. has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
 - c. has qualified Medical Practitioner(s) in charge round the clock,
 - d. has a fully equipped operation theatre of its own where Surgical Procedures are carried out,
 - e. maintains daily records of patients and will make these accessible to the insurance Company's authorized personnel.
13. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
14. **Illness** means a sickness, or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
 - a. Acute condition - Acute condition is a disease, Illness 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 which leads to full recovery.
 - b. Chronic condition - A chronic condition is defined as a disease, Illness that has one or more of the following characteristics:
 1. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests.
 2. It needs ongoing or long-term control or relief of symptoms.

3. It requires Your rehabilitation for the patient or for the patient to be specially trained to cope with it.
 4. It continues indefinitely.
 5. It recurs or is likely to recur.
15. **Injury** means Accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent, visible, and evident means which is verified and certified by a Medical Practitioner.
 16. **In-patient Care/Hospitalization** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
 17. **Intensive Care Unit (ICU)** 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.
 18. **ICU Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
 19. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow up prescription.
 20. **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.
 21. **Medical Necessary Treatment** means any treatment, tests, medication, or stay in Hospital or part of stay in Hospital which:
 - a. is required for the medical management of the Illness or Injury suffered by the Insured Person.
 - b. must not exceed the level of care necessary to provide safe, adequate, and appropriate medical care in scope, duration, or intensity.
 - c. must have been prescribed by a Medical Practitioner.
 - d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
 22. **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.
 23. **Migration** means a facility provided to Policy Holders (including all members under family cover and Group policies), to transfer the Credits gained for Pre-existing Diseases and Specific Waiting Periods from one health insurance Policy to another with the same Insurer.
 24. **Network Provider** means Hospitals or health care providers enlisted by an Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a Cashless facility.
 25. **Non-Network Provider** means any Hospital, Day Care Centre or other provider that is not part of the Network.
 26. **Notification of Claim** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.
 27. **OPD Treatment** means the one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
 28. **Pre-existing Disease (PED)** means any condition, ailment, Injury or disease:
 - a. that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the Policy issued by the Insurer; or
 - b. for which Medical Advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the Policy.
 29. **Proposal Form** means a form to be filled in by the prospect in physical or electronic form, for furnishing the information including material information, if any, as required by the Insurer in respect of a risk, in order to enable the Insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.

Explanation:

 - i. "Material Information" for the purpose of these regulations shall mean all important, essential and relevant information and documents explicitly sought by Insurer in the Proposal Form.
 - ii. The requirements of "disclosure of material information" regarding a proposal or Policy, apply both to the Insurer and the prospect, under these regulations.
 30. **Post-Hospitalization Medical Expenses** means Medical Expenses incurred during pre- defined number of days immediately after the Insured Person is discharged from the Hospital provided that:
 - a. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalization was required, and
 - b. The In-patient Hospitalization claim for such Hospitalization is admissible by the insurance Company.
 31. **Portability** means a facility provided to the health insurance Policy Holders (including all members under family cover), to transfer the Credits gained for, Pre-existing Diseases and Specific Waiting Periods from one Insurer to another Insurer.
 32. **Senior Citizen** means any person, who has attained the Age of sixty years or above.
 33. **Solicitation** means the act of approaching a prospect or a Policy Holder by an Insurer or by a distribution channel with a view to persuading the prospect or a Policy Holder to purchase or to renew an insurance Policy.
 34. **Specific Waiting Period** means a period up to 24 months/ 36 months from the commencement of a health insurance Policy during which period specified diseases/treatments (except due to an Accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.
 35. **Surgery or Surgical Procedures** means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure

of diseases, relief from suffering and prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.

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

2.2 Specific Definitions

- 1. Age** means Age of the Insured Person on last birthday as on date of commencement of the Policy.
- 2. Bank** means a Banking Company which transacts the business of Banking in India or abroad.
- 3. Beneficiary** means in case of death of the Insured Person, the Beneficiary means, unless stipulated otherwise by the Insured Person, the surviving spouse or immediate blood relative of the Insured Person, mentally capable and not divorced, followed by the children natural or adopted, followed by the Insured Person's legal heirs. For all other benefits, the Beneficiary means the Insured Person himself unless stipulated otherwise.
- 4. Bank Rate** means Bank Rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due.
- 5. Commencement Date/Policy Start Date** means the date of commencement of insurance coverage under the Policy as specified in the Policy Schedule/ Certificate of Insurance.
- 6. Critical Illness (Major Medical Illness and Procedures)** means an Illness, medical event or surgical procedure specifically defined in the scope of cover under the Policy.
- 7. Dependent** means only the family members listed below:
 - a. Legally married spouse as long as continues to be married.
 - b. Children (natural or legally adopted), unmarried aged from between 3 years up to 30 years of Age at the time of inception of the Policy/endorsement and as specified in the Policy Schedule/ Certificate of Insurance.
 - c. Natural parents or Legal parents.
 - d. Parent-in-law.
 - e. Any other Dependent where there is Insurable Interest.
- 8. Equated Monthly Instalment/EMI/EMI Amount** means and includes the amount of monthly payment required to repay the principal amount of Loan and/or interest by the Insured Person as set forth in the amortization chart referred to in the Loan agreement (or any amendments thereto) between the Bank/Financial Institution/Loan aggregators and the Insured Person prior to the date of occurrence of the Insured Event under this Policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments including additional interest that are overdue and unpaid by the Insured Person prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.
- 9. Financial Institution** means which shall have the same meaning assigned to the term under Section 45 I of the Reserve Bank of India act, 1934 and shall include a non-Banking financial Company as defined under Section 45 I of the Reserve Bank of India act, 1934.
- 10. Franchise** means the Insurer is not responsible for the loss which does not exceed an agreed amount (as specified in the Policy Schedule/Certificate of Insurance), but is responsible for the entire amount of the loss which exceeds the agreed Franchise amount (as specified in the Policy Schedule/ Certificate of Insurance).
- 11. Group** means any association of persons who assemble together with a commonality of purpose or for engaging in a common economic activity, like employees of a Company. Non-employer-employee Groups, like and not limited to employee welfare associations, holders of Credit cards issued by a specific Company, customers of a particular business where insurance is offered as an add-on benefit, borrowers of a Bank, professional associations, or societies. However, an association of persons coming together with the main purpose of availing an insurance cover will not qualify to be a Group for the purpose of this Policy.
- 12. Health Check-up** means a package of the medical test(s) undertaken for a general assessment of health status, excluding any diagnostic or investigative medical tests for evaluation of Illness or a disease.
- 13. Immediate Family** means any one of the relationships with the Insured Person: Spouse, Father, Mother, Son or Daughter.
- 14. Insured Person/You/Your** means persons named in the Policy Schedule/ Certificate of Insurance who are Insured under the Policy and are resident of India in respect of whom the applicable premium has been received. For the purpose of avoidance of doubt, it is clarified that the heirs, executors, administrators, successors or legal representatives of the insured may present a claim on behalf of the Insured Person to the Company.
- 15. Insured Event** means any event specifically mentioned as covered under this Policy.
- 16. Life-threatening Situation** shall mean a serious medical condition or symptom resulting from Injury or Illness which is not Pre-existing Disease, which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long-term impairment of the Insured Person's health, until stabilization at which time this medical condition or symptom is not considered an Emergency anymore.
- 17. Loan/Credit** means the sum of money lent at interest or otherwise to the Insured Person by any Bank/Financial Institution as identified by the Loan Account Number(s) or any such identification number.
- 18. Material Facts** means all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
- 19. Nominee** means the person(s) nominated by the Insured Person to receive the insurance benefits under this Policy payable on the death of the Insured Person. For the purpose of avoidance of doubt, it is clarified that if the Insured is a minor, his guardian shall appoint the Nominee.
- 20. Permanent Total Disablement (PTD)** means Disability, as the result of a bodily Injury, which:
 - a. continues for a period of twelve (12) consecutive months, and
 - b. Is confirmed as total, continuous and permanent by a physician after the twelve (12) consecutive months, and
 - c. Entirely prevents an Insured Person from engaging in or giving attention to gainful occupation of any and every kind for the remainder of his/her life.
- 21. Permanent Partial Disablement (PPD)** means the Insured Person has suffered a permanent loss of physical function or

anatomical loss of use of a body part, substantiated by a diagnosis by a physician.

- 22. Policy** means the complete documents consisting of the Proposal Form, Policy wording, Policy Schedule/ Certificate of Insurance, declaration, Endorsements, and attachments, if any.
- 23. Policy Holder** means the entity or person named as such in the Policy Schedule / Certificate of Insurance.
- 24. Policy Period** means the period commencing with the Commencement Date of the Policy & terminating with the expiry date of the Policy as stated in the Policy Schedule/ Certificate of Insurance.
- 25. Policy Schedule** means the Policy Schedule attached to and forming part of this Policy specifying the details of the Insured Persons, the Sum Insured, the Policy Period and the Sub-limits to which benefits under the Policy are subject to, including any annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
- 26. Policy Year** means a period of twelve months beginning from the Commencement Date and ending on the last day of such twelve-month period. For the purpose of subsequent years, Policy Year shall mean a period of twelve months commencing from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Expiry Date, as specified in the Policy Schedule.
- 27. Principal Outstanding** means the principal amount of the Loan outstanding as on the date of occurrence of Insured Event less the portion of principal component included in the EMIs payable but not paid from the date of the Loan agreement till the date of the Insured Event/s. For the purpose of avoidance of doubt, it is clarified that any EMIs including additional interest thereon that are overdue and unpaid to the Bank/ Financial Institution prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured Person.
- 28. Professional Sports** means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.
- 29. Proposer** means the person furnishing complete details and information in the Proposal Form for availing the benefits either for himself or towards the person to be covered under the Policy and consents to the terms of the contract of insurance by way of signing the same.
- 30. Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the Renewal continuous for the purpose of gaining Credit for Pre-existing Diseases, time bound exclusions and all Waiting Periods.
- 31. Salary** shall mean and include Basic Salary along with the Daily Allowance and any other allowance being paid by the Employer.
- 32. Specific Definitions for all Table of Benefits for Permanent Total Disablement:**
- Limb means the hand above the wrist joint or foot above the ankle joint.
 - Loss of Hearing means the total and irrecoverable Loss of Hearing.
 - Loss of Sight means the total and irrecoverable Loss of Sight. This is considered to have occurred if the degree of sight remaining after correction is 3 /60 or less on the Snellen Scale.
 - Loss of Speech means the total and irrecoverable Loss of Speech.

33. Sum Insured means the pre-defined limit of each Section/Benefit specified in the Policy Schedule/ Certificate of Insurance. Sum Insured represents the maximum, total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person on Individual basis.

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

The Principal Outstanding in the books of the Banks/Financial Institution as on the date of occurrence of the Insured Event; or the Principal Outstanding as per the amortization Schedule prepared by Bank/Financial Institution. In the event the Sum Insured as appearing against Section in the Schedule of the Policy is less than the total of the actual Loan disbursed up to the date of the occurrence of the Insured Event, then the amortization Schedule shall be calculated as if the actual Loan disbursed was equivalent to the Sum Insured.

34. Survival Period means the benefits under the Policy shall be payable only if the Insured Person is first diagnosed as suffering from a defined Critical Illness during the Policy Period, and the Insured Person survives for at least the days specified in the Policy Schedule/ Certificate of Insurance following such diagnosis.

35. Waiting Period means a time-bound exclusion period related to condition(s) specified in the Policy Schedule/ Certificate of Insurance which shall be served before a claim related to such condition becomes admissible. The Waiting Period will be computed from the date of commencement of Policy Period.

36. We/Our/Ours/Us/Company/Insurer means the SBI General Insurance Company Limited.

Section 3: Scope of Cover

We hereby agree subject to the terms, conditions and exclusions contained or expressed herein, to compensate the Insured Person as per the covers and limits specified in the Policy Schedule/ Certificate of Insurance.

3.1 Personal Accident

Personal Accident offers following benefits:

Benefit Name	Mandatory/Optional
Accidental Death (AD)	Mandatory to opt AD and/or PTD
Permanent Total Disablement (PTD)	
Permanent Partial Disablement (PPD)	Optional
Temporary Total Disablement (TTD)	Optional
Broken Bones	Optional
Burns	Optional
Mobility Extension	Optional

Note: Optional Cover will be available only if one of the mandatory cover is opted except for Mobility Extension which will be available only with PTD cover.

3.1.1 Accidental Death (AD)

We shall pay lumpsum amount, specified in the Policy Schedule/ Certificate of Insurance, on Death of the Insured Person, due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of the Accident.

3.1.2 Permanent Total Disablement (PTD)

We shall pay lumpsum amount, specified in the Policy Schedule/ Certificate of Insurance, if an Insured Person suffers Permanent Total Disablement of the nature specified below, solely and directly due to an Accident during the Policy Period, provided that the Permanent Total Disablement occurs within 12 months from the date of the Accident:

Permanent Total Disablement (PTD)	Percentage of Sum Insured
Permanent Total Loss of Sight in both eyes	100%
Permanent Total Loss of both hands above wrist	100%
Permanent Total Loss of both feet above ankle	100%
Permanent Total Loss of Sight of one eye and one hand above wrist or one foot above ankle	100%

3.1.3 Permanent Partial Disablement (PPD)

We shall pay the following percentage of Sum Insured, specified in the Policy Schedule/ Certificate of Insurance, if the Insured Person suffers Permanent Partial Disablement of the nature specified below solely and directly due to an Accident during the Policy Period provided that the Permanent Partial Disablement shall occur within 12 months of the date of the Accident:

Permanent Partial Disablement (PPD)	Percentage of Sum Insured
The sight of one eye or the actual loss by physical separation of one entire hand or one entire foot.	50%
Use of a hand or a foot without physical separation	50%
Loss of toes – all	20%
Loss of toes great - both phalanges	5%
Loss of toes great - one phalanx	2%
Loss of toes other than great, if more than one toe lost: each	2%
Loss of Hearing - one ear	30%
Loss of four fingers and thumb of one hand	50%
Loss of four fingers of one hand	40%
Loss of thumb - both phalanges	25%
Loss of thumb – one phalanx	10%
Loss of index finger – three phalanges	15%
Loss of index finger – two phalanges	10%
Loss of index finger - one phalanx	5%
Loss of middle finger or ring finger or little finger – three phalanges	10%
Loss of middle finger or ring finger or little finger – two phalanges	7%
Loss of middle finger or ring finger or little finger – one phalanx	3%

Provided that, such disablement shall be a direct consequence thereof permanently disables the Insured Person from resuming his/her normal occupation.

3.1.4 Temporary Total Disablement (TTD)

If the Insured Person sustains an Injury in an Accident during the Policy Period and which completely incapacitates the Insured Person from engaging in any employment or occupation of any description whatsoever which the Insured

Person was capable of performing at the time of the Accident (Temporary Total Disablement), We shall pay the benefit as specified in the Policy Schedule/ Certificate of Insurance, till the time the Insured Person is able to return to work, provided that:

- We shall be liable to make payment under this benefit in respect of the Insured Person, if the Temporary Total Disablement shall exceed the minimum number of days as opted and specified in the Policy Schedule/ Certificate of Insurance, during the Policy Period.
- The compensation payable under this benefit shall not be payable for more than 104 weeks in respect of any one Injury calculated from the date of commencement of disablement and in no case shall exceed the Sum Insured.
- The Temporary Total Disablement is certified in writing by the treating Medical Practitioner to have commenced within 30 days from the date of the Accident.
- Once a claim is admissible and payable under this benefit, at any point of time if the Temporary Total Disablement becomes permanent in nature, and/or Insured Person cannot resume employment, We shall be liable to pay only for the duration till which the disablement was temporary in nature. Once the disablement is established to be permanent in nature, the Insured Person can no longer claim under this benefit and further payouts will cease.
- We will deduct any amounts already paid under Benefit 3.1.2 Permanent Total Disablement and 3.1.3 Permanent Partial Disablement from the amount payable under this benefit.
- On exhaustion of Sum Insured, this benefit shall terminate and cease to operate in relation to such Insured Person.
- The compensation shall be paid by Us at quarterly intervals, after ascertaining the amount payable. If the period of Temporary Total Disablement is for less than a quarter or three months, the compensation may be paid at the end of the disablement period.
- During the course of payment under this benefit, We shall have right to call for a certification from an independent Medical Practitioner with regard to the continuity of Temporary Total Disablement specified under this benefit.
- The Insured shall notify Us immediately on resuming to his occupation/employment. Where it is found that the Insured resumed to his occupation/employment without notifying to Us and received the compensation under this cover, We shall have right to claim the recovery of such benefit paid.

3.1.5 Broken Bones

If Insured Person sustains any Injury, resulting solely and directly, from an Accident during the Policy Period, and if such Injury shall within 90 days of its occurrence be the sole and direct cause of fracture as listed below, then We shall pay as per details indicated below, to the Insured Person/ Nominee/ Legal Heir/ Assignee as stated in the Policy Schedule/ Certificate of Insurance:

Broken Bones		
Sr. No.	Fracture	% of Base SI payable
1)	Fractures of the Skull:	
	a) Compound fracture with damage to the brain tissue	100
	b) Compound fracture without damage to the brain tissue	75
	c) All other fractures	50
2)	Fractures of hip or pelvis (excluding thigh or coccyx):	
	a) Multiple fractures (at least one compound & one complete)	100
	b) All other compound fractures	50
	c) Multiple fractures, at least one complete	30
3)	Fracture of thigh or heel:	
	a) Multiple fractures (at least one compound & one complete)	50
	b) All other compound fractures	40
	c) Multiple fractures, at least one complete	30
4)	Fracture of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm (including wrist, but excluding Colles-type fracture):	
	a) Multiple fractures (at least one compound & one complete)	40
	b) All other compound fractures	30
	c) Multiple fractures, at least one complete	20
5)	Fractures of Lower Jaw:	
	a) Multiple fractures (at least one compound & one complete)	30
	b) All other compound fractures	20
	c) Multiple fractures, at least one complete	16
6)	Fractures of Shoulder Blade, Kneecap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes and heel):	
	a) All compound fractures	20
	b) All other fractures	10
	7)	Colles type fracture to the Lower Arm:
a) Compound		20
8)	Fractures of Spinal Column (Vertebrae but excluding coccyx):	
	a) All compression fractures	20
	b) All spinous, transverse process or pedicle fractures	20
	c) All other vertebral fractures	10

9)	Fractures of Rib or Ribs, Cheekbone, Coccyx, Upper Jaw, Nose, Toe and toes, finger or fingers:	
	a) Multiple fractures (at least one compound & one complete)	16
	b) All other compound fractures	12
	c) Multiple fractures, at least one complete	8
	d) All other fractures	4

3.1.6 Burns

If Insured Person sustains any burn Injury, resulting solely and directly, from an Accident during the Policy Period, and if such Injury shall within 90 days of its occurrence be the sole and direct cause of burn Injury as listed below, then We shall pay as per details indicated below, to the Insured Person/ Nominee/ Legal Heir/ Assignee as stated in the Policy Schedule/ Certificate of Insurance:

Burns	
Description	% of Base SI payable
a. Head	
i. Third degree burns of 8% or more of the total head surface area	100%
ii. Second degree burns of 8% or more of the total head surface	50%
iii. Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
iv. Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
v. Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
vi. Second degree burns of 2% or more, but less than 5% of the total head surface area	0%
b. Rest of the Body	
i. Third degree burns of 20% or more of the total body surface area	100%
ii. Second degree burns of 20% or more of the total body surface area	50%
iii. Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
iv. Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
v. Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
vi. Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
vii. Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
viii. Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

3.1.7 Mobility Extension

If Insured Person sustains any Injury, resulting solely and directly, from an Accident during the Policy Period and if such Injury requires prosthetic devices, orthopaedic braces, and durable medical equipment to fulfil basic mobility needs, then

We shall pay an amount specified in the Policy Schedule/ Certificate of Insurance, for procuring the same, provided that:

- i. We have accepted a claim under Benefit-3.1.2 Permanent Total Disablement (PTD).
- ii. The mobility device/ equipment is medically necessary following the occurrence of an Illness or Injury and is ordered by or under the direction of a treating Medical Practitioner.
- iii. Any mobility device/ equipment which was required by the Insured Person at the time of inception of the Policy in connection to a Pre-existing Disease or condition shall not be covered.
- iv. The Sum Insured under this benefit is over and above the Benefit-3.1.2 Permanent Total Disablement (PTD) Sum Insured.

Specific Conditions applicable to Section 3.1. Personal Accident:

- i. This benefit can be opted for less than 1 year Policy Period for Loan Linked Personal Accident cover with fixed Sum Insured option provided it is linked to Loan tenure.
- ii. Personal Accident, if opted, shall terminate in the event of a claim in respect of that Insured Person, becomes admissible and accepted by Us under Benefit 3.1.1 Accidental Death and/or 3.1.2 Permanent Total Disablement. Except if claim is paid under Benefit -3.1.3 Permanent Partial Disablement, the amount payable for the subsequent claim/s under any benefit of Personal Accident shall be reduced by the amount/s already paid.
- iii. In the event of Permanent Total Disablement, the Insured will be under obligation to:
 - a. Have himself/herself examined by the Panel Doctors appointed (at the sole discretion of Company) and We will pay the costs involved thereof; Any non-compliance to the same may result in rejection of the claims.
 - b. Registered and Qualified Medical Practitioner providing treatment or giving expert opinion and any other authority to supply Us any information that may be required on the condition of the Insured.
 - c. The disablement / death must occur within 12 months of the date of Accident.
- iv. In the event of Accidental Death (AD), where claim payment has been made owing to disappearance of Insured Person following an Accident, if after the payment of accidental death claim, it is found that the Insured Person has survived the Accident, then the Policy Holder has to refund the payment back to Us in consideration of the obligatory guarantee as provided during the claim.

Specific Exclusions applicable to Benefit 3.1. Personal Accident:

We shall not be liable to make any payment for any claim under Personal Accident in respect of any Insured Person, caused by or arising from or in any way attributable to any of the following unless otherwise stated in the Policy:

1. Any Pre-existing condition or Disability or any complication arising therefrom.

2. Certification by a Medical Practitioner who is a member of the Insured Person's Family.
3. Benefit under Accidental Death, Permanent Total Disablement and Permanent Partial Disablement arising from Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
4. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or Professional Sports, or involving a naval, military or air force operation and is specifically specified in the Policy Schedule/ Certificate of Insurance.
5. Working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.

3.2 Critical Illness

Critical Illness offers following benefits:

Benefit Name	Mandatory/ Optional
Major Critical Illness (Offers 2 plans)	Mandatory
Early-Stage (Minor) Critical Illness	Optional

Note: Optional Cover will be available only if mandatory cover is opted.

3.2.1 Major Critical Illness

We shall pay lump sum amount as per Plan selected and as specified in the Policy Schedule /Certificate of Insurance, if the Insured Person is diagnosed with any of the listed Critical Illness, during the Policy Period, provided,

- i. The Critical Illness which Insured Person is suffering from occurs or manifest itself during the Policy Period as first incidence.
- ii. A Waiting Period of no. of days (as specified in the Policy Schedule/ Certificate of Insurance) is applicable at the commencement of the Policy for all the covered Major CI conditions.
- iii. The Insured Person survives a Survival Period, as opted and specified in the Policy Schedule/ Certificate of Insurance, from the date of diagnosis of such Critical Illness. Otherwise, the benefit would not be payable if Insured dies due to incidence of one of the Critical Illnesses within the stipulated Survival Period.
- iv. This benefit shall terminate in the event of claim of a covered major Critical Illness becoming accepted and paid. In consequence thereof, no other benefit shall be payable under Major Critical Illness.
- v. Claims will be payable only if Critical Illness claim occurs while the cover is in force. A written intimation of Critical Illness claim should be given within 30 days of incidence of Critical Illness condition, unless otherwise agreed by Us.

Option 1: 11 plans varying by number of Major Critical Illness Conditions as follows:

Sr No.	Name of CI/ Surgery	9 CI	10 CI	12 CI	15 CI	18 CI	20 CI	25 CI	30 CI	40 CI	50 CI	60 CI
1.	Cancer of Specified Severity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.	Myocardial Infraction (First Heart Attack of Specific Severity)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.	Open Chest CABG	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4.	Open Heart Replacement or Repair of Heart Valves	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5.	Coma of Specified Severity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6.	Kidney Failure Requiring Regular Dialysis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7.	Stroke Resulting in Permanent Symptoms	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8.	Major Organ /Bone Marrow Transplant*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9.	Permanent Paralysis of Limbs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10.	Motor Neuron Disease with Permanent Symptoms		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11.	Multiple Sclerosis with Persisting Symptoms			✓	✓	✓	✓	✓	✓	✓	✓	✓
12.	Benign Brain Tumor			✓	✓	✓	✓	✓	✓	✓	✓	✓
13.	Blindness				✓	✓	✓	✓	✓	✓	✓	✓
14.	Deafness				✓	✓	✓	✓	✓	✓	✓	✓
15.	End Stage Lung Failure				✓	✓	✓	✓	✓	✓	✓	✓
16.	End Stage Liver Failure					✓	✓	✓	✓	✓	✓	✓
17.	Loss of Speech					✓	✓	✓	✓	✓	✓	✓
18.	Loss of Limbs					✓	✓	✓	✓	✓	✓	✓
19.	Major Head Trauma						✓	✓	✓	✓	✓	✓
20.	Third Degree Burns						✓	✓	✓	✓	✓	✓
21.	Primary (Idiopathic) Pulmonary Hypertension							✓	✓	✓	✓	✓
22.	Alzheimer's Disease							✓	✓	✓	✓	✓
23.	Parkinson's Disease							✓	✓	✓	✓	✓
24.	Aorta Graft Surgery							✓	✓	✓	✓	✓
25.	Amputation of Feet Due to Complications from Diabetes							✓	✓	✓	✓	✓
26.	Myasthenia Gravis								✓	✓	✓	✓
27.	Elephantiasis								✓	✓	✓	✓
28.	Aplastic Anaemia								✓	✓	✓	✓
29.	Loss of Independent Existence (Cover up to Age 74)								✓	✓	✓	✓
30.	Dissecting Aortic Aneurysm								✓	✓	✓	✓
31.	Progressive Scleroderma									✓	✓	✓
32.	Chronic Adrenal Insufficiency (Addison's Disease)									✓	✓	✓
33.	Other Serious Coronary Artery Disease									✓	✓	✓
34.	Severe Rheumatoid Arthritis									✓	✓	✓
35.	Cardiomyopathy									✓	✓	✓
36.	Infective Endocarditis									✓	✓	✓
37.	Medullary Cystic Disease									✓	✓	✓
38.	Apallic Syndrome									✓	✓	✓
39.	Creutzfeldt-Jacob Disease (CJD)									✓	✓	✓
40.	Ebola									✓	✓	✓
41.	Pneumonectomy										✓	✓
42.	Brain Surgery										✓	✓
43.	Severe Ulcerative Colitis										✓	✓
44.	Chronic Relapsing Pancreatitis										✓	✓
45.	Progressive Supranuclear Palsy										✓	✓
46.	Terminal Illness										✓	✓
47.	Fulminant Hepatitis										✓	✓
48.	Crohn's Disease										✓	✓
49.	Bacterial Meningitis										✓	✓
50.	Loss of One Limb and One Eye										✓	✓
51.	Necrotising Fasciitis										✓	✓
52.	Muscular Dystrophy										✓	✓
53.	Hemiplegia										✓	✓
54.	Poliomyelitis										✓	✓
55.	Tuberculosis Meningitis										✓	✓
56.	Encephalitis										✓	✓
57.	Myelofibrosis										✓	✓
58.	Pheochromocytoma										✓	✓
59.	Systemic Lupus Erythematosus with Lupus Nephritis										✓	✓
60.	Eisenmenger's Syndrome										✓	✓

Definitions of Major Critical Illness

1. Cancer of Specified Severity:

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.

The following are excluded:

1. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
2. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
3. Malignant melanoma that has not caused invasion beyond the epidermis;
4. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;
5. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
6. Chronic lymphocytic leukaemia less than RAI stage 3.
7. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
8. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs.

2. Myocardial Infarction (First Heart Attack of Specific Severity):

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

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

The following are excluded:

1. Other acute Coronary Syndromes
2. Any type of angina pectoris
3. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. Open Chest CABG:

The actual undergoing of heart Surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breastbone) 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.

The following are excluded:

Angioplasty and/or any other intra-arterial procedures.

4. Open Heart Replacement or Repair of Heart Valves:

The actual undergoing of open-heart valve Surgery is to replace

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

5. Coma of Specified Severity:

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

- a. No response to external stimuli continuously for at least 96 hours;
- b. Life support measures are necessary to sustain life; and
- c. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist Medical Practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. Kidney Failure Requiring Regular Dialysis:

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

7. Stroke Resulting in Permanent Symptoms:

Any cerebrovascular incident produces permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extracranial source. Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

1. Transient ischemic attacks (TIA).
2. Traumatic Injury of the brain.
3. Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. Major Organ/Bone Marrow Transplant:

The actual undergoing of a transplant of:

- a. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- b. Human bone marrow uses hematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist Medical Practitioner.

The following are excluded:

1. Other stem-cell transplants.
2. Where only islets of Langerhans are transplanted.

9. Permanent Paralysis of Limbs:

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

10. Motor Neuron Disease with Permanent Symptoms:

Motor neuron disease diagnosed by a specialist Medical Practitioner as spinal muscular atrophy, progressive bulbar

palsy, amyotrophic lateral sclerosis, or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11. Multiple Sclerosis with Persisting Symptoms:

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.

Neurological damage due to SLE is excluded.

12. Benign Brain Tumor:

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

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

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

The following conditions are excluded:

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

13. Blindness:

Total, permanent and irreversible loss of all vision in both eyes as a result of Illness or Accident. The Blindness is evidenced by:

- Corrected visual acuity being 3/60 or less in both eyes or;
- The field of vision being less than 10 degrees in both eyes.

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

14. Deafness:

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

15. End Stage Lung Failure:

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

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

16. End Stage Liver Failure:

Permanent and irreversible failure of liver function that has

resulted in all three of the following:

- Permanent jaundice; and
- Ascites; and
- Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

17. Loss of Speech:

Total and irrecoverable loss of the ability to speak as a result of Injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

18. Loss of Limbs:

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

19. Major Head Trauma:

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

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

The Activities of Daily Living are:

- 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;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial Limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility: the ability to move indoors from room to room on level surfaces;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded:

- Spinal cord Injury;

20. Primary (Idiopathic) Pulmonary Hypertension:

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical

	<p>Maximum Sum Insured can be opted up to ₹1,00,000 -Individual Basis and ₹2,50,000 Floater basis.</p> <p>On Individual basis — SI shall apply to each individual family member.</p> <p>On Floater basis — SI shall apply to the entire family.</p>
Policy Period	1 Year
Eligibility	<p>Policy can be availed by persons between the age of 18 years and 65 years, as Proposer. Proposer with higher age can obtain policy for family, without covering self.</p> <p>Policy can be availed for Self and the following family members</p> <ol style="list-style-type: none"> legally wedded spouse. Parents and Parents-in-law Dependent Children (i.e. natural or legally adopted) between the age 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals
Grace Period	<p>The Grace Period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.</p> <p>Provided the insurers shall offer coverage during the grace period, if the premium is paid in installments during the policy period.</p>
Hospitalisation Expenses	<p>Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible</p> <p>Time limit of 24 hrs shall not apply when the treatment is undergone in a Day Care Centre.</p>
Pre Hospitalisation	For 30 days prior to the date of hospitalization
Post Hospitalisation	For 60 days from the date of discharge from the hospital
Sublimit for room/doctor's fee	<ol style="list-style-type: none"> Room Rent, Boarding, Nursing Expenses all-inclusive as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of ₹5000/- per day. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the Hospital / Nursing Home up to 5% of the sum insured subject to maximum of ₹10,000/- per day.
Cataract Treatment	Up to 25% of Sum insured or ₹40,000/-, whichever is lower, per eye, under one policy year.
AYUSH	Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and I-homeopathy systems of medicines shall be covered up to sum insured, during each Policy year as specified in the policy schedule.

Pre-Existing Disease	Only PEDs declared in the Proposal Form and accepted for coverage by the company shall be covered after a waiting period of 3 years.
Cumulative bonus	Increase in the sum insured by 5% in respect of each claim free year subject to a maximum of 50% of SI. In the event of claim the cumulative bonus shall be reduced at the same rate.
Co- Pay	5% co-pay on all claims

Annexure A

List I - Items for which coverage is not available in the policy

SI No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER FOR USAGE OUTSIDE THE HOSPITAL
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT

SI No	Item
44	DIABETIC FOOTWEAR
45	KNEE BRACES LONG/ SHORT/ HINGED
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets

List II - Items that are to be subsumed into Room charges

SI No	Item
1	BABY CHARGES UNLESS SPECIFIED/INDICATED
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH-PASTE
13	TOOTH-BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	1M IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/VVARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES NOT EXPLAINED
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III - Items that are to be subsumed into Procedure Charges

SI No	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES

SI No	Item
7	CAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV — Items that are to be subsumed into costs of treatment

SI No	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP- COST
8	HYDROGEN PEROXIDE/SPIRIT/DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT

impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

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

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

21. Third Degree Burns:

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

22. Alzheimer's Disease:

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

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

The disease must result in a permanent inability to perform three or more Activities of daily living with "Loss of Independent Living" or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days.

The following conditions are however not covered:

1. Neurosis or neuropsychiatric symptoms without imaging evidence of Alzheimer's Disease;
2. Alcohol related brain damage; and
3. Any other type of irreversible organic disorder/dementia not associated with Alzheimer's Disease.

The Activities of Daily Living are:

- a. 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;
- b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial Limbs or other surgical appliances;
- c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- d. Mobility: the ability to move indoors from room to room on level surfaces;
- e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- f. Feeding: the ability to feed oneself once food has been prepared and made available.

23. Parkinson's Disease:

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

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

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

Activities of daily living:

- a. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means;
- b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial Limbs or other surgical appliances;
- c. Transferring: The ability to move from bed to a upright chair or wheelchair and vice versa;
- d. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- e. Feeding: The ability to feed oneself once the food has prepared and made available;
- f. Mobility: The ability to move indoors from room to room on level surfaces.

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

24. Aorta Graft Surgery:

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

The Insured Person understand and agrees that We will not cover:

1. Surgery was performed using only minimally invasive or intra-arterial techniques.
2. Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.

Aorta graft Surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.

25. Amputation of Feet due to Complications from Diabetes:

Diabetic neuropathy and vasculitis resulting in the amputation of both feet at or above ankle as advised by a Registered Doctor who is a specialist as the only means to maintain life. Amputation of toe or toes, or any other causes for amputation shall not be covered.

26. Myasthenia Gravis:

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:

- a. Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification given below; and

- b. The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Registered Doctor who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification:

Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.

Class II: Eye muscle weakness of any severity, mild weakness of other muscles.

Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.

Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.

Class V: Intubation needed to maintain airway.

27. Elephantiasis:

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

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

28. Aplastic Anaemia:

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

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

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

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

Temporary or reversible Aplastic Anaemia is excluded.

29. Loss of Independent Existence (cover up to Insurance Age 74):

The Insured Person is physically incapable of performing at least three (3) of the "Activities of Daily Living" as defined below (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 at least six (6) months signifying a permanent and irreversible inability to perform the same. For the purpose of this definition, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology. The Diagnosis of Loss of Independent Existence must be confirmed by a Registered Doctor who is a specialist.

Only Life Insured with Insurance Age between 18 and 74 on first diagnosis is eligible to receive a benefit under this illness.

Activities of daily living:

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

- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial Limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available.
- Mobility: The ability to move indoors from room to room on level surfaces.

30. Dissecting Aortic Aneurysm:

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

31. Progressive Scleroderma:

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

The following are excluded:

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

32. Chronic Adrenal Insufficiency (Addison's Disease):

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

- ACTH simulation tests;
- Insulin-induced hypoglycemia test;
- Plasma ACTH level measurement;
- Plasma Renin Activity (PRA) level measurement.

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

33. Other Serious Coronary Artery Disease:

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

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

34. Severe Rheumatoid Arthritis:

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

- Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;

- b. Permanent inability to perform at least two (2) "Activities of Daily Living";
- c. Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and

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

The Activities of Daily Living are:

- a. 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;
- b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial Limbs or other surgical appliances;
- c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- d. Mobility: the ability to move indoors from room to room on level surfaces;
- e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- f. Feeding: the ability to feed oneself once food has been prepared and made available.

35. Cardiomyopathy:

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

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

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

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

36. Infective Endocarditis:

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

- a. Positive result of the blood culture proving presence of the infectious organism(s);
- b. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
- c. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Doctor who is a cardiologist.

37. Medullary Cystic Disease:

Medullary Cystic Disease where the following criteria are met:

- a. The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- b. Clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and

- c. The diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

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

38. Apallic Syndrome:

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

39. Creutzfeldt-Jacob Disease (CJD):

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

40. Ebola:

Infection with the Ebola virus where the following conditions are met:

- a. Presence of the Ebola virus has been confirmed by laboratory testing;
- b. There are ongoing complications of the infection persisting beyond thirty (30) days from the onset of symptoms; and
- c. The infection does not result in death.

41. Pneumonectomy:

The undergoing of Surgery on the advice of an appropriate Medical Specialist to remove an entire lung for disease or traumatic Injury suffered by the life insured.

The following conditions are excluded:

1. Removal of a lobe of lungs (lobectomy)
2. Lung resection or incision

42. Brain Surgery:

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

43. Severe Ulcerative Colitis:

Acute fulminant ulcerative colitis with life threatening electrolyte disturbances.

All of the following criteria must be met:

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

44. Chronic Relapsing Pancreatitis:

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

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

45. Progressive Supranuclear Palsy:

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

46. Terminal Illness:

The conclusive diagnosis of an illness, which in the opinion of a Registered Doctor who is an attending Consultant and agreed by Our appointed Registered Doctor, life expectancy is no greater than twelve (12) months from the date of Notification of Claim, regardless of any treatment that might be undertaken.

47. Fulminant Hepatitis:

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

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

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

48. Severe Crohn's Disease:

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

- Stricture formation causing intestinal obstruction requiring admission to Hospital, and
- Fistula formation between loops of bowel, and
- At least one bowel segment resection.

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

49. Bacterial Meningitis:

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

This diagnosis must be confirmed by:

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

The Activities of Daily Living are:

- 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;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial Limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility: the ability to move indoors from room to room on level surfaces;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available.

50. Loss of One Limb and One Eye:

Total, permanent and irrecoverable Loss of Sight of one eye and loss by severance of one Limb at or above the elbow or knee.

The Loss of Sight of one eye must be clinically confirmed by a Registered Doctor who is an eye specialist and must not be correctable by aides or Surgical Procedures.

51. Necrotizing Fasciitis:

Necrotizing fasciitis is a progressive, rapidly spreading, infection located in the deep fascia causing necrosis of the subcutaneous tissues. An unequivocal diagnosis of necrotizing fasciitis must be made by a Registered Doctor who is a specialist, and the diagnosis must be supported with laboratory evidence of the presence of a bacteria that is a known cause of necrotizing fasciitis. There must also be widespread destruction of muscle and other soft tissues that results in a total and permanent loss or function of the affected body part.

52. Muscular Dystrophy:

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

The Activities of Daily Living are:

- 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;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial Limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility: the ability to move indoors from room to room on level surfaces;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available.

53. Hemiplegia:

The total and permanent loss of the use of one side of the body through paralysis persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery caused by illness or

Injury, except when such Injury is self-inflicted.

54. Poliomyelitis:

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause,
- Paralysis of the Limb muscles or respiratory muscles must be present and persist for at least 3 months.

55. Tuberculosis Meningitis:

Meningitis is caused by tubercle bacilli, resulting in permanent neurological deficit persisting for at least 180 consecutive days. Such a diagnosis must be confirmed by a Registered Doctor who is a specialist in neurology. Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are not present on clinical examination and expected to last throughout the lifetime of life insured.

56. Encephalitis:

Severe inflammation of brain substances (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a Registered Doctor who is a consultant neurologist, and the permanent neurological deficit must be documented for at least 6 weeks. The permanent deficit should result in permanent inability to perform three or more Activities for Daily Living (listed below).

The Activities of Daily Living are:

- 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;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial Limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility: the ability to move indoors from room to room on level surfaces;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available.

57. Myelofibrosis:

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

58. Pheochromocytoma:

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

The Diagnosis of Pheochromocytoma must be confirmed by a Registered Doctor who is an endocrinologist.

59. Systemic Lupus Erythematosus with Lupus Nephritis:

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

The WHO Classification of Lupus Nephritis:

Class I Minimal Change Lupus Glomerulonephritis

Class II Mesangial Lupus Glomerulonephritis

Class III Focal Segmental Proliferative Lupus Glomerulonephritis

Class IV Diffuse Proliferative Lupus Glomerulonephritis

Class V Membranous Lupus Glomerulonephritis

60. Eisenmenger's Syndrome:

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

- Mean pulmonary artery pressure > 40 mm Hg;
- Pulmonary vascular resistance > 3mm/L/min (Wood units); and
- Normal pulmonary wedge pressure < 15 mm Hg.

Option 2: 7 Plans varying by Group of Diseases as follows:

Sr No.	Name of CI/ Surgery	Cancer	Cardiac	Cancer+ Cardiac	Cardiac+ Nervous	Cancer+ Cardiac+ Nervous	Cardiac+ Nervous+ Others	Cancer+ Cardiac+ Nervous+ Others
1.	Cancer of Specified Severity	✓		✓		✓		✓
2.	Aplastic Anaemia	✓		✓		✓		✓
3.	Major Organ /Bone Marrow Transplant#	✓	✓	✓	✓	✓	✓	✓
4.	Myocardial Infraction (First Heart Attack of Specific Severity)		✓	✓	✓	✓	✓	✓
5.	Open Chest CABG		✓	✓	✓	✓	✓	✓
6.	Open Heart Replacement or Repair of Heart Valves		✓	✓	✓	✓	✓	✓
7.	Primary (Idiopathic) Pulmonary Hypertension		✓	✓	✓	✓	✓	✓
8.	Aorta Graft Surgery		✓	✓	✓	✓	✓	✓
9.	Dissecting Aortic Aneurysm		✓	✓	✓	✓	✓	✓
10.	Cardiomyopathy		✓	✓	✓	✓	✓	✓

Sr No.	Name of CI/ Surgery	Cancer	Cardiac	Cancer+ Cardiac	Cardiac+ Nervous	Cancer+ Cardiac+ Nervous	Cardiac+ Nervous+ Others	Cancer+ Cardiac+ Nervous+ Others
11.	Infective Endocarditis		✓	✓	✓	✓	✓	✓
12.	Eisenmenger's Syndrome		✓	✓	✓	✓	✓	✓
13.	Coma of Specified Severity				✓	✓	✓	✓
14.	Stroke Resulting in Permanent Symptoms				✓	✓	✓	✓
15.	Permanent Paralysis of Limbs				✓	✓	✓	✓
16.	Motor Neuron Disease with Permanent Symptoms				✓	✓	✓	✓
17.	Multiple Sclerosis with Persisting Symptoms				✓	✓	✓	✓
18.	Benign Brain Tumor				✓	✓	✓	✓
19.	Loss of Speech				✓	✓	✓	✓
20.	Major Head Trauma				✓	✓	✓	✓
21.	Alzheimer's Disease				✓	✓	✓	✓
22.	Parkinson's Disease				✓	✓	✓	✓
23.	Myasthenia Gravis				✓	✓	✓	✓
24.	Apallic Syndrome				✓	✓	✓	✓
25.	Creutzfeldt-Jacob Disease (CJD)				✓	✓	✓	✓
26.	Brain Surgery				✓	✓	✓	✓
27.	Progressive Supranuclear Palsy				✓	✓	✓	✓
28.	Bacterial Meningitis				✓	✓	✓	✓
29.	Muscular Dystrophy				✓	✓	✓	✓
30.	Encephalitis				✓	✓	✓	✓
31.	Kidney Failure Requiring Regular Dialysis						✓	✓
32.	Blindness						✓	✓
33.	Deafness						✓	✓
34.	End Stage Lung Failure						✓	✓
35.	End Stage Liver Failure						✓	✓
36.	Loss of Limbs						✓	✓
37.	Third Degree Burns						✓	✓
38.	Amputation of Feet Due to Complications from Diabetes						✓	✓
39.	Elephantiasis						✓	✓
40.	Loss of Independent Existence (Cover up to Age 74)						✓	✓
41.	Progressive Scleroderma						✓	✓
42.	Chronic Adrenal Insufficiency (Addison's Disease)						✓	✓
43.	Other Serious Coronary Artery Disease						✓	✓
44.	Severe Rheumatoid Arthritis						✓	✓
45.	Medullary Cystic Disease						✓	✓
46.	Ebola						✓	✓
47.	Pneumonectomy						✓	✓
48.	Severe Ulcerative Colitis						✓	✓
49.	Chronic Relapsing Pancreatitis						✓	✓
50.	Terminal Illness						✓	✓
51.	Fulminant Hepatitis						✓	✓
52.	Crohn's Disease						✓	✓
53.	Loss of One Limb and One Eye						✓	✓
54.	Necrotising Fasciitis						✓	✓
55.	Hemiplegia						✓	✓
56.	Poliomyelitis						✓	✓
57.	Tuberculosis Meningitis						✓	✓
58.	Systemic Lupus Erythematosus with Lupus Nephritis						✓	✓
59.	Myelofibrosis						✓	✓
60.	Pheochromocytoma						✓	✓

For Option 2 Plans, Under Major Organ /Bone Marrow Transplant, the following conditions are covered depending upon the option selected:

Coverage Condition covered under MOT	Coverage Condition covered under MOT
Cancer	Cancer Bone Marrow Transplant
Cardiac	Transplant of Heart
Cancer + Cardiac	Transplant of Heart or Bone Marrow Transplant
Cardiac + Nervous	Transplant of Heart
Cancer + Cardiac + Nervous	Transplant of heart or bone marrow transplant
Cardiac + Nervous + Other	Transplant of Heart, Lung, Liver, Kidney, Pancreas
Cancer + Cardiac + Nervous + Other	Transplant of Heart, Lung, Liver, Kidney, Pancreas or Bone Marrow Transplant

3.2.2 Early-Stage (Minor) Critical Illness

We shall pay lump sum amount as per Plan selected and as specified in the Policy Schedule/ Certificate of Insurance, if the Insured Person is diagnosed with any of the listed Early-Stage Critical Illness, during the Policy Period, provided,

- This benefit will be available only if Benefit 3.2.1 Major Critical Illness has been opted.
- The benefit payable on Minor Critical Illness is restricted to lower of 25% of Major CI Sum Insured or Rs 500000
- Only one Early-Stage claim will be admissible during the lifetime of the Policy.
- A Waiting Period of no. of days (as specified in the Policy Schedule/ Certificate of Insurance) is applicable at the commencement of the Policy for all the covered Early-Stage Critical Illness conditions.
- The Sum Insured for this benefit falls within the Benefit-3.2.1 Major Critical Illness Sum Insured, i.e. payout for major Critical Illness benefit will be 100% Sum Insured minus any Early Stage (Minor) Critical Illness payout made.

Option 1: 11 plans to be attached to corresponding Major Critical Illness Plan (varying by number of conditions) as follows:

Sr No.	Name of Early-Stage CI/ Surgery	9 CI	10 CI	12 CI	15 CI	18 CI	20 CI	25 CI	30 CI	40 CI	50 CI	60 CI
1.	Specified Early-Stage Cancer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.	Carcinoma in situ	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.	Angioplasty	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4.	Cardiac Arrest requiring permanent Cardiac Pacemaker or ICD insertion	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5.	Pericardiectomy (irrespective of technique)				✓	✓	✓	✓	✓	✓	✓	✓
6.	Carotid Artery Surgery				✓	✓	✓	✓	✓	✓	✓	✓
7.	Keyhole Coronary Surgery				✓	✓	✓	✓	✓	✓	✓	✓
8.	Surgical removal of an eyeball								✓	✓	✓	✓
9.	Small Bowel Transplant								✓	✓	✓	✓

Option 2: 7 plans to be attached to corresponding Major Critical Illness Plan (varying by Group of Disease) as follows:

Sr No.	Name of CI/ Surgery	Cancer	Cardiac	Cancer+ Cardiac	Cardiac+ Nervous	Cancer+ Cardiac+ Nervous	Cardiac+ Nervous+ Others	Cancer+ Cardiac+ Nervous+ Others
1.	Specified Early-Stage Cancer	✓		✓		✓		✓
2.	Carcinoma in-situ	✓		✓		✓		✓
3.	Angioplasty	✓	✓	✓	✓	✓	✓	✓
4.	Cardiac Arrest requiring Permanent Cardiac Pacemaker or ICD Insertion		✓	✓	✓	✓	✓	✓
5.	Pericardiectomy (irrespective of technique)		✓	✓	✓	✓	✓	✓
6.	Carotid Artery Surgery		✓	✓	✓	✓	✓	✓
7.	Keyhole Coronary Surgery		✓	✓	✓	✓	✓	✓
8.	Surgical Removal of an Eyeball		✓	✓	✓	✓	✓	✓
9.	Small Bowel Transplant		✓	✓	✓	✓	✓	✓

Definitions for Early-Stage Critical Illness Conditions

1. Specified Early-Stage Cancer:

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

- Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification.
- Thyroid Cancer is histologically described using the TNM Classification as T1N0M0.
- Tumours of the Urinary Bladder are histologically classified as T1N0M0 (TNM Classification).
- Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI Stage 0 or lower is excluded.
- Malignant melanoma that has not caused invasion beyond the epidermis.
- Hodgkin's lymphoma Stage I by the Cotswolds classification staging system.

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

Pre-malignant lesion and carcinoma in situ of any organ, unless listed above, are excluded.

2. Carcinoma in-situ:

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

- Breast, where the tumour is classified as Tis according to the TNM Staging method;
- Corpus uteri, vagina, vulva or fallopian tubes where the tumour is classified as Tis according to the TNM Staging method or FIGO (staging method of the Federation Internationale de Gynecologie et d'Obstetrique) Stage 0;
- Cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or as Tis according to the TNM Staging method or FIGO Stage 0;
- Ovary –include borderline ovarian tumours with intact capsule, no tumour on the ovarian surface, classified as T1aN0M0, T1bN0M0 (TNM Staging) or FIGO 1A, FIGO 1B
- Colon and rectum; Penis; Testis; Lung; Liver; Stomach, Nasopharynx and oesophagus;
- Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary Carcinoma is included.

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

Pre-malignant lesion and carcinoma in situ of any organ, unless listed above, are excluded.

3. Angioplasty:

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).

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

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

4. Cardiac Arrest requiring Permanent Cardiac Pacemaker or ICD Insertion:

Insertion of a Permanent Cardiac Pacemaker, Implantable Cardioverter-defibrillatory (ICD) or Cardiac resynchronisation therapy with defibrillator (CRT-D) that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of such device must be certified as absolutely necessary by a consultant cardiologist and evidence of Surgery to be provided. Cardiac arrest secondary to illegal drug abuse is excluded.

5. Pericardiectomy (irrespective of technique):

The actual undergoing of surgical procedure, where all or part of the pericardium is removed to treat fibrosis and scarring of the pericardium, which occurred as a result of chronic pericarditis. This must be confirmed by a specialist cardiologist and supported by 2D echo findings.

6. Carotid Artery Surgery:

The undergoing of carotid artery endarterectomy or carotid artery stenting of symptomatic stenosis of the carotid artery. The procedure must be considered necessary by a qualified Specialist which has been necessitated as a result of an experience of Transient Ischaemic Attacks (TIA). Endarterectomy of blood vessels other than the carotid artery is specifically excluded.

7. Keyhole Coronary Surgery:

The undergoing for the first time for the correction of the narrowing or blockage of one or more major coronary arteries with bypass grafts via "Keyhole" Surgery. All intra-arterial catheter-based techniques are excluded from this benefit. The Surgery must be considered medically necessary by a consultant cardiologist. Major coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

8. Surgical Removal of an Eyeball:

Surgical removal of an eyeball as result of Injury or disease. For above definition following is not covered:

- Self-inflicted injuries.

9. Small Bowel Transplant:

The receipt of a transplant of small bowel with its own blood supply via a laparotomy resulting from intestinal failure.

3.3 Major Surgical Procedures

We shall pay the following percentage of Surgical benefit Sum Insured, specified in the Policy Schedule/ Certificate of Insurance, if the Insured Person sustains any Illness and/or Injury during the Policy Period that requires Hospitalization for undergoing medically necessary treatment in India, during the Policy Period.

Surgery	Description	Payout (% of Major Surgical Benefit Sum Insured)
Listed Day Care Procedures	Day Care Procedures as per Annexure-2	Minimum of 10% of SA or INR 50,000
Listed Surgeries	Listed Surgeries by Organ type as per Annexure-2	25% or 50%

Non-Listed Surgeries	All non-listed surgeries meeting the Surgery definition and requiring minimum 24 hours of Hospitalization	10%
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Provided that:

- i. Our liability to make any payment under this benefit shall commence only after Hospitalization of the Insured Person for each claim.
- ii. The Hospitalization is for Medically Necessary Treatment for an Illness/Accident and is commenced and continued on the written advice of the treating Medical Practitioner.
- iii. A Waiting Period of no. of days (as specified in the Policy Schedule/Certificate of Insurance) is applicable for claims relating to sickness. Such Waiting Period is not applicable to claims arising due to Accident provided the Accident occurs after the inception of the Policy.
- iv. In case of more than one Surgery being performed on such Insured Person during the same Hospitalization, only one claim will be payable based on the highest applicable claim amount.
- v. The Insured could claim multiple times under this benefit while it is in effect and irrespective of any previous claims paid subject to the following limits:
 - 100% of Major Surgical Procedures Sum Insured during the Policy Period.
- vi. Once a claim is admitted under Major Surgical Procedure, this benefit cannot be renewed.

3.4 Hospital Daily Cash

We shall pay an amount equal to Daily Cash amount, as specified in the Policy Schedule/ Certificate of Insurance, if the Insured Person sustains any Illness and/or Injury during the Policy Period that requires an Insured Person's admission in a Hospital for the minimum number of days as specified in the Policy Schedule/Certificate of Insurance, during the Policy Period, provided that:

- i. Our liability to make any payment under this benefit shall commence only after a continuous and completed 24 hours of Hospitalization of the Insured Person for each claim.
- ii. The Hospitalization is for Medically Necessary Treatment for an Illness/ Accident and is commenced and continued on the written advice of the treating Medical Practitioner.
- iii. A Waiting Period of no. of days (as specified in the Policy Schedule/ Certificate of Insurance) is applicable for claims relating to sickness. Such a Waiting Period is not applicable to claims arising due to Accident provided the Accident occurs after the inception of the Policy.
- iv. the Daily Cash amount shall be payable for each 24 hours of continuous and completed Hospitalization as In-Patient, subject to Day Deductible/ Franchise.
- v. In case of ICU admission, an additional Daily Cash benefit up to 2/3 times of Non-ICU daily benefit is payable for Hospitalization.
- vi. In a given Policy Year, the amount under this benefit shall be payable for a maximum number of days as specified in the Policy Schedule/ Certificate of Insurance and the maximum total of 300 days of Hospitalization over the lifetime of the Policy.

- vii. The specified number of days per Policy Year or over the lifetime is inclusive of Hospital days in ICU.
- viii. The Day Deductible/ Franchise (as opted) under this benefit shall be applicable on no. of days of Hospitalization, if opted and as specified in the Policy Schedule/ Certificate of Insurance.
- ix. The amount payable under this benefit will be as per plan opted and is calculated based on the number of continuous and completed days of Hospitalization and will be given as a single lumpsum payment.
- x. Under this Policy, the Insured Person can opt either Benefit 3.4 Hospital Daily Cash or Benefit Convalescence/ EMI Protect.

Specific Exclusion applicable to Benefit 3.4 Hospital Daily Cash:

- i. Any Illness, or Accident causing the Injury leading to the Hospitalization, which has occurred prior to first Policy Commencement Date.
- ii. Any Procedure/ treatment which is carried out as a Day Care Treatment, or which requires less than 24 continuous hours of Hospitalisation except Major Surgical Procedures.
- iii. Any admission for any dental treatment except any dental Surgery or facial reconstruction being performed under Emergency Care due to an Accident.
- iv. Hospitalization expenses related to Maternity shall be excluded unless covered and agreed by Us.

3.5 Convalescence/ EMI Protect

We shall pay lump sum amount or equal to no. of EMI's (as per option opted) as specified in the Policy Schedule/ Certificate of Insurance, if the Insured Person sustains any Illness and/or Injury during the Policy Period that requires an Insured Person's admission in a Hospital for the minimum number of days as specified in the Policy Schedule/Certificate of Insurance, during the Policy Period, provided that:

- i. Our liability to make any payment under this benefit shall commence only after a continuous and completed 24 hours of Hospitalization of the Insured Person for each claim.
- ii. The Hospitalization is for Medically Necessary Treatment for an Illness/Accident and is commenced and continued on the written advice of the treating Medical Practitioner.
- iii. A Waiting Period of no. of days (as specified in the Policy Schedule/Certificate of Insurance) is applicable for claims relating to sickness. Such a Waiting Period is not applicable to claims arising due to Accident provided the Accident occurs after the inception of the Policy.
- iv. For EMI Protect, more than one claim can be considered in respect of the Insured Person, during the Policy Year, subject to the maximum payout will be made up to number of days opted and specified in the Policy Schedule/ Certificate of Insurance. On exhaustion of the maximum number of days allowed the cover under this benefit will terminate in relation to such Insured Person.
- v. Convalescence benefit can be claimed once in Policy Year.
- vi. The claim amount will be calculated based on the number of continuous and completed days of Hospitalization and will be given as a single lumpsum payment.
- vii. Under this Policy, If the Insured Person can opt either Benefit 3.4 Hospital Daily Cash or Benefit Convalescence/EMI Protect.

Specific Exclusion applicable to Benefit 3.5 Convalescence/

EMI Protect:

- i. Any Illness, or Accident-causing Injury leading to the Hospitalization, which has occurred prior to first Policy Commencement Date.
- ii. Any Procedure/ treatment which is carried out as a Day Care Treatment, or which requires less than 24 continuous hours of Hospitalization.
- iii. Any admission for any dental treatment except any dental Surgery or facial reconstruction being performed under Emergency Care due to an Accident.
- iv. Hospitalization expenses related to Maternity shall be excluded unless covered and agreed by Us.

3.6 Loss of Salary

We shall pay Insured Person equal to no. of EMI's or 3 months Salary which is lower as specified in the Policy Schedule/ Certificate of Insurance towards his/her Loss of Salary, during the Policy Period.

For the purposes of this benefit, Loss of Salary shall mean involuntary termination from employment of the Insured or his/her permanent dismissal, temporary suspension or retrenchment or lay off from employment imposed on him/her by the employer during the Policy Period due to cost cutting, downsizing, closure of unit, Company or organization, as the case may be, as per the employer's rules /regulations or executed/implemented by the employer in compliance of any laws for the time being in-force or any directives by any Public Authority.

Specific Conditions applicable to Benefit-3.6 Loss of Salary:

- i. This benefit is available only for salaried employees within India.
- ii. This benefit is available only for Loan Linked Policies.
- iii. A Waiting Period of no. of days (as specified in the Policy Schedule/ Certificate of Insurance) is applicable at the commencement of the Policy.
- iv. The benefit payable is equal to Equated Monthly Instalments (EMIs) falling due in respect of the Loan insured after commencement of the Insured Event till the reinstatement of employment with the same employer or new employer or expiry of Policy Period, whichever is earlier, subject to a maximum of three (3) EMIs.
- v. The pay out under this benefit is as fixed at the outset and shall not be affected by any midterm change in EMI/interest rates.
- vi. A claim shall be admissible under this benefit if the Insured Person loses his job while the Policy being in force at the time of such unemployment.
- vii. A claim under this benefit shall become admissible provided the period of termination, lay off, dismissal, temporary suspension or retrenchment from employment of the Insured shall not be less 30 consecutive days (Retrenchment Period).
- viii. The cover as described under this benefit, for specific Insured, shall terminate in the event one or more claim(s) in respect of that Insured becoming admissible and accepted by Us and We are admitting liability to the extent of the maximum benefit payable i.e., 3 EMIs or 3 months Salary whichever is lower.
- ix. The Insured shall intimate Us within thirty (30) days from the date of termination from employment of the Insured or his/her dismissal, temporary suspension or retrenchment from employment as the case may be, unless otherwise

agreed by Us.

Specific Exclusions applicable to Benefit-3.6 Loss of Salary:

- i. No benefit shall be payable under this benefit in the event of termination, dismissal, temporary suspension or retrenchment from employment of the insured being attributed to any dishonesty or fraud or poor performance on the part of the insured or his wilful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the insured by the employer.
- ii. No benefit shall be payable under this benefit in connection with or in respect of:
 - Self-employed persons
 - Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer, Any voluntary unemployment.
 - Unemployment due to downsizing; cost cutting closure etc. OR due to CI at the time of inception of the Policy Period or arising within the first 90 days of inception of the Policy Period.
- iii. No benefit shall be payable due to any unemployment from a job under which no Salary or any remuneration is provided to the Insured.
- iv. No benefit shall be payable due to any suspension from employment on account of any pending enquiry being conducted by the employer/Public Authority.
- v. No benefit shall be payable due to any unemployment due to resignation, retirement whether voluntary or otherwise.
- vi. No benefit shall be payable due to any unemployment due to non-confirmation of employment after or during such period under which the insured was under probation.

3.7 Loss of Job/ Earning

We shall pay up the limit, as specified in the Policy Schedule/ Certificate of Insurance towards loss of income, if the Insured Person suffers from Permanent Total Disablement, solely and directly due to an Accident or the Insured Person is diagnosed with covered Critical Illness (as listed in Benefit-3.2 Critical Illness), during the Policy Period, provided that:

- i. This benefit is available for Salaried and Self-employed individual.
- ii. The amount payable under this benefit is limited to equal to no. of Equated Monthly Instalments (EMIs) (for Salaried)/monthly earnings (for Self-Employed), as specified in the Policy Schedule/ Certificate of Insurance.
- iii. For Loan Linked Policies:
 - This benefit is available only for Fixed Sum Insured option and not for Reducing Sum Insured.
 - The pay-out for this benefit is as fixed at the outset and shall not be affected by any midterm change in EMI/interest rates.
 - In case where the Loans are prepaid before the end of the Policy Period, the opted number of EMIs in case of Loss of Job/ Earnings claims would be paid as per the original EMI Schedule opted under this benefit.
 - the total payout along with Permanent Total Disablement or Critical Illness shall not exceed 120% of the Loan amount
- iv. For Non-Loan Link Policies:
 - Income information will be based on the Certified Documents proving his/her annual income, average

amount equal to 1/12th of his/her provided annual income subject to maximum as specified in Policy Schedule/ Certificate of Insurance.

For the purposes of this benefit, Certified Income Documents would refer to Income Tax returns, Income Tax assessment, Audited profit and loss A/C statement, CA (Chartered Accountant) certificate, certified balance sheet or any other valid/ legal statement proving his annual income.

3.8 Payment Protection

We shall pay additional amount to the limit, as specified in the Policy Schedule/ Certificate of Insurance, towards the re-payment of Loan, if the Insured Person suffers Accidental Death/ Permanent Total Disablement or Critical Illness (as listed in Benefit 3.2), solely and directly due to an Accident during the Policy Period, provided that:

- i. Accidental Death or Permanent Total Disablement or covered Critical Illness occurs within 12 months from the date of the Accident
- ii. This benefit is available only with the Loan Linked Cover
- iii. The Sum Insured for this benefit along with Accidental Death/ Permanent Total Disablement/ Critical Illness shall not exceed 120% of the Loan amount.

3.9 Family Protection

We shall pay to the full extent of limit, as specified in the Policy Schedule/ Certificate of Insurance, if an Immediate Family member (Spouse, Parent) of the Primary Insured Person is covered and is diagnosed with one of the covered Critical Illness or involved in an Accident resulting in Accidental Death or Permanent Total Disability, during the Policy Period, provided that:

- i. This benefit is available only for Primary Insured Person has opted Benefit 3.1.1 Accident Death or Benefit 3.1.2 Permanent Total Disablement or Benefit 3.2.1 Major Critical Illness.
- ii. This benefit is available only with the Loan Linked Policies.

3.10 Education Benefit

We shall pay to the limit, as specified in the Policy Schedule/ Certificate of Insurance for the education of the Insured's Dependent Children, if the Insured Person suffers Accidental Death/ Permanent Total Disablement, solely and directly due to an Accident or the Insured Person is diagnosed with covered Major Critical Illness, during the Policy Period, provided that:

- iii. This benefit is available only if Insured has opted Benefit 3.1.1 Accident Death or Benefit 3.1.2 Permanent Total Disablement or Benefit 3.2 Critical Illness.
- iv. We have accepted the claim either under Benefit 3.1.1 Accident Death or Benefit 3.1.2 Permanent Total Disablement or Benefit 3.2 Critical Illness.
- v. The Dependent children must be in full time education at an accredited educational institution.
- vi. The limit is applicable per member, irrespective of number of Dependent child/children.
- vii. For Loan Linked Policies, the total payout along with Accidental Death/ Permanent Total Disablement or Critical Illness shall not exceed 120% of the Loan amount.

3.11 Infectious Disease

We shall pay the lumpsum amount as specified in the Policy Schedule/ Certificate of Insurance, if the Insured Person suffers from any of the below listed Infectious disease which results in

Hospitalization of the Insured Person, during the Policy Period, provided that:

- i. The Infectious disease is diagnosed for the first time to the Insured Person during the Policy Period.
- ii. Minimum 24/48 (as opted) hours of Hospitalization is must on the written advice of the Medical Practitioner and the Claim shall be payable on confirmatory diagnosis of the condition covered while the Insured Person is alive.
- iii. A Waiting Period of no. of days (as specified in the Policy Schedule/ Certificate of Insurance) is applicable at the commencement of the Policy.
- iv. This benefit is payable once during the lifetime of the Insured Person.
- v. The claim for Infectious disease is not a consequence of or arising out of any Pre-Existing condition/disease unless this condition is specifically waived by Us.

Infectious Disease List	
1.	Covid 19
2.	Diphtheria
3.	Malaria
4.	Amoebiasis
5.	Chikungunya
6.	Dengue
7.	Ebola
8.	Cholera
9.	Filariasis
10.	Kala Azar
11.	Leptospirosis
12.	Mucormycosis
13.	Nipah Virus
14.	Plague
15.	Swine Influenza, H1N1 Virus
16.	Tuberculosis
17.	Typhus
18.	Typhoid
19.	Zika Virus
20.	Pneumonitis
21.	SARS MERS
22.	Pneumonectomy
23.	Systemic Lupus Erythematosus with Lupus Nephritis

For the purpose of this cover, Infectious Diseases shall mean:

1. Covid 19:

A rapidly contagious infection caused by a virus from Coronavirus Family, transmitted from animals and spread through droplet circulation leading to fever, cough, mild to severe respiratory symptoms leading to the Complications like Pneumonia leading to Respiratory failure, cardiorespiratory arrest, Lung fibrosis, renal failure, septic shock. Evidence of major organ failure (kidney, heart, lungs or brain) should be produced requiring functional support (dialysis/ inotropes/ assisted ventilation/ encephalopathy monitoring).

2. Diphtheria:

Diphtheria is an upper respiratory tract infection which spreads

through touch and droplets starts with thick coating of throat, swelling of glands in neck and fever. Resulting to Respiratory failure, Paralysis, Myocarditis or Polyneuropathy.

Evidence of culture / PCR positive should be produced.

3. Malaria:

Malaria fever is caused by a protozoan – Plasmodium through female anopheles mosquito resulting in fever, weakness, chills, headache, vomiting, and Jaundice leading to the complications like kidney failure, Seizures and cerebral malaria, Sepsis.

Evidence of platelet transfusion/ dialysis for malaria induced acute renal failure and / or assisted ventilation for malaria induced ARDS must be produced.

4. Amoebiasis:

Amoebiasis is an infection caused by Entamoeba Histolytica causing both intestinal and extraintestinal symptoms leading to the complications like Amoebic liver abscess. For the scope of this Policy extra intestinal manifestation/ complication is covered. Evidence of involvement and management must be produced.

5. Chikungunya:

Chikungunya is caused by virus through Aedes mosquitoes leading to fever, weakness and severe joint pains leading to the complications like Severe joint pain with disability, renal and pulmonary involvement. Evidence of Chikungunya related renal, pulmonary and/ or cerebral involvement must be produced.

6. Dengue:

Dengue fever is caused by the virus spread through Aedes mosquito bite resulting to fever, severe headache, vomiting, skin rash and life-threatening internal bleeding leading to complications like Platelets count < 40k, Septic shock, ARDS & acute kidney failure.

Evidence of platelet transfusion/ dialysis for dengue induced acute renal failure and / or assisted ventilation for dengue induced ARDS must be produced.

7. Ebola:

Ebola virus disease is a deadly disease which spreads from few animals like Monkeys, Bats etc., through body fluids and mucus membranes leading to Fever, severe body ache, rashes and Diarrhoea leading to the complications like Septic shock.

Evidence of Confirmed diagnosis and evidence of notification to authorities should be produced. There should be no international travel in last 30 days prior to diagnosis.

8. Cholera:

Cholera is an acute, diarrheal illness caused by infection of the intestine with the bacterium Vibrio cholerae and is spread by ingestion of contaminated food or water leading to the complications like Persons with severe cholera can develop acute renal failure, severe electrolyte imbalances and coma.

Evidence of Confirmed diagnosis and evidence of notification to authorities should be produced.

9. Filariasis:

Filariasis is caused when the lymphatic system is blocked by microfilaria parasite leading to permanent changes in the Limbs resulting in the complications like Permanent disability.

Evidence of Confirmed diagnosis, acute lymphangitis and evidence of treatment must be produced.

10. Kala Azar:

A chronic and potentially fatal parasitic disease of the viscera (the internal organs, particularly the liver, spleen, bone marrow

and lymph nodes) due to infection by the parasite called Leishmania donovani leading to the complications like Anaemia, Septicaemia, Hyperpigmentation, Splenic Rupture.

Evidence of Confirmed diagnosis and evidence of notification to authorities should be produced.

11. Leptospirosis:

Leptospirosis is a bacterial infection that affects those spreads from contact of unhealed break or injured skin with contaminated water or soil resulting in the complications like Kidney and Liver failure, Sepsis.

Evidence of platelet transfusion/ dialysis for leptospirosis induced acute renal failure and / or assisted ventilation for leptospirosis induced.

ARDS must be produced.

12. Mucormycosis:

Mucormycosis is a type of fungal infection. It's relatively rare, but also very serious. Formally known as zygomycosis, this infection tends to occur most often if You have weakened immunity from an illness or health condition.

It's important to get treatment. If left untreated, mucormycosis can be fatal. It may lead to Brain infection, Paralysis, Pneumonia, Seizures.

Evidence of Confirmed diagnosis and evidence of complete treatment should be produced.

13. Nipah Virus:

Nipah Virus is caused by virus through Bats leading to drowsiness, disorientation and respiratory distress leading to the complications like Inflammation and irreversible damage to brain.

Evidence of Confirmed diagnosis and evidence of notification to authorities should be produced.

14. Plague:

Plague is a life-threatening bacterial infection to humans through fleas, contaminated fluid or droplets resulting to Severe Pneumonia and Septicaemia.

Evidence of Confirmed diagnosis and evidence of notification to authorities should be produced.

15. Swine Influenza Virus, H1N1 Virus:

A rapidly contagious infection transmitted from animals and spread through droplet circulation leading to fever, cough and severe respiratory symptoms leading to the complications like Pneumonia leading to Respiratory arrest, Lung fibrosis, renal failure, septic shock.

Evidence of Confirmed diagnosis by PCR and evidence of assisted ventilation for h1n1 induced ARDS should be produced.

16. Tuberculosis:

Tuberculosis is a chronic progressive infection caused by Mycobacterium tuberculosis in lungs, intestine, bones, nervous system and genital organs leading to the complications like Multi drug resistant tuberculosis and /or Tubercular meningitis.

Evidence of Confirmed diagnosis of XDR tuberculosis and evidence of Treatment should be produced. Tuberculosis in immune-compromised individuals (uncontrolled diabetes mellitus, on long term oral steroids, on cancer chemotherapy) is specifically excluded.

17. Typhus:

Typhus fevers are a Group of diseases caused by bacteria that are spread to humans by fleas, lice, and chiggers leading to the complications like Acute respiratory distress, septic shock,

myocarditis, meningoencephalitis.

Evidence of Confirmed diagnosis by and evidence of complications like ARDS, septic shock, myocarditis or meningoenephalitis with specific treatment for the same should be produced.

18. Typhoid:

Typhoid fever also known as enteric fever caused by Salmonella enterica Typhi leading to Fever, Abdominal pain, weakness and rose-coloured rash leading to the complications: Ileal perforation and / or meningitis, Sepsis.

Evidence of Confirmed diagnosis by blood/ stool culture should be produced.

19. Zika Virus:

Zika virus is caused by virus through mosquito bite leading to fever, rash, muscle pain and Joint pain. Pregnant women can transfer the virus to the unborn child leading to the microcephaly leading to the complications like Birth defects in newborn.

Evidence of Confirmed diagnosis and evidence of notification to authorities should be produced.

20. Pneumonia:

Pneumonia involving at least one lobe of the lung and requiring Hospitalization is covered under the scope of this Policy. Evidence of Confirmed diagnosis by X-ray/ HRCT scan and evidence of treatment should be produced. Pneumonia in immune-compromised individuals (uncontrolled diabetes mellitus, on long term oral steroids, on cancer chemotherapy) is specifically excluded.

21. SARS MERS:

A rapidly contagious infection caused by a virus from Coronavirus Family, transmitted from animals and spread through droplet circulation leading to fever, cough, mild to severe respiratory symptoms leading to the Complications like Pneumonia leading to Respiratory failure, cardiorespiratory arrest, Lung fibrosis, renal failure, septic shock.

Evidence of Confirmed diagnosis, evidence of respiratory failure/ ARDS and evidence of notification to authorities should be produced.

Pre-existing Disease is subject to the same being declared at the time of application and accepted by Us.

4.2 Specified disease/procedure Waiting Period (Code-Excl02) - Applicable to Major Surgical Procedures, Hospital Daily Cash, Convalescence/ EMI Protect benefit:

- i. Expenses related to the treatment of the listed Conditions; surgeries/treatments shall be excluded until the expiry of number of months (as Specified in Policy Schedule/ Certificate of Insurance) of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an Accident.
- ii. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- iii. If any of the specified disease/ procedure falls under the Waiting Period specified for Pre-existing Diseases, then the longer of the two Waiting Periods shall apply.
- iv. The Waiting Period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- v. If the Insured Person is continuously covered without any break as defined under the applicable norms on Portability stipulated by IRDAI, then Waiting Period for the same would be reduced to the extent of prior coverage.
- vi. List of specific diseases/ procedures -

I. 24 months waiting period

1. Benign ENT disorders
2. Tonsillectomy
3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty
6. Hysterectomy
7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
8. Benign prostate hypertrophy
9. Cataract and age-related eye ailments
10. Gastric/ Duodenal Ulcer
11. Gout and Rheumatism
12. Hernia of all types
13. Hydrocele
14. Non-Infective Arthritis
15. Piles, Fissures and Fistula in anus
16. Pilonidal sinus, Sinusitis and related disorder
17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy
19. Varicose Veins and Varicose Ulcers
20. Internal Congenital Anomalies

II. 36 Months waiting period

1. Treatment for joint replacement unless arising from accident
2. Age-related Osteoarthritis & Osteoporosis

4.3 First Thirty Days Waiting Period (Code-Excl 03):

- i. Expenses related to the treatment of any Illness within 30 days from the first Policy Commencement Date shall be excluded excepts claims arising due to an Accident,

Section 4: Waiting Period

We are not liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of Waiting Period mentioned below:

4.1 Pre-existing Diseases (Code-Excl01) - Not Applicable to Personal Accident Benefit:-

- i. Expenses related to the treatment of a Pre-existing Diseases (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Policy with Us. However, this exclusion shall not be applicable, if explicitly specified by Us in the Policy Schedule/ Certificate of Insurance.
- ii. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- iii. If the Insured Person is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations, then Waiting Period for the same would be reduced to the extent of prior coverage.
- iv. Coverage under the Policy after expiry of 36 months for any

provided the same are covered. However, this exclusion shall not be applicable, if explicitly specified by Us in the Policy Schedule/ Certificate of Insurance.

- ii. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than 12 months.
- iii. The within referred Waiting Period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

Section 5: Exclusions (Applicable to all benefits under the Policy)

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

5.1 Standard Exclusions (Applicable to all Benefits under Section-3 Scope of Cover)

1. Investigation & Evaluation (Code: Excl04):

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

2. Rest Cure, rehabilitation and respite care (Code: Excl05):

- a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Obesity/ Weight Control (Code: Excl06):

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- a. Surgery to be conducted is upon the advice of the Doctor
- b. The Surgery/Procedure conducted should be supported by clinical protocols
- c. The member has to be 18 years of Age or older and
- d. Body Mass Index (BMI);
 - greater than or equal to 40 or
 - greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - o Obesity-related cardiomyopathy
 - o Coronary heart disease
 - o Severe Sleep Apnea
 - o Uncontrolled Type2 Diabetes

4. Change of Gender Treatments (Code- Excl07):

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. However, such exclusion shall not be applicable to respective Insured Person to comply with Transgender Persons (Protection of Rights) Act, 2019.

5. Cosmetic or Plastic Surgery (Code: Excl08):

Expenses for cosmetic or plastic Surgery or any treatment

to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. Hazardous or Adventure sports (Code: Excl09):

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7. Breach of law (Code: Excl10):

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

8. Excluded Providers (Code: Excl11):

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the Policy Holders are not admissible. However, in case of life-threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim (For updated and detailed list of Excluded Providers refer website-<https://www.sbigeneral.in/>).

9. Substance Abuse and Alcohol (Code: Excl12):

Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

10. Wellness and Rejuvenation (Code: Excl13):

Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.

11. Dietary Supplements & Substances (Code: Excl14):

Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or day care procedure.

12. Refractive Error (Code: Excl15):

Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptries.

13. Unproven Treatments-Code (Code: Excl16):

Expenses related to any Unproven Treatment, services and supplies for or in connection with any treatment. Unproven Treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

14. Sterility and Infertility (Code: Excl17):

Expenses related to sterility and infertility. This includes:

- a. Any type of contraception, sterilization
- b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c. Gestational Surrogacy
- d. Reversal of sterilization

15. Maternity (Code- Excl18):

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;
- ii. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period.

However, this exclusion shall not be applicable, if explicitly specified by Us in the Policy Schedule/Certificate of Insurance.

5.2 Specific Exclusions (Applicable to all Benefits under Section-3 Scope of Cover)

1. Any Illness, or Accident-causing Injury, which has occurred prior to the Risk Inception Date.
2. Death or disablement caused by or arising from Bacterial / Viral infections (except pyogenic infection which occurs through an Accidental cut or wound).
3. Death or disablement caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
4. Death or disablement, any critical Illness, expenses caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
5. Death or disablement, any critical Illness, expenses arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
 - a. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - b. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
6. Death or disablement, any critical Illness, expenses caused due to Suicide or attempted Suicide, intentional self-inflicted Injury or acts of self-destruction.
7. Death or disablement, any critical Illness, expenses arising out of or attributable to War (declared or not) or war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds
8. Any physical, medical condition or treatment or service that is specifically excluded in the Policy.
9. Circumcision unless necessary for treatment of a disease, Illness or Injury not excluded hereunder, or as may be necessitated due to an Accident.
10. Treatment taken outside India unless specifically covered and specified in the Policy Schedule/ Certificate of Insurance.
11. Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor/Treating Medical Practitioner.
12. All expenses related to donor treatment, including screening, Surgery to remove organs from the donor, in case of transplant Surgery.
13. Congenital external diseases, defects or anomalies or in consequence thereof.
14. Treatment related to any unrecognized systems of medicine.
15. Deliberate exposure to exceptional danger (except in an attempt to save human life)
16. Domiciliary Hospitalization and Out-patient treatment.
17. Training for or participating in professional sport of any kind or any sport for which the insured receives a Salary or monetary reimbursement, including grants or sponsorship.
18. All preventive care, Vaccination including Inoculation and Immunizations (except in case of post bite treatment) and tonics.
19. Hormone Replacement Therapy
20. Dental, Orthodontics, Periodontics, Endodontics or any preventative dentistry no matter who gives the treatment
21. Ear or body piercing and tattooing or treatment needed as a result of any of these.
22. Hospitalization for the sole purpose of traction, physiotherapy or any ailment for which Hospitalization is not warranted due to advancement in medical technology.
23. Treatment by a family member and self-medication or any treatment that is not scientifically recognized.
24. Routine medical, dental, eye and ear examinations.
25. Any medical treatment taken outside India, unless otherwise agreed by Us as specified in the Policy Schedule/ Certificate of Insurance.
26. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
27. Prostheses, corrective devices, medical appliances, external medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition, unless agree by Us and as Specified in the Policy Schedule/ Certificate of Insurance.
28. Vaccination or inoculation except as post bite treatment for animal bite.
29. Outpatient diagnostic, medical and Surgical Procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy, unless agreed by Us and as specified in the Policy Schedule/ Certificate of Insurance.
30. Dental treatment or Surgery of any kind unless requiring Hospitalization as a result of Accidental Bodily Injury, unless agreed by Us and as Specified in the Policy Schedule/ Certificate of Insurance.
31. Venereal/ Sexually Transmitted disease.
32. Certification/ diagnosis/ treatment from person not

registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he / she is licensed for.

5.3 Permanent Exclusions

In respect of the existing diseases, disclosed by the Insured Person and mentioned in the Policy Schedule/ Certificate of Insurance (based on Insured's consent), Policy Holder is not entitled to get the coverage for specified ICD codes.

Sr No	Disease	ICD Code
1.	Sarcoidosis	D86.0-D86.9
2.	Malignant Neoplasms	C00-C14 Malignant neoplasms of lip, oral cavity and pharynx, • C15-C26 Malignant neoplasms of digestive organs, • C30-C39 Malignant neoplasms of respiratory and intrathoracic organs • C40-C41 Malignant neoplasms of bone and articular cartilage • C43-C44 Melanoma and other malignant neoplasms of skin • C45-C49 Malignant neoplasms of mesothelial and soft tissue • C50-C50 Malignant neoplasms of breast • C51-C58 Malignant neoplasms of female genital organs • C60-C63 Malignant neoplasms of male genital organs • C64-C68 Malignant neoplasms of urinary tract • C69-C72 Malignant neoplasms of eye, brain and other parts of central nervous system • C73-C75 Malignant neoplasms of thyroid and other endocrine glands • C76-C80 Malignant neoplasms of ill-defined, other secondary and unspecified sites • C7A-C7A Malignant neuroendocrine tumours • C7B-C7B Secondary neuroendocrine tumours • C81-C96 Malignant neoplasms of lymphoid, hematopoietic and related tissue • D00-D09 In situ neoplasms • D10-D36 Benign neoplasms, except benign neuroendocrine tumours • D37-D48 Neoplasms of uncertain behaviour, polycythaemia vera and myelodysplastic syndromes • D3A-D3A Benign neuroendocrine tumours • D49-D49 Neoplasms of unspecified behaviour
3.	Epilepsy	G40 Epilepsy
4.	Heart Ailment Congenital heart disease and valvular heart disease	I49 Other cardiac arrhythmias, (I20-I25) Ischemic heart diseases, I50 Heart failure, I42 Cardiomyopathy; I05-I09 - Chronic rheumatic heart diseases. • Q20 Congenital malformations of cardiac chambers and connections • Q21 Congenital malformations of cardiac septa • Q22 Congenital malformations of pulmonary and tricuspid valves • Q23 Congenital malformations of aortic and mitral valves • Q24 Other congenital malformations of heart • Q25 Congenital malformations of great arteries • Q26 Congenital malformations of great veins • Q27 Other congenital malformations of peripheral vascular system • Q28 Other congenital malformations of circulatory system • I00-I02 Acute rheumatic fever • I05-I09 • Chronic rheumatic heart diseases Nonrheumatic mitral valve disorders mitral (valve): • disease (I05.9) • failure (I05.8) • stenosis (I05.0). When of unspecified cause but with mention of: • diseases of aortic valve (I08.0), • mitral stenosis or obstruction (I05.0) when specified as congenital (Q23.2, Q23.3) when specified as rheumatic (I05), I34.0 Mitral

		(valve) insufficiency • Mitral (valve): incompetence / regurgitation - • NOS or of specified cause, except rheumatic, I 34.1 to I34.9 - Valvular heart disease.
5.	Cerebrovascular disease (Stroke)	I67 Other cerebrovascular diseases, (I60-I69) Cerebrovascular diseases
6.	Inflammatory Bowel Diseases	K 50.0 to K 50.9 (including Crohn's and Ulcerative colitis) K50.0 - Crohn's disease of small intestine; K50.1 - Crohn's disease of large intestine; K50.8 - Other Crohn's disease; K50.9 - Crohn's disease, unspecified. K51.0 - Ulcerative (chronic) enterocolitis; K51.8 - Other ulcerative colitis; K51.9 - Ulcerative colitis, unspecified.
7.	Chronic Liver diseases	K70.0 To K74.6 Fibrosis and cirrhosis of liver; K71.7 - Toxic liver disease with fibrosis and cirrhosis of liver; K70.3 - Alcoholic cirrhosis of liver; I98.2 - K70.-Alcoholic liver disease; Oesophageal varices in diseases classified elsewhere. K 70 to K 74.6 (Fibrosis, cirrhosis, alcoholic liver disease, CLD)
8.	Pancreatic diseases	K85-Acute pancreatitis; (Q 45.0 to Q 45.1) Congenital conditions of pancreas, K 86.1 to K 86.8 - Chronic pancreatitis
9.	Chronic Kidney disease	N17-N19) Renal failure; I12.0 - Hypertensive renal disease with renal failure; I12.9 Hypertensive renal disease without renal failure; I13.1 - Hypertensive heart and renal disease with renal failure; I13.2 - Hypertensive heart and renal disease with both (congestive) heart failure and renal failure; N99.0 - Post procedural renal failure; O08.4 - Renal failure following abortion and ectopic and molar pregnancy; O90.4 - Postpartum acute renal failure; P96.0 - Congenital renal failure. Congenital malformations of the urinary system (Q 60 to Q64), diabetic nephropathy E14.2, N.083
10.	Hepatitis B	B16.0 - Acute hepatitis B with delta-agent (coinfection) with hepatic coma; B16.1 - Acute hepatitis B with delta-agent (coinfection) without hepatic coma; B16.2 - Acute hepatitis B without delta-agent with hepatic coma; B16.9 - Acute hepatitis B without delta-agent and without hepatic coma; B17.0 - Acute delta- (super)infection of hepatitis B carrier; B18.0 - Chronic viral hepatitis B with delta-agent; B18.1 - Chronic viral hepatitis B without delta-agent;
11.	Alzheimer's Disease, Parkinson's Disease -	G30.9 - Alzheimer's disease, unspecified; F00.9 - G30.9 Dementia in Alzheimer's disease, unspecified, G20 - Parkinson's disease.
12.	Demyelinating disease	G.35 to G 37
13.	HIV & AIDS	B20.0 - HIV disease resulting in mycobacterial infection; B20.1 - HIV disease resulting in other bacterial infections; B20.2 - HIV disease resulting in cytomegaloviral disease; B20.3 - HIV disease resulting in other viral infections; B20.4 - HIV disease resulting in candidiasis; B20.5 - HIV disease resulting in other mycoses; B20.6 - HIV

		disease resulting in Pneumocystis carinii pneumonia; B20.7 - HIV disease resulting in multiple infections; B20.8 - HIV disease resulting in other infectious and parasitic diseases; B20.9 - HIV disease resulting in unspecified infectious or parasitic disease; B23.0 - Acute HIV infection syndrome; B24 - Unspecified human immunodeficiency virus [HIV] disease
14.	Loss of Hearing	H90.0 - Conductive hearing loss, bilateral; H90.1 - Conductive hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.2 - Conductive hearing loss, unspecified; H90.3 - Sensorineural hearing loss, bilateral; H90.4 - Sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.6 - Mixed conductive and sensorineural hearing loss, bilateral; H90.7 - Mixed conductive and sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.8 - Mixed conductive and sensorineural hearing loss, unspecified; H91.0 - Ototoxic hearing loss; H91.9 - Hearing loss, unspecified
15.	Papulosquamous disorder of the skin	L40 - L45 Papulosquamous disorder of the skin including psoriasis lichen planus
16.	Avascular necrosis (osteonecrosis)	M 87 to M 87.9

Section 6: General Terms and Clauses (Applicable to All Benefits under the Policy)

6.1 Standard Terms and Conditions

1. Disclosure of Information

The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description, or non-disclosure of any Material Fact by the Policy Holder.

2. Condition Precedent to Admission of Liability

The terms and conditions of the Policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the Policy.

3. Moratorium Period

After completion of sixty continuous months of coverage (including Portability and Migration) in health insurance Policy, no Policy and claim shall be contestable by the Insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first Policy. Wherever, the Sum Insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of Sum Insured only on the enhanced limits.

4. Possibility of Revision of terms of the Policy including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three (3) months before the changes are affected.

5. Nomination

The Policy Holder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policy Holder. Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the Insured Person, We will pay the Nominee (as named in the Policy Schedule/ Certificate of Insurance /endorsement (if any)) and in case there is no subsisting Nominee, to the legal heirs or legal representatives of the Insured Person whose discharge shall be treated as full and final discharge of its liability under the Policy.

6. Assignment

The Benefits under this Policy are assignable subject to applicable Laws.

7. Cancellation

a. Cancellation by You:

The Insured Person may cancel this Policy at any time by giving Us written notice in 15-days written notice and In such an event, We shall refund premium for the unexpired Policy Period as detailed below.

I. For Fixed Sum Insured Plans with 1 Year term:

Refund proportionate premium for unexpired Policy Period, if the term of Policy up to one year and there is no Claim(s) made during the Policy Period.

II. For Fixed Sum Insured Plans with greater than 1 Year term:

Refund premium for the unexpired Policy Period, in respect of policies with term more than 1 year and risk coverage for such Policy Years has not commenced i.e. proportionate refund for the unexpired whole years.

III. For Reducing Sum Insured Plans with up to 5 Year term:

Refund premium for the unexpired Policy Period, in respect of policies with term more than 1 year and risk coverage for such Policy Years has not commenced (i.e. unexpired whole years) multiplied by the following factor based on Policy Period and Loan Tenure:

Policy Period	1 Year	2 Year	3 Year	4 Year	5 Year	5 Year	5 Year	5 Year
Loan Period	1 Year	2 Year	3 Year	4 Year	5 Year	6-10 Year	11-20 Year	21 Years & Above
Factor for Premium Refund	60%	60%	60%	60%	60%	85%	95%	99%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by Insured Person under this Policy.

b. Cancellation by Us:

We reserve the right to cancel this Policy from inception immediately upon becoming aware of any misrepresentation, fraud, nondisclosure of Material Facts or non-cooperation by or on behalf of You. No refund of premium shall be allowed in such cases.

8. Free Look Period

- a. Every Policy Holder of new individual health insurance policies except those with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of Policy document, whether received electronically or otherwise, to review the terms and conditions of such Policy.
- b. In the event a Policy Holder disagrees to any of the Policy terms or conditions, or otherwise and has not made any claim, he/she shall have the option to return the Policy to the Insurer for cancellation, stating the reasons for the same.
- c. Irrespective of the reasons mentioned, the Policy Holder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the Insurer on medical examination of the Proposer and stamp duty charges.
- d. A request received by Insurer for cancellation of the Policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request, as stated at sub regulation (c) above.

9. Deletion of Insured during the policy period

Mid-term deletion only allowed on account of death of the Insured Person, pro-rata refund of premium of the deceased Insured Person for the balance period of the Policy will be effective. Provided no claim has been made.

10. Withdrawal of the Policy

In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the Policy.

11. Claim Settlement (Provision for Penal Interest)

- a. The Company shall settle or reject a claim as the case may be, 30 days from the date of receipt of last necessary document.
- b. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policy Holder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the Bank Rate.
- c. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- d. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Policy Holder at a rate 2% above the Bank Rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: Bank Rate means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due).

12. Complete Discharge

Any payment to the Insured Person or his/her Nominees or his/her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be valid discharge towards payment of claim by the Company

to the extent of that amount for the particular claim.

13. Fraud

If any claim made by the Insured Person, is any respect of fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this Policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy, but which are found fraudulent later shall be repaid by all recipient(s)/Policy Holder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the Insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the Hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the Insurer or to induce the Insurer to issue an insurance Policy:

- a. the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true.
- b. the active concealment of a fact by the Insured Person having knowledge or belief of the fact.
- c. any other act fitted to deceive; and
- d. any such act or omission as the law specially declares to be fraudulent.

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured Person / Beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer.

14. Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the Policy at least 30 days before the Policy Renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person is entitled to transfer the Credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Period for Pre-existing Diseases, Moratorium Period etc. in the previous Policy to the Migrated Policy.

For Detailed Guidelines on Migration, kindly refer the link- <https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf>

15. Portability

The Insured Person will have the option to port the Policy to other Insurers by applying to such Insurer to port the entire Policy along with all the members of the Family, if any, at least 45 days before, but not earlier than 60 days from the Policy Renewal date as per IRDAI guidelines related to Portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance Policy with an Indian General/Health Insurer, the proposed Insured Person is entitled to transfer the Credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Period for Pre-existing

Diseases, Moratorium Period, etc. from the existing Insurer to the acquiring Insurer in the previous Policy.

For Detailed Guidelines on Portability, kindly refer the link- <https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf>

16. Renewal of Policy

- The Policy shall ordinarily be renewable provided the product is not withdrawn, except on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person.
- The Company shall endeavor to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.
- Renewal shall not be denied on the ground that the Insured Person had made a Claim or Claims in the preceding Policy Years.
- Request for Renewal along with the requisite premium shall be received by the Company before the end of the Policy Period.
- At the end of the Policy Period, the Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period.
- No loading shall apply on Renewals based on individual Claims experience.

17. Redressal of Grievance

Stage 1:

If You are dissatisfied with the resolution provided above or for lack of response, You may write to head.customer.care@sbigeneral.in We will look into the matter and decide the same expeditiously within 14 days from the date of receipt of Your Complaint.

For Senior Citizens: Senior Citizens can reach Us at seniorcitizengrievances@sbigeneral.in; Toll Free - 1800 22 1111 / 1800 102 1111 (24/7).

Stage 2:

In case, You are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, You may send Your Appeal addressed to the Grievance Redressal Officer at: gro@sbigeneral.in or contact at 022-45138021.

Address: Grievance Redressal Officer, 9th Floor, A & B Wing, Fulcrum Building, Sahar Road, Andheri (East), Mumbai 400 099. List of Grievance Redressal Officers at Branch: <https://content.sbigeneral.in/uploads/0449cac1bcd144bb160d3f6b714fbbd.pdf>

Stage 3:

In case, You are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, You may Register Your Complaint with IRDAI on the below given link: <https://bimabharosa.irdai.gov.in/Home/Home>.

Stage 4:

If Your Grievance remains unresolved from the date of filing Your first Complaint or is partially resolved, You may approach the Insurance Ombudsman falling in Your jurisdiction for Redressal of Your Grievance. The details of the Insurance Ombudsman can be accessed at (<https://www.ciains.co.in/Ombudsman>).

Note: The contact details of Ombudsman offices is attached as Annexure 1 to this Policy document.

6.2 Specific Conditions

1. Age Limit

- To be eligible to be covered under the Policy or get any benefits under the Policy, the Insured Person should have attained the Age of at least 18 years on the date of commencement of the Policy.
- Dependent children can be covered from 3 years and up to 30 years of Age other than Education benefit.

2. Policy Tenure

- Loan Linked Policy: Policy Period - As per the Loan tenure up to maximum 5 Years.
- Non-Loan Linked Policy: Policy Period - 1 year.
- Personal Accident Policy: Policy Period - 3 months to 5 years.

3. Policy Type

Policy will be available on Individual Sum Insured basis only.

4. Sum Insured

- Sum Insured will be on Per year basis as mentioned in Policy Schedule/ Certificate of Insurance.
- For Loan Linked Policy Insured Person will have option to choose the Sum Insured on
 - Fixed Sum Insured
 - Reducing Sum Insured

5. Arbitration Clause

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this Policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

6. Alterations in the Policy

The Proposal Form, Certificate of Insurance, and Policy Schedule constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by us, which approval shall be evidenced by a written endorsement signed and stamped by Us. All endorsement requests will be made by the Policy Holder and/or the Insured Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us.

7. Communication

Any communication meant for Us must be sent to address shown in the Policy Schedule or as an electronic mail communication. Any communication meant for the Policy Holder will be sent by Us to his last known address or the address as shown in the Policy Schedule. All notifications, Endorsements and Declarations for Us must be in writing and sent to the address specified in the Policy Schedule. Agents, brokers or any other persons or entity are not authorized to receive notices and declarations on Our behalf unless expressly stated to the contrary in writing.

The due observance and fulfilment of the terms, provisions, warranties and conditions of and endorsements to this Policy in so far as they relate to anything to be done or complied with by the insured and/or the insured's family shall be a Condition Precedent to any liability of the Company to make any payment under this Policy.

Entire contract The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy.

8. Electronic Transactions

The insured agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

9. Governing Law

The construction, interpretation and meaning of the provisions of the Policy shall be determined in accordance with Indian law.

10. Incontestability and Duty of Disclosure

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, Mis-description or on nondisclosure in any material particular in the Proposal Form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured or any one acting on his behalf to obtain any benefit under this Policy.

11. Material Change

The Policy Holder shall immediately notify Us in writing of any material change in the risk on account of change in occupation / business at his own expense and We may adjust the scope of cover and/or premium, if necessary, accordingly.

12. Renewal Conditions

- a. This Policy may be renewed by mutual consent and in such event; the Renewal premium shall be paid to Us on or before the date of expiry of the Policy or of the subsequent Renewal thereof.
- b. The Policy is ordinarily lifelong renewable unless You or anyone acting on behalf of You has acted in a fraudulent manner or any misrepresentation under or in relation to this Policy or Renewal of the Policy poses a moral hazard.
- c. We shall endeavor to give notice for Renewal. however, We are not under obligation to give any notice for Renewal.
- d. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding Policy Years.
- e. Request for Renewal along with requisite premium shall be received by Us before the end of the Policy Period.
- f. Your premium will also change if any changes in Sum Insured and/or the terms.

- g. A Grace Period of 30 days for Renewals is permissible and the Policy will be considered as continuous for the purpose of all Waiting Periods. However, any treatment availed for an Illness contracted during the Grace Period will not be admissible under the Policy. For Renewal received after completion of 30 days Grace Period, the Policy would be considered as a fresh Policy.
- h. In Loan linked proposals, Policy shall not be renewed, and the Insured Person shall not be eligible for Renewal of this Policy if there is no Principal Outstanding Loan for which this Policy was issued.
- i. In case of Employer-Employee relationship, this Policy will be renewed only up to the date the employee reaches his retirement age, as per the provisions of the contract of employment between employee & employer.

13. Material Change

The Insured Person shall notify the Company in writing of any material change in the risk in relation to the declaration made in the Proposal Form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

14. Notice and Communication

- a. Any notice, direction, instruction, or any other communication related to the Policy should be made in writing.
- b. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule/ Certificate of Insurance.
- c. The Company shall communicate to the Insured at the address or through any other electronic mode Specified in the Schedule/certificate of insurance.

15. Premium

The premium payable under this Policy shall be paid in accordance with the Schedule of payments in the Policy Schedule/ Certificate of Insurance agreed between the Policy Holder and Us in writing. No receipt for premium shall be valid except on Our official form signed by Our duly authorized official. The due payment of premium and realization thereof by Us and the observance and fulfilment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a Condition Precedent to Our liability to make any payment under this Policy.

16. Records to be Maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

17. Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

18. Terms and Conditions of the Policy

The terms and conditions contained herein and, in the Policy Schedule/ Certificate of Insurance shall be deemed to form part of the Policy and shall be read together as one document.

19. Alterations in the Policy

The Proposal Form, Policy Schedule/ Certificate of Insurance constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance between the Policy Holder and Us. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed, and stamped by Us. All endorsement requests will be made by the Policy Holder and/or the Insured Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us.

20. Revision and Modification of the Policy Product

- Any revision or modification will be done with the approval of the Product Management Committee of the Company. We shall notify You about revision /modification in the Policy including premium payable thereunder. Such information shall be given to You at least ninety (90) days prior to the effective date of modification or revision coming into effect.
- Existing Policy will continue to remain in force till its expiry, and revision will be applicable only from the date of next Renewal. Credit of continuity/Waiting Periods for all the previous Policy Years would be extended in the new Policy on Renewal with Us.

21. Conditions when a Claim Arises

Compliance with Policy Provisions Failure by You or the Insured Person to comply with any of the provisions in this Policy shall invalidate all claims hereunder.

Claims Procedure:

	Procedures
Claim Intimation	<p>If Insured meet with any Accidental bodily Injury or suffer an illness that may result in a claim, then as a Condition Precedent to Our liability, Insured must comply with the following claim procedures.</p> <p>Call Toll free customer care number 1800 22 1111/1800 102 1111</p> <p>e-mail to customer.care@sbigeneral.in</p> <p>SMS "CLAIM" to 561612</p> <p>website (www.sbigeneral.in) -> Claim Intimation (Section)</p> <p>Visit to SBI General branch office for submission of claim intimation letter.</p>
Particulars to be provided to Us for Claim notification	<ol style="list-style-type: none"> Policy Number Name of the Insured Person(s) named in the Policy Schedule/ Certificate of Insurance availing treatment Nature of disease/illness/Injury Name and address of the attending Medical Practitioner Hospital Date and time of event if applicable Date of admission

- Below is the document list required for claim submission

Sr No	List of Documents / Information
1	Duly Filled and Signed Claim Form
2	Certified copy of Discharge Summary (If Applicable)
3	Certified copy of Medical Records (Indoor Case Papers, OT notes, PAC Notes etc (If Applicable)
4	Certified copy of Hospital Main Bill with detailed break-up (If Applicable)
5	Certified copies of Consultation Papers (If Applicable)
6	Certified copies of Investigation Reports (If Applicable)
7	Digital Images/CDs of the Investigation Procedures (If Required)
8	Certified copies of MLC/FIR Report (If Applicable)
9	Certified copy of Postmortem Report (If Applicable)
10	Certified copy of disability Certificate (If Applicable)
11	Certified copy of attending Physician Certificate (If Applicable)
12	Certified copy of Death Certificate (If Applicable)
13	KYC (Photo ID card) (If Applicable)
14	Bank Details with Cancelled Cheque (If Applicable)

The above list is indicative, Any additional documents may be called as required based on the circumstances of the claim.

Claim Documents Submission Address

All claim related documents need to be sent to below address within 30 days of date of discharge from Hospital.

Please do mention appropriate claim number on claim documents dispatched.

Accident & Health claims team

SBI General Insurance Company Limited

9th Floor, Westport, Pan Card Club Road, Baner

Pune, Maharashtra - 411045

Scrutiny and Investigation of Claim

We will scrutinize the claim based on submission of above claim documents by You and if any deficiency in document We will intimate You in writing within 7 days from the date of submission of claim documents. We will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document.

Claim Assessment

We will pay fixed amounts as specified in the applicable Sections in accordance with the terms of this Policy. We are not liable to make any payments that are not specified in the Policy.

Condonation of Delay

If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

Payment of Claim

All claims under the Policy shall be payable in Indian currency only.

Section 7: Schedule of Benefits

SBI General Comprehensive Protection Policy			
Entry Age	18 Years - 80 Years		
Policy Period	For Non-Credit Linked Policy - 1 Year For Credit Linked Policy - 1 Year to 5 Years on Fixed SI basis or Reducing SI basis For Personal Accidental Policy - 3 months to 5 years		
Payout Basis	Fixed Benefit		
	Covers Details	Fixed/Reducing SI	Loan/Non-Loan Linked
Personal Accident	Accidental Death (AD)	Fixed & Reducing SI	Loan/Non-Loan Linked
	Permanent Total Disablement (PTD)	Fixed & Reducing SI	Loan/Non-Loan Linked
	Permanent Partial Disablement (PPD)	Fixed & Reducing SI	Loan/Non-Loan Linked
	Temporary Total Disablement (TTD)	Fixed SI	Loan/Non-Loan Linked
	Broken Bones	Fixed SI	Loan/Non-Loan Linked
	Burns	Fixed SI	Loan/Non-Loan Linked
	Mobility Extension	Fixed SI	Loan/Non-Loan Linked
Critical Illness	1. Major CI - Option 1: 9/10/12 /15/18/20/25/30/40/50/60 CIs Option:2 1) Cancer 2) Cardiac 3) Cancer + Cardiac 4) Cardiac + Nervous 5) Cancer + Cardiac + Nervous 6) Cardiac + Nervous + Other 7) Cancer + Cardiac + Nervous + Other 3. Early-Stage (Minor) CI - 25% of SI, max up to 5L	Fixed & Reducing SI	Loan/Non-Loan Linked
Major Surgical Procedures		Fixed SI	Loan/Non-Loan Linked
Hospital Daily Cash		Fixed SI	Loan/Non-Loan Linked
Convalescence/ EMI Protect		Fixed SI	Loan/Non-Loan Linked
Loss of Salary		Fixed SI	Loan Linked
Loss of Job/ Earning		Fixed SI	Loan/Non-Loan Linked
Payment Protection		Fixed SI	Loan Linked
Family Protection		Fixed SI	Loan Linked
Education Benefit		Fixed SI	Loan/Non-Loan Linked
Infectious Disease		Fixed SI	Non-Loan Linked
Note:			
1. Education Benefit and Family Protection which can be purchased with Critical Illness or Personal Accident Cover.			
2. Either Hospital Daily Cash or Convalescence/ EMI Protect, one cover can be opted.			
3. Permanent Partial Disability, Temporary Total Disablement, Burns, Broken Bones can be purchased either with Accidental Death and/or Permanent Total Disablement.			
4. Mobility Extension can be purchased with Permanent Total Disablement.			

Annexure 1

Names of Ombudsman and Addresses of Ombudsmen centers

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu	Shri Collu Vikas Rao Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in
Karnataka	Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in
Madhya Pradesh, Chattisgarh	Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in
Odisha	Shri Manoj Kumar Parida Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in
Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	Mr Atul Jerath Insurance Ombudsman 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 Email: bimalokpal.chandigarh@cioins.co.in
Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).	Shri Somnath Ghosh Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in
Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.	Ms Sunita Sharma Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in

Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Shri Somnath Ghosh Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in
Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.	Shri N. Sankaran Insurance Ombudsman 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 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in
Rajasthan	Shri Rajiv Dutt Sharma Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in
Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	Shri G. Radhakrishnan Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in
West Bengal, Sikkim, Andaman & Nicobar Islands.	Ms Kiran Sahdev Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in
Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Banda, Hamirpur, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Unnao, Lucknow, 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.	Shri. Atul Sahai Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in
Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).	Ms Susmita Mukherjee Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/ 29/30/31 Email: bimalokpal.mumbai@cioins.co.in

State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Bulandshahr, Budaun, Etah, Etawah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Farrukhabad, Firozbad, Gautam Buddha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	Shri Bimbardhar Pradhan Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in
Bihar, Jharkhand.	Ms Susmita Mukherjee Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in
Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).	Shri Sunil Jain Insurance Ombudsman 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@cioins.co.in
The updated details of Insurance Ombudsman are available on IRDA website: www.irdai.gov.in , on the website of General Insurance Council: www.gicouncil.in , our website www.SBIGeneral.com	

Source:- CIO (cioins.co.in)

Operations on the eyes	22	Incision of tear glands
	23	Other operations on the tear ducts
	24	Incision of diseased eyelids
	25	Excision and destruction of diseased tissue of the eyelid
	26	Incision of diseased eyelids
	27	Operations on the canthus and epicanthus
	28	Corrective surgery for entropion and ectropion
	29	Corrective surgery for blepharoptosis
	30	Removal of a foreign body from the conjunctiva
	31	Removal of a foreign body from the cornea
	32	Incision of the cornea
	33	Operations for pterygium
	34	Other operations on the cornea
	35	Removal of a foreign body from the lens of the eye
	36	Removal of a foreign body from the posterior chamber of the eye
	37	Removal of a foreign body from the orbit and eyeball
	38	Operation of cataract
	Operations on the skin & subcutaneous tissues	39
40		Other incisions of the skin and subcutaneous tissues
41		Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
42		Local excision of diseased tissue of the skin and subcutaneous tissues
43		Other excisions of the skin and subcutaneous tissues
44		Simple restoration of surface continuity of the skin and subcutaneous tissues
45		Free skin transplantation, donor site
46		Free skin transplantation, recipient site
47		Revision of skin plasty
48		Other restoration and reconstruction of the skin and subcutaneous tissues
49		Chemosurgery to the skin
50		Destruction of diseased tissue in the skin and subcutaneous tissues
Operations on the tongue	51	Incision, excision and destruction of diseased tissue of the tongue
	52	Partial glossectomy
	53	Glossectomy
	54	Reconstruction of the tongue
	55	Other operations on the tongue
Operations on the salivary glands & salivary ducts	56	Incision and lancing of a salivary gland and a salivary duct
	57	Excision of diseased tissue of a salivary gland and a salivary duct
	58	Resection of a salivary gland
	59	Reconstruction of a salivary gland and a salivary duct
Other operations on the mouth & face	60	Other operations on the salivary glands and salivary ducts
	61	External incision and drainage in the region of the mouth, jaw and face
	62	Incision of the hard and soft palate
	63	Excision and destruction of diseased hard and soft palate
	64	Incision, excision and destruction in the mouth
	65	Plastic surgery to the floor of the mouth
	66	Other operations in the mouth
Operations on the tonsils & adenoids	67	Transoral incision and drainage of a pharyngeal abscess
	68	Tonsillectomy without adenoidectomy

Annexure 2

Major Surgical Benefit

A. Day Care Procedures

Microsurgical operations on the middle ear	1	Stapedectomy
	2	Revision of a stapedectomy
	3	Other operations on the auditory ossicles
	4	Myringoplasty (Type -I Tympanoplasty)
	5	Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
	6	Revision of a tympanoplasty
	7	Other microsurgical operations on the middle ear
Other operations on the middle & internal ear	8	Myringotomy
	9	Removal of a tympanic drain
	10	Incision of the mastoid process and middle ear
	11	Mastoidectomy
	12	Reconstruction of the middle ear
	13	Other excisions of the middle and inner ear
	14	Fenestration of the inner ear
	15	Revision of a fenestration of the inner ear
	16	Incision (opening) and destruction (elimination) of the inner ear
	17	Other operations on the middle and inner ear
Operations on the nose & the nasal sinuses	18	Excision and destruction of diseased tissue of the nose
	19	Operations on the turbinates (nasal concha)
	20	Other operations on the nose
	21	Nasal sinus aspiration

	69	Tonsillectomy with adenoidectomy
	70	Excision and destruction of a lingual tonsil
	71	Other operations on the tonsils and adenoids
	72	Trauma surgery and orthopaedics
	73	Incision on bone, septic and aseptic
	74	Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
	75	Suture and other operations on tendons and tendon sheath
	76	Reduction of dislocation under GA
	77	Arthroscopic knee aspiration
Operations on the breast	78	Incision of the breast
	79	Operations on the nipple
Operations on the digestive tract	80	Incision and excision of tissue in the perianal region
	81	Surgical treatment of anal fistulas
	82	Surgical treatment of haemorrhoids
	83	Division of the anal sphincter (sphincterotomy)
	84	Other operations on the anus
	85	Ultrasound guided aspirations
	86	Sclerotherapy etc.
	87	Laparoscopic cholecystectomy
Operations on the female sexual organs	88	Incision of the ovary
	89	Insufflation of the Fallopian tubes
	90	Other operations on the Fallopian tube
	91	Dilatation of the cervical canal
	92	Conisation of the uterine cervix
	93	Other operations on the uterine cervix
	94	Incision of the uterus (hysterotomy)
	95	Therapeutic curettage
	96	Culdotomy
	97	Incision of the vagina
	98	Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
	99	Incision of the vulva
	100	Operations on Bartholin's glands (cyst)
Operations on the prostate & seminal vesicles	101	Incision of the prostate
	102	Transurethral excision and destruction of prostate tissue
	103	Transurethral and percutaneous destruction of prostate tissue
	104	Open surgical excision and destruction of prostate tissue
	105	Radical prostatovesiculectomy
	106	Other excision and destruction of prostate tissue
	107	Operations on the seminal vesicles
	108	Incision and excision of periprostatic tissue
	109	Other operations on the prostate
Operations on the scrotum & tunica vaginalis testis	110	Incision of the scrotum and tunica vaginalis testis
	111	Operation on a testicular hydrocele
	112	Excision and destruction of diseased scrotal tissue
	113	Plastic reconstruction of the scrotum and tunica vaginalis testis
	114	Other operations on the scrotum and tunica vaginalis testis
Operations on the testes	115	Incision of the testes
	116	Excision and destruction of diseased tissue of the testes
	117	Reconstruction of the testis
	118	Implantation, exchange and removal of a testicular prosthesis
	119	Other operations on the penis

Operations on the spermatic cord, epididymis und ductus deferen	120	Surgical treatment of a varicocele and a hydrocele of the spermatic cord
	121	Excision in the area of the epididymis
	122	Epididymectomy
	123	Reconstruction of the spermatic cord
	124	Reconstruction of the ductus deferens and epididymis
	125	Other operations on the spermatic cord, epididymis and ductus deferens
Operations on the penis	126	Operations on the foreskin
	127	Local excision and destruction of diseased tissue of the penis
	128	Amputation of the penis
	129	Plastic reconstruction of the penis
	130	Other operations on the penis
Operations on the urinary system	131	Cystoscopical removal of stones
Other Operations	132	Lithotripsy
	133	Coronary angiography
	134	Haemodialysis
	135	Radiotherapy for Cancer
	136	Cancer Chemotherapy

B. Given below is the list of surgeries covered, along with the payout:

Sr. No.	Name of Surgery/ Surgical Procedures	% of SA payable
1	Aortic valve repair (Open Heart Valvuloplasty)	25%
2	CABG (Coronary Artery Bypass Grafting)	25%
3	Other vascular bypass grafts (eg. Femoral popliteal grafts)	25%
4	Clipping or repair of Aneurysm (including aortic, cerebral, femoral or iliac) with or without graft	5%
5	Closed Heart Valvotomy (Aortic, Mitral, Pulmonary, Tricuspid Valves)	25%
6	Coronary Angioplasty with Stent implantation	25%
7	Excision of benign mediastinal lesions (evidence of thoracotomy needs to be ascertained)	25%
8	Heart Proximal aortic aneurysm, Aortic root transplantation with coronary artery reimplantation	25%
9	Heart Valve Replacement using Mechanical or Bio-Prosthetic valves	25%
10	Initial implantation of permanent pacemaker/ICD/VAD device in heart	25%
11	Major Surgery of Aorta	50%
12	Major vein repair with or without grafting for traumatic & non traumatic lesions	25%
13	Mitral valve repair (Open Heart Valvuloplasty)	25%
14	Percutaneous (balloon) Valvuloplasty	25%
15	Pericardiectomy / Pericardectomy	25%
16	Pulmonary valve repair (Open Heart Valvuloplasty)	25%
17	Carotid endarterectomy/ Ext carotid Int. carotid bypass/Carotid tumour excision	50%
18	Amputation of arm	50%
19	Amputation of foot	50%
20	Amputation of hand	50%
21	Amputation of leg	50%
22	Excision reconstruction of joint	50%
23	Finger Trauma replantation	50%
24	Implantation of prosthesis for limb	50%

25	Open Reduction and Internal fixation of fracture Long bone (Humerus, Radius, ulna, Femur, Tibia, Fibula), with or without Bone grafting	25%
26	Osteomyelitis - Surgical Drainage and Curettage	25%
27	Other interposition reconstruction of joint	50%
28	Other prosthetic replacement of articulation of other bone	50%
29	Other prosthetic replacement of head of femur	50%
30	Other prosthetic replacement of head of Humerus	50%
31	Other reconstruction of joint	50%
32	Other total prosthetic replacement of hip joint/core decompression with graft for osteonecrosis of femoral head	50%
33	Other total prosthetic replacement of knee joint	50%
34	Other total prosthetic replacement of other joint	50%
35	Prosthetic interposition reconstruction of joint	50%
36	Prosthetic replacement of head of femur not using cement	50%
37	Prosthetic replacement of head of femur using cement	50%
38	Prosthetic replacement of head of Humerus not using cement	50%
39	Prosthetic replacement of head of Humerus using cement	50%
40	Prosthetic replacement/articulation/other bone not using cement	50%
41	Prosthetic replacement/articulation/other bone using cement	50%
42	Replantation of lower limb	50%
43	Replantation of upper limb	50%
44	Spinal Fusion (arthrodesis of spine with bone graft/internal fixation)	50%
45	Therapeutic endoscopic operations on cavity of knee joint	25%
46	Therapeutic endoscopic operations on cavity of Shoulder joint	25%
47	Unilateral or bilateral prosthetic replacement of hip joint not using cement	50%
48	Unilateral or bilateral prosthetic replacement of hip joint using cement	50%
49	Unilateral or bilateral replacement of knee joint not using cement	50%
50	Unilateral or bilateral prosthetic replacement of knee joint using cement	50%
51	Unilateral or bilateral prosthetic replacement of other joint not using cement	50%
52	ACL/PCL repair/reconstruction	25%
53	Bur-hole Drainage of Extradural, subdural or intracerebral space	25%
54	Craniotomy for non malignant space occupying lesions	50%
55	Craniotomy for Drainage of Extradural, subdural or intracerebral space	50%
56	Craniotomy for malignant Brain tumors	50%
57	Decompression surgery for Entrapment Syndrome	50%
58	Embolectomy / Thrombectomy/ Endarterectomy with or without Graft	50%
59	Excision of deep seated peripheral nerve tumor	50%
60	Excision of pineal gland	50%
61	Fixation of fracture of spine	50%
62	Free Fascia Graft for Facial Nerve Paralysis	25%
63	Intracranial transection of Cranial nerve	50%
64	Laminectomy/Discectomy for Spinal nerve root decompression	50%
65	Microvascular decompression of cranial nerves/nervectomy	50%
66	Multiple Microsurgical Repair of digital nerve	50%
67	Operations on Subarachnoid space of brain	50%
68	Other operations on the meninges of the Brain	50%
69	Peripheral nerve Graft	50%

70	Repair of Cerebral or Spinal Arterio- Venous Malformations or aneurysms	50%
71	Total or Partial Excision of the pituitary gland - Any approach (Transforntal or Trans Sphenoid)	50%
72	Bone Marrow transplant	50%
73	Heart/Heart-Lung Transplant	50%
74	Liver Transplantation	50%
75	Lung Transplantation	50%
76	Renal transplant (recipient)	50%
77	Major reconstructive oro-maxillafacial surgery due to trauma or burns and not for cosmetic purpose	50%
78	Osteotomy including segmental resection with bone grafting for Mandibular and maxillary lesions	50%
79	Excision and Major Flap Repair of skin and Subcutaneous tissue due to Major Burns	50%
80	Radical Excision of malignant tumor in bones	50%
81	Major resection of tumour and reconstruction of bone	50%
82	Radical Mastectomy	25%
83	Total excision of breast/ Simple Mastectomy	25%
84	Thyroid Removal Surgery (Thyroidectomy)	50%
85	Amputation of penis	25%
86	Excision of ureter	25%
87	Kidney injury repair	25%
88	Open extirpation of lesion of kidney	25%
89	Total excision of bladder 25%	25%
90	Total or Partial nephrectomy due to medical advice (not as a transplant donor)	50%
91	Unilateral or Bilateral excision of testes	25%
92	Urinary diversion	25%
93	Cystectomy	25%
94	Prostatectomy	25%
95	open Hysterectomy/BSO due to cancer only	50%
96	Lap. Hysterectomy+ BSO due to cancer only	25%
97	Laparoscopic adrenalectomy	50%
98	Laparoendoscopic single-site surgery (LESS) for repair of the ureteropelvic junction (pyeloplasty)	25%
99	Laparoscopic bilateral oophorectomy	25%
100	Laparoscopic bilateral salpingectomy	25%
101	Laparoscopic bilateral salpingo-oophorectomy	25%
102	Laparoscopic bilateral salpingostomy	25%
103	Laparoscopic rectal prolapse surgery	25%
104	Sphincterotomy	25%
105	Wide excision and Major reconstruction of malignant Oro- pharyngeal tumors with chemo	50%
106	Pneumonectomy/Lobectomy	25%
107	Pleurectomy	25%
108	Chronic bronchopleural fistula requiring a surgical procedure for closure of the fistula through an open thoracotomy	25%
109	Thoracic Outlet decompression	25%
110	Chest Value Resection and Reconstruction	50%
111	Thymectomy	25%
112	Tracheal Resection	25%
113	Hemicolectomy/ Colectomy/ Ileocolectomy	25%
114	Total excision of stomach	50%
115	Partial/ Complete Gastrectomy	50%
116	Partial/ Complete Eosophagectomy	50%
117	Pancreatectomy	50%
118	Pancrepancreaticoduodenectomy- Whipples surgery	50%
119	Partial/Complete Hepatectomy	25%
120	Partial / complete splenectomy	25%