

COMPREHENSIVE LOAN INSURANCE

POLICY WORDING

A. PREAMBLE

This is a legal contract between the Company and the Policyholder which is subject to realization of full premium in advance by Us and the terms, conditions and exclusions to this Policy. This Policy has been issued on the basis of Disclosure to Information Norm, including the information provided by the Policyholder in respect of the Insured Persons in the Proposal and the Policy Schedule/Certificate of Insurance.

The Policy, the Schedule, the Certificate of Insurance and any Endorsement(s) shall be read together and any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning whenever it may appear.

B. DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the feminine wherever the context so permits:

1. **Accident/Accidental** means sudden unforeseen and involuntary event caused by external, visible and violent means.
2. **Age or Aged** means the completed years as at the Commencement Date of the Policy Period.
3. **Bank** means a banking company which transacts the business of banking in India or abroad.
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. **Beneficiary** in case of death of the Insured Person, the Beneficiary means, unless stipulated otherwise by the Insured Person, the surviving Spouse of the Insured Person, mentally capable and not divorced, followed by the children recognized or adopted, followed by the Insured Person's legal heirs. For all other benefits, the Beneficiary means the Insured Person himself unless stipulated otherwise.
6. **Break in policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
7. **Compensation** means Sum Insured, Total Sum Insured or percentage of the Sum Insured, as appropriate and mentioned in Policy Schedule/Certificate of Insurance.
8. **"Complaint" or "Grievance"** means written expression (includes communication in the form of electronic mail or other electronic scripts) of dissatisfaction by a complainant with respect to solicitation or sale of an insurance policy or related services by insurer and/or by distribution channel.
9. **Commencement Date** means the commencement date of this Policy as specified in the Policy Schedule/Certificate of Insurance.
10. **Condition Precedent** means a policy term or condition upon which the insurer's liability under the policy is conditional upon.
11. **Congenital Anomaly** refers to a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - a) **Internal Congenital Anomaly** means a congenital anomaly which is not in the visible and accessible parts of the body.

- b) **External Congenital Anomaly** means a congenital anomaly which is in the visible and accessible parts of the body.

12. **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under:

- a) has qualified nursing staff under its employment;
- b) has qualified medical practitioner/s in charge;
- c) has fully equipped operation theatre of its own where surgical procedures are carried out;
- d) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

13. **Day Care Treatment** means medical treatment, and/or surgical procedure which is:

- a) undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hours because of technological advancement, and
- b) which would have otherwise required hospitalization of more than 24 hours

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

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

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

16. **EMI or 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 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 thereon 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.

17. **Financial Institution** shall have the same meaning assigned to the term as per 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.

18. **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. 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.

For the purpose of this definition, the Insured Person will get the accrued continuity benefit in respect of the Sum Insured, Cumulative Bonus, No Claim Discount, Specific Waiting Periods, Waiting Periods for Pre-existing Diseases, Moratorium period etc in the event of payment of premium within the stipulated Grace Period.

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

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

20. 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.

21. Illness means a sickness, or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- Acute Condition** - is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- Chronic Condition** - is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires your rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur.

22. 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.

23. Inpatient Care means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

24. Insured Person means the member named in the Policy Schedule/Certificate, who is/are covered under this Policy, for whom the insurance is proposed, and the appropriate premium received and realized.

25. Insured Event means any event specifically mentioned as covered under this Policy.

26. Insurer means Us/Our/We/SBI General Insurance Company Limited.

27. 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

28. Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

29. 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 its scope and jurisdiction of license.

30. Medically Necessary Treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner;
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

31. Mental Illness/Disease means any mental disease or bodily condition marked by disorganization of personality, mind, and emotions to impair the normal psychological, social or work performance of the individual regardless of its cause or origin.

32. Nominee means the person(s) named in the Policy Schedule / Certificate who is nominated to receive the benefits in respect of an Insured person under the Policy in accordance with the terms and conditions of Policy, if the Insured Person is deceased.

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

34. 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.

35. Permanent Total Disablement means disablement as a result of bodily injury, which –

- continues for a period of twelve (12) months, and
- is confirmed as total, continuous and permanent by a Physician after twelve (12) consecutive months, and
- 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

36. Physical Separation means as regards the hand actual separation at or above the wrists, and as regards the foot means actual separation at or above the ankle.

37. Pre-existing Disease means any condition, ailment, injury or disease:

- 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.

38. Principal Outstanding means the principal amount of the Loan outstanding as on the date of occurrence of the 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.

39. Policy means the complete documents consisting of the Proposal form, Policy wording, Policy Schedule/Certificate of Insurance, declaration, Endorsements and attachments, if any.

40. Policy Schedule / Certificate of Insurance means document issued by Us, which certifies that an insurance policy has been bought and shows an abstract of the most important provisions of the insurance contract forming part of the original Policy.

41. 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.

42. Policyholder means the entity or person named as such in the Policy Schedule / Certificate of Insurance.

43. 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.

44. 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.

45. 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.

46. Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

47. Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time bound exclusions and for all waiting periods.

48. Senior citizen shall have the same meaning assigned to it under Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

49. Solicitation means the act of approaching a prospect or a Policyholder by an Insurer or by a distribution channel with a view to persuading the prospect or a Policyholder to purchase or to

renew an insurance Policy.

50. Sum Insured means the amount stated in the Policy Schedule/Certificate of Insurance, which is the maximum amount Insurer will pay for claims made by the Insured in the Policy Period irrespective of the number of claims Insured registers or the number of years that Insured has had insurance Policy with Insurer.

51. Surgery/Surgical Procedure means manual and/or operative procedures required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.

52. Survival Period means the benefits under the Policy shall be payable only if the Insured is first diagnosed as suffering from a defined Critical Illness during the Policy Period, and the Insured survives for at least 28 days following such diagnosis.

53. 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.

54. You/Your means the person(s) named as Insured in the Policy Schedule / Certificate of Insurance.

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

C. SCOPE OF COVER AND BENEFITS

The base benefit can be offered in the following options:

1. Critical Illness Cover (Section C.1) Only
2. Personal Accident Cover (Section C.2) Only
3. Critical Illness cover + Personal Accident

Sum Insured under Section C.1 and C.2 is on Cumulative basis when opted together.

C-1. CRITICAL ILLNESS COVER

For the purposes of this Cover and the determination of the Company's liability under it, the Insured Event in relation to the Insured person, shall mean any illness, medical event or surgical procedure as specifically defined below under Section I or II whose signs or symptoms first commence after the Initial Waiting Period post commencement of Period of Insurance and shall only include:

SECTION I – MAJOR CRITICAL ILLNESS BENEFIT

Six plans varying by number of Major Critical Illness Conditions as follows:

Sr no	Name of CI / Surgery	10 CI	20 CI	30 CI	40 CI	50 CI	60 CI
1	Cancer of Specified Severity	✓	✓	✓	✓	✓	✓
2	Myocardial Infarction (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	Primary (Idiopathic) Pulmonary Hypertension	✓	✓	✓	✓	✓	✓
21	Third Degree Burns			✓	✓	✓	✓
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							✓

SECTION II – Critical Illness (CI) – Sachet

Seven plans based on combination of disease specific CI conditions as follows:

Sr no	Name of CI/Surgery	Cancer	Cardiac	Cancer + Cardiac	Cardiac + Nervous	Cancer + Cardiac + Nervous	Cardiac + Nervous + Other	Cancer + Cardiac + Nervous + Other
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	Primary (Idiopathic) Pulmonary Hypertension		✓	✓	✓	✓	✓	✓
21	Third Degree Burns						✓	✓
22	Alzheimer's Disease				✓	✓	✓	✓
23	Parkinson's Disease				✓	✓	✓	✓

Sr no	Name of CI/Surgery	Cancer	Cardiac	Cancer + Cardiac	Cardiac + Nervous	Cancer + Cardiac + Nervous	Cardiac + Nervous + Other	Cancer + Cardiac + Nervous + Other
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				✓	✓	✓	✓

*For Section II plans, Under Major Organ /Bone Marrow Transplant (MOT), the following conditions are covered depending upon the option selected

Coverage	Condition covered under MOT
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

Definitions of 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:

- 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.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- 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
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than Rai stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- 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 history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- New characteristic electrocardiogram changes
- Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- Other acute Coronary Syndromes
- Any type of angina pectoris
- 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 breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

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:

- no response to external stimuli continuously for at least 96 hours;
- life support measures are necessary to sustain life; and
- 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 (haemodialysis 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 producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- 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:

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

The following are excluded:

- Other stem-cell transplants
- 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.

Other causes of neurological damage such as SLE are excluded.

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

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

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

1. corrected visual acuity being 3/60 or less in both eyes or;
2. 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:

- i. FEV1 test results consistently less than 1 liter measured on 3 occasions 3 months apart;
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia;
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($\text{PaO}_2 < 55\text{mmHg}$); and
- iv. 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:

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

The following are excluded:

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

The NYHA Classification of Cardiac Impairment are as follows:

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

Pulmonary hypertension associated with lung disease, chronic

hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

21. 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, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.

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

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

The following conditions are however not covered:

- a. neurosis or neuropsychiatric symptoms without imaging evidence of Alzheimer's Disease;
- b. alcohol related brain damage; and
- c. any other type of irreversible organic disorder/dementia not associated with Alzheimer's Disease.
- d. The Activities of Daily Living are:
 - i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - iv. Mobility: the ability to move indoors from room to room on level surfaces;
 - v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - vi. Feeding: the ability to feed oneself once food has been prepared and made available.

23. 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:

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

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 understands and agrees that we will not cover:

- a. Surgery performed using only minimally invasive or intra-arterial techniques.
- b. 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:

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

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:

- i. Blood product transfusion;
- ii. Marrow stimulating agents;
- iii. Immunosuppressive agents; or
- iv. 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:

- a. Absolute neutrophil count of less than $500/\text{mm}^3$ or less
- b. Platelets count less than $20,000/\text{mm}^3$ or less
- c. Reticulocyte count of less than $20,000/\text{mm}^3$ 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.

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:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iii. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- iv. Feeding: the ability to feed oneself once food has been prepared and made available;
- v. 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:

- Localised 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 life long 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 cause 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 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;
- Permanent inability to perform at least two (2) "Activities of Daily Living";
- Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
- The foregoing conditions have been present for at least six (6) months. The Activities of Daily Living are:
 - i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;

- iv. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

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:

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

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

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

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:

- Presence of the Ebola virus has been confirmed by laboratory testing;
- there are ongoing complications of the infection persisting beyond thirty (30) days from the onset of symptoms; and
- 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:

- a. Removal of a lobe of lungs (lobectomy)
- b. Lung resection or incision

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

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

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:

- a. Rapid decreasing of liver size;

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

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:

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

The Activities of Daily Living are:

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

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

The Activities of Daily Living are:

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

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:

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

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

The Activities of Daily Living are:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory

level of personal hygiene;

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

57. Myelofibrosis : A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anaemia, low levels of white blood cells and platelets and enlargement of the spleen. The condition must have progressed to the point that it is permanent and the severity is such that the 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 characterised by the development of autoantibodies directed against various self-antigens. In respect of this Policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered Doctor specialising in Rheumatology and Immunology.

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 catheterisation 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.

SECTION III - Early-Stage Critical Illness Conditions Cover (Optional Cover)

For the purposes of this Cover and the determination of the Company's liability under it, the Insured Event in relation to the Insured person, shall mean any illness, medical event or surgical procedure as specifically defined below whose signs or symptoms first commence more than 180 days after the commencement of Period of Insurance and shall only include:

Set 1* of Early Stage CI

Sr no	Name of Early Stage CI/Surgery	10 CI	20 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		✓	✓	✓	✓	✓

Set 2* of Early Stage CI

Sr no	Name of CI/Surgery	Cancer	Cardiac	Cancer + Cardiac	Cardiac + Nervous	Cancer + Cardiac + Nervous	Cardiac + Nervous + Other	Cancer + Cardiac + Nervous + Other
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						✓	✓

*As per the base plan option selected under Section 1: Major Critical Illness Benefit or Section II: Critical Illness – Sachet, Set 1 or Set 2 relevant option will be applicable respectively.

The company shall be liable to pay 25% of the sum insured opted, subject to maximum of INR 500,000, on diagnosis of one of the following Early-Stage CI conditions as per the above Set aligned basis the Base plan offering of either Section I or Section II.

Conditions:

- Only one Early-stage CI claim will be admissible during the lifetime of the policy.
- A 180-day waiting period will be applicable for Early-Stage CI conditions.
- This option is available for selection at institutional level (master policyholder) and not at member level.
- This benefit will reduce the pay-out on Major CI Conditions covered under Section 1: Major Critical Illness Benefit or Section II: Critical Illness - Sachet and/or C.2 - Personal Accident Cover, that is it will be 100% Sum Insured (C.1 - Critical Illness and/or C.2 - Personal Accident Sum Insured) minus any early-stage Critical Illness Sum Insured.
- This benefit can be offered only with the fixed sum insured plan and not the reducing sum insured plan.

Definitions for Early Stage Critical Illness Conditions

Sr no	Name of Early Stage CI / Surgery
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

- 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 that is histologically described using the TNM Classification as T1N0M0.
- Tumours of the Urinary Bladder 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 / Report and confirmed by a Pathologist. Pre-malignant lesion and carcinoma in situ of any organ, unless listed above, are excluded.

- 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.

- 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.

- Cardiac Arrest requiring permanent Cardiac Pacemaker or ICD insertion** : Insertion of a Permanent Cardiac Pacemaker, Implantable Cardioverter-defibrillator (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.
- 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.
- 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.
- 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 eye ball : Surgical removal of an eye ball 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.

SECTION IV: Incidental Expenses (Optional Cover)

If we have accepted a claim under C.1 (Critical Illness cover) of this policy, then we will in addition pay benefit amount towards incidental expenses as lumpsum payment.

The benefit amount payable will be 10% of C.1 (Critical illness cover) sum insured or Rs. 100,000, whichever is lower.

This benefit is over and above the base Sum Insured.

Survival Period

There is a survival period of 28 days or as mentioned in the Certificate of Insurance/Policy Schedule is applicable for the CI benefit to be paid under Cover C.1. This refers to the period from the diagnosis and fulfilment of the definition of the conditions covered which the life insured must survive before the benefit will be paid.

Reduced survival period options are as below (additional premium will be charged if reduced survival period is opted at the time of proposal):

1. 14 Days, 2. 7 Days, 3. 0 Days

Please note that claim payment will only be made with confirmatory diagnosis of the conditions covered while the insured is alive (i.e., a claim would not be admitted if the diagnosis is made post-mortem).

Specific Exclusions applicable to C.1 (Critical illness cover):

1. Any Critical Illness resulting from a physical condition which existed prior to first risk inception date which was not disclosed,
2. Any claim under for any Insured if the Insured does not survive a period of opted survival period (if survival period is applicable) after the date of occurrence Insured Event.

Specific conditions applicable to C.1 (Critical illness cover):

- Any one section can be opted out of Section I and Section II
- Critical illness (CI) conditions for all the plans (Section I and Section II) are covered only for its first occurrence in lifetime of the policy.
- The Section C.1- Critical Illness Cover (Section III) and C.2 (Personal Accident Cover), if opted for the specific Insured Person, shall terminate in the event of claim in respect of that Insured Person becoming admissible and accepted by Us under Section I or Section II of C.1- Critical Illness Cover.

C-2. PERSONAL ACCIDENT BENEFIT

C.2A Base Cover:

Personal Accident includes the following benefits:

C-2A-1. ACCIDENTAL DEATH

Insured event: For the purposes of this Section and the determination of Our liability under it, Insured Event in relation to any Insured Person, shall mean Injury sustained during the Policy Period which shall within twelve months of its occurrence be the sole and direct cause of Death

C-2A-2. ACCIDENTAL PERMANENT TOTAL DISABILITY (PTD)

Insured event: For the purposes of this Section and the determination of Our liability under it, Insured Event in relation to any Insured Person, shall mean Injury sustained during the Policy Period which shall within twelve months of its occurrence be the sole and direct cause of Permanent Total Disablement, We will pay the percentage of Sum Insured, as specified below:

Permanent Total Disablement	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%

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

C-2A-3. ACCIDENTAL PERMANENT TOTAL DISABILITY (PTD)

Insured event: For the purposes of this Section and the determination of Our liability under it, Insured Event in relation to any Insured Person, shall mean Injury sustained during the Policy Period which shall within twelve months of its occurrence be the sole and direct cause of Permanent Total Disablement, We will pay the percentage of Sum Insured, as specified below:

Accidental Permanent Partial Disablement	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 as a direct consequence thereof permanently disable the Insured person from resuming his normal occupation.

The PA Benefit can be offered in the following combinations under Base Cover:

Option 1 - Accidental Death

Option 2 - Accidental Death + PTD

Option 3 - Accidental Death + PTD + PPD

Option 4 - PTD + PPD

C-2B. DOUBLE INDEMNITY PA COVER (OPTIONAL COVER)

An additional benefit will be payable in case the accident resulting in Death or PTD happens when the insured was a fare paying passenger in any of the listed public carriers like bus, ferry, hovercraft, ship, taxi, train, tram, underground train, commercial helicopter, or aircraft.

The maximum liability will be 2 times of AD/PTD Sum Insured (if C.2B is opted) under Section C.2(Personal Accident Cover).

C-2C. FUNERAL BENEFIT (OPTIONAL COVER)

If the sole and direct reason for death of an Insured is Accidental Death, then We will pay benefit amount of INR 20,000 towards funeral expenses including transporting the mortal remains of the Insured Person from the place of the Accident or the Hospital to his residence.

This benefit is over and above the base Sum Insured.

SPECIAL CONDITIONS APPLICABLE TO C.2 (PERSONAL ACCIDENT COVER)

The Section C.1- Critical Illness Cover and C.2- Personal Accident Cover, if opted for the specific Insured Person, shall terminate in the event of claim in respect of that Insured Person becoming admissible and accepted by Us under Section C.2A.1(Accidental Death) or C.2A.2(Permanent Total Disability).

Except If claim is paid under Section C.2A.3 (Permanent Partial Disablement), the amount payable for the subsequent claims/s under such any section of C.1 (Critical Illness cover) or C.2 (Personal Accident Cover) shall be reduced by the amount/s already paid.

Special Conditions:

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

- Have himself/herself examined by the Panel Doctors appointed (at the sole discretion of Company) by the Company and the Company will pay the costs involved thereof; Any non-compliance to the same may result in rejection of the claims.
- Registered and Qualified Medical practitioner doctors providing treatment or giving expert opinion and any other authority to supply the Company any information that may be required on the condition of the Insured.
- The disablement / death must occur within 12 months of the date of accident.
- The disablement must be confirmed prior to the expiry of a period of 3 months since occurrence of the disablement.

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

Section C.2 can be opted for less than 1 year duration where the duration will be same as the loan tenure.

C-3. INVOLUNTARY LOSS OF JOB

Insured event: For the purposes of this Section and the determination of the Company's liability under it, Insured Event in relation to any Insured Person, 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 any of the following:

- 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 or

- First time diagnosis of any of the covered major critical Illness for which a claim is admissible and payable under Critical Illness benefit, during the policy period, or
- Permanent Total Disability occurring due to an accident during the policy period for which a claim is admissible and payable under Personal Accident (Death or Total and Permanent Disability) benefit.

The benefit payable is equal to equated monthly instalments (EMIs) falling due in respect of the loan insured (loan account number as stated in the Policy Schedule) 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.

The pay-out for Loss of Job benefit is as fixed at the outset and shall not be affected by any midterm change in EMI/interest rates and is independent of any other cover opted under the policy.

Special conditions applicable to C.3 (Involuntary Loss of Job)

- A waiting period of 90 days is applicable at the commencement of the policy.
- A claim shall be admissible under this section if the insured person loses his job within 12 months from the date of first diagnosis of a covered Critical Illness (payable under C.1 Section I/II) or the date of Accident leading to the Permanent Total Disablement (payable under Section C.2A.2) subject to the policy being in force at the time of unemployment
- 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").
- This benefit is available only for salaried employees within India.
- 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 the Insurance Company under this section and the Insurance Company admitting liability to the extent of the maximum benefit payable i.e., 3 EMIs.
- The insured shall intimate the Insurance Company 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. However, if a claim is reported later than that period and if the reason for same is genuine then as per regulatory guidelines, claim will be honored.

C-4. LOSS OF EARNINGS FOR SELF EMPLOYED

Insured event: For the purposes of this Section and the determination of the Company's liability under it, Insured Event in relation to any Insured Person, shall mean loss of Earnings during the policy period due to any of the following:

- First time diagnosis of any of the defined Critical Illness for which a claim would be admissible and payable as per Cover C.1- Critical Illness Cover, or
- Accidental Death/Permanent Total Disability occurring due to an accident during the policy period for which a claim would be admissible and payable under Section C.2 - Personal Accident Cover.

Loss of Earnings benefit amount payable will be equal to maximum of three (3) equated monthly instalments (EMIs) payable corresponding to the loan insured to maximum 10% of Sum Insured payable.

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.

The insured should be self-employed.

This cover is independent of any other cover opted under the policy.

C-5. EDUCATION BENEFIT

Insured event: For the purposes of this Section and the determination of the Company's liability under it, Insured Event in relation to any Insured Person, shall mean

- diagnosis of Critical Illness as per definition mention in Cover C.1 – Critical Illness Cover
- death / PTD of the insured person on account of Accident as mentioned in Cover C.2 – Personal Accident Cover

We will pay towards the child education a lumpsum amount of 10% of Sum Insured subject to maximum INR 500,000 irrespective of number of dependent children.

D. WAITING PERIOD AND EXCLUSIONS

D.1 Standard Exclusions

1. Initial Waiting Period

- A Waiting Period since beginning of cover under the First Policy, specified in the Policy Schedule/ Certificate of Insurance shall apply to any Illness contracted and/or Medical Expenses incurred in respect of any Illness by the Insured Person other than Hospitalization due to Accident.
- This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months
- The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently. If these diseases are Pre-Existing Diseases at the time of the Proposal or subsequently found to be Pre-Existing Diseases, the Pre-Existing Disease Waiting Periods as mentioned in the Policy Schedule/ Certificate of Insurance shall apply in respect of that Insured Person

2. Investigation & Evaluation- Code- Excl04

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

3. Rest Cure, rehabilitation and respite care- Code- Excl05

- 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.

4. Obesity/ Weight Control: Code- Excl06

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

- Surgery to be conducted is upon the advice of the Doctor
- The surgery/Procedure conducted should be supported by clinical protocols
- The member has to be 18 years of age or older and
- 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:

- Obesity-related cardiomyopathy
- Coronary heart disease

5. 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.

6. 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.

7. 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.

8. 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.

9. 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 policyholders are not admissible. However, in case of life-threatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

10. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code- Excl12)

11. 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. (Code- Excl13)

12. 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 (Code- Excl14)

13. Refractive Error: (Code- Excl15)

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

14. Unproven Treatments: (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.

15. Maternity (Code- Excl18)

Medical treatment expenses traceable to child-birth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;

Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy Period.

D.2 Specific Exclusions

16. Any medical treatment outside India.
17. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
18. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:
 - a. any nuclear fuel or from any nuclear waste; or
 - b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);
 - c. nuclear weapons material;
 - d. nuclear equipment or any part of that equipment;
19. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
20. Injury or Disease caused by or contributed to by nuclear weapons/materials.
21. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident.
22. Prostheses, corrective devices, medical appliances, external medical equipment of any kind used at home as post hospitalisation 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.
23. Treatments in health hydro, spas, nature care clinics and the like.
24. Treatment with alternative medicines like Ayurvedic, Homeopathic, acupuncture, acupressure, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.
25. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.
26. Vaccination or inoculation except as post bite treatment for animal bite.
27. Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect.
28. Any fertility, sub fertility or assisted conception operation or sterilization procedure and related treatment.
29. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy

D.3 Exclusions applicable to C.1 (Critical Illness Cover):

1. A waiting period of 90 days is applicable at the commencement of the policy for all the covered Major CI conditions unless a lower waiting period option is opted as mentioned in the Certificate of Insurance/Policy Schedule Other option of reduced initial waiting period is as mentioned below:
 - 60 days
 - 45 days
 - 30 days
2. A waiting period of 180 days is applicable at the commencement of the policy for all the covered Early-Stage CI conditions.
3. Benefit is not payable if insured dies due to incidence of one of the

critical illnesses within the stipulated survival period (if opted).

4. Critical Illness benefit is payable in respect of the first incidence of one of the specified critical illnesses and thereafter the cover terminates immediately.
5. Claims will be payable only if Critical Illness claim occurs while the cover is in force We shall not be liable to make any payment under this Policy towards a covered Critical Illness, caused by, based on, arising out of or howsoever attributable to any of the following:
 - Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;
 - Any Pre-existing Disease or any complication arising therefrom.

Pre-existing Disease means any condition, ailment, injury or disease / critical illness / disability:

o That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement; or

o For which medical advice or treatment was recommended by, or received from, a Physician within 48 months Prior to the effective date of the policy issued by the insurer or its reinstatement

Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

- Any Critical Illness caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,
- Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide
- Any Critical Illness caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations, civil war, public defense, rebellion, revolution, insurrection, usurped power;
- Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- Congenital External Anomalies - any complications or conditions arising therefrom including any developmental conditions of the Insured;
- Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, 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
- Participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- Any Critical Illness caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- Any Critical Illness based on certification/diagnosis/

treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/she is licensed for.

- Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
- Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
- Any Critical Illness caused due to surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the Doctor
 - b. The Surgery / Procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and
 - d. Body Mass Index (BMI):
 - greater than or equal to 40 or
 - greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - ▶ Obesity related cardiomyopathy
 - ▶ Coronary heart disease
 - ▶ Severe Sleep Apnea
 - ▶ Uncontrolled Type 2 Diabetes
- Any Critical Illness caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason.
- Any Critical Illness caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- In the event of the death of the Insured Person within the stipulated survival period as set out above.
- Any Critical Illness caused by sterility and infertility. This includes:
 - o Any type of contraception, sterilization
 - o Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - o Gestational Surrogacy
 - o Reversal of sterilization

D.4 Permanent Exclusions applicable for Personal Accident Benefits:

We shall not be liable to make any payment for any claim 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. 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.
2. Any payment in case of more than one claim under the Policy during any one Policy Period by which our maximum liability in that period would exceed the Sum Insured.
3. Death or disablement caused due to Suicide or attempted Suicide, intentional self-inflicted injury or acts of self-destruction.
4. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
5. Death or disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any public rebellion, revolution, insurrection, usurped power.
6. Congenital external diseases, defects or anomalies or in consequence thereof.
7. Death or disablement caused by or arising from Bacterial / Viral infections (except pyogenic infection which occurs through an Accidental cut or wound)
8. 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.
9. 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.
10. Death or disablement caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
11. Death or disablement resulting caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any death or disablement resulting due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
12. Death or disablement caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
13. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation and is specifically specified in the Policy Schedule.
14. Working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.
15. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or

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

- 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.
- Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

16. Any physical, medical condition or treatment or service that is specifically excluded in the Policy.

D.5 Permanent Exclusions applicable for Loss of Job:

1. 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 willful 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.
2. No benefit shall be payable under this benefit in connection with or in respect of:
 - a. Self-employed persons;
 - b. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
 - c. Any voluntary unemployment;
 - d. Unemployment 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
3. No benefit shall be payable due to any unemployment from a job under which no salary or any remuneration is provided to the insured
4. No benefit shall be payable due to any suspension from employment on account of any pending enquiry being conducted by the employer/Public Authority
5. No benefit shall be payable due to any unemployment due to resignation, retirement whether voluntary or otherwise
6. 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.

E. GENERAL TERMS AND CLAUSES

E.1 STANDARD GENERAL TERMS AND CLAUSES

I. Condition Precedent to the contract

- a. **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 Insured Person.
- b. **Condition Precedent to Admissible of Liability :** The Due observance and fulfilment of the terms and conditions of the Policy, by the Insured Person, shall be a condition precedent to

any liability of the Company to make any payment for claim(s) arising under the Policy.

- c. **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 Sums Insured only on the enhanced limits.
- d. **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.
- e. **Nominee :** The Insured Person 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 Your death. Any change of nomination shall be communicated to the Company 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, the Company will pay the nominee (as named in the Policy Schedule) 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.
- f. **Assignment :** The Benefits under this Policy are assignable subject to applicable Laws.

II. Conditions applicable during the contract

1. **Cancellation:** You may cancel this policy at any time by giving Us written notice in 15-days by recorded delivery. In the event of such cancellation, We shall refund premium for the unexpired Policy Period as detailed below.

I. For Fixed Sum Insured Plans with 1 Year term

Loan Period	1
Policy Period	1
Period of Cancellation	% Return Premium
1 – 3 months	75%
4 – 6 months	50%
6 – 9 months	25%
9 – 12 months	0%

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

Loan Period	2	3	4	5+
Policy Period	2	3	4	5
Return Premium Factors				
Year of Cancellations	% Return Premium			
1	50%	67%	75%	80%
2		33%	50%	60%
3			25%	40%
4				20%

iii. For Reducing Sum Insured Plans with 1 Year term

Loan Period	1
Policy Period	1
Period of Cancellation	% Return Premium
1 – 3 months	57%
4 – 6 months	25%
6 – 9 months	6%
9 – 12 months	0%

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

Policy Term	2	3	4	5	5	5	5
Loan Tenure	2	3	4	5	6	7	8
Year of Cancellation	% Return Premium						
1	26%	46%	58%	66%	71%	73%	75%
2	0%	12%	27%	39%	46%	50%	52%
3	0%	0%	7%	18%	25%	29%	32%
4	0%	0%	0%	5%	10%	13%	14%

Policy Term	5	5	5	5	5	5	5
Loan Tenure	9	10	11	12	13	14	15
Year of Cancellation	% Return Premium						
1	76%	77%	77%	78%	78%	78%	79%
2	54%	55%	56%	57%	57%	58%	58%
3	34%	35%	36%	36%	37%	37%	38%
4	16%	16%	17%	18%	18%	18%	19%

Policy Term	5	5	5	5	5	5	5
Loan Tenure	16	17	18	19	20	21	22
Year of Cancellation	% Return Premium						
1	79%	79%	79%	79%	79%	79%	80%
2	58%	58%	59%	59%	59%	59%	59%
3	38%	38%	39%	39%	39%	39%	39%
4	19%	19%	19%	19%	19%	19%	19%

Policy Term	5	5	5	5	5	5	5	5
Loan Tenure	23	24	25	26	27	28	29	30
Year of Cancellation	% Return Premium							
1	80%	80%	80%	80%	80%	80%	80%	80%
2	59%	59%	59%	60%	60%	60%	60%	60%
3	39%	39%	39%	40%	40%	40%	40%	40%
4	20%	20%	20%	20%	20%	20%	20%	20%

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 You under this Policy.

Cancellation by Us:

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

Free Look Period

- Every Policyholder 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.
- In the event a Policyholder disagrees to any of the Policy terms or conditions, or otherwise and has not made any claim, he shall have the option to return the Policy to the insurer for cancellation, stating the reasons for the same.
- Irrespective of the reasons mentioned, the Policyholder 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.
- 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 (iii) above.

2. Deletion of Insured during the policy period

Mid-term deletion only allowed on account of death of the insured person, pro-rate refund of premium of the deceased insured person for the balance period of the policy will be effective. Provided no claim has been made.

3. Withdrawal of the Product-

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.

E.2 SPECIFIC TERMS AND CLAUSES**I. Condition Precedent to the contract**

- 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 91 days and up to 25 years of age.

*Note - Adult Cover is compulsory for the Child Cover.

- Arbitration clause :** If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independent of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two Arbitrators **who shall act as the presiding arbitrator and Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996 (as amended).**

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

c. Assignment clause

It is hereby declared and agreed that:

- from the Policy Start Date, the monies payable by Us to the Insured Person and all rights, title, benefits and interest of the Insured Person under this Policy stand assigned in favour of the "Bank / Financial Institution as named in the Schedule of

this Policy”;

- upon any monies becoming payable under this Policy the same shall be paid by Us to the “Bank/Financial Institution as named in Schedule of this Policy” without any reference / notice to the Insured, but not exceeding the Principal Outstanding as defined under the Policy. In the event of any monies payable under this Policy exceeding the Principal Outstanding, We shall pay such monies as exceeding the Principal Outstanding to the Insured;
- the receipt of such monies in the manner aforesaid by the Bank/Financial Institution as named in the Schedule of this Policy and the Insured Person shall completely discharge Us from all liability under the Policy and shall be binding on the Insured and the heirs, executors, administrators, successors or legal representatives of the Insured Person, as the case may be. That any adjustment, settlement, compromise or reference to arbitration in connection with any dispute between Us and the Insured Person or any of them arising under or in connection with this Policy if made by the Bank/Financier shall be valid and binding on all parties insured hereunder but not so as to impair rights of the Bank/Financier to recover the full amount of any claim it may have on other parties insured hereunder.
- d. Currency :** The monetary limits applicable to this Policy will be in INR.
- e. Change of Sum Insured :** Sum Insured can be changed (increase / decrease) only at the time of Renewal or at any time, subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh only for the enhance portion of the Sum Insured.
- f. 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.
- g. Notice and Communication:**
 - i. Any notice, direction, instruction, or any other communication related to the Policy should be made in writing.
 - ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
 - iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.
- h. Premium :** The premium payable under this Policy shall be paid in accordance with the schedule of payments in the Policy Schedule agreed between the Policyholder 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.
- i. 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.

- j. 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.
 - k. Terms and conditions of the Policy :** The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.
- II. Conditions applicable during the contract**
- a. Alterations in the Policy :** The Proposal Form, Certificate, and Policy Schedule constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance between the Policyholder 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.
 - b. Revision and Modification of the Policy Product-**
 - i. Any revision or modification will be done with the approval of the Authority. 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.
 - ii. 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.

III. Conditions when a claim arises

On the occurrence of that may give rise to a claim under this Policy, the claim procedures set out below shall be followed.

Procedures	
Claim Intimation	<p>If You meet with any Accidental bodily Injury or suffer an Illness that may result in a claim, then as a Condition Precedent to Our liability, you must comply with the following claim procedures.</p> <p>Call Toll free customer care number 1800 210 3366 / 1800 210 6366</p> <p>e-mail to sbig.health@sbigeneral.in</p> <p>SMS “HEALTHCLAIM” 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"> 1. Policy Number 2. Name of the Insured Person(s) named in the Policy schedule / Certificate of Insurance availing treatment, 3. Nature of disease/illness/injury, 4. Brief details of event 5. Date of first occurrence/hospitalization 6. Beneficiary name, contact & communication address
List of Documents	As listed below

- List of necessary claim documents/information to be submitted for reimbursement are as following:

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

- a. The above list is indicative, and We may call for any additional documents/ information/ subject the Insured Person to additional medical examinations as required to ascertain the admissibility of any Benefit including Optional Covers under the relevant Section of the Policy, based on the circumstances of the claim on a case to case basis.

• Claim documents submission.

All claim related documents need to be sent to below address. Please do mention appropriate claim number on claim documents dispatched.

Accident & Health claims team:

SBI General Insurance Co Ltd

3rd & 4th Floor, Lotus Park, Plot No 18-19,

Road No. 16, Wagle Industrial Estate, Thane – 400604

• Scrutiny and Investigation of Claim

- We shall scrutinize the claim and accompanying documents. Any deficiency of documents shall be intimated to Insured Person and the Network Provider, as the case may be, within 5 days of their receipt.
- If the deficiency in the necessary claim documents is not met or are partially met in 10 working days of the first intimation, We shall remind the Insured Person of the same and every 10 (ten) days thereafter.
- We will send a maximum of 3 (three) reminders following which We will send a closure letter.
- We may at Our sole discretion decide to deduct the amount of claim for which deficiency is intimated to the Insured Person or settle the claim if We observe that such a claim is otherwise valid

under the Policy.

- Verification carried out, if any, will be done by individuals or entities authorized by Us to carry out such verification/ investigation(s) and the costs for such verification/investigation shall be borne by Us. You additionally hereby consent to disclose Us of documentation and information that may held with Your medical professionals and other insurers.
- 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.

F. STANDARD CONDITION FOR CLAIM PROCESS

► Claim Settlement

- The Company shall settle or reject a claim within 30 days from the date of receipt of last necessary document.
- In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Insured Person from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- 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.
- In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Insured Person 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)

► 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 Insured Person who has made that particular claim, who shall be jointly and severally liable for such repayment to Us.

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 Company.

► 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.

► Payment of Claim

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

G. STANDARD CONDITIONS FOR RENEWAL OF THE CONTRACT

Renewal Conditions:

- 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.vi. No loading shall apply on Renewals based on individual Claims experience.

H. GRIEVANCES REDRESSAL PROCEDURE

Stage 1: Bima Bharosa

You can register your grievances with the regulator using the following link: <https://bimabharosa.irdai.gov.in/Home/Home>

Stage 2: Head – Customer Care

Alternatively, if you wish to register your grievances directly with us, you may write to the Head – Customer Care. We aim to respond to all Grievances within 7 days. In our initial acknowledgement of receipt letter, we will provide the name and title of the person that is handling your Grievance. This individual will have the authority necessary to investigate and resolve the Grievance.

Email: head.customercare@sbigeneral.in

Phone: 1800 102 1111

For Senior Citizens:

Senior citizens can reach us through the following dedicated channels:

Email: Seniorcitizengrивences@sbigeneral.in

Toll-Free Number: 1800 102 1111 (Available 24/7)

Stage 3: Grievance Redressal Officer (GRO)

In case, you are still not satisfied with the decision/resolution communicated by the above officer or have not received any response within 5 Business days, you may escalate the matter to the Grievance Redressal Officer (GRO) which will undergo a detailed case investigation, and we aim to resolve the issue within 7 days from the date of receipt of your Grievance at GRO Desk

Email: gro@sbigeneral.in

Phone: 022-45138021

Note:- The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.

Stage 4: Escalation to Insurance Ombudsman

If you feel that the response to your Grievance was unsatisfactory, or if you believe your concerns have not been adequately addressed by the company, you may escalate the matter to the Insurance Ombudsman.

Submit your Grievance online:

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

ANNEXURE I - LIST OF OMBUDSMEN OFFICES

Office Details	Jurisdiction of Office
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	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
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	Karnataka.
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	Madhya Pradesh, Chhattisgarh.
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	Orissa
Mr Atul Jerath Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh
Shri Segar Sampathkumar Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
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	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
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	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

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	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Pondicherry.
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	Rajasthan.
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	Kerala, Lakshadweep, Mahe-a part of of Union Territory of Pondicherry.
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	West Bengal, Sikkim, Andaman & Nicobar Islands.
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	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.

Ms Susmita Mukherjee Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
Shri Bimbardhar Pradhan Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
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	Bihar, Jharkhand.
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	Maharashtra, Area of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).
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.in	

Source:- CIO (cioins.co.in)

ANNEXURE II - PRODUCT BENEFIT TABLE

Section No	Section Name	Section Type	Cover Name	Cover Type	Min SI (Rs)	Max SI (Rs)	SI Basis	Waiting Period	Survival Period	Min Policy Period	Max Policy Period
I	Critical Illness Cover	Optional	a) Major Critical Illness Benefit	Any one plan can be opted	5000	7.5 Crore	Fixed / Reducing	90 days / 60 Days / 45 Days / 30 Days	0 Days OR 7 days OR 14 days OR 28 days (base)	1 yr	5 yrs
			b) Critical Illness (CI) – Sachet	Any one plan can be opted	5000	7.5 Crore	Fixed / Reducing	90 days / 60 Days / 45 Days / 30 Days	0 Days OR 7 days OR 14 days OR 28 days (base)	1 yr	5 yrs
			c) Early-Stage Critical Illness Conditions Cover (Optional Cover)	Optional - 25% of Sum Insured subject to maximum of 5 Lacs	25% of Sum Insured	500000	Fixed	180 days	0 Days OR 7 days OR 14 days OR 28 days (base)	1 yr	5 yrs
			d) Incidental Expenses (Optional Cover) (The Sum Insured is over and above the base)	Optional - Can be opted only if Major CI or Sachet CI is opted	10% of Base SA subject to maximum of INR 100,000	10% of Base SA subject to maximum of INR 100,000	Fixed	90 days / 60 Days / 45 Days / 30 Days	0 Days OR 7 days OR 14 days OR 28 days (base)	1 yr	5 yrs
II	Personal Accident	Optional	a) AD Only	Optional - Any one plan can be opted	5000	10 Crore	Fixed / Reducing	No waiting period	No survival period	3 months	5 yrs
			b) AD + PTD								
			c) AD + PTD + PPD								
			d) PTD+PPD								
			e) Double Indemnity PA cover (Optional cover) (Can be opted only if Personal Accident Section is opted)	Trigger will be AD/PTD with other T&Cs	2x of AD/PTD	20 Crore	(Same as PA Section)	No waiting period	No survival period	3 months	5 yrs
			f) Funeral Benefit (Optional cover) (Can be opted only if Personal Accident Section is opted) (The Sum Insured is over and above the base)	Trigger will be AD	20000	20000	Fixed	No waiting period	No survival period	3 months	5 yrs
III	Involuntary Loss of Job	Optional	(3 EMIs if the trigger is CI/ PA max 3 EMIs if retrenchment /layoff is one of the trigger point) (The Sum Insured is over and above the base)	Can be opted only if Major CI or Sachet CI is opted OR one cover from PA is opted	3EMIs	3EMIs	Fixed	As per prevailing base cover	As per prevailing base cover	As per prevailing base cover	5 yrs
IV	Loss of Earnings for Self Employed	Optional	(3 EMIs if the trigger is CI/PA) (The Sum Insured is over and above the base)	Can be opted only if Major CI or Sachet CI is opted OR one cover from PA is opted	3EMIs	10% of BSI	Fixed	As per prevailing base cover	As per prevailing base cover	Prevailing Base cover	5 yrs
V	Education Benefit	Optional	(Trigger will be CI/ AD/PTD) (The Sum Insured is over and above the base)	Can be opted only if Major CI or Sachet CI is opted OR one cover from PA is opted	10% of BSI	500000	Fixed	As per prevailing base cover	As per prevailing base cover	As per prevailing base cover	5 yrs