

Comprehensive Loan Insurance

PROSPECTUS

Comprehensive Loan Insurance Policy is designed to reduce the financial burden of the borrowers of financial institution and liability of Loan in case of any unfortunate events which can happen during the lifetime of person such as Critical Illness, Personal Accident and Accidental Hospitalization.

A. Period of Insurance

- Minimum Policy tenure: 3 months
- Maximum Policy Tenure: 5 years or up to the loan period (whichever is less)
- In case the scope of cover includes Critical Illness, the minimum tenure of the policy will be 1 year.

B. Age Eligibility

- Minimum Entry Age for adult: 18 Years
- Maximum Entry Age for adult: 65 Years
- There is no exit age applicable to the policy.

C. Scope of Cover

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

Followings are covered as basic cover up to the limit specified in the policy schedule

1. Critical illness cover

a. Section I – Major critical illness benefit

Covers major CI based on six plans varying by number of Major Critical Illness conditions.

b. Section II – Critical Illness (CI) – Sachet

Covers CI based on seven plans and combination of disease specific CI conditions.

c. Section III - Early-Stage Critical Illness Conditions Cover (Optional Cover)

Covers Early Stage CI whose signs or symptoms first commence more than 180 days after the commencement of Period of Insurance.

2. Personal accident benefit

a. Base Cover:

- Accidental Death** – Covers injury sustained which shall within twelve months of its occurrence be the sole and direct cause of Death.
- Accidental Permanent Total Disability (PTD)** – Covers injury sustained which shall within twelve months of its occurrence be the sole and direct cause of Permanent Total Disablement.
- Accidental Permanent Partial Disability (PPD)** – Covers injury sustained which shall within twelve months of its occurrence be the sole and direct cause of Permanent Partial Disablement.
- Double Indemnity PA Cover (optional cover)** – 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. The maximum liability will be 2 times of AD/PTD Sum Insured.
- Funeral Benefit (optional cover)** – Pays benefit amount of INR 20,000 towards funeral expenses including transporting the mortal remains.

3. Involuntary Loss of Job

Covers involuntary termination from employment of the insured or his/her permanent dismissal, temporary suspension or retrenchment or lay off from employment imposed.

4. Loss of Earnings for Self Employed –

Covers loss of Earnings due to listed conditions.

5. Education Benefit –

Benefit payable for diagnosis of Critical Illness or death / PTD. Lumpsum amount of 10% of Sum Insured subject to maximum INR 500,000 irrespective of number of dependent children.

Section 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:

C.1 Section 1 – 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	Pneumectomy					✓	✓
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						✓

C.1 Section 2 – 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 + Others	Cancer + Cardiac + Nervous + Others
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				✓	✓	✓	✓

For Section II Plans, Under Major Organ /Bone Marrow Transplant, 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

C.1 Section 3 – Early-Stage Critical Illness Conditions Cover (Optional Cover)

Set 1* of Early Stage CI:

Sr no	Name of 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 + Others	Cancer + Cardiac+ Nervous + Others
1	Specified Early Stage Cancer	✓		✓		✓		✓
2	Carcinoma in situ	✓		✓		✓		✓
3	Angioplasty		✓	✓	✓	✓	✓	✓
4	Cardiac Arrest requiring permanent Cardiac Pacemaker or ICD insertion		✓	✓	✓	✓	✓	✓
5	Pericardiectomy (irrespective of technique)		✓	✓	✓	✓	✓	✓
6	Carotid Artery Surgery		✓	✓	✓	✓	✓	✓
7	Keyhole Coronary Surgery		✓	✓	✓	✓	✓	✓
8	Surgical removal of an eyeball						✓	✓
9	Small Bowel Transplant						✓	✓

*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.

C.1 Section 4 – 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.

Section C.2 – Personal Accident benefit cover

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)

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

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 Partial Disability (PPD)

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

Loss of index finger - one phalanx	5%
Loss of middle finger or ring finger or little finger – three phalanges	10%
Loss of middle finger or ring finger or little finger – two phalanges	7%
Loss of middle finger or ring finger or little finger – one phalanx	3%

Provided that, such disablement shall 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

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 lump sum amount of 10% of Sum Insured subject to maximum INR 500,000 irrespective of number of dependent children.

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-Excl 11)

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- Excl 12)**11. 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 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 dioptries.

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-Excl 18)

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:

- 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
- 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:
 - Any type of contraception, sterilization
 - Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - Gestational Surrogacy
 - Reversal of sterilization

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

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.

Conditions applicable during the contract

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.

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%

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%

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%

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

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.

- 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 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
Turn Around Time	1. Acceptance of cashless claims by TPA /Company to Hospital and communicate to them – 1 hour

(TAT) for Claim Settlement	2. TPA's offer of settlement to the Company/ Hospital after 3 hours submission of document – 3 hours 3. Settlement of claims (other than cashless) – 15 days
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.

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.

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>

Contact us

For any product or service related information or assistance, here's how you can reach Us.

Contact details for Policy Servicing	Contact details for Claim Servicing
SBI General Insurance Company Limited, Address: 9th Floor, Wing A & B, Fulcrum, Sahar Road, Andheri (East), Mumbai – 400 099. Email: customer.care@sbigeneral.in ; seniorcitizengrивences@sbigeneral.in (for Senior Citizens) Toll Free number: 1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7) Website: www.sbigeneral.in	Accident & Health claims team, SBI General Insurance Company Limited, Address: 9th Floor, Westport, Pan Card Club Road, Baner, Pune, Maharashtra – 411 045. Email: sbig.health@sbigeneral.in Toll Free number: 1800 210 3366, 1800 210 6366 Website: www.sbigeneral.in

Type of Product

The product is available on Individual Sum insured Basis.

Group Size

Minimum Group size should as per the IRDAI guidelines.

Premium Rates

As per Rating Chart attached

Section 41 of the Insurance Act 1938 prohibition of Rebates

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows:

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing (or continuing) a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh rupees.

Disclaimer

For more details on risk factors, terms and conditions, please read the sales brochure before concluding the sale.

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 Year	5 Years
			b) Critical Illness (CI) – Sachet		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 Year	5 Years
			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 Year	5 Years
			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 Year	5 Years
II	Personal Accident	Optional	a) AD Only b) AD + PTD c) AD + PTD + PPD d) PTD + PPD	Optional - Any one plan can be opted	5000	10 Crore	Fixed / Reducing	No waiting period	No survival period	3 months	5 Years
			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 Years
			f) Funeral Benefit (Optional cover) (Can be	Trigger will be AD	20000	20000	Fixed	No waiting period	No survival period	3 months	5 Years

			opted only if Personal Accident Section is opted) (The Sum Insured is over and above the base)								
III	Involuntary Loss of Job only for main applicant	Optional	(3 EMIs if the trigger is CI/PA max 3 EMIs if retrenchment/lay off 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 Years
IV	Loss of Earnings for Self Employed only for main applicant	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 Years
V	Education Benefit only for main applicant	Optional	(Trigger will be CI/AD/PD) (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	Prevailing Base cover	5 Years