

STAR GROUP HEALTH INSURANCE BENEFIT PLUS

Unique Identification No.: SHAHLGP22213V012122

A. PREAMBLE

The declaration and other documents, if any shall be the basis of this Contract and is deemed to be incorporated herein.

B. DEFINITIONS

Standard Definitions

Accident: An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

AYUSH Treatment: AYUSH Treatment refers to the medical and / or Hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

Break in policy means the period of gap that occurs at the end of the existing policy term/instalment premium due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or Grace Period.

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

Congenital Anomaly: Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

- a) **Internal Congenital Anomaly:** Congenital anomaly which is not in the visible and accessible parts of the body
- b) **External Congenital Anomaly:** Congenital anomaly which is in the visible and accessible parts of the body

Critical Illness means

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 –

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

2. **MYOCARDIAL INFARCTION:** The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
- i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - ii. New characteristic electrocardiogram changes
 - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- The following are excluded:
- A. Other acute Coronary Syndromes
 - B. Any type of angina pectoris
 - C. 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 are excluded:
4. **REPAIR / REPLACEMENT OF HEART VALVES:** The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves or Trans catheter aortic valve implantation (TAVI) under anesthesia, as a consequence of defects in, abnormalities of, or disease- affected cardiac valve. The diagnosis of the valve abnormality must be supported by an echocardiography/ a cardiac catheterization and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques apart from TAVI (Trans catheter aortic valve implantation), 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:
- i. no response to external stimuli continuously for at least 96 hours;
 - ii. life support measures are necessary to sustain life; and
 - iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- 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:
- i. Transient ischemic attacks (TIA)
 - ii. Traumatic injury of the brain

- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.
8. **SURGERY FOR 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.
 - Neurological damage due to SLE is 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.
- 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 are excluded
13. **BLINDNESS:** Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
The Blindness is evidenced by:
- corrected visual acuity being 3/60 or less in both eyes or ;
 - the field of vision being less than 10 degrees in both eyes.
- The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.
14. **DEAFNESS:** Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat

(ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90decibels 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 litre measured on 3 occasions 3 months apart; and
 - ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 - iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); 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:
 - i. Permanent jaundice; and
 - ii. Ascites; and
 - iii. Hepatic encephalopathy
 - iv. 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. Spinal cord injury are excluded:
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 Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

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

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. **MAJOR THIRD DEGREE BURNS:** There must be third-degree burns with scarring that cover at least 40% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 40% of the body surface area.

Day Care Centre: A 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-

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

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

- i. Undertaken under General or Local Anesthesia in a *hospital/day care centre* in less than 24 hrs because of technological advancement, and
- ii. which would have otherwise required hospitalization of more than 24 hours

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

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

Emergency Care: 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.

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.

Hospital: A 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 and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act **Or** complies with all minimum criteria as under:

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

Hospitalization: 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.

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

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

(b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics;

1. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

Injury: 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.

Inpatient Care: Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Intensive Care Unit: Intensive care unit means an identified section, ward or wing of a *hospital* which is under the constant supervision of a dedicated *medical practitioner(s)*, and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

ICU Charges: ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

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

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

Medical Practitioner: 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.

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

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

Migration means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for Pre-Existing Diseases and specific waiting periods from one health insurance policy to another with the same Insurer.

Network Provider: Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

New Born Baby: Newborn baby means baby born during the Policy Period and is aged upto 90 days.

Non-Network Provider: Non-Network means any hospital, day care centre or other provider that is not part of the network.

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

OPD treatment: 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.

Pre-Existing Disease: Pre-existing Disease means any condition, ailment, Injury or disease:

- a) That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the Insurer
or
- b) For which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

Qualified Nurse: Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

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

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

Specific waiting period: Specific waiting period means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.

Surgery or Surgical Procedure: Surgery or Surgical Procedure means manual and / or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a *medical practitioner*.

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

Specific Definition

Age Means the completed age of the Insured Person on his / her most recent birthday as per the English calendar, regardless of the actual time of birth.

Applicant means a person who makes a formal application for loan amount

Certificate of Insurance means that portion of the Policy which sets out personal details of Insured Person, the type and plan of insurance cover in force, the Policy duration and sum insured etc any Annexure or Endorsement to it, shall also be a part of the Policy Certificate

Clinic: Clinic means a medical establishment where patients are given medical treatment or advice

Co-applicant means a person who joins in the application of a loan along with Applicant

Commencement Date means the commencement date of the coverage under this Policy as specified in the Policy Certificate

Company means Star Health and Allied Insurance Company Limited

Critical Illness means

1. **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. 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 following conditions are however not covered:

- non-organic diseases such as neurosis and psychiatric illnesses;
- alcohol related brain damage; and
- any other type of irreversible organic disorder/dementia.

2. **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.

3. **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.
Encephalitis caused by HIV infection is excluded.
4. **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.
5. **MUSCULAR DYSTROPHY** A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered Doctor who is a consultant neurologist. The condition must result in the inability of the Life Insured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.
Activities of daily living:
 - i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
 - 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 lying position in a bed to a sitting position in an upright chair or wheel chair 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, food from a plate or bowl to the mouth once food has been prepared and made available.
 - vi. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence
6. **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 following are exclude from this definition
 - 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.
7. **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

8. **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.
9. **INFECTIVE ENDOCARDITIS** Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:
 - I. Positive result of the blood culture proving presence of the infectious organism(s);
 - II. 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
 - III. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Doctor who is a cardiologist.
10. **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.
11. **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.
12. **APALLIC SYNDROME** Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist acceptable to Us and the condition must be documented for at least one month.
13. **APLASTIC ANEMIA** Chronic persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
 - Blood product transfusion;
 - Marrow stimulating agents;
 - Immunosuppressive agents; or
 - Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including

Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:

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

Temporary or reversible Aplastic Anemia is excluded.

14. 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. This diagnosis must be confirmed by:

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

Bacterial Meningitis in the presence of HIV infection is excluded.

15. 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.

16. 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.

17. 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 characterised 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.

18. 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:

- I. Stricture formation causing intestinal obstruction requiring admission to hospital, and
- II. Fistula formation between loops of bowel, and
- III. 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.

19. 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:

- I. Mean pulmonary artery pressure > 40 mm Hg;

- II. Pulmonary vascular resistance > 3mm/L/min (Wood units); and
III. Normal pulmonary wedge pressure < 15 mm Hg.
- 20. HEMIPLEGIA** The total and permanent loss of the use of one side of the body through paralysis caused by illness or injury, except when such injury is self-inflicted.
- 21. HIV DUE TO BLOOD TRANSFUSION AND OCCUPATIONALLY ACQUIRED HIV** Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:
- I. The blood transfusion was medically necessary or given as part of a medical treatment;
 - II. The blood transfusion was received in India after the Policy Date, Date of endorsement or Date of reinstatement, whichever is the later;
 - III. The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and
 - IV. The Life Insured does not suffer from Thalassaemia Major or Haemophilia.
- Infection with the Human Immunodeficiency Virus (HIV) which resulted from an Accident occurring after the Policy Date, date of endorsement or date of reinstatement, whichever is the later whilst the Life Insured was carrying out the normal professional duties of his or her occupation in India, provided that all of the following are proven to the Company's satisfaction:
- I. Proof that the Accident involved a definite source of the HIV infected fluids;
 - II. Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented Accident. This proof must include a negative HIV antibody test conducted within 5 days of the Accident; and
 - III. HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.
- This benefit is only payable when the occupation of the Life Insured is a Registered Doctor, housemen, medical student, registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic in India. This benefit will not apply where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.
- 22. LOSS OF INDEPENDENT EXISTENCE** Inability to perform 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 and leading to a permanent 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. All psychiatric related causes are excluded.
- 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 and maintain an adequate level of cleanliness and personal hygiene;
 - 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 lying position in a bed to a sitting position in an upright chair or wheel chair 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, food from a plate or bowl to the mouth once food has been prepared and made available.

- VI. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence
- 23. LOSS OF ONE LIMB AND ONE EYE** Total, permanent and irrecoverable loss of sight of one eye and loss by severance of one limb at or above the elbow or knee.
The loss of sight of one eye must be clinically confirmed by a Registered Doctor who is an eye specialist, and must not be correctable by aides or surgical procedures.
- 24. 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.
- 25. 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.
- 26. OTHER SERIOUS CORONARY ARTERY DISEASE** Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded).
For purposes of this definition, "major coronary artery" refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).
- 27. 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.
- 28. POLIOMYELITIS** The occurrence of Poliomyelitis where the following conditions are met:
1. Poliovirus is identified as the cause,
 2. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.
- 29. 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.
- 30. 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.
- 31. 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.

32. 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.

33. TUBERCULOSIS MENINGITIS Meningitis caused by tubercle bacilli, resulting in permanent neurological deficit. Such a diagnosis must be confirmed by a Registered Doctor who is a specialist in neurology.

Day means a continuous period of 24 hours.

Diagnosis means Diagnosis by a registered medical practitioner, supported by clinical, radiological, histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to the Company.

EMI or EMI amount means and includes the amount of monthly payment required to repay the principal amount of Loan and 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 that are overdue and unpaid by the Insured 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

Grievous Injury: Grievous Injury means emasculation, permanent privation of the sight of either eye, permanent privation of hearing of either ear, privation of any member or joint, destruction or permanent impairing of the powers of any member or joint, permanent disfiguration of head or face, fracture or dislocation of a bone or tooth.

Group Administrator / Proposer means the person/organization who has signed in the proposal form / declaration form and named in the Policy Schedule. He may or may not be insured under the policy

Hazardous Sport / Hazardous Activities: Hazardous Sport / Hazardous Activities means engaging whether professionally or otherwise in any sport or activity, which is potentially dangerous to the Insured Person (whether trained, or not). Such Sport/Activity including but not limited to Winter sports, Ice hockey, Skiing, Skydiving, Parachuting, Ballooning, Scuba Diving, Bungee Jumping, Mountain Climbing, Riding or Driving in Races or Rallies, caving or pot holing, hunting or equestrian activities, diving or under-water activity, rafting or canoeing involving rapid waters, yachting or boating outside coastal waters, jockeys, horseback, Polo, Circus personnel, army/navy/air force personnel and policemen whilst on duty, persons working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high-tension supply, nuclear installations, handling hazardous chemicals.

Insured Person/Beneficiary means the name/s of persons shown in the schedule of the policy.

Major Surgery means list of surgery as stated in the policy schedule

Nuclear, Chemical Or Biological Attack shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting

alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear. "Chemical" agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property. "Biological" agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

Permanent Partial Disablement: Permanent Partial Disablement means Medical Practitioner certified total loss or loss of use of specific body part as detailed under "Permanent Partial Disablement - Benefit 3" following accidental injury to the insured person

Permanent Total Disablement: Permanent Total Disablement means the insured person, following accidental injuries is unable to engage in each and every occupation or employment for compensation or profit for which he is reasonably qualified by education, training or experience for the rest of his life. If at the time of loss the insured person is unemployed, Permanent Total Disablement shall mean the total and permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication

Policy: Policy means the Policy Wordings, the Policy Schedule and any other endorsements if any. No change in this Policy shall be valid until approved by Our authorized officer and such approval is endorsed hereon

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

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

Proposal Form / Declaration Form: Proposal Form / Declaration Form means any initial or subsequent declaration made by Policy Holder / Insured

Risk Group : Risk Group I- Persons engaged primarily in administrative functions Risk Group II - Persons engaged in manual work other than what is specifically provided for under Group III Risk Group III – Persons working in explosives industry, mine and /or Magazine workers, high tension electric supply, horse racing including jockeys, athletes and occupations of similar hazard.

Standard type aircraft/Sea Craft: Standard type aircraft/Sea Craft means an aircraft/sea-craft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline.

Sum Insured means the amount shown in the Policy Certificate, which shall be the Company's maximum liability for each Insured Person for any and all claims made for any or all Critical Illnesses covered under this policy during the policy period.

Temporary Total Disablement: Temporary Total Disablement means the Insured Person is totally disabled from engaging in any occupation or business for a temporary period following a Grievous injury arising solely and directly from an accident

Important : It is mandatory that the insured should choose at-least one of the following benefits:-

- 1. Accidental Death – Benefit 1**
- 2. Permanent Total Disablement - Benefit 2**

C. COVERAGE

In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein the Company agrees as under.

Plan A – Critical Illness

Critical Illness: If during the period stated in the Schedule the insured person shall contract the below mentioned **Critical Illness** as a first incidence, then Company will pay the sum insured stated in the Schedule as lump-sum.

S.No	Group 1
	3 Critical Illnesses
1	Cancer of Specified Severity
2	Myocardial Infarction
3	Kidney Failure Requiring Regular Dialysis
S No	Group 2
	6 Critical Illnesses
1	Cancer of Specified Severity
2	Myocardial Infarction
3	Kidney Failure Requiring Regular Dialysis
4	Open Chest CABG
5	Permanent Paralysis of Limbs
6	Stroke Resulting in Permanent Symptoms
S No	Group 3
	9 Critical Illnesses
1	Cancer of Specified Severity
2	Myocardial Infarction
3	Kidney Failure Requiring Regular Dialysis
4	Open Chest CABG
5	Permanent Paralysis of Limbs
6	Stroke Resulting in Permanent Symptoms
7	Surgery for Major Organ /Bone Marrow Transplant
8	Benign Brain Tumor
9	Blindness
S No	Group 4
	15 Critical Illnesses
1	Cancer of Specified Severity
2	Myocardial Infarction
3	Kidney Failure Requiring Regular Dialysis
4	Open Chest CABG
5	Permanent Paralysis of Limbs
6	Stroke Resulting in Permanent Symptoms
7	Surgery for Major Organ /Bone Marrow Transplant
8	Benign Brain Tumor
9	Blindness
10	Deafness
11	HIV Due to Blood Transfusion and Occupationally Acquired HIV
12	End Stage Lung Failure
13	End Stage Liver Failure
14	Major Third degree Burns
15	Coma of Specified Severity

S No	Group 5	
	21 Critical Illnesses	
1	Cancer of Specified Severity	
2	Myocardial Infarction	
3	Kidney Failure Requiring Regular Dialysis	
4	Open Chest CABG	
5	Permanent Paralysis of Limbs	
6	Stroke Resulting in Permanent Symptoms	
7	Surgery for Major Organ /Bone Marrow Transplant	
8	Benign Brain Tumor	
9	Blindness	
10	Deafness	
11	HIV Due to Blood Transfusion and Occupationally Acquired HIV	
12	End Stage Lung Failure	
13	End Stage Liver Failure	
14	Major Third degree Burns	
15	Coma of Specified Severity	
16	Repair /Replacement of Heart Valves	
17	Motor Neuron Disease with Permanent Symptoms	
18	Multiple Sclerosis with Persisting Symptoms	
19	Aorta Graft Surgery	
20	Severe Rheumatoid Arthritis	
21	Alzheimer's Disease	
S No	Group 6	
	32 Critical Illnesses	
1	Cancer of Specified Severity	
2	Myocardial Infarction	
3	Kidney Failure Requiring Regular Dialysis	
4	Open Chest CABG	
5	Permanent Paralysis of Limbs	
6	Stroke Resulting in Permanent Symptoms	
7	Surgery for Major Organ /Bone Marrow Transplant	
8	Benign Brain Tumor	
9	Blindness	
10	Deafness	
11	HIV Due to Blood Transfusion and Occupationally Acquired HIV	
12	End Stage Lung Failure	
13	End Stage Liver Failure	
14	Major Third degree Burns	
15	Coma of Specified Severity	
16	Repair /Replacement of Heart Valves	
17	Motor Neuron Disease with Permanent Symptoms	
18	Multiple Sclerosis with Persisting Symptoms	
19	Aorta Graft Surgery	
20	Severe Rheumatoid Arthritis	
21	Alzheimer's Disease	

22	Primary (Idiopathic) Pulmonary Hypertension
23	Loss of Limbs
24	Terminal illness
25	Tuberculosis Meningitis
26	Apallic Syndrome
27	Brain Surgery
28	Major Head Trauma
29	Crohn's Disease
30	Infective Endocarditis
31	Creutzfeldt-Jacob Disease (CJD)
32	Medullary Cystic Disease
S No	Group 7
	54 Critical Illnesses
1	Cancer of Specified Severity
2	Myocardial Infarction
3	Kidney Failure Requiring Regular Dialysis
4	Open Chest CABG
5	Permanent Paralysis of Limbs
6	Stroke Resulting in Permanent Symptoms
7	Surgery for Major Organ /Bone Marrow Transplant
8	Benign Brain Tumor
9	Blindness
10	Deafness
11	HIV Due to Blood Transfusion and Occupationally Acquired HIV
12	End Stage Lung Failure
13	End Stage Liver Failure
14	Major Third degree Burns
15	Coma of Specified Severity
16	Repair /Replacement of Heart Valves
17	Motor Neuron Disease with Permanent Symptoms
18	Multiple Sclerosis with Persisting Symptoms
19	Aorta Graft Surgery
20	Severe Rheumatoid Arthritis
21	Alzheimer's Disease
22	Primary (Idiopathic) Pulmonary Hypertension
23	Loss of Limbs
24	Terminal illness
25	Tuberculosis Meningitis
26	Apallic Syndrome
27	Brain Surgery
28	Major Head Trauma
29	Crohn's Disease
30	Infective Endocarditis
31	Creutzfeldt-Jacob Disease (CJD)
32	Medullary Cystic Disease
33	Loss of Speech

34	Encephalitis
35	Fulminant Hepatitis
36	Muscular Dystrophy
37	Systemic Lupus Erythematosus with Lupus Nephritis
38	Dissecting Aortic Aneurysm
39	Severe Ulcerative Colitis
40	Amputation of Feet due to Complications from Diabetes
41	Aplastic Anemia
42	Bacterial Meningitis
43	Chronic Adrenal Insufficiency (Addison's Disease)
44	Chronic Relapsing Pancreatitis
45	Eisenmenger's Syndrome
46	Hemiplegia
47	Loss of Independent Existence
48	Loss of One Limb and One Eye
49	Myelofibrosis
50	Other Serious Coronary Artery Disease
51	Pheochromocytoma
52	Poliomyelitis
53	Progressive Scleroderma
54	Progressive Supranuclear Palsy

Provided however that, the Insured Person subjects himself/herself to examination by the panel doctor of the Company and the incidence of such Critical Illness is confirmed by the panel doctor and must be supported by treating doctor's certificate regarding duration and etiology of the Critical Illness, clinical radiological histological, pathological, histo-pathological and laboratory evidence acceptable to the Company;

Waiting Period :

An initial waiting period of 30 days is applicable from the date of commencement of the Certificate of Insurance. The waiting period is not applicable for accidental claims.

Important Note:

1. Insurance under this policy shall cease upon payment of lump-sum on occurrence of any Critical Illness and no further payment will be made for any consequent / subsequent / dependent illness.
2. Only one lump sum payment shall be provided regardless of the number of Critical Illness suffered by the Insured Person.
3. **30 days Waiting Period Waiver:** This benefit provides for waiver of Waiting Period of the policy and the coverage under the policy will commence from day one of the policy period without any waiting period.
4. The Customer has an option to choose sets of above critical illness viz., 3, 6, 9, 15, 21, 32 & 54 as stated in the policy schedule
5. In case of Joint Application i.e., Applicant and Co-Applicant, 50% of Sum Insured is payable for each Applicant.

Plan B – Hospital Cash

I. Mandatory Cover:

Important: It is mandatory that the insured should choose at-least one of the following covers:-

Section 1: Sickness Hospital Cash:

If during the period stated in the Schedule, the insured person shall contract any disease or suffer from any illness/diseases and if such illness/diseases shall, upon the advice of a duly Qualified **Medical**

Practitioner, require admission of the **Insured person/ Beneficiary** as an in-patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay, Hospital Cash Amount stated in the schedule for every 24 hours of hospitalisation subject to maximum number of days stated in the Schedule.

Section 2: Accident Hospital Cash:

If during the period stated in the Schedule, the insured person shall sustain bodily injury due to **Accident** and if such accident shall, upon the advice of a duly Qualified **Medical Practitioner**, require admission of the **Insured person/Beneficiary** as an in-patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay, Hospital Cash Amount stated in the schedule for every 24 hours of hospitalisation subject to maximum number of days stated in the Schedule.

II. Optional Covers: (Available on payment of additional premium and only if specifically opted and shown in the Schedule / Certificate of insurance)

1) **Day Care Procedure Benefit:** If during the period stated in the Schedule, the insured person/beneficiary undergoes a day care procedure, the Company will pay the Hospital Cash Amount stated in the schedule.

This benefit is available only for 5 times in a policy year.

2) **ICU Hospital Cash due to Sickness: (Applicable if Section 1 is opted)**

If during the period stated in the Schedule, the insured person shall contract any disease or suffer from any illness/diseases and if such illness/diseases shall, upon the advice of a duly Qualified **Medical Practitioner**, require admission in ICU for the purpose of treatment of Disease/illness, then the Company will pay 200% of the Section 1 limit, ICU Hospital Cash due to Sickness stated in the Schedule for every 24 hours of treatment in ICU, provided there is an admissible claim under Section 1.

Hospital Cash amount under section 1 cover will not be payable for the period the insured person was in ICU.

Illustration :

Ward Hospital cash sickness is mandatory cover and

ICU hospital cash due to sickness is an optional cover

Scenario 1 :

Customer has not opted for optional cover

Customer gets admitted in hospital for 5 days due to sickness/illness (3 days in ward and 2 days in ICU)

Coverage is Rs.500/- per day for ward hospital cash

The company will pay Rs.500/- x 5 = Rs.2,500/-

Scenario 2 : Customer has opted for Optional cover

Customer gets admitted in hospital for 5 days due to sickness/illness (3 days in ward and 2 days in ICU)

Coverage is Rs.500/- per day for ward hospital cash and Rs.1000/- per day for ICU hospital cash

The Company will pay as follows :

Ward Hospital Cash Rs.500/- x 3 = Rs.1,500/-

ICU Hospital Cash Rs.1000/- x 2 = Rs.2,000/-

Total Claim payable = Rs.3,500/-

3) **ICU Hospital cash due to Accident : (Applicable if Section 2 is opted)** If during the period stated in the Schedule, the insured person shall sustain bodily injury due to **Accident** and if such accident shall, upon the advice of a duly Qualified **Medical Practitioner**, require admission in ICU for the purpose of treatment of Accident/injury, then the Company will pay 200% of the Section 2 limit, ICU Hospital Cash due to Accident stated in the Schedule for every 24 hours of treatment in ICU, provided there is an admissible claim under Section 2.

Hospital Cash amount under Section 2 will not be payable for the period the insured person was in ICU.

Illustration :

Ward Hospital cash accident is mandatory cover and
ICU hospital cash due to accident is an optional cover

Scenario 1 :

Customer has not opted for optional cover

Customer gets admitted in hospital for 5 days due to Accident/Injury (3 days in ward and 2 days in ICU)

Coverage is Rs.500/- per day for ward hospital cash

We will pay Rs.500/- x 5 = Rs2,500/-

Scenario 2 : Customer has opted for Optional cover

Customer gets admitted in hospital for 5 days due to Accident/Injury (3 days in ward and 2 days in ICU)

Coverage is Rs.500/- per day for ward hospital cash and Rs.1000/- per day for ICU hospital cash

We will pay as follows :

Ward Hospital Cash Rs.500/- x 3 = Rs.1,500/-

ICU Hospital Cash Rs.1000/- x 2 = Rs.2,000/-

Total Claim payable = Rs.3,500/-

- 4) **Convalescence Benefit:** If during the period stated in the Schedule the insured person/beneficiary shall contract any disease or suffer from any illness or sustain bodily injury through accident and if such disease / injury or accident shall, upon the advice of a duly Qualified **Medical Practitioner**, require admission of the Insured Person/beneficiary as an In-patient in any **Hospital** in India for the purpose of medical /surgical treatment for more than consecutive days as stated in the schedule, then the Company will pay a lump sum amount equal to one day limit as mentioned in the Policy Schedule in addition to the admissible claim payable under Section 1 or Section 2.

The options available are:

- Lump Sum benefit paid on completion of 5 whole days of stay at the hospital.
 - Lump Sum benefit paid on completion of 7 whole days of stay at the hospital.
 - Lump Sum benefit paid on completion of 10 whole days of stay at the hospital.
- 5) **Child Birth Benefit:** If during the period stated in the Schedule the insured person/beneficiary shall, upon the advice of a duly Qualified **Medical Practitioner**, require admission of the Insured Person/beneficiary as an In-patient in any **Hospital** in India for the purpose of Child Delivery, then the Company will pay Hospital Cash Amount stated in the schedule subject to maximum number of days stated in the schedule.

Special Condition:

- Where a claim under this benefit (5) is admissible, claim under Section 1 and/or Section 2 will not be payable
 - The coverage under this benefit is subject to a waiting period of 9 months from the first commencement of this Policy. However this waiting period can be waived on payment of additional premium.
 - Only female insured persons/beneficiary are eligible for this benefit
- 6) **Worldwide Hospital Cash:** If during the period stated in the Schedule, the insured person/beneficiary shall contract any disease or suffer from any **illness** or sustain bodily injury through accident and if such disease / illness / injury or accident shall, upon the advice of a duly Qualified **Medical Practitioner**, require admission of the insured Person/beneficiary as an In-patient in any **Hospital** outside India for the purpose of medical /surgical treatment, then the Company will pay **Hospital Cash Amount** mentioned in the schedule for every 24 hours of hospitalization subject to maximum number of days stated in the Schedule.

7) **Joint Hospitalisation:** If during the period stated in the Schedule, if the two or more insured person / beneficiary of the same **family** are jointly hospitalised as an inpatient, then the Company will pay Joint hospitalisation Amount as stated in the schedule, provided there is an admissible claim under Section 1 or Section 2.

- This benefit is available once during the policy period.
- This benefit is applicable on an individual basis

Scenario 1 : Customer has opted for Optional cover of ICU and Joint Hospitalisation cover, Applicant and Co-applicant gets admitted in hospital for 5 days (3 days in ward and 2 days in ICU) and 4 days (2 days in ward and 2 days in ICU) respectively.

Coverage is Rs.500/- per day for ward hospital cash, Rs.1000/- per day for ICU hospital cash and Rs.500/- per day for Joint Hospitalisation

The Company will pay as follows :

Applicant Ward Hospital Cash	Rs.500/-	x	3	=	Rs.1,500/-
Co-Applicant Ward Hospital Cash	Rs.500/-	x	2	=	Rs.1,000/-
Applicant ICU Hospital Cash	Rs.1000/-	x	2	=	Rs.2,000/-
Co-Applicant ICU Hospital Cash	Rs.1000/-	x	2	=	Rs.2,000/-
Joint (Applicant and Co-Applicant) Hospitalisation Cash	Rs.500/-	x	4	=	Rs.2,000/-
Total Claim payable					= Rs.8,500/-

8) **Surgery Benefit:** If during the period stated in the schedule, the Insured person/beneficiary undergoes Major surgery as per the list given below, then the Company will pay a surgery benefit amount as stated in the Schedule, provided there is an admissible claim under Section 1 or Section 2

- Hernia
- Hysterectomy
- Cardiac Surgeries
- Brain Tumour Surgeries
- Pace Maker implantation for sick sinus syndrome
- Cancer Surgeries
- Hip, Knee, Joint Replacement Surgery
- Organ Transplant.

- This benefit is available once per policy year for each person.
- This benefit is applicable on individual basis
- The payment under this benefit is in addition to the section 1 and/or section 2 benefits specified.

9) **30 days Waiting Period Waiver:** Waiting Period S. No. 3 Stands waived off.

10) **First 24 months Waiting Period Waiver:** Waiting Period S. No. 2 Stands waived off (or) waiting period shall be reduced from 24 month to 12 months as stated in the policy schedule.

11) **Pre-existing Disease Waiting Period Waiver:** Waiting Period S. No. 1 Stands waived off (or) waiting period shall be reduced from 36 month to 24 months (or) 12 months as stated in the policy schedule.

Plane C – Equal Monthly Instalment (EMI) Protect

If during the period stated in the Schedule, the insured person shall contract any disease or suffer from any illness/diseases/injury and if such illness/diseases/injury shall, upon the advice of a duly Qualified **Medical Practitioner**, require admission of the **Insured person/ Beneficiary** as an in-patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay the number of EMIs/EMI amount as specified in the Policy Schedule/ Certificate of Insurance for every completed continuous hospitalization period of 24 hours,

Hospitalisation in days	Number of EMIs will be protected
3-5 days	1

6-8 days	2
9-11 days	3
12-14 days	4
15 days and above	5

Note:

- Irrespective of number of days of hospitalization, the maximum number of EMI's that will be protected shall not exceed 5 in a policy year.

Plan D – Personal Accident

Geographical Scope: The insurance cover applies Worldwide unless otherwise stated

Important : It is mandatory that the insured should choose at-least one of the following benefit:-

Accidental Death - Benefit 1

The Company will pay as hereinafter mentioned:

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident, and such accident causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as provided in "Benefit 1" under "Schedule of Benefits"

Permanent Total Disablement - Benefit 2

If following an Accident which caused permanent total impairment of the Insured's physical capabilities, then the Company will pay the benefits as provided in "Benefit 2" under "Schedule of Benefits" depending upon the degree of disablement provided that:

- The disablement occurs within 12 Calendar months from the date of the Accident.
- The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Provided always that the policy will not pay under more than one of the Benefits stated under "Schedule of Benefits" in respect of the same Accident.

OPTIONAL COVERS (Available only if specifically opted and shown in the policy schedule)

- Permanent Partial Disablement (Benefit 3):** If following an Accident which caused permanent partial impairment of the Insured's physical capabilities, then the Company will pay the benefits as provided in "Benefit 3" under "Schedule of Benefits", depending upon the degree of disablement provided that:
 - The disablement occurs within 12 Calendar months from the date of the Accident.
 - The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Provided always that the policy will not pay under more than one of the Benefits stated under "Schedule of Benefits" in respect of the same Accident In case of multiple disability from the same accident, the policy will pay the highest of the compensation.

- Temporary Total Disablement (Weekly Compensation) (Benefit 4):** If at any time during the period of insurance the insured person/s shall sustain Grievous injury arising solely and directly from an accident and resulting in admission in a Hospital / Nursing Home as an in-patient, then the insured person will be paid a sum calculated at 1% of the sum insured under Benefit 4 per completed week but not exceeding the amount stated in the schedule per completed week, in all, under all Personal Accident policies, if such injury be the sole and direct cause of Temporary Total Disablement.
This benefit is subject to a maximum period of 100 weeks or the number of weeks stated in the schedule whichever is less from the date of such Temporary Total Disablement.
In no case shall the compensation exceed the sum insured for this benefit.
The payment shall be made only after the termination of such disablement.

Special Conditions (applicable for Benefit 1, Benefit 2, Benefit 3 and Benefit 4)

- If the Accident affects any physical function, which was already impaired prior to the accident, a deduction as per "Table – B1" will be made in respect of this prior disablement.

2. If the accident impairs a number of physical functions, the degree of disablement given in the Schedule of Benefits will be added together, but liability in any case shall not exceed 100% of the Sum Insured.
3. Where a claim for 100% of the Sum Insured is admitted / admissible the coverage under the policy ceases for such relevant person.
4. Where a claim for less than 100% of the Sum Insured is admitted / admissible, the coverage under the policy will continue until expiry for the balance sum insured and Company would exclude such disability on renewal in respect of such relevant person if the group policy is renewed
5. In the event of Permanent Disablement, the Insured Person will be under obligation:
 - a) To have himself/herself examined by doctors appointed by the Company/ and the Company will pay the costs involved thereof.
 - b) To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligations are not met with due to whatsoever reason, the Company may be relieved of its liability to pay. Provided however the insured shall be deemed to have discharged his duties/obligations if he authorizes / gives consent to the treating doctor/s or the experts who gave opinion. Any subsequent failure on the part of the treating doctor/experts who gave opinion / hospital will not be held up against the insured.

Exclusions (applicable to all Benefits)

- (a) Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the Sum Insured.
- (b) Any other claim after a claim has been admitted by the Company and becomes payable for Death or 100% Permanent Total Disablement.
- (c) Any claim arising out of pregnancy or childbirth, infirmity, whether directly or indirectly

3. Ambulance Charges / Transportation Expenses Of Mortal Remains

Following an admissible claim under the policy due to an Accident outside the place of the insured's residence, the Company shall pay up to limits mentioned in the schedule during the policy period Either

- a) Towards ambulance charges for emergency treatment to go to the hospital in case of injury
Or
in case of Death
- b) Towards transportation of the mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the insured,

This lump sum amount is payable in addition to the sum insured

4. **Travel Expenses For One Relative:** Following an admissible claim under the policy towards Death of the Insured Person due to an Accident, outside the place of his/her residence, the Company will pay up to the limits mentioned in the schedule for the transport expenses to one relative of the Insured Person. This amount is payable in addition to the sum insured
5. **Purchase of Blood:** The Company will pay up to the limits mentioned in the schedule towards the expenses incurred in purchasing blood through a Hospital or Government approved blood bank for the purpose of the Insured Person's medical or surgical treatment provided there is an admissible claim under this policy. This amount is payable in addition to the sum insured
6. **Transportation of Imported Medicines:** The Company will pay up to the limits mentioned in the schedule towards the expenses incurred on freight charges for importing medicines to India, provided that:
 - a. There is an admissible claim under the policy.
 - b. The medicines, formulations or alternatives of the imported medicines are not available in India, and

- c. The medicines are necessary for the medical/surgical treatment of the Insured person in a Hospital following the Accident.
 - d. The medicines which are imported should be permissible under Government Regulation
 - e. The medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy.
 - f. Prescription of the treating doctor with confirmation that the medicine is not available in India
This amount is payable in addition to the sum insured
7. **Medical Expenses following an Admissible Personal Accident Claim:** This insurance is extended to pay any necessary and reasonable medical expenses incurred and expended by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy.
Sufficient proof for the treatment taken to be submitted to the Company
This amount is payable in addition to the sum insured
The benefits under this extension is optional and is effective only if
1. There is an admissible claim under Accidental Death - Benefit 1 / Permanent Total Disablement - Benefit 2 / Permanent Partial Disablement - Benefit 3 / Temporary Total Disablement (Weekly Compensation) - Benefit 4
 2. Medical expenses incurred / expended during the policy tenure and are payable only if the policy is in force.
 3. Treatment availed is not an unproven / Experimental Treatment
 4. Treatment is taken in a clinic / nursing home or hospital (except for physiotherapy done at home)
8. **Medical Expenses Irrespective of an Admissible Personal Accident Claim:** This insurance is extended to pay any necessary and reasonable medical expenses incurred and expended by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company
This amount is payable in addition to the sum insured
The benefits under this extension is optional and is effective only if
1. Medical expenses incurred / expended during the policy tenure and are payable only if the policy is in force.
 2. Treatment availed is not an unproven / Experimental Treatment
 3. Treatment is taken in a clinic / nursing home or hospital (except for physiotherapy done at home).
9. **Home Convalescence:** Following an admissible claim for Permanent Total Disability / Permanent Partial disability under the policy, the Company will pay the cost of engaging one attendant at residence immediately after discharge from the hospital provided the same is recommended by the attending physician. Such expenses are payable up-to the limits mentioned in schedule. No payment will be made for the first day.
This benefit is payable in addition to the sum insured
10. **Hospital Cash Benefit:** Following an admissible claim under the policy the Company will pay up to the limits mentioned in the schedule for each completed day of hospitalization. This benefit is subject to a time excess of 24 hours.
No claim under this head shall lie with the Company where the admission is for physiotherapy and/or any epidemic.
This benefit is payable in addition to the sum insured
11. **Vehicle and/or Residence Modification:** The Company will pay upto 10% of the sum insured subject to the limits mentioned in the schedule towards the expenses incurred to modify the Insured Person's

residential accommodation or vehicle as long as the modification have been carried out in India and certified by a Doctor to be necessary and directly required as a result of the Accident for which there is an admissible claim under Permanent Total Disablement - Benefit 2 under this certificate of insurance
This amount is payable in addition to the sum insured

12. **External Support to the Insured Person:** This insurance is extended to pay for the cost of crutches / walkers / artificial limbs / wheel chair incurred by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof of accident with respective bills, invoices, payment receipts and such other documents should be submitted to the Company.
The benefits under this extension is optional and is effective only if there is an admissible claim under the policy for Permanent Total Disablement - Benefit 2
13. **Funeral Expenses:** Following an admissible claim towards death of the insured person due to an accident, the Company shall pay up to the limits mentioned in the schedule towards funeral expenses of the insured person. Sufficient bills, invoices, payment receipts and such other documents should be submitted to the Company
14. **Educational Benefit in Case of Accidental Death / Permanent Total Disability of the Insured Person:** Following an admissible claim under the policy towards Accidental Death - Benefit 1 / Permanent Total Disablement - Benefit 2 of the insured person, the Company will pay Educational Benefit for a maximum of two dependent children of the Insured, as mentioned below:
 - If the Insured Person has dependent child/children below the age of 23 years, an amount as stated in the schedule is payable.
15. **Out Patient Medical Expenses Due to Grievous Injury:** This insurance is extended to pay necessary and reasonable Out Patient Medical Expenses incurred and expended by the Insured Person arising solely and directly as a result of accident resulting in Grievous Injury up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company.
This amount is payable in addition to the sum insured
Note: Medical expenses incurred / expended are during the policy tenure and are payable only if the policy is in force.

D. WAITING PERIOD

The Company shall not be liable under this policy if the hospitalization is for,

1. **Pre-Existing Diseases (Applicable for Plan B and Plan C):** Pre Existing Diseases as defined in the policy until 36 consecutive months of continuous coverage have elapsed under this Policy since inception of the first policy with the Company.
Note: In the event of this Insurance Policy not being renewed or when the Individual member of the group leaves the group, such individual member has the option to migrate to retail hospital cash insurance policy offered by the Company. In such an event the continuity of benefits with respect to waiting periods 1, 2, and 3 will be given in the individual health insurance policy according to the number of years covered continuously under this Policy.
In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
2. **Specified disease/procedure waiting period – (Applicable for Plan B and Plan C) :** The following specified ailments / illness / diseases for 24 consecutive months from the inception date under the policy.

- i. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast.
- ii. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
- iii. All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident].
- iv. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident),
- v. All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genitourinary tract calculi.
- vi. All types of Hernia,
- vii. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,
- viii. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
- ix. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
- x. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,
- xi. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
- xii. Varicose veins and Varicose ulcers
- xiii. All types of transplant and related surgeries (Other than bone marrow transplant for acute hematological malignancies and acute medical emergencies when indicated)
- xiv. Congenital Internal disease / defects / anomalies

Note: If these are pre-existing at the time of proposal, they will be covered subject to exclusion number 3 mentioned below

In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

3. **30-day waiting period –: (Applicable for Plan B and Plan C)**
 - A. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered
 - B. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months
 - C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently

E. EXCLUSIONS

Plan A: Critical Illness

The Company 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:

1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy.
2. Pre-existing Disease means any condition, ailment, injury or disease / critical illness / disability:
 - a. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement; or

- b. For which medical advice or treatment was recommended by, or received from, a Physician within 36 months Prior to the effective date of the policy issued by the insurer or its reinstatement.

In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

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

3. Any Critical Illness caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
4. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner.
5. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide, whether the person is medically sane or insane.
6. Any Critical Illness, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
7. 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.
8. Congenital External Anomalies, inherited disorders or any complications or conditions arising there from including any developmental conditions of the Insured.
9. 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 and selfie accident.
10. 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.
11. 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 due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
12. 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.
13. 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.
14. Any Critical Illness, caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
15. 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.
16. 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 comorbidities following failure of less invasive methods of weight loss:
 - i. Obesity related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type 2 Diabetes despite optimal therapy
17. 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.
18. 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.
19. In the event of the death of the Insured Person within the stipulated survival period as set out above.
20. Any Critical Illness, caused by sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization

Plan B: Hospital Cash and Plan C: Equal Monthly Instalment (EMI) Protect

The Company shall not be liable for this policy if the hospitalization is for

1. Circumcision (unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident), Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA -Code- Excl 19
2. Congenital External Condition / Defects / Anomalies - Code- Excl 20
3. Convalescence, general debility, run-down condition, Nutritional deficiency states - Code- Excl 21
4. Intentional self -injury-Code- Excl 22
5. Injury/disease caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) -Code- Excl 24
6. Injury or disease caused by or contributed to by nuclear weapons/ materials -Code- Excl 25
7. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under this exclusion -Code- Excl 26.
8. Unconventional, Untested, Experimental therapies-Code- Excl 27
9. Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy -Code- Excl 28
10. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) -Code- Excl 31
11. Any hospitalization which are not medically necessary / does not warrant hospitalization - Code-Excl 36

Plan D – Personal Accident

GENERAL EXCLUSIONS (APPLICABLE TO ALL BENEFITS AND OPTIONAL COVERS OF THIS POLICY):

The Company shall not be liable to make any payments in respect of:

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Any claim in respect of Pre-existing conditions.
Note: "Where the Proximate cause is accident, then the benefit will become payable as per policy"
3. Any claim if the insured acts against the advice of a physician.
4. Any claim arising out of Accidents that the Insured Person has caused a. intentionally or by committing
 - a. crime
or
 - b. as a result of drunkenness or addiction (drugs, alcohol).
or
 - c. self-endangerment unless in self-defense or to save human life.
5. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on a Standard type aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
6. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detainments of all kings princes and people of whatever nation, condition or quality whatsoever.
7. Participation of the Insured Person in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
8. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
 - b) Nuclear weapons material
 - c) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - d) Nuclear, Chemical, biological terrorism
9. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
10. Participation in Hazardous Sport / Hazardous Activities

F. CONDITIONS

Standard Conditions

1. **Disclosure of Information (Applicable for Plan A, Plan B, Plan C and Plan D):** 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 by the policy holder.
2. **Claim Settlement**
 - I. **Notification of Claim (Applicable for Plan A, Plan B, Plan C and Plan D):**

Upon the happening of any event, which may give rise to a valid claim under this policy, notice with full particulars shall be sent to the Company within 15 days from the date of occurrence of the event / diagnosis of Critical Illness

Note: Any medical practitioner authorized by the company shall be allowed to examine the **Insured Person/s** in case of any alleged injury or diseases requiring hospitalization when and as often as the same may reasonably be required on behalf of the Company at the Company's cost.

II. Submission of Documents

a. Applicable for Plan A:

The Insured Person or person(s) claiming on behalf of the Insured Person shall submit within 15 days of notification of claim, the filled and signed claim form and all relevant documents, information medical records and any other information/ documents the Company may request, to establish the Claim made

The company may examine and relax the time limits depending upon the merits of the Case

Such documents include but not limited to the following:-

- Claim form duly completed and signed
- Medical Certificate confirming the diagnosis / treatment of critical illness from the treating medical practitioner in letter head.
- All Diagnostic test results / Imaging confirming positive existence of critical illness
- Discharge summary / in case papers / complete treatment records (wherever applicable)
- Treating doctor's certificate regarding the duration & etiology of the Critical Illness in letter head.
- Any other document specific to the treatment / illness
- Copy of PAN Card
- Copy of Aadhaar Card
- KYC (Identity proof with Address) of the proposer, as per AML Guidelines

b. Applicable for Plan B & C :

Claim must be filed within 15 days from the date of discharge from the Hospital.

Note: Conditions 2 & 3 are precedent to admission of liability under the policy. However the Company may examine and relax the time limit mentioned in these conditions depending upon the merits of the case

The Insured Person/s shall submit to the Company :-

- a. Duly completed claim form, and
- b. Discharge Summary from the hospital
- c. Hospital Main bill with breakup details.
- d. KYC (Identity proof with Address) of the proposer, as per AML Guidelines

c. Applicable for Plan D :

Documents to be submitted for claims:

Duly completed claim form, copy of PAN Card and Aadhar Card of the Insured Person Nominee / Legal Heir as the case may be and

For Death Claims:-

- Death Certificate
- Post-mortem Certificate, if conducted
- FIR (wherever required)
- Police Investigation report / Panchanama (wherever required)
- Viscera Sample Report / Chemical analysis report (wherever required)
- Forensic Laboratory Report (wherever required)

- Legal Heir Certificate (wherever required)
- Succession Certificate (wherever required)

For Permanent Total Disablement - Benefit 2 and Permanent Partial Disablement - Benefit 3

- Certificate from Government doctor not below the rank of Civil Surgeon, confirming the disability and its %.

Note: The Company authorized doctor may examine the insured person/s if required

For Temporary Total Disablement (Weekly Compensation) - Benefit 4

- Certificate from the employer confirming leave of absence from duty (applicable for employer – employee group)
- Certificate from the treating doctor that the claimant is fit to resume duty (fitness certificate)

Travel expenses for one relative

- Proof of expenses incurred (original)

Vehicle and/or residence modification

- Certificate from the doctor confirming the Disability and the requirement of modification
- Estimate from Workshop
- Invoice and Cash receipt for having carried the modification
- Estimate from civil engineer
- Invoice / Cash receipt for completion of the civil work modification

Purchase of blood:

- Original receipt for purchase of blood (wherever applicable)

Transportation of imported medicines:

- Prescription of the treating doctor with confirmation that the medicine is not available in India.
- Original receipt for the freight incurred for import of the medicine, along with a copy of invoice

Ambulance charges / transportation expenses of mortal remains

- Death Certificate or
- Proof of hospitalisation
- Proof of utilized services of either Ambulance or Mortuary Van (Original Receipt)

Medical expenses due to accident:

- Original Discharge Summary (wherever applicable)
- Original Medical Reports
- Original Invoices/Bills,
- Original Payment Receipts

Hospital Cash and Home Convalescence

- Discharge Summary (Where original is required for other purposes, a certified copy may be submitted)
- Recommendation by the treating doctor for appointing an attendant at home for continuation of treatment.
- Cash receipt for payment made to the attendant

Educational Benefit

- Death certificate of Parent/s or Guardian
- Age proof of the student
- Proof of education.

Note: The Company reserves the right to call for additional documents wherever required.

Out Patient Medical Expenses due to Grievous Injury

- Original Prescription
- Original Invoices/Bills,
- Original Payment Receipts

Note

1. KYC (Identity proof with Address) of the proposer, as per AML Guidelines
2. For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens may call at 044-40020888

3. Complete Discharge (Applicable for Plan A, Plan B, Plan C and Plan D): Any payment to the policyholder, 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 a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim

4. Multiple Policies (Applicable for Plan A, Plan B, Plan C and Plan D)

- i) Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- ii) If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
- iii) Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy

5. Fraud (Applicable for Plan A, Plan B, Plan C and Plan D): If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

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

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

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

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

6. Cancellation (Applicable for Plan A, Plan B, Plan C and Plan D): The Company may cancel this policy on grounds of misrepresentation, fraud, Moral Hazard, non-disclosure of material fact as declared at the inception of the policy / at the time of claim, or non-co-operation by the proposer / group administrator, by sending the proposer / group administrator 15 days notice by registered letter to its last known address. Where the misrepresentation, fraud, moral hazard, non-disclosure either at inception or at the time of claim is by the insured person, then the insurance cover in respect of such insured person will cease immediately. The proposer / group administrator may cancel this policy during the term by giving 7 days written notice and in such event the Company shall allow refund only for those insured person / family

who have not made claim as on the date of cancellation, after retaining premium at Company's short period rate only (table given below)

For 1 Year Tenure Policy – without instalment	
Period on Risk	Rate of Premium Retained
Up to 1 month	17.50% of the premium
Exceeding 1 month and up to 3 months	32.50% of the premium
Exceeding 3 months and up to 6 months	55% of the premium
Exceeding 6 months and up to 9 months	77.50% of the premium
Exceeding 9 months	Full Premium
For 1 Year Tenure Policy – with Half-yearly instalment	
Period on Risk	Rate of Premium Retained
Up to 1 month	35% of the premium
Exceeding 1 month and up to 4 months	80% of the premium
Exceeding 4 months and up to 7 months	62.50% of the premium
Exceeding 7 months and up to 10 months	85% of the premium
Exceeding 10 months	Full Premium
For 1 Year Tenure Policy – with Quarterly instalment	
Period on Risk	Rate of Premium Retained
Up to 1 month	70% of the premium
Exceeding 1 month and up to 4 months	80% of the premium
Exceeding 4 months and up to 7 months	82.50% of the premium
Exceeding 7 months and up to 10 months	85% of the premium
Exceeding 10 months	Full Premium
For 2 Year Tenure Policy – without instalment	
Period on Risk	Rate of Premium Retained
Up to 1 month	15% of the premium
Exceeding 1 month and up to 3 months	22.5% of the premium
Exceeding 3 months and up to 6 months	32.5% of the premium
Exceeding 6 months and up to 9 months	45% of the premium
Exceeding 9 months and up to 12 months	55% of the premium
Exceeding 12 months and up to 15 months	67.5% of the premium
Exceeding 15 months and up to 18 months	77.5% of the premium
Exceeding 18 months and up to 21 months	87.5% of the premium
Exceeding 21 months	Full Premium
For 2 Year Tenure Policy – with Half-yearly instalment	
Period on Risk	Rate of Premium Retained
Up to 1 month	35% of the premium
Exceeding 1 month and up to 4 months	80% of the premium
Exceeding 4 months and up to 7 months	62.5% of the premium
Exceeding 7 months and up to 10 months	85% of the premium
Exceeding 10 months and up to 15 months	87.5% of the premium
Exceeding 15 months and up to 21 months	87.5% of the premium
Exceeding 21 months	Full Premium
For 2 Year Tenure Policy – with Quarterly instalment	
Period on Risk	Rate of Premium Retained

Up to 1 month	70% of the premium
Exceeding 1 month and up to 4 months	80% of the premium
Exceeding 4 months and up to 7 months	82.5% of the premium
Exceeding 7 months and up to 10 months	85% of the premium
Exceeding 10 months and up to 13 months	95% of the premium
Exceeding 13 months and up to 16 months	92.5% of the premium
Exceeding 16 months and up to 19 months	92.5% of the premium
Exceeding 19 months and up to 22 months	92.5% of the premium
Exceeding 22 months	Full Premium

For 3 Year Tenure Policy – without instalment

Period on Risk	Rate of Premium Retained
Up to 1 month	12.5% of the premium
Exceeding 1 month and up to 3 months	17.5% of the premium
Exceeding 3 months and up to 6 months	25% of the premium
Exceeding 6 months and up to 9 months	32.5% of the premium
Exceeding 9 months and up to 12 months	40% of the premium
Exceeding 12 months and up to 15 months	47.5% of the premium
Exceeding 15 months and up to 18 months	55% of the premium
Exceeding 18 months and up to 21 months	62.5% of the premium
Exceeding 21 months and up to 24 months	70% of the premium
Exceeding 24 months and up to 27 months	77.5% of the premium
Exceeding 27 months and up to 30 months	85% of the premium
Exceeding 30 months and up to 33 months	92.5% of the premium
Exceeding 33 months	Full Premium

For 3 Year Tenure Policy – with Half-yearly instalment

Period on Risk	Rate of Premium Retained
Up to 1 month	35% of the premium
Exceeding 1 month and up to 4 months	80% of the premium
Exceeding 4 months and up to 7 months	62.5% of the premium
Exceeding 7 months and up to 10 months	85% of the premium
Exceeding 10 months and up to 15 months	87.5% of the premium
Exceeding 15 months and up to 21 months	87.5% of the premium
Exceeding 21 months and up to 27 months	92.5% of the premium
Exceeding 27 months and up to 33 months	92.5% of the premium
Exceeding 33 months	Full Premium

For 3 Year Tenure Policy – with Quarterly instalment

Period on Risk	Rate of Premium Retained
Up to 1 month	70% of the premium
Exceeding 1 month and up to 4 months	80% of the premium
Exceeding 4 months and up to 7 months	82.5% of the premium
Exceeding 7 months and up to 10 months	85% of the premium
Exceeding 10 months and up to 13 months	95% of the premium
Exceeding 13 months and up to 16 months	92.5% of the premium
Exceeding 16 months and up to 19 months	92.5% of the premium
Exceeding 19 months and up to 22 months	92.5% of the premium

Exceeding 22 months and up to 25 months	97.5% of the premium
Exceeding 25 months and up to 28 months	95% of the premium
Exceeding 28 months and up to 31 months	95% of the premium
Exceeding 31 months and up to 34 months	95% of the premium
Exceeding 34 months	Full Premium
For 4 Year Tenure Policy – without instalment	
Period on Risk	Rate of Premium Retained
Up to 1 month	12.5% of the premium
Exceeding 1 month and up to 3 months	17.5% of the premium
Exceeding 3 months and up to 6 months	22.5% of the premium
Exceeding 6 months and up to 9 months	27.5% of the premium
Exceeding 9 months and up to 12 months	32.5% of the premium
Exceeding 12 months and up to 15 months	40% of the premium
Exceeding 15 months and up to 18 months	45% of the premium
Exceeding 18 months and up to 21 months	50% of the premium
Exceeding 21 months and up to 24 months	55% of the premium
Exceeding 24 months and up to 27 months	62.5% of the premium
Exceeding 27 months and up to 30 months	67.5% of the premium
Exceeding 30 months and up to 33 months	72.5% of the premium
Exceeding 33 months and up to 36 months	77.5% of the premium
Exceeding 36 months and up to 39 months	85% of the premium
Exceeding 39 months and up to 42 months	90% of the premium
Exceeding 42 months and up to 45 months	95% of the premium
Exceeding 45 months	Full Premium
For 4 Year Tenure Policy – with Half-yearly instalment	
Period on Risk	Rate of Premium Retained
Up to 1 month	35% of the premium
Exceeding 1 month and up to 4 months	80% of the premium
Exceeding 4 months and up to 7 months	62.5% of the premium
Exceeding 7 months and up to 10 months	85% of the premium
Exceeding 10 months and up to 15 months	87.5% of the premium
Exceeding 15 months and up to 21 months	87.5% of the premium
Exceeding 21 months and up to 27 months	92.5% of the premium
Exceeding 27 months and up to 33 months	92.5% of the premium
Exceeding 33 months and up to 39 months	95% of the premium
Exceeding 39 months and up to 45 months	95% of the premium
Exceeding 45 months	Full Premium
For 4 Year Tenure Policy – with Quarterly instalment	
Period on Risk	Rate of Premium Retained
Up to 1 month	70% of the premium
Exceeding 1 month and up to 4 months	80% of the premium
Exceeding 4 months and up to 7 months	82.5% of the premium
Exceeding 7 months and up to 10 months	85% of the premium
Exceeding 10 months and up to 13 months	95% of the premium

Exceeding 13 months and up to 16 months	92.5% of the premium
Exceeding 16 months and up to 19 months	92.5% of the premium
Exceeding 19 months and up to 22 months	92.5% of the premium
Exceeding 22 months and up to 25 months	97.5% of the premium
Exceeding 25 months and up to 28 months	95% of the premium
Exceeding 28 months and up to 31 months	95% of the premium
Exceeding 31 months and up to 34 months	95% of the premium
Exceeding 34 months and up to 37 months	97.5% of the premium
Exceeding 37 months and up to 40 months	97.5% of the premium
Exceeding 40 months and up to 43 months	97.5% of the premium
Exceeding 43 months and up to 46 months	97.5% of the premium
Exceeding 46 months	Full Premium
For 5 Year Tenure Policy – without instalment	
Period on Risk	Rate of Premium Retained
Up to 1 month	12.5% of the premium
Exceeding 1 month and up to 3 months	15% of the premium
Exceeding 3 months and up to 6 months	20% of the premium
Exceeding 6 months and up to 9 months	25% of the premium
Exceeding 9 months and up to 12 months	30% of the premium
Exceeding 12 months and up to 15 months	32.5% of the premium
Exceeding 15 months and up to 18 months	37.5% of the premium
Exceeding 18 months and up to 21 months	42.5% of the premium
Exceeding 21 months and up to 24 months	47.5% of the premium
Exceeding 24 months and up to 27 months	52.5% of the premium
Exceeding 27 months and up to 30 months	55% of the premium
Exceeding 30 months and up to 33 months	60% of the premium
Exceeding 33 months and up to 36 months	65% of the premium
Exceeding 36 months and up to 39 months	70% of the premium
Exceeding 39 months and up to 42 months	75% of the premium
Exceeding 42 months and up to 45 months	77.5% of the premium
Exceeding 45 months and up to 48 months	82.5% of the premium
Exceeding 48 months and up to 51 months	87.5% of the premium
Exceeding 51 months and up to 54 months	92.5% of the premium
Exceeding 54 months and up to 57 months	97.5% of the premium
Exceeding 57 months	Full Premium
For 5 Year Tenure Policy – with Half-yearly instalment	
Period on Risk	Rate of Premium Retained
Up to 1 month	35% of the premium
Exceeding 1 month and up to 4 months	80% of the premium
Exceeding 4 months and up to 7 months	62.5% of the premium
Exceeding 7 months and up to 10 months	85% of the premium
Exceeding 10 months and up to 15 months	87.5% of the premium
Exceeding 15 months and up to 21 months	87.5% of the premium
Exceeding 21 months and up to 27 months	92.5% of the premium
Exceeding 27 months and up to 33 months	92.5% of the premium

Exceeding 33 months and up to 39 months	95% of the premium
Exceeding 39 months and up to 45 months	95% of the premium
Exceeding 45 months and up to 51 months	95% of the premium
Exceeding 51 months and up to 57 months	95% of the premium
Exceeding 57 months	Full Premium
For 5 Year Tenure Policy – with Quarterly instalment	
Period on Risk	Rate of Premium Retained
Up to 1 month	70% of the premium
Exceeding 1 month and up to 4 months	80% of the premium
Exceeding 4 months and up to 7 months	82.5% of the premium
Exceeding 7 months and up to 10 months	85% of the premium
Exceeding 10 months and up to 13 months	95% of the premium
Exceeding 13 months and up to 16 months	92.5% of the premium
Exceeding 16 months and up to 19 months	92.5% of the premium
Exceeding 19 months and up to 22 months	92.5% of the premium
Exceeding 22 months and up to 25 months	97.5% of the premium
Exceeding 25 months and up to 28 months	95% of the premium
Exceeding 28 months and up to 31 months	95% of the premium
Exceeding 31 months and up to 34 months	95% of the premium
Exceeding 34 months and up to 37 months	97.5% of the premium
Exceeding 37 months and up to 40 months	97.5% of the premium
Exceeding 40 months and up to 43 months	97.5% of the premium
Exceeding 43 months and up to 46 months	97.5% of the premium
Exceeding 46 months and up to 49 months	97.5% of the premium
Exceeding 49 months and up to 52 months	97.5% of the premium
Exceeding 52 months and up to 55 months	97.5% of the premium
Exceeding 55 months and up to 58 months	97.5% of the premium
Exceeding 58 months	Full Premium

7. **Migration (Applicable for Plan B and Plan C):** In case of migration of one policy to another with the same insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy.
8. **Renewal of policy (Applicable for Plan B, Plan C and Plan D):** The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.
- i) Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. (However, this provision is not applicable for Plan A)
 - ii) Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
 - iii) 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.
 - iv) Coverage is not available during the grace period.

- 9. Premium Payment in Instalments (Applicable for Plan A, Plan B, Plan C and Plan D):** If the insured person has opted for Payment of Premium on an installment basis i.e. Half Yearly or Quarterly or Monthly or as mentioned in the Policy Schedule/Certificate of Insurance, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)
- i. For monthly instalment option: Grace Period of 15 days would be given to pay the instalment premium due for the policy.
 - ii. For Quarterly and Half yearly instalment option: Grace Period of 30 days would be given to pay the instalment premium due for the policy.
 - iii. The insured person will get the accrued continuity benefit in respect of the (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) in the event of payment of premium within the stipulated grace Period
 - iv. No interest will be charged If the instalment premium is not paid on due date.
 - v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
 - vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
 - vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.
 - viii. For premium paid in instalments during the policy period, coverage is available during the grace period also

- 10. Redressal of Grievance (Applicable for Plan A, Plan B, Plan C and Plan D):** In case of any grievance the insured person may contact the Company through

Website : www.starhealth.in

E-mail : grievances@starhealth.in, gro@starhealth.in

Ph. No. : 044-69006900 | Toll Free No. 1800 425 2255

Senior Citizens may call at 044-69007500

Courier : 4th Floor, Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai- 600014

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at 044-43664600.

For updated details of grievance officer, kindly refer the link

<https://www.starhealth.in/grievance-redressal>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017, as amended from time to time.

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

- 11. Nomination (Applicable for Plan A, Plan B, Plan C and Plan D):** The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. 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 policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

Specific Conditions

Applicable for Plan A, Plan B, Plan C and Plan D

- 12.** The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except when acknowledged on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to admission any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.
- 13. Addition and deletion of insured persons / beneficiary**
Addition of persons into this Group Policy can be made only on payment of additional premium. Refund of premium for deletion of persons from the Group can be made on pro-rata basis subject to there being "No claim" in respect of such persons.
- 14. Automatic Expiry:** The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events:
- ✓ Upon the death of the Insured Person.
 - ✓ Upon exhaustion of the Hospital Cash Amount chosen.
 - ✓ Upon exhaustion of the Maximum Number Hospital Cash days per year chosen.
 - ✓ Upon Payment of a claim under Plan A
 - ✓ Upon Payment of 100% Sum Insured under Plan D
 - ✓ At the expiry of the period for which the premium has been paid or on the expiry date shown in the policy schedule whichever is earlier.
- 15. Automatic Termination of Individual Certificate of Insurance.** The Certificate of Insurance will terminate on the earliest of the following dates:
1. The date of expiry of certificate of insurance or
 2. The date the Insured Person is no longer eligible to be within the classification of Insured Person(s) described in the Policy Schedule or
 3. The Insured person ceases to be a resident of India or
 4. From the date the Certificate of Insurance is cancelled either by the Group Administrator or by the Company
 5. From the date on which the premium when due, is not received. (applicable only if payment is agreed to be received in instalment)
- 16. Material change:** The proposer / group administrator shall immediately notify the Company in writing of any change in his business or occupation or physical defect or infirmity with which the insured person/s has become affected.
- 17. Role of Group Administrator / Proposer:** The Group administrator / Proposer shall play a facilitative role between the Insurer and the Insured Person. Such role includes
- 1) Furnishing to the Company detailed list of Insured Person/s for preparation of Individual Certificate.
 - 2) Distributing Individual Certificate received from the Company. (However, where the Company / Individual Certificates in electronic form directly to the Insured Person/s this will not apply).

- 3) Facilitating Insured Person / s in availing all insurance related services
 - 4) To make payment of premium on or before the stipulated time.
 - 5) Immediately notify the Company of any change in business or occupation of the proposer or insured entity or any physical defect or infirmity of the insured person with which the insured person becomes affected
 - 6) If a member leaves the group as per group rules, group administrator should facilitate to provide option to migrate to another policy at premium as applicable for such individual insurance. In such event:-
 - a. Members who have been covered continuously for a period of one year under this Policy with the Company, 30 days waiting period shall be waived.
 - b. Members who have been covered continuously for a period of two years under this Policy with the Company, 30 days waiting period and First two year waiting period shall be waived.
 - c. In respect of members who have been covered continuously for a period a three years or more under this Policy with the Company, 30 days waiting period, First two year waiting period, 36 months waiting period with reference to Pre Existing diseases shall be waived.
- 18. Duties of the Group Administrator / Proposer / Insured / Insured Person on occurrence of loss**
On the occurrence of any loss, within the scope of cover under the Policy the Insured Person shall:
- i) Forthwith file/submit a Claim Form in accordance with 'Obligation of the Insured Person' Clause as provided in General Conditions.
 - ii) If the Insured Person does not comply with the provisions of this Clause or other obligations cast upon the Insured Person under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited, at the option of the Company.
- 19. Fraudulent claims:** If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Group Administrator / Proposer / Insured / Insured Person or anyone acting on his behalf to obtain any benefit under this Policy, shall be forfeited and the policy will be cancelled without any refund of premium
- 20. Arbitration:** The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996."All claims under this policy shall be payable in Indian currency.
- 21. 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.
- 22.** All medical /surgical treatments under this policy shall have to be taken in India. This condition will not apply if optional cover II (6) – World Wide Hospital Cash is opted
- 23. Important Note:**
1. The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws
 2. The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each relevant insured person. Failure to comply with may result in the claim being denied.
 3. The attention of the policy holder is drawn to the website www.starhealth.in for anti fraud policy of the company for necessary compliance by all stake holders.

- 24. Policy disputes:** Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.
- 25. Notices:** Any notice, direction or instruction given under this policy shall be in writing and delivered by hand, post, or email to Star Health and Allied Insurance Company Limited, No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai 600034. Customer Care No. 044-69006900 or Toll Free No. 1800 425 2255, e-mail: support@starhealth.in.
Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, or e-mail
- 26. Customer Service:** If at any time the Insured Person requires any clarification or assistance, the insured may contact "Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai-600014", during normal business hours.

List of Ombudsman

Office Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL 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.
BHUBANESWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha.

Office Details	Jurisdiction of Office Union Territory, District)
<p>CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p>Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>
<p>CHENNAI 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</p>	<p>Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).</p>
<p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>
<p>KOCHI Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp.to Maharaja's College, M. G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace,</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>

Office Details	Jurisdiction of Office (Union Territory, District)
<p>A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in</p>	
<p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363/2740798 Email: bimalokpal.jaipur@cioins.co.in</p>	<p>Rajasthan.</p>
<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 – 4002082/ 3500613 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p>MUMBAI 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</p>	<p>Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).</p>
<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace</p>	<p>State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri,</p>

Office Details	Jurisdiction of Office (Union Territory, District)
4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddha Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA 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.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).
For the details of Insurance Ombudsman please visit: https://cioins.co.in/Complaint/Online	

Items that are to be subsumed into Room Charges

SI No	ITEM
1	BABY CHARGES (UNLESS SPECIFIED / INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS

11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET / WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSE OXYMETER CHARGES

Items that are to be subsumed into Procedure Charges

SI No.	ITEM
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (FOR SITE PREPARATIONS)
3	EYE PAD
4	EYE SHEILD

5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHO BUNDLE, GYNAEC BUNDLE

Items that are to be subsumed into costs of treatment

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

11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABS
16	SCRUB SOLUTION / STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG



Schedule of Benefits

Benefit	Percentage of the Sum Insured
Accidental Death – Benefit 1	100%
Permanent Total Disablement – Benefit 2	
a. Sight of both eyes	100%
b. Physical separation of two entire hands	100%
c. Physical separation of two entire foot	100%
d. One entire hand and one entire foot	100%
e. Sight of one eye and loss of one hand	100%
f. Sight of one eye and loss of one entire foot	100%
g. Use of two hands	100%
h. Use of two foot	100%
i. Use of one hand and one foot	100%
j. Sight of one eye and use of one hand	100%
k. Sight of one eye and use of one foot	100%
l. Sight of one eye	50%
m. Physical separation of one entire hand	50%
n. Physical separation of one entire foot	50%
o. Use of one hand without physical separation	50%
p. Use of one foot without physical separation	50%
Loss of Foot/hand means total severance through or above the ankle/wrist joints respectively. Loss of Eye means entire and irrevocable loss of sight.	

Permanent Partial Disablement – Benefit 3

a. Loss of toes all	20%
b. Loss of Great toe (Both Phalanges)	5%
c. Loss of Great toe (One Phalanx)	2%
d. Other than Great, if more than One toe lost, for each toe	1%
e. Loss of hearing both ears	75%
f. Loss of hearing one ear	30%
g. Loss of four fingers and thumbs of One hand	40%
h. Loss of four fingers	35%
i. Loss of thumb both phalanges (Both Phalanges)	25%
j. Loss of thumb both phalanges (One phalanx)	10%
k. Loss of index finger three phalanges	10%
l. Loss of index finger two phalanges	8%
m. Loss of index finger One phalanx	4%
n. Loss of middle finger three phalanges	6%
o. Loss of middle finger Two phalanges	4%
p. Loss of middle finger One phalanx	2%
q. Loss of ring finger Three Phalanges	5%
r. Loss of ring finger Two Phalanges	4%
s. Loss of ring finger One Phalanx	2%
t. Loss of little finger Three phalanges	4%
u. Loss of little finger Two phalanges	3%
v. Loss of little finger One phalanx	2%
w. Loss of metacarpals	3%
x. Additional (Third, fourth or fifth)	2%
y. Any other Permanent partial disablement	Percentage as assessed by the Medical Board or by the government doctor
Loss of Thumb or index finger means actual severance through or above the joint that meets the hand at the palm.	

Table – B1

Physical function already impaired prior to accident		Percentage of Sum Insured Deducted	
1	Loss of toes all	All	20
	Loss of Great toe	both phalanges	5
	Loss of Great toe	one phalanx	2
	Other than Great, if more than		
	One toe lost, for each toe	For each toe	1
2	Loss of hearing both ears	Both ears	75
	Loss of hearing one ear	One ear	30
3	Loss of four fingers and thumbs of One hand		40
4	Loss of four fingers		35
	Loss of thumb both phalanges	Both phalanges	25
		One phalanx	10
5	Loss of index finger three phalanges	Three phalanges	10
	Two phalanges	Two phalanges	8
	One phalanx	One phalanx	4
6	Loss of middle finger	Three phalanges	6
		Two phalanges	4
		One phalanx	2
7	Loss of ring finger	Three phalanges	5
		Two phalanges	4
		One phalanx	2
8	Loss of little finger	Three phalanges	4
		Two phalanges	3
		One phalanx	2
9	Loss of metacarpals	First or second	3
		Additional (third fourth or fifth)	2
10	Any other Permanent partial disablement		Percentage as assessed by the Medical Board or by the government doctor