Income Protect- Policy Wordings

I. GENERAL DEFINITIONS

Certain words are used in this Policy wordings and the Policy Certificate, which have a specific meaning and are shown below. They have this meaning wherever they appear in the Policy, including any subsequent endorsements, Policy Certificate or Schedule. Where the context permits, references to the singular shall also include references to the plural, similarly references to the male gender shall also include references to the female gender, and vice versa in both cases.

I) Standard Definitions :

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

2. **Any one illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

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

4. **Congenital Anomaly** Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
   i. Internal Congenital Anomaly- Congenital anomaly which is not in the visible and accessible parts of the body.
   ii. External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body

5. **AYUSH Treatment** refers to the medical and / or hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

6. **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 Centre includes Ayush Dare Care Centre.

7. **AYUSH Day Care Centre**: AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:
   - Having qualified registered AYUSH Medical Practitioner(s) in charge;
   - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
   - Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

8. **Day Care Treatment** means medical treatment, and/or surgical procedure which is:
   i. Undertaken under General or Local Anaesthesia 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.

9. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will

apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

10. **Dental Treatment** Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery

11. **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.

12. **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.

13. "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.

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14. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulations) 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:
    - Has qualified nursing staff under its employment round the clock 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;
    - Has qualified medical practitioner(s) in charge round the clock;
    - Has a fully equipped operation theatre of its own where surgical procedures are carried out;
    - Maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

Hospital includes Ayush Hosiptal.

AYUSH Hospital: An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

I. Central or State Government AYUSH Hospital; or
II. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
III. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
    - Having at least 5 in-patient beds;
    - Having qualified AYUSH Medical Practitioner in charge round the clock;
    - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
    - Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

15. **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.

16. **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:
   - It needs on going or long-term monitoring through consultations, examinations, check-ups, and /or tests
   - It needs ongoing or long-term control or relief of symptoms
   - It requires rehabilitation for the patient or for the patient to be specially trained to cope with it
   - It continues indefinitely
   - It recurs or is likely to recur

17. **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.

18. **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.

19. **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.

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

21. **Medical Practitioner** is a person who holds a valid registration from Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.

    For the purpose of this Policy, the term Medical Practitioner would include a physician, specialist, anaesthetist, and surgeon, but exclude the Insured Person, and his/her Family Members.

22. **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.

23. "**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.

24. **Moratorium** - 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.

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

26. **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.

27. "**Portability**" means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

28. **Post-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:
    i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
    The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

26. "Pre-existing disease (PED)" means any condition, ailment, injury or disease:

a) that is/are diagnosed by a physician not more than 24 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 24 months prior to the date of commencement of the policy.

27. **Pre-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
    i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
    ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

28. **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.

29. **Renewal** means the terms on which the contract of insurance can be renewed as per regulatory prescriptions 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.

30. **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.**

31. "**Specific waiting period**" means a period up to 24 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.

32. **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.

II) Specific Definitions:

1. **Admission** means admission of the Insured Person in a Hospital as an in-patient for the purpose of medical treatment of an Injury and/or Illness, for a minimum duration of 24 hours.

2. **Adventure Sport** means sports/activities including but not limited to Sky Diving, Bungee Jumping, Bungee swoop, Bungee slingshot, Dune sliding, Hot air ballooning, Bridge Swinging, Zip Lining, Zip Trekking, Rock Climbing, Bicycle Polo, Bamboo rafting, Rock Scrambling, Rappelling, Via Ferrata, Fell Running, Fell Walking, Gorge Walking, Indoor Rock Climbing, Mountain Biking, Mountaineering, Body Boarding, Sailing, Ski boarding, Scuba Diving, Snorkeling, Shark Diving, Sky Diving, Swimming with Dolphins, Banana boating/donuts/inflatable's

behind power boat Diving with Whales, Wakeboarding, Surfing, Auto (car) racing, Motor rallying, Motorcycle racing, Air racing, Kart racing, Boat racing, Hovercraft racing, Lawn mower racing, Snowmobile racing, Zorbing, and Truck racing .

3. **Age** means the completed years of the Insured Person on his/her last birthday as per the English calendar as on the Risk Inception Date.

4. **Amortization Chart** means a complete table of periodic loan payments, showing the amount of principal and the amount of interest that comprise each payment or EMI, as the case may be, until the loan is paid off at the end of its term.

5. **Casual Job** means any occupation or job where the employee does not have regular or systematic hours of work, or does not have an expectation of continuing work, or is not on the direct payrolls of his/her employer. Illustration: A person who is employed on a "day to day basis" as and when the need arises.

6. **Common Carrier** shall mean any commercial public airline, railway, bus, or water borne vessel carrying fare paying passengers and licensed by the appropriate authority for transportation of passengers.

7. **EMI** means and includes the amount of monthly payment required to repay the Principal Outstanding amount of any Loan, and any applicable interest by the Insured Person, as set forth in the Amortization Chart between the Financial Institution and the Insured Person. For the purpose of claim settlement against any cover under this Policy, the Amortization Chart prepared by the Financial Institution as on the date of Loan disbursement or Risk Inception Date (whichever is later) shall be considered wherever applicable.

   For the avoidance of any doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured Person prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured Person

8. **Family Member** means an Insured Person's legally wedded spouse, children, ward, step or adopted children, parents, stepparents , mother in law, father in law, children in law, legal guardian, siblings, and siblings in law

9. **Financial Institution** shall have the same meaning assigned to the term under Section 45-I of the Reserve Bank of India Act, 1934, and shall include a Non-Banking Financial Company as defined under Section 45-I of the Reserve Bank of India Act, 1934.

10. **First Diagnosis** shall mean the point in time at which the requirements of any Critical Illness under this Policy were first satisfied with respect to the Insured Person, including the availability of all the test reports and medical reports evidencing such diagnosis.

11. **Income** means and includes the amount that the Insured Person earns each month from his/her Primary Occupation.

    For Salaried Individuals, this would mean salary including regular bonuses, regular commissions, superannuation contributions or any other allowances, any benefits explicitly mentioned in CTC (Cost to Company) or any compensation structure provided to the Insured Person by his/her employer for the financial year, or as declared in the previous ITR (Income Tax Return) filed by the Insured Person.

    For self-employed individuals having an ownership in a business, or operating as a sole trader or under a partnership, company or trust, Income will be considered as the gross annual income (before tax) filed before the relevant tax authorities in the previous assessment year.

12. **Insured Event** means any event or occurrence specifically mentioned as covered under this Policy for which applicable premium has been received by Us.

13. **Insured Person** means the individual(s) whose name(s) are specifically appearing under the heading "Insured name" in the Policy Certificate to the Policy, and for whom the Insured Events are covered in lieu of the applicable premium received by Us under the Policy.

14. **Involuntary Unemployment** means a termination, lay off, retrenchment or permanent dismissal of the Insured Person from his/her Primary Occupation due to Illness contracted or Injury due to an Accident, as the case may be, taking place during the Period of Cover.

For the purpose of this Policy, Involuntary Unemployment does not include any unemployment caused due to or arising from poor performance, dismissal due to a fraudulent act, non-compliance of any company or organization's internal rules/guidelines, or any disciplinary action, is not covered.

15. **Loan** means the sum of money lent at interest or otherwise to the Insured Person by any Financial Institution, as identified by a Loan Account Number. Any benefit payable under this Policy will be restricted to the EMI corresponding to the Loan Account Number specified in the Policy Certificate.

16. **Nominee** means the person(s) nominated by the Insured Person to receive the applicable benefits under this Policy payable in the event of death of the Insured Person caused by any Critical Illness or Surgical Procedure defined and specified under the Policy. For the purpose of avoidance of doubt it is clarified that if the Nominee is a minor, the legal guardian appointed by the Insured Person will take care of any relevant proceedings.

17. **Period of Cover** means the period specified in the Policy Certificate during which the Insured Person is covered under the Policy.

18. **Permanent Total Disablement** means any of the following:

i. Total and irrevocable loss of sight in both eyes, or
ii. Total and irrevocable physical separation of two entire hands or two entire feet, or
Iii. Total and irrevocable loss of one entire hand and one entire foot, or
Iv. Total and irrevocable loss of sight of one eye and physical separation of one entire hand or physical separation of one entire foot, or Total and irrevocable loss of use of two hands or two feet, or
v. Total and irrevocable loss of use of one hand and one foot, or
vi .Total and irrevocable of loss of sight of one eye and loss of use of one hand or one foot.

For the purpose of this definition:

i. Physical separation of a hand or foot means separation of the hand at or above the wrist, and of the foot at or above the ankle.

Ii. Loss of use or Loss of sight means total paralysis of one or more limb, or loss of vision respectively, which is certified in writing by a Medical Practitioner to be permanent, complete and irreversible and substantiated by physical examination and investigation to be permanent, complete and irreversible.

19. **Policy Period** means the period commencing from the Policy Start Date and ending at the Policy End Date as specifically appearing in the Policy Certificate, inclusive of both dates. It is the duration in which the policy is valid and the Insured Person is liable to get a claim subject to any applicable Waiting Periods and the terms and conditions under this Policy.

20. **Primary Occupation** means an occupation in which a Salaried Individual works under an employer, and is predominantly engaged in for a salary which constitutes more than 75% of his/her total Income, and is evidenced as such by his/her ITR (Income Tax Return) for the 2 years preceding the date of loss of Income.

21. **Principal Outstanding Amount** means the principal amount of the Loan outstanding as on the date of an Insured Event. For the purpose of avoidance of doubt, it is clarified that any:

i) EMIs that are overdue and unpaid to the Financial Institution prior to the occurrence of the Insured Event,

ii) any additional amounts imposed by a Financial Institution, or otherwise falling due as a penalty or charge by way of a default in repayment, will not be considered for the purpose of this Policy, and shall be payable by the Insured Person.

22. **Public Authority** means any governmental or quasi-governmental organization, statutory body, or duly authorized organization which exercises autonomous authority over an industry in a regulatory or supervisory capacity.

23. **Risk Inception Date** means the date of commencement of the Period of Cover, as specified in the Policy Certificate for the Insured Person.

24. **Salaried Individuals** means those Insured Persons who work as an employee or a worker, whether

confirmed or on probation as on the Risk Inception Date, and earn a fixed amount of compensation at a fixed frequency as salary.

25. **Sum Insured** means the amount specified in the Policy Certificate against a Benefit or set of Benefits that represents Our maximum, total and cumulative liability for any and all claims made in respect of that Insured Person during the Period of Cover under that Benefit/set of Benefits.

27. **Surgeon** means a specialist Medical Practitioner who is fully qualified as per applicable law to practice Surgery/carry out Surgical Procedures in India.

28. **Temporary or Seasonal Job** means any occupation or job where the employee is expected to remain employed in a position only for a certain period of time.

29. **Waiting Period** means a time-bound exclusion period related to condition(s) specified in the Policy Certificate which shall be served before a claim related to such condition becomes admissible**.**

    No Waiting Periods shall be applicable in case of subsequent Renewals, subject to no Break In Policy.

30. **We/Our/Ours/Us/ Company** means the ICICI Lombard General Insurance Company Limited.

31. **You/Your/Yours/Yourself** means the person or the entity named as the policyholder in the Policy Certificate and who is responsible for payment of premium.

II. SCOPE OF COVER

This Policy is a contract of insurance between the Policyholder and Us which is subject to the receipt of premium against each Benefit in full (or first instalment, where the Premium Instalment Clause Endorsement is opted) in respect of the Insured Persons, and the terms, conditions and exclusions of this Policy.

The Policy Certificate will specify which of the following Benefits and Endorsements are applicable and in force for the Insured Person. Claims made in respect of an Insured Person for any Benefit applicable to the Insured Person shall be subject to the occurrence of the Insured Event during the Period of Cover, availability of the Sum Insured specified against the Benefit claimed, applicable sub-limits for such Benefit as may be specified in the Policy Certificate, and the terms, conditions and exclusions of this Policy.

All claims shall be made in accordance with the procedures set out in this Policy. The cover under each Benefit terminates in relation to a Insured Person in the event of one or more claim(s) in respect of that Insured Person becoming admissible and accepted by Us to the extent of the Sum Insured specified against such Benefit in the Policy Certificate. Admitted claims will be payable to the Insured Person or the Nominee (as applicable).

III. BENEFITS UNDER PRODUCT

Section A:

1.1 Benefit 1: Loss of Income on account of loss of employment

If an Insured Person suffers an Involuntary Unemployment during the Period of Cover resulting in loss of Income, then We will pay the monthly amount specified in the Policy Certificate against this Benefit for each continuous and completed month.

This Benefit shall be payable subject to the following:

1. Only Salaried individuals are eligible for cover this Benefit, where such Primary Occupation is evidenced by their ITR (Income Tax Return) for the 2 years preceding the date of loss of income.
2. The Insured Person is employed on the direct payroll of an organization or entity having a registered office in India for a minimum of six continuous months before the Risk Inception Date, or of an Indian branch of such organization or entity.
3. Such dismissal/termination/retrenchment of the Insured Person by his/her employer should be on account of insured person suffering an Illness or Injury due to an Accident as per the employer's rules/regulations.
4. Our liability to make any payment under this Benefit shall be in excess of a Deductible of 30 days for each claim, and subject to the maximum duration specified in Policy Certificate against this Benefit.

5. The Benefit shall be payable monthly for every 30 days of continuous unemployment of the Insured Person from his/her Primary Occupation, upon completion of the Deductible of 30 days, and until reinstatement of employment with the same or any other employer, whether confirmed or on probation.
6. If the unemployment continues for less than 30 days after completion of the Deductible of 30 days, then the Benefit shall be payable for one monthly amount specified in the Policy Certificate against this Benefit.
7. In case of any involuntary resignation from his/her Primary Occupation where in lieu of such involuntary resignation the Insured Person receives a severance pay or any other kind of remuneration, Our liability will commence only after a period of 60 days of continuous unemployment.
8. In the event of the death of the Insured Person at any point in time after a claim has been registered with Us under this Benefit and is deemed payable, We will be liable to pay the monthly amounts specified in the Policy Certificate, up to the maximum number of months specified against this Benefit in the Policy Certificate, after which the Policy shall cease to operate in relation to the Insured Person.
9. The onus of establishing that the loss of Income was due to an involuntary reason, arising on account of insured person suffering an Illness or Injury due to an Accident and providing proof of such reason where required by Us, shall lie on the Insured Person/claimant.
10. Once a claim has been considered admissible and payable by Us under this Section, any subsequent Renewal of the cover under this Section will be solely as per Our discretion, on a case to case basis.
11. Any monthly amounts being paid under an admitted claim under this Section will be discontinued if We reasonably believe that the Insured Person is demonstrably not undergoing the prescribed medical treatment as advised by the consulting Medical Practitioner, or as advised by Our medical team, which We believe can assist in timely and permanent recovery of the Insured Person and reinstatement of/employment in his/her Primary Occupation, or any occupation of similar nature.
12. Any monthly amounts being paid under an admitted claim under this Section will be discontinued if We reasonably believe that the Insured Person is demonstrably not taking any measures, deemed reasonable and necessary as advised by Us, that can assist in reinstatement of/employment in his/her Primary Occupation, or any occupation of similar nature.

Illustration 1

Mr. X gets terminated from his job with effect from 19th Feb 2018. However Mr X gets re – employed with another employer on 4th March 2018.

In this case Mr X will not be eligible for any monthly payout under the Benefit as there is a 30 day Deductible applicable to this Benefit, which means the Insured Person has to remain unemployed for minimum period of 30 days.

Illustration 2

Mr. X gets terminated from his job with effect from 19th Feb 2018. However Mr X gets re – employed with another employer on 28th March 2018.

In this case Mr X remains employed for 37 days. In this case although Mr. X has been unemployed for only 7 days after the lapse of the 30 days Deductible period, he will still be eligible for payout of one monthly amount as specified against this Benefit in the Policy Certificate.

1.2 Exclusions applicable to Section A

We shall not be liable to make any payment for any claim under Section A of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. The Insured Event occurring prior to the Risk Inception Date or arising within the first 90 days of commencement of the Period of Cover.
2. Any Involuntary Unemployment of the Insured Person that is not attributed to the

insured person suffering an Illness or Injury due to an Accident

3. Unemployment from any occupation or job which is Casual, Temporary, Seasonal or contractual in nature, or where the Insured Person is not on the direct payroll of the employer.
4. Any voluntary unemployment, self-resignation, or voluntary retirement.
5. Any Involuntary Unemployment or suspension of the Insured Person at his/her Primary Occupation, which is temporary in nature.
6. Any unemployment from any occupation or job in which no salary was ever provided to the Insured Person.
7. Any unemployment occurring while the Insured Person, who is a Salaried Individual, is still under his/her probation, including any unemployment resulting from non-confirmation of his/her employment by the employer during or after the period on probation.
8. Any unemployment due to non-extension of a maternity/paternity leave, either as per the Maternity Benefit Act 1961, as amended from time to time, or as per the employer's internal regulation/policy in force at the time of the Insured Event.
9. Any reasonable belief that the Insured Person was aware that such loss of Income was likely to happen, whether or not any official communication was provided, at the time of Risk Inception Date.
10. Withdrawal of offer of employment by an employer.

1.3 Claim Documents

On the occurrence of an Insured Event which may give rise to a claim under this Section of the Policy, We shall be provided with the following necessary and mandatory information and documentation specified in relation to the Benefit being claimed within 30 days of occurrence of the Insured Event:

1. Duly filled claim form by the Insured Person/claimant.
2. Termination letter and relieving letter from the employer
3. Any documents stating reason for termination/retrenchment
4. Appointment letter issued by employer
5. Salary structure as stated in offer letter, or in letter of compensation structure
6. Last 3 months salary slips
7. Last 3 year performance appraisal letters
8. Original Amortization Chart, in case of a loan linked policy
9. Form-16 from employer
10. Income Tax Return of the last 3 preceding years
11. All Treatment Papers, Doctor's Certificate, Discharged Summary, Disability Certificate (in case of loss of job due to a disability), Investigation reports
12. Contact details of Human Resource Personnel - Mobile, Email id, Address and name of employer and HR personnel.
13. If the claim amount is more than ₹1 lakh, AML Documents - Pan Card Copy, Residence Proof, and 2 passport sized colour photos of Insured Person/claimant
14. Cancelled cheque and NEFT mandate form - duly filled in by the Insured Person/claimant

Section B

2. 1 Benefit 2: Critical Illness (CI)

If an Insured Person is First Diagnosed with any one of the Critical Illnesses listed below during the Period of Cover, then We will pay the Sum Insured specified in the Policy Certificate against this Benefit as a lumpsum amount, in the manner specified in the Policy Certificate, provided that the signs or symptoms of such Critical Illness first commence after 90 days from the Risk Inception Date (This 90 days waiting period shall stand modified if and as optional cover "Modification of Waiting period for Section B" has been opted)

On the acceptance of a claim under this Benefit, the cover under this Benefit will terminate in relation to the Insured Person, and further no subsequent Renewals of the Policy will be allowed.

SI No.	Body system
Heart and vascular conditions	
1	Myocardial Infarction
2	Refractory heart failure
3	Cardiomyopathy
Lung Conditions	
4	End stage lung Failure
5	Primary(Idiopathic) pulmonary Hypertension
Liver conditions	
6	End stage liver Failure
Neuro/ spinal & psychiatric disease	
7	Multiple sclerosis with Persisting symptoms
8	Motor neuron disease with Permanent symptoms
9	Permanent paralysis of limbs
10	Stroke resulting in permanent symptoms
11	Coma of specified severity
12	Alzheimer's Disease before age of 50 years
13	Parkinson's disease before age of 50 years
14	Apallic syndrome
15	Benign brain tumour
16	Creutzfeldt-Jakob disease (CJD)
17	Major head trauma
Renal diseases	
18	Kidney failure requiring regular dialysis
19	Medullary cystic disease
Musculoskeletal diseases	
20	Muscular dystrophy
21	Poliomyelitis
Bleeding disorders	
22	Aplastic Anaemia
Auto immune diseases	
23	Systemic Lupus Erythematous with renal involvement
24	Myasthenia gravis
25	Scleroderma
26	Good pastures syndrome with lung or renal involvement
Others	
27	Blindness
28	Deafness
29	Cancer of specified severity
30	Third Degree Burns
31	Loss of speech
32	Loss of limbs
33	Loss of Independent Existence

For the purpose of this policy, the Critical Illnesses listed above would have the meaning and exclusions, as specified below:

MYOCARDIAL INFARCTION (First Heart Attack of specific severity)

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

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

II. The following are excluded:

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

REFRACTORY HEART FAILURE

Refractory heart failure is defined as a systolic dysfunction that does not respond to optimal medical therapy ("triple therapy") and results in permanent physical impairment to the degree of New York Heart Association Classification Class IV, or its equivalent, for at least six months. The diagnosis of refractory heart failure has to be supported by echocardiographic findings of compromised ventricular performance. The diagnosis must be made by a cardiology specialist.

The following is excluded:

1. Reversible causes of heart failure such as hypocalcemia, alcohol abuse, thyroid, anaemia.

CARDIOMYOPATHY

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

Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity discomfort will be experienced. The diagnosis of Cardiomyopathy has to be supported by Echographic findings of compromised ventricular performance.

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

END STAGE LUNG FAILURE

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

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

PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:

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

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

END STAGE LIVER FAILURE

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:

1. Permanent jaundice; and
2. Ascites; and
3. Hepatic encephalopathy.

II. Liver failure secondary to drug or alcohol abuse is **excluded.**

MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

1. Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
2. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Neurological damage such as SLE is excluded.

MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS

I. 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.

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.

STROKE RESULTING IN PERMANENT SYMPTOMS

I. 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.

II. The following are excluded:

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

COMA OF SPECIFIED SEVERITY

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

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

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

ALZEIMER'S DISEASE BEFORE AGE OF 50 YEARS.

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging.

The diagnosis of Alzheimer's Disease must be confirmed by an appropriate consultant and supported by a Medical Practitioner appointed by Us. There must be significant reduction in mental and social functioning requiring the continuous supervision of the Insured Person. There must also be an inability of the Insured Person to perform (whether aided or unaided) at least three of the Activities of Daily Living, for a continuous period of at least 3 months:

For the purpose of this clause, Activities of Daily Living are defined as:

1. 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;
2. Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
5. Feeding – the ability to feed oneself once food has been prepared and made available.
6. Mobility - the ability to move from room to room without requiring any physical assistance.

The following are excluded:

- Any other type of irreversible organic disorder/dementia
- Alcohol-related brain damage.

PARKINSON'S DISEASE BEFORE AGE OF 50 YEARS

I. The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in permanent inability to perform independently at least three of the Activities of Daily Living, for a continuous period of at least 3 months:

For the purpose of this clause, Activities of Daily Living are defined as:

1. 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
2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Mobility: the ability to move indoors from room to room on level surfaces;
5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
6. Feeding: the ability to feed oneself once food has been prepared and made available.

The following is excluded:

- Parkinson's Disease accompanied with drug and/or alcohol abuse.

APALLIC SYNDROME

Universal non-functioning of the brain cortex, with the brain stem intact. Diagnosis of Apallic Syndrome must be definitely confirmed by a registered Medical Practitioner who is also a neurologist and substantiated by clinical and investigation findings. This condition must be documented for a continuous period of at least one month.

BENIGN BRAIN TUMOR

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

II. This brain tumour must result in at least one of the following and must be confirmed by the relevant medical specialist.
   1. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
   2. Undergone surgical resection or radiation therapy to treat the brain tumour.

III. The following conditions are excluded:

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

CREUTZFELDT-JAKOB DISEASE (CJD)

A diagnosis of Creutzfeldt Jakob Disease must be made by a specialist Medical Practitioner who is a neurologist and the diagnosis must be substantiated by CSF examination, EEG, CT Brain and MRI of the brain. There must be permanent clinical loss of the ability in mental, physical and social functioning for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required

MAJOR HEAD TRAUMA

I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, 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

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

III. The Activities of Daily Living are:

   I. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
   II. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
   III. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
   IV. Mobility: the ability to move indoors from room to room on level surfaces;

V. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

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

IV. The following are excluded:

i. Spinal cord injury;

KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

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

MEDULLARY CYSTIC DISEASE

I. Medullary Cystic Disease where the following criteria are met:

i. The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;

ii. Clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and

iii. The diagnosis of Medullary Cystic Disease is confirmed by renal biopsy along with specialist Medical Practitioner opinion.

II. The following are excluded

i. Isolated or benign kidney cysts are specifically excluded from this Benefit

ii. Any condition is which cysts are absent

MUSCULAR DYSTROPHY

Diagnosis of muscular dystrophy by a registered Medical Practitioner who is a neurologist based on the presence of following conditions:

1. Clinical presentation including weakness and loss of muscle mass, absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
2. Characteristic electromyogram
3. Clinical suspicion confirmed by muscle biopsy.

The condition must result in the inability of the Insured Person to perform (whether aided or unaided) at least three of the Activities of Daily Living, for a continuous period of at least 6 months.

For the purpose of this clause, Activities of Daily Living are defined as:

1. 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;
2. Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
5. Feeding – the ability to feed oneself once food has been prepared and made available.
6. Mobility - the ability to move from room to room without requiring any physical assistance

POLIOMYELITIS

The occurrence of Poliomyelitis, where the following conditions are met:

I. Poliovirus is identified as the cause through laboratory investigation

II. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

The diagnosis of Poliomyelitis must be confirmed by a registered Medical Practitioner who is a neurologist.

APLASTIC ANEMIA

Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:

1. Blood product transfusion;
2. Marrow stimulating agents;
3. Immunosuppressive agents; or
4. Bone marrow transplantation.

The diagnosis of Aplastic anaemia must be confirmed by a bone marrow biopsy. At least two of the following values should be present:

1. Absolute Neutrophil count of 500 per cubic millimetre or less;
2. Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
3. Platelet count of 20,000 per cubic millimetre or less.

Systemic lupus erythematosus (SLE) with renal involvement

I. Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens. For purposes of the definition of "SLE" under this policy is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy.

Diagnosis by a nephrologist, supported by renal biopsy report is mandatory. There must be positive antinuclear antibody test

II. The following are excluded

i. Other forms such as discoid lupus, and those forms with only haematological and joint involvement are specifically excluded.
ii. Class I - Minimal mesangial lupus nephritis
iii. Class II - Mesangial proliferative lupus nephritis

MYASTHENIA GRAVIS

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

1. Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and
2. The diagnosis of Myasthenia Gravis and categorization are confirmed by a registered Medical Practitioner who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification is as follows:

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

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

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

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

Class V: Intubation needed to maintain airway.

II. The following are excluded:

1. Congenital myasthenic syndrome
2. Transient neonatal or juvenile myasthenia gravis

SCLERODERMA

A systemic collagen-vascular Illness 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 conditions are excluded:

1. Localised scleroderma (linear scleroderma or morphea);
2. Eosinophilic fascitis; and
3. CREST syndrome.

GOOD PASTURES SYNDROME with lung or renal involvement

Good pastures Syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage. The permanent damage should be for continuous period of at least 30 days. The diagnosis must be proven by kidney biopsy and confirmed by a specialist Medical Practitioner who is a rheumatologist.

BLINDNESS

I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

II. The Blindness is evidenced by:

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

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

DEAFNESS

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

CANCER OF SPECIFIED SEVERITY

I. A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded –

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

THIRD DEGREE BURNS

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

LOSS OF SPEECH

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

LOSS OF LIMBS

The physical separation of two or more limbs, at or above the wrist or ankle level 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.

LOSS OF INDEPENDENT EXISTENCE

Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three of the Activities of Daily Living, with no hope of recovery

For the purpose of this clause, Activities of Daily Living are defined as:

1. 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;

2. Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
5. Feeding – the ability to feed oneself once food has been prepared and made available.
6. Mobility - the ability to move from room to room without requiring any physical assistance.

2.2 Exclusions applicable to Benefit 2 under Section B

We shall not be liable to make any payment for any claim under Benefit 2 of Section B of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any Critical Illness where the symptoms indicative of such Critical Illness have first manifested or first occurred:
   a. prior to the Risk Inception Date or
   b. withinthe first 90days (or within number of days as applicable if optional cover: Modification of Waiting period for Section B has been opted)

of commencement of the Period of Cover.

2. Any Critical Illness arising on account of or in connection with any Pre-Existing Disease(s).
3. Any physical, medical condition or treatment or service that is specifically excluded in the Policy Certificate under the head "Special Conditions".
4. Any claim made without a medical certificate from the treating Medical Practitioner evidencing the diagnosis of such Critical Illness.
5. Any Critical Illness traceable to pregnancy, childbirth, abortion, or related consequences.

2.3 Claim Documents

On the occurrence of an Insured Event which may give rise to a claim under this Benefit, We shall be provided with the necessary and mandatory information specified in A for all claims, and additional documentation specified in B in relation to the particular Critical Illness being claimed, within 30 days of occurrence of the Insured Event:

A: Common documents required for all claims under this Benefit:	
	Claim Form duly filled and signed by Insured Person/Nominee/claimant
	EMS Paper
	Discharge Card/Summary papers
	Indoor Case papers
	Hospital Bills
	All Investigation Reports – blood, pathology, radiology, etc.
	Certificate by treating Medical Practitioner confirming diagnosis
	Current and past consultation papers
	Certificate of Medical Cause of Death issued by last attending Medical Practitioner (wherever applicable)
	Certificate from last attending Medical Practitioner /medical authority for underlying medical condition/s leading to death of the Insured Person
	Post Mortem Report, FSL Report, Viscera and Chemical Analysis Report, Histopathoilogy Report (wherever applicable)
	Any other specific investigation / document to support the diagnosis of such Critical Illness, as may be reasonably required by Us in addition to the documents specified under this Section.

B: Specific documentation for specified Critical Illnesses, (To be furnished in addition to the common documents specified in A above.)			
	S. No.	**Name of Critical Illness**	**CI specific documents**
	Heart and vascular conditions		
	1	Myocardial Infarction	All ECGs, Stress Test, 2D Echo, X-Ray Chest, Cardiac Enzymes (Trop. T, Trop. I, CPK, CPK-MB, LDH, S. Electrolytes), Thallium Scan
	2	Refractory heart failure	
	3	Cardiomyopathy	
	Lung Conditions		
	4	End stage lung disease	All Pulmonary Function Tests, Chest CT Scan (HRCT),

	5	Primary pulmonary Hypertension	Bronchoscopy, ABG, ECGs, Stress Test, 2D Echo, X-Ray Chest
	Liver conditions		
	6	End stage liver disease	Reports pertaining to all Liver Function Tests, USG Abdomen, CT Scan of Abdomen, Liver Biopsy, all other pathological tests, Ascitic Tapping report,
	Neurological / spinal disease		
	7	Multiple sclerosis	CT Scan(s) and MRI(s), Visual Evoked Potentials report, EEG, EMG, nerve conduction studies, CSF evaluation , , , , Certificate from Neurologist confirming diagnosis
	8	Motor neuron disease	CT Scan(s) and MRI(s), EEG, EMG, pathological tests, Nerve Conduction studies CSF evaluation, Muscle Biopsy, Certificate from Neurologist confirming diagnosis
	9	Permanent paralysis of limbs	CT Scan(s) and MRI(s), EEG, EMG, , Certificate from Civil Surgeon confirming disability, Consultation papers from the Treating Neurologist stating the Neurological deficit and the degree/current neurological status and duration of the Paralysis, Consultation papers from the Treating Neurologist stating the Neurological deficit and the degree/current neurological status at the end of 3 months of date of diagnosis
	10	Stroke with neurological deficit	CT Scan(s) and MRI(s), EEG, EMG, pathological tests, Certificate of diagnosis from treating Neurologist Consultation papers from the Treating Neurologist stating the Neurological deficit and the degree/current neurological status, Consultation papers from the Treating Neurologist stating the Neurological deficit and the degree/current neurological status at the end of 3 months of date of diagnosis
	11	Coma of specified severity	CT Scan(s) and MRI(s), EEG, EMG, pathological tests, Certificate of diagnosis from treating Neurologist, Consultation papers from the Treating Neurologist stating the Neurological status, Consultation papers from the Treating Neurologist stating the Neurological status at the end of 96 hours of date of diagnosis
	12	Alzheimer's Disease	CT Scan(s) and MRI(s), EEG, EMG, pathological tests, Neuropsychological Tests, Certificate of diagnosis and neurological status from treating Neurologist
	13	Parkinson's disease	CT Scan(s) and MRI(s), EEG, EMG, pathological tests, Certificate of diagnosis and neurological status from treating Neurologist
	14	Apallic syndrome	CT Scan(s) and MRI(s), EEG, EMG, pathological tests, PET Scan, Certificate of diagnosis and neurological status from treating Neurologist
	15	Benign brain tumour	CT Scan(s) and MRI(s), pathological tests, Histopathology / Cytology / FNAC / Biopsy / Immuno-histochemistry reports, Certificate of diagnosis from treating Neurologist / Neurosurgeon stating neurological deficit, Subsequent details of the treatment with the consultation papers from the inception of ailment
	16	Creutzfeldt-Jakob disease (CJD)	Electroencephalography, CSF Analysis, MRI Certificate of diagnosis from treating Neurologist, brain biopsy / histopathological examination of brain tissue at the time of autopsy
	17	Major head trauma	CT Scan(s) and MRI(s), EEG, EMG, pathological tests, Certificate of diagnosis and neurological status from treating Neurologist, Consultation papers from

			the Treating Neurologist stating the Neurological deficit and the degree/current neurological status at the end of 3 months of date of diagnosis
	Renal diseases		
	18	Kidney failure requiring regular dialysis	Complete Renal Profile, S. Uric Acid, Urine Routine, S. creatinine, creatinine clearance, Urine Microscopy, 24 hour Urine Analysis, USG Abdomen Pelvis, CT Scan Abdomen Pelvis, Renal Biopsy, Dialysis Papers/Receipts done in recent past
	19	Medullary cystic disease	
	Musculoskeletal diseases		
	20	Muscular dystrophy	Creatinine Kinase, ECG, 2D Echo Pulmonary Function Tests, EMG, nerve conduction studies, Muscle Biopsy, Certificate of diagnosis and neurological status from treating Neurologist
	21	Poliomyelitis	Throat Swab / Stool / CSF Examination for Poliovirus, Certificate from Civil Surgeon certifying Diagnosis and Disability
	Bleeding disorders		
	22	Aplastic Anaemia	CBC, Renal Function Test, Liver Function Test, S Electrolytes, Thyroid Function Test, Vitamin B12, Folic Acid levels, Bone Marrow Aspiration Biopsy, Autoimmune workup, certificate from hematologist confirming the diagnosis
	Auto immune diseases		
	23	SLE with renal involvement	ANA Antibodies, Anti-ENA Antibodies, Complete Renal Profile, S. Uric Acid, Urine Routine, Urine Microscopy, 24 hour Urine Analysis, USG Abdomen Pelvis, CT Scan Abdomen Pelvis, Renal Biopsy
	24	Myasthenia gravis	Nerve stimulation tests, Tensilon test, Autoimmune workup, X Ray Chest, High resolution CT , EMG, Certificate of diagnosis from treating physician
	25	Scleroderma	Autoimmune workup, ANA, Renal Function Test, Urine Routine & Microscopy, USG Abdomen Pelvis, Renal Biopsy, Pulmonary Function Tests, X ray Chest/HRCT, Lung Biopsy, ECG, 2D Echo, CAG
	26	Good pastures syndrome with lung or renal involvement	Autoimmune workup, Anti-GBM antibody testing, ANCA, Renal Function Test, Urine Routine & Microscopy, USG Abdomen Pelvis, Renal Biopsy, Pulmonary Function Tests, X ray Chest/HRCT, Lung Biopsy
	Others		
	27	Complete loss of vision(Blindness)	Visual Field Testing, Vision Acuity Testing, Certificate from Civil Surgeon confirming the diagnosis and disability
	28	Complete loss of hearing ability(Deafness)	Audiometry Tests, Certificate from Civil Surgeon confirming the diagnosis and disability
	29	Cancer of specified severity	All histology/cytology/FNAC/Biopsy/Immuno-chemistry reports, X-ray, CT Scan, MRI, PET Scan, Bone Marrow Test, Cancer Markers, all other pathological tests
	30	Burns	MLC, FIR, Panchnama, Police Final Charge sheet, Post Mortem report, Certificate from attending physician certifying degree of burns along with the percentage of body surface involved
	31	Loss of speech	Bronchoscopy/Laryngoscopy, Certificate from Civil Surgeon confirming the diagnosis and disability
	32	Loss of limbs	MLC, FIR, Panchnama, in case of accidental injury Certificate from civil surgeon confirming the diagnosis and disability
	33	Loss of Independent Existence	Certificate from Medical Practitioner confirming Illness/injury and in ability to perform activities of Daily living

3.1 Benefit 3: Major Surgical Procedures

If the Insured Person is Hospitalized on the written advice of the treating Medical Practitioner due to an Illness contracted or any Injury sustained during the Period of Cover, and is advised by a Medical Practitioner qualified as a Surgeon to undergo a Surgical Procedure specified in Annexure A to this Policy, then We will pay the amount specified against such Surgical Procedure in Annexure A as a lumpsum amount.

This Benefit shall be payable subject to the following:

1. We will consider more than one claim in respect of the Insured Person under Benefit 3 of Section B of the Policy, subject to the availability of the overall Sum Insured as specified in the Policy Certificate against Benefit 3 under Section B, and provided that the Illness/Accident causing the Injury is distinct and unrelated for each such claim. On exhaustion of the Sum Insured, the cover under this Benefit will terminate in relation to the Insured Person.
2. Once a claim has been considered admissible and payable by Us under this Section, no subsequent Renewal of the Policy will be allowed.
3. In case of multiple Surgeries/Surgical Procedures performed in a single Admission to a Hospital, or arising out of the same Illness/Injury, We will pay the amount specified against only one such Surgical Procedure, whichever is specified as having the higher amount payable under Annexure A.
4. 24 hours of continuous and completed Hospitalization is mandatory for any claim to be admissible.

3.2 Exclusions applicable to Benefit 3 under Section B

We shall not be liable to make any payment for any claim under Benefit 2 of Section B of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any covered Surgery/Surgical Procedure arising out of an Illness diagnosed/contracted:
    a. prior to Risk Inception Date or
    b. within the first 90 days (or within number of days as applicable if optional cover "Modification of Waiting period for Section B" has been opted)

of commencement of the Period of Cover. However, no Waiting Period will be applicable in case of any Surgical Procedure arising out of/due to an Accident during the Period of Cover.

2. Any Surgery/Surgical Procedure arising out of an Accident which occurred prior to Risk Inception Date.
3. Any Pre-Existing Disease(s).
4. Any of the covered Surgery/Surgical Procedure performed which was otherwise deemed unnecessary, or against standard health practices.
5. Any Unproven/Experimental treatment.
6. Any Surgery/Surgical Procedure performed solely due to cosmetic or aesthetic reasons.
7. Any claim made without a medical certificate from the treating Medical Practitioner evidencing the diagnosis of such Illness or Injury or the undergoing of the medical / Surgical Procedure.

3.3 Claim Documents

On the occurrence of an Insured Event which may give rise to a claim under this Benefit, We shall be provided with the following necessary and mandatory information and documentation specified in relation to the Benefit being claimed within 30 days of occurrence of the Insured Event:

1. Duly filled claim form and signed by the Insured Person or claimant
2. Scan copy of original Hospital discharge summary
3. All pre and post-Surgery investigation reports/scans
4. Scan copy of original Policy copy
5. Consultation papers of the surgeon advising for the Surgical Procedure
6. If the claim amount is more than ₹1 lakh, AML Documents - Pan Card Copy, Residence Proof, and 2 passport sized colour photos of Insured Person/claimant
7. Cancelled cheque and NEFT mandate form - duly filled in by the Insured Person/claimant
8. All post Hospitalisation, consultation or treatment details and documents.
9. Copies of Indoor case papers from the Hospital

3.4 Optional Cover: Modification of Waiting period for Section B.

If this optional cover is opted by paying additional premium, the Waiting Period applicable under *Section B* – shall stand modified as number of days as specified in Policy Schedule/CIS against this section,

Terms & Conditions:

1. All other terms, conditions, exclusions, and provisions of *Section B* shall remain unaltered.
2. This optional cover is available only if the Insured Person has opted for it at inception of the Policy, and the applicable premium has been paid.

4.1 Section C: PERSONAL ACCIDENT SECTION

Our maximum, total and cumulative liability for claims arising in respect of the Insured Person during the Period of Cover under Benefit 4, Benefit 5, and Benefit 6 under Section C, shall be the Sum Insured as specified against this set of Benefits in the Policy Certificate.

4.1.1 Benefit 4: Accidental Death Benefit

We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate if an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident.

On the acceptance of a claim under this Benefit and any other applicable Benefit pertaining to the same event, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person and no subsequent Renewals of the Policy will be allowed.

4.1.2 Benefit 5: Permanent Total Disablement (PTD) Benefit

We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate if an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in the Permanent Total Disablement of the Insured Person within 365 days from the date of the Accident.

This Benefit shall be payable subject to the following:

i. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit, but a claim will be considered under Benefit 4, if in force for the Insured Person.
ii. If the Insured Person suffers Injuries resulting in more than one of the Permanent Total Disablements, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured.
iii. If We have admitted a claim for Permanent Total Disablement in accordance with this Benefit, then We shall not be liable to make any payment under the Policy under Benefit 4 on the death of the Insured Person, if the Insured Person subsequently dies. However, any other applicable Benefits which may get triggered will be considered in accordance with the terms and conditions of the applicable Benefits.
iv. We will only accept one claim under this Benefit in the lifetime of the Insured Person. On the acceptance of a claim under this Benefit, all cover under this Benefit in respect of the Insured Person shall immediately and automatically cease.
v. On the acceptance of a claim under this Benefit, cover under this Benefit will terminate, and no subsequent Renewals of the Policy will be allowed in relation to the Insured Person.

4.1.3 Benefit 6: Permanent Partial Disablement (PPD) Benefit

We will pay the percentage of the Sum Insured (specified against this Benefit in the Policy Certificate) in the manner specified in the table below if an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in the Permanent Partial Disablement of the Insured Person (which is of the nature specified in the table below) within 365 days from the date of the Accident.

For the purpose of this Benefit, Permanent Partial Disablement means total and/or partial irrecoverable loss of use or the actual loss by physical separation of the body parts as specified in the table below:

Sr No.	LOSSES COVERED	% OF SUM INSURED payable
1	Loss of one entire hand	70
2	Loss of one entire foot	70
3	Loss of use of one eye	50
4	Loss of all toes	20
5	Loss of great toe - both phalanges	5
6	Loss of great toe - one phalanx	2
7	Other than great toe if more than one toe lost each	5
8	Loss of use of both ears	75
9	Loss of use of one ear	30
10	Loss of four fingers and thumb of one hand	40
11	Loss of four fingers	35
12	Loss of thumb - both phalanges	25
13	Loss of thumb - one phalanx	10
14	Loss of index finger - three phalanges	10
15	Loss of index finger - two phalanges	8
16	Loss of index finger - one phalanx	4
17	Loss of middle finger - three phalanges	6
18	Loss of middle finger - two phalanges	4
19	Loss of middle finger - one phalanx	2
20	Loss of ring finger - three phalanges	5
21	Loss of ring finger - two phalanges	4
22	Loss of ring finger - one phalanx	2
23	Loss of little finger - three phalanges	4
24	Loss of little finger - two phalanges	3
25	Loss of little finger - one phalanx	2
26	Loss of metacarpus - first or second (additional)	3
27	Loss of metacarpus - third, fourth or fifth (additional)	2

This Benefit shall be payable subject to the following:

i. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit, but a claim will be considered under Benefit 4, if in force for the Insured Person.

ii. If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this claim and claims already admitted under the Benefit in respect of the Insured Person will cumulatively lead to the Sum Insured being exceeded then Our maximum, total and cumulative liability under any and all such claims will be limited to the Sum Insured.

iii. On the acceptance of a claim under this Benefit, the Insured Person's cover under this Benefit and the Policy shall continue, subject to the availability of the Sum Insured against this Benefit and the terms, conditions and exclusions of this Policy. On exhaustion of Sum Insured, the cover under this Benefit shall terminate and cease to operate in relation to such Insured Person.

iv. Once a claim has been considered admissible and payable by Us under this Benefit, any subsequent Renewal of the cover under this Benefit will be solely as per Our discretion, on a case to case basis.

4.1.4 Benefit 7: Temporary Total Disablement (TTD) Benefit

If an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in the incapacitation of the Insured Person which prevents the Insured Person from engaging in any employment or occupation on a temporary basis, then We will pay the weekly amount specified against this Benefit in the Policy Certificate for the duration that such temporary total disablement continues.

This Benefit shall be payable subject to the following:

i. We shall not be liable to make any payment under this Benefit in respect of the Insured Person for more than the total number of weeks specified in the Policy Certificate for any and all claims arising within the Period of Cover under this Benefit.

ii. If the Injury is sustained to or suffered in relation to the spine and its muscular girdle, ligamentous system, cartilage, nervous system and blood supply to the spine which is not detectable by means of radiological scanning, imaging, or neurological fallout testing, then Our liability under this Benefit shall extend for a maximum period of five (5) weeks.

iii. In the event of any dispute as to the date when the Insured Person will recover (or has recovered) from temporary total disablement,,

such date shall be finally determined by an external Medical Practitioner approved by Us who certifies either:

a) The date upon which the Insured Person recovered; or

b) expected date on which Insured Person is likely to recover depending on the nature of Injury.

iv. Once a claim is considered admissible and payable under this Benefit, at any point of time if the temporary total disablement becomes permanent in nature, and/or Insured Person cannot resume employment, We shall be liable to pay only for the duration till which the disablement was temporary in nature. Once the disablement is established to be permanent in nature, the Insured Person can no longer claim under this Benefit and further payouts will cease. However, the Insured Person may claim under either Benefit 5 (**Permanent Total Disablement (PTD) Benefit)** or Benefit 6 (**Permanent Partial Disablement (PPD) Benefit)**, if applicable and in-force for the Insured Person, as per coverage terms and conditions.

v. If the Insured Person is disabled for a part of a week, then only a proportionate part of the weekly amount will be payable in respect of that week.

v. We will consider more than one claim in respect of the Insured Person under this Benefit, subject to the maximum number of weeks specified against this Benefit in the Policy Certificate. On exhaustion of Sum Insured, the cover under this Benefit shall terminate and cease to operate in relation to such Insured Person.

vi. Once a claim has been considered admissible and payable by Us under this Benefit, any subsequent Renewal of the cover under this Benefit will be solely as per Our discretion, on a case to case basis.

4.1.5 Benefit 8: Mysterious Disappearance Benefit

This Benefit is an Extension which will be available and in force for the Insured Person only if at least one of the above Base Benefits under Section C are in force for that Insured Person.

We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate if the Insured Person has disappeared for more than 365 days from the date of the Accident of the Common Carrier on which the Insured Person was travelling during the Period of Cover.

This Benefit shall be payable subject to the following:

i. The Insured Person's disappearance is certified in writing by the police authorities.

ii. We shall not be liable to make any payment under this Benefit if the Common Carrier on which the Insured Person was travelling was a private taxi, yacht, charter airline or a rented car.

iii. If after payment of claim under this Benefit, the Insured Person is found to be alive, We reserve the right to recover in full from the Nominee/legal heir of the Insured Person the amount paid under this Benefit as well as stop any future payments due in respect of this Benefit.

iv. On the acceptance of a claim under this Benefit, cover for the Insured Person under this Benefit will terminate and no subsequent Renewals of the Policy will be allowed in relation to the Insured Person.

4.2 EXCLUSIONS AND LIMITATIONS APPLICABLE TO SECTION C

We shall not be liable to make any payment for any claim under Section C of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. War, invasion, act of foreign enemy hostilities or warlike operations (whether war be declared or not) or civil commotion or rebellion, revolution, insurrection, mutiny, arrests, detainments of all kinds and political gatherings, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft.
2. Any Injury sustained while performing duty in army, navy, air force, paramilitary force, police or any other such institution, except to the extent it is expressly covered under any Benefit
3. Any event which occurs whilst the Insured Person is operating or learning to operate any aircraft or common carrier, or performing duties as a member of the crew on any aircraft, or

scheduled airlines or is engaging in aviation, or whilst the Insured Person is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any scheduled airline anywhere in the world.

4. Breach of law or while being involved in any unlawful activity.
5. Any Injury / Illness arising from full-time involvement in professional sports for livelihood and remuneration, except to the extent it is expressly covered under any Benefit.
6. Any Injury / Illness arising from intentional self- Injury, suicide or attempted suicide.
7. Any Injury / Illness arising from a failure to take reasonable precautions to avoid a claim under the Policy.
8. Any Injury / Illness arising whilst under the influence of alcohol or intoxicating drugs or substance abuse of any kind.
9. Any Injury / Illness occurring whilst working in underground mines or explosives magazines, or involving electrical installation with high tension supply, or as jockeys or circus personnel or any other high risk occupations.
10. Any Injury that has occurred prior to the commencement of Policy of Cover whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought.
11. Expenses incurred on eyeglasses, contact lenses, hearing aids and examination for the prescription or fitting thereof.
12. Any Illness, complication or ailment not arising out of or connected to Injury.
13. Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, Illness or Hospitalization of the Insured Person resulting directly from, or indirectly caused by, or contributed to or aggravated or prolonged by, childbirth or pregnancy or in consequence thereof.
14. Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, Illness or Hospitalization of Insured Person due to an insect or mosquito bite.
15. Death, disablement (whether of a permanent nature or of a temporary nature), Injury, Illness or Hospitalization arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

4.3 Claim documents required for Section C

On the occurrence of an Insured Event which may give rise to a claim under this Section, We shall be provided with the following necessary and mandatory information and documentation as specified in relation to the particular Benefit being claimed within 30 days of occurrence of the Insured Event:

Benefit 4 – Accidental Death Benefit

1	Duly filled claim form by the claimant
2	Scan of original policy report
3	MLC / FIR
4	Cause of Death Certificate
5	Death Certificate issued by the Government Authority
6	Post Mortem Report
7	Viscera / Chemical Analysis / Forensic Report
8	Police Final Charge sheet / Court Final Order
9	Spot Inquest / Panchnama
10	RACT award in case of rail accident
11	Indoor Case Papers
12	If the claim amount is more than ₹1 lakh, AML Documents - Pan Card Copy, Residence Proof, and 2 passport sized colour photos of Insured Person/claimant
13	Cancelled cheque and NEFT mandate form - duly filled in by the Insured Person/claimant

Benefit 5 – Permanent Total Disablement (PTD) Benefit

1	Duly filled claim form by the claimant
2	Scan of original policy report
3	MLC or FIR
4	Police Final Charge sheet / Court Final Order
5	Spot Inquest / Panchnama
6	Indoor Case Papers
7	Disability Certificate by Civil Surgeon / Government Hospital
8	Certificate from treating Medical Practitioner
9	RACT award in case of rail accident
10	Hospitalisation records and Discharge summary(wherever applicable)
11	If the claim amount is more than ₹1 lakh, AML Documents - Pan Card Copy, Residence Proof, and 2 passport sized colour photos of Insured Person/claimant
12	Cancelled cheque and NEFT mandate form - duly filled in by the Insured Person/claimant

Benefit 6 - Permanent Partial Disablement (PPD) Benefit

1	Duly filled claim form by the claimant
2	Scan of original policy report
3	MLC or FIR
4	Police Final Charge sheet / Court Final Order
5	Spot Inquest / Panchnama
6	Indoor Case Papers
7	Disability Certificate by Civil Surgeon / Government Hospital
8	Certificate from treating Medical Practitioner
9	If the claim amount is more than ₹1 lakh, AML Documents - Pan Card Copy, Residence Proof, and 2 passport sized colour photos of Insured Person/claimant
10	Cancelled cheque and NEFT mandate form - duly filled in by the Insured Person/claimant

Benefit 7 - Temporary Total Disablement (TTD) Benefit

1	Duly filled claim form by the claimant
2	Scan of original policy report
3	MLC or FIR
4	Certificate from treating Medical Practitioner
5	Fitness Certificate
6	Indoor Case Papers
7	Leave certificate from the employer
8	If the claim amount is more than ₹1 lakh, AML Documents - Pan Card Copy, Residence Proof, and 2 passport sized colour photos of Insured Person/claimant
9	Cancelled cheque and NEFT mandate form - duly filled in by the Insured Person/claimant

Benefit 8– Mysterious Disappearance Benefit

1	Duly filled claim form by the claimant
2	MLC or FIR
3	Police Final Charge sheet
4	Spot Inquest / Panchnama
5	Proof of Travel
6	Police Final Report confirming the disappearance, or a confirmation obtained in writing from the police in the applicable jurisdiction confirming disappearance for a minimum period of one year from the Insured Event.
7	If the claim amount is more than ₹1 lakh, AML Documents - Pan Card Copy, Residence Proof, and 2 passport sized colour photos of Insured Person/claimant
8	Cancelled cheque and NEFT mandate form - duly filled in by the Insured Person/claimant

Section D

This Section will be available and in force for the Insured Person only if at least one of Section A or Section B or Section C are in force for that Insured Person.

5.1 Benefit 9: Hospital Daily Cash Benefit

If an Insured Person contracts an Illness or suffers an Injury due to an Accident that occurs during the Period of Cover and which solely and directly requires the Insured Person to be Hospitalized, then We will pay:

(a) the daily amount specified in the Policy Certificate against this Section for each continuous and completed day of Hospitalization of the Insured Person in a non-ICU room; and

(b) twice the daily amount specified in the Policy Certificate against this Section for each continuous and completed day of Hospitalization of the Insured Person in an ICU room.

This Benefit shall be payable subject to the following:

i. Our liability to make any payment under this Benefit shall commence only after a continuous and completed 24 hours of Hospitalization of the Insured Person for each claim.

ii. The Hospitalization is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner.

iii. We shall not be liable to pay the daily amount for more than the maximum number of days as specified in the Policy Certificate for each Insured Person, during the Period of Cover.

iv. If during one continuous period of 24 hours of Hospitalization (after having completed the first 24 hours), if the said Hospitalization included Admission in an Intensive Care Unit as well as in any other in-patient (non-Intensive Care Unit) ward of the Hospital, We shall pay the amount under this Benefit as if the Admission was to the Intensive Care Unit, provided that the period of Hospitalization in the Intensive Care Unit was for at least 4 continuous hours.

v. We will consider more than one claim in respect of the Insured Person under this Section during the Period of Cover, subject to the maximum number of days specified in the Policy Certificate against the Benefit, and provided that the Illness/Accident causing the Injury is distinct and unrelated for each such claim. On exhaustion of

the Sum Insured, the cover under this Benefit will terminate in relation to such Insured Person.

vi. Once claim is considered admissible and accepted by Us as per the terms and condition under this Section, the Insured Person is eligible for the monthly amount from the first day of Hospitalisation, provided that the Insured Person is Hospitalized for a continuous period of 24 hours.

vii. The amount payable under this Benefit will be calculated on the basis of the number of continuous and completed days of Hospitalization, and will be given as a single lumpsum payment.

5.2 Exclusions applicable to Section D

We shall not be liable to make any payment for any claim under this section of Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any Illness, or Accident causing the Injury leading to the Hospitalization, which has occurred prior to the Risk Inception Date.
2. Any Hospitalization falling within the Waiting Period as specified in the Policy Certificate subject to maximum 30 days waiting period.
   a. Expenses related to the treatment of any illness within the waiting period 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 shall be applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.
3. Pre-existing Disease (Unless specifically covered and mentioned in the policy certificate)
   a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with insurer.
   b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
   c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI Regulations, then waiting period for the same would be reduced to the extent of prior coverage
   d. Coverage under the policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
4. All dental treatment or dental surgery of any kind unless necessitated due to an Accident
5. Unproven Treatment: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
6. Any treatment received outside India unless specifically covered and specified in the Policy Certificate unless specifically covered and specified in the Policy Certificate.
7. Circumcision unless necessary for treatment of an underlying diseases.
8. Maternity (Unless specifically covered and mentioned in the policy certificate)
   a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
   b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period;
9. Birth control, Sterility and Infertility: Expenses related to Birth Control, sterility and infertility.

   This includes:
   i. Any type of contraception, sterilization
   ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

iii. Gestational Surrogacy
iv. Reversal of sterilization.

10. Routine medical, dental, eye and ear examinations is not covered unless specifically covered and specified in the Policy Certificate.
11. Cosmetic or Plastic Surgery: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
12. Refractive Error: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
13. Investigation & Evaluation:
    I. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded;
    II. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
14. Treatment of general debility, convalescence, run-down condition or rest cure, sterility, venereal disease.
15. Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
    a. Surgery to be conducted is upon the advice of the Doctor
    b. The surgery/Procedure conducted should be supported by clinical protocols
    c. The member has to be 18 years of age or older and
    d. Body Mass Index (BMI);
        i. greater than or equal to 40 or
        ii. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
            1. Obesity-related cardiomyopathy
            2. Coronary heart disease
            3. Severe Sleep Apnea
            4. Uncontrolled Type2 Diabetes
16. Intentional self-Injury, suicide or attempt to suicide.
17. Any Injury that has occurred prior to the commencement of Policy of Cover whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought. Any Illness, complication or ailment arising out of or connected to such Injury.
18. Any external congenital anomalies.
19. Any Injury / Illness occurring whilst engaging in any Adventure Sports as an Amateur Any event which occurs whilst the Insured Person is operating or learning to operate any aircraft or common carrier, or performing duties as a member of the crew on any aircraft, or scheduled airlines or is engaging in aviation, or whilst the Insured Person is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any scheduled airline anywhere in the world
20. Change of Gender Treatment" Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
21. Treatment by a Family Member and self-medication or any treatment that is not scientifically recognized.
22. Hazardous or Adventure Sport: Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
23. Breach of Law: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
24. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
25. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where

admission is arranged wholly or partly for domestic reasons;

26. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure
27. War, invasion, act of foreign enemy hostilities or warlike operations (whether war be declared or not) or civil commotion or rebellion, revolution, insurrection, mutiny, arrests, detainments of all kinds and political gatherings, police, military, naval or air service, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft.
28. Death, disablement (whether of a permanent nature or of a temporary nature), Injury, Illness or Hospitalization arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
29. Exclusion related to Rest Cure, rehabilitation and respite care:

    Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

    I. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

    II. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
30. Any Procedure/ treatment which is carried out as a Day Care Treatment, or which requires less than 24 continuous hours of Hospitalisation.
31. **Specific Waiting Period (Unless specifically covered and mentioned in the policy certificate)**:

    Expenses related to the treatment of the below listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us This exclusion shall not be applicable for claims arising due to an accident.

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

If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.

The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

List of such specific diseases/procedures

- Deviated Nasal Septum, CSOM-Chronic Suppurative Otitis Media
  i. Stapedectomy, Mastoidectomy, any treatment for conditions related to tonsils, adenoids, sinuses, turbinates/ concha
- Fibroids (fibromyoma), Endometriosis, Uterine Prolapse, Polycysyic Ovarian Syndrome(PCOS)
- Dilatation and curettage (D&C), Myomectomy, Hysterectomy
- Arthritis, Gout and Rheumatism
- Stones in gall bladder & Biliary System; Cholecystitis, Fissure/fistula in anus, haemorrhoids, pilonidal sinus, piles, Esophageal Varices & Gastric Varices, Gastritis, Duodenitis & Pancreatitis
- Gastric & Duodenal ulcers, Gastro Esophageal Reflux Disorder (GERD)/Acid Peptic Disease, Ulcerative colitis, Crohn's disease, Irritable Bowel Syndrome, Inflammatory Bowel disease

- All forms of cirrhosis, Rectal prolapse, Perineal Abscesses, Perianal Abscesses
- Cholecystectomy, Endoscopy
- Stones in Urinary system, all prostate diseases, chronic renal failure or end stage renal failure or chronic kidney disease, dialysis
- Dysfunctional uterine bleeding, pelvic inflammatory diseases, stress incontinence, Hydrocele, varicocele/ rectocele/ spermatocele
- Cataract, Glaucoma, Diseases of the vitreous and retina
- Unless malignant, All Internal/ External tumors, cysts, nodules, polyps, sinus, fistula, adenoma, lumps including teratoma, breast lumps, dermoid cyst, ovarian cyst, desmoid tumour, umblical granuloma, mucous cyst of lip/cheek
- All types of
- Diseases related to thyroid
- All skin ailments
- Ulcers of any kind (whether internal or external) including decubitus ulcers
- Varicose veins & Varicose ulcers
- Intervertebral disc disorders , Arthroscopy, Spinal and Vertebral Disorders including diagnosis as low back ache, Surgeries for joint replacements (except if hospitalization is required due to an accidental injury)
- All Hernias (except if Hospitalization is5 required due to an Injury)

5.3 Claim Documents applicable to Section D

On the occurrence of an Insured Event which may give rise to a claim under this Section of the Policy, We shall be provided with the following necessary and mandatory information and documentation specified in relation to the Benefit being claimed within 30 days of occurrence of the Insured Event:

1. Duly filled claim form by the Insured Person/claimant.
2. Scan copy of original Hospital discharge summary
3. Scan copy of original In-patient detailed bill
4. Scan copy of original Policy copy.
5. Copies of past consultation papers
6. If the claim amount is more than ₹1 lakh, AML Documents - Pan Card Copy, Residence Proof, and 2 passport sized colour photos of Insured Person/claimant
7. Cancelled cheque and NEFT mandate form - duly filled in by the Insured Person/claimant

IV. SPECIAL CONDITIONS APPLICABLE UNDER ALL SECTIONS

1. If the Sum Insured under this Policy is in the form of EMI, for the purpose of claim settlement the EMI declared at the time of Loan (against which the premium has been charged) will be deemed the EMI payable. In no condition the EMI payable at the time of claim will be more than the EMI specified in the Policy Certificate.

2. If the Policy is linked to an underlying Loan, the EMI declared at the time of proposal cannot be increased or decreased after the Risk Inception Date. Wherever a top up loan has been taken by the Insured Person, a separate Policy Certificate can be taken. In no condition the EMI payable at the time of claim will be more than the EMI specified in the Policy Certificate

3. In the event of Loan foreclosure or transfer of Loan to any other Financial Institution, for the purpose of claim settlement, We shall only be liable to pay any claim as per the original Loan amount against which policy was taken, subject to Policy terms and conditions.

4. For the purpose of claim settlement, it is clarified that any monthly payments with respect to the Loan, such as EMI(s) that are overdue to the Financial Institution and unpaid/missed or bounced by the Insured Person prior to the occurrence of the Insured Event under the Policy, will not be considered for the purpose of this Policy and shall be payable by the Insured Person only.

V. GENERAL EXCLUSIONS

We shall not be liable to make any payment for any claim under this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any physical, medical condition or treatment or service that is specifically excluded in the Policy Certificate under the head "Special Conditions".
2. Any breach of the law by the Insured Person with a criminal intent.
3. War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of citizens of whatever nation, riots or civil commotion.
4. Any Injury sustained while performing duty in army, navy, air force, paramilitary force, police or any other such institution, except to the extent it is expressly covered under any Benefit.
5. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from nuclear weapon materials or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
6. Usage, consumption or abuse of alcohol and/or drugs.
7. Participation (aggravation) in any kind of strike, processions, riots etc.
8. Any act of self-destruction or self-inflicted injury, attempted suicide or suicide.
9. Any Injury / Illness occurring whilst working in underground mines or explosives magazines, or involving electrical installation with high tension supply, or as jockeys or circus personnel
10. Any consequential or indirect losses or expenses related to any Insured Event.
11. Any tests and treatment relating to infertility and in vitro fertilization.
12. Any Injury / Illness occurring whilst engaging in any Adventure Sports, either as an instructor/ trainer, or as a participant.

VI. GENERAL POLICY TERMS AND CONDITIONS

1. AGE LIMIT

The minimum and maximum age of entry into the Policy is 18 years and 65 years respectively.

2. PAYMENTS

We shall make payment of an admissible claim to the Insured Person's assignee/partial assignee/conditional assignee, as the case may be, or in the absence of an assignee, to the Insured Person or the Insured Person's nominee. If there is no assignee or Nominee and the Insured Person is incapacitated or deceased, We will pay to the Insured Person's heir, executor or validly appointed legal representative.

Any payment We make in this manner will be a complete and final discharge of Our obligations under this Policy and Our liability towards the claim.

3. "Withdrawal of Policy

i. ln the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

ii. lnsured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as ***cumulative bonus***, waiver of waiting period, provided the policy has been maintained without a break

4. TERMS OF RENEWAL

Renewal of Policy

The policy shall ordinarily be renewable except on ground of established fraud, or non-discloure or misrepresentation by the insured person provided the policy is not withdrawn and also subject to Moratorium conditions.

- Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of thirty days. Coverage is not available during the grace period.
- No loading shall apply on renewals based on individual claims experience.

The Policy may be renewed as per regulatory prescriptions under the then prevailing Income Protect Policy or its nearest substitute product (in case of product withdrawal) approved by the IRDAI, and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than Grace Period of 30 days from the expiry of the Policy.

- We will not be liable to pay for any Claim arising out of an Insured Event that occurs during the Grace Period.

- The Policy provides for life-long Renewals with respect to Benefit 2, Benefit 3, and Benefit 9. Benefit 9 cannot be renewed in isolation as it is an Extension cover and can only be opted for at

Renewal only if there is any Base cover applicable and in-force.

- Notwithstanding anything to the contrary contained in the Policy, no subsequent Renewals will be allowed, in the event of any claim made and admitted by Us under either Benefit 2, Benefit 3, Benefit 4, Benefit 5, or Benefit 8.

- You shall on tendering any premium for the Renewal of this Policy give notice in writing to Us of any Illness, physical defect or infirmity with which any of the Insured Person(s) have become affected since the payment of the expiring Policy start date.. We may, revise the Renewal premium payable under the Policy or the terms of cover, provided that all such changes are approved in accordance with the IRDAI rules and regulations as applicable from time to time. We will intimate.

- The above conditions for Renewal are to be read in unison, and not standalone.

4. CLAIM SETTLEMENT/PROCEDURE

- The fulfillment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Certificate) insofar as they relate to anything to be done or complied with by You or any Insured Person, including complying with the procedures and requirements in relation to claims, shall be Conditions Precedent to Our liability under this Policy**.**

- We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full and on time in respect of the Insured Person's cover under the Policy and all payments have been realised.

- On occurrence of an any event that may give rise to a Claim under this Policy, You shall-

    - Notify Us immediately on toll free number 1800 2666 or on our website www.icicilombard.com or also in writing at Our address specified in the Policy Certificate.
    - Along with the completed and signed Claim form, provide all the relevant documents, specified within the relevant Section of the Policy for the Benefit being claimed, must be submitted in full within 30 days.
    - Wherever details pertaining to happening of Claim are conveyed by you to Us after reasonable period, You shall provide the reasons of such delay to Us.

- If any Claim is not made within 30 days of the Insured Event, then We will condone such delay on merits only where the delay has been proved to be for reasons beyond the claimant's control.

- We shall make the payment of claim that has been admitted as payable by Us under the Policy within 15 days of receipt of the claim along with documents and information required for the settlement of the claim, and any rejections if done, would be provided with proper reasons by Us., We shall settle the claim within 15 days from such date of receipt of the claim along with documents.

- The admissible Claim amount will be calculated post applicability of Deductible, Co-pay, Sub-limits, if any, and as specifically defined in Policy certificate.

- The role of the TPA (if any) would be limited to facilitate the flow of information between Us and the Insured Person.

Migration: In case of migration of indemnity based health insurance policy (except Personal Accident and Travel Policies) with the same Insurer, the insured can transfer the credits gained to the extent of the Sum Insured and benefits available in the previous policy to the migrated policy. The Company may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

5. PORTABILITY BENEFITS

a. The insured has the choice to port his / her policies from one Insurer to another.
b. The insured is entitled to transfer the credits gained to the extent of the sum insured and the benefits available in the previous policy, subject to the underwriting policy of the Company
c. The Company shall decide and communicate on the proposal upon receipt of information from Existing insurer within prescribed timelines.
d. This benefit is not applicable for enhanced sum insured.
e. A policyholder desirous of porting his/her policy to another insurer shall apply to such insurer to port the entire policy along with all the members of the family, if any, at least

30 days before, but not earlier than 60 days from the due date for renewal

6. OTHER RELATED TERMS AND CONDITIONS

- Please inform Us immediately of any change in the address, occupation, state of health, or of any other changes affecting the Insured Person (or his Nominee/ legal heir, as the case may be).
- Any change in the policy terms and conditions including but not limited to Sum Insured and/or coverage shall not be permitted within the Period of Cover.
- In case You choose to pay the premium in instalments, then You shall not be able to change the frequency of payments within the Period of Cover.
- In case You have opted for auto renewal, the Policy shall be Renewed with the same terms & conditions including but not limited to the Sum Insured, coverage, premium paying terms and claim payment terms.
- The scope of cover shall be within the geographical boundaries on India unless specified otherwise.

VII. STANDARD POLICY TERMS AND CONDITIONS

1. Incontestability and Duty of Disclosure

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

2. Observance of terms and conditions

The due observance and fulfilment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to Our liability to make any payment under this Policy.

3. Records to be maintained

The Insured Person shall keep an accurate record containing all relevant particulars and shall allow Us to inspect such record.

4. No constructive Notice

Any knowledge or information of any circumstances or condition in relation to the Insured Person, or in connection with which a claim may be made under this Policy coming to the knowledge or possession of any of Our officials shall not be construed as notice to or be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

5. Notice of Charge

We shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by Us to the Insured Person, Nominee, assignee or his legal heirs of any amount under the Policy shall in all cases be an effectual discharge to Us.

6. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy, Policy Certificate or in any separate instrument or Endorsement shall be deemed to be part of this Policy and shall have effect accordingly.

7. Overriding effect of Part II of the Schedule

The terms and conditions contained herein and in Part II of the Schedule shall be deemed to form part of the Policy and shall be read as if they are specifically incorporated herein; however in case of any inconsistency of any term and condition with the scope of cover contained in Part II of the Schedule, then the term(s) and condition(s) contained herein shall be read mutatis mutandis with the scope of cover/terms and conditions contained in Part II of the Schedule and shall be deemed to be modified accordingly or superseded in case of inconsistency being irreconcilable.

8. Electronic Transactions

The Insured Person agrees to adhere to and comply with all such terms and conditions as We may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through

facilities for conducting remote transactions including the internet, the world wide web, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on Our behalf, for and in respect of the Policy or its terms, or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time. The Insured Person agrees that We may exchange, share or part with any information with any government institution or statutory body, as may be determined by Us and shall not hold Us liable for such use/application.

9. Right to inspect

In case of any loss or occurrence to the Insured Person that has given or may give rise to a claim under the Policy, If required by Us, Our agent/representative, including any loss assessor or surveyor/investigator or any individual or entity appointed on Our behalf shall be permitted at all reasonable times to examine the circumstances of such loss or occurrence.

The Insured Person shall on being required to do so by Us, produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his/her possession and furnish copies of or extracts from such of them as may be required by Us so far as they relate to such claim(s), or may in any way assist Us to ascertain the correctness thereof or Our liability under the Policy.

10. 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 Insured Person, or anyone acting on his/her behalf to obtain any Benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the arbitrator(s) have made their award, all Benefits under this Policy shall be forfeited.

11. 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 Person and Us to be subject to Indian Law. Each party agrees to submit to the jurisdiction of the Courts in India and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

12. Arbitration clause

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if We have disputed or not accepted liability under or in respect of this Policy. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

13. Cancellation/ Termination

a) Disclosure to information norm- The Policy shall be void and all premium paid hereon shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

b) You/the Insured Person may also cancel this policy by giving 15 days' notice in writing to Us, for the cancellation of this Policy, in which case We shall from the date of receipt of the notice cancel the Policy, retain the premium for the period this Policy has been in force, and

refund at Our short period scales as per the Refund Grid provided below, provided that no refund of premium shall be made if any claim has been made under the Policy by or on behalf of the Insured Person.

c) Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the Insured Person where any Claim has been admitted by Us or has been lodged with Us or any Benefit has been availed by the Insured Person under the Policy.

d) Refund Grid:

Policy tenure / Cancellation month/period	1	2	3	4	5
Within 1 month*	75.0 %	80.0 %	82.5 %	82.5 %	83.0 %
2-3 months	62.5 %	72.5 %	77.5 %	77.5 %	80.0 %
4-6 months	40.0 %	62.5 %	70.0 %	72.5 %	75.0 %
7-12 months	0.0%	42.5 %	55.0 %	62.5 %	65.0 %
13-18 months		20.0 %	42.5 %	52.5 %	57.5 %
19-24 months		0.0%	27.5 %	42.5 %	50.0 %
25-30 months			12.5 %	30.0 %	42.5 %
31-36 months			0.0%	20.0 %	32..5 %
37-42 months				10.0 %	25.0 %
43-48 months				0.0%	15.0 %
49-54 months					7.5%
55-60 months					0.0%

*Not applicable for policies with freelook period; Premium refund for cancellations during the freelook period will be provided as per the Free look clause

e) In case of a cancellation request by You/Insured Person, the Policy will be cancelled in its entirety, and any selected Benefits or Sections under the Policy cannot be cancelled.

f) For any cancellation initiated by Us, refund of premium shall be done on a pro rata basis.

13. Free Look Period

Every insured of new health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy. If the insured cancels the policy within free look period then the insured shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the insured and stamp duty charges.

15. Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

In case of You, at the address specified in Policy Certificate, and in case of the Insured Person, at the Insured Person's address specified in the Policy Certificate.

In case of Us:

ICICI Lombard General Insurance Company Limited,
ICICI Lombard House,
414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai

400025, Toll-free number: 1800-2666

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e mail.

16. Customer Service If at any time the Insured Person (or his Nominee/ legal heir, as the case may be) requires any clarification or assistance, they may contact Our offices at the address specified below, during normal business hours.
ICICI Lombard General Insurance Company Limited
ICICI Lombard House 414, Veer Savarkar Marg,
Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025.

17. Grievances

ln case of any grievance the insured person may contact the Company through

Website: www.icicilombard.com Toll free: 1800 2666 Email: customersupport@icicilombard.com

ICICI Lombard General Insurance Co. Ltd. Ground floor- Interface 11, Sixth floor- Interface 16 ,

Office no 601 & 602, New linking Road, Malad (West), Mumbai – 400064

There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution

lnsured person may also approach the grievance cell at any of the company's branches with the details of grievance. For branch details, please visit https://www.icicilombard.com/docs/default-source/policy-wordings-product-brochure/final-gro-mapping.pdf.

lf lnsured person is not satisfied with the redressal of grievance, insured person may contact the grievance officer at the details provided in the below link:

https://www.icicilombard.com/grievanceredressal.com

lf lnsured person is not satisfied with the redressal of grievance, the insured person may also approach Insurance Regulatory and Development Authority (IRDA) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ or IRDA Grievance Call Centre(IGCC) at their toll free no. 1800 4254 732 / 155255

Insured may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDA website: www.irdaindia.org, or on the Company's website at www.icicilombard.com or on https://www.cioins.co.in/Ombudsman"

SN	Center	Address & Contact
1	AHMEDABAD	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in Jurisdiction : Gujarat, Dadra & Nagar Haveli, Daman and Diu.
2	BENGALURU	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in Jurisdiction :Karnataka.

3	BHOPAL	Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in Jurisdiction : Madhya Pradesh, Chhattisgarh.
4	BHUBANESHWAR	Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in Jurisdiction : Odisha.
5	CHANDIGARH	Mr Atul Jerath Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in Jurisdiction : Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh
6	CHENNAI	Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in Jurisdiction : Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry).
7	DELHI	Insurance Ombudsman 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 Jurisdiction : Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
8	GUWAHATI	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in Jurisdiction : Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

9	HYDERABAD	Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in Jurisdiction : Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
10	JAIPUR	Insurance Ombudsman 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 Jurisdiction : Rajasthan.
11	KOCHI	KOCHI Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College Ground,M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in Jurisdiction : Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
12	KOLKATA	Insurance Ombudsman 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 Jurisdiction : West Bengal, Sikkim, Andaman & Nicobar Islands.
13	LUCKNOW	Insurance Ombudsman 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 Jurisdiction : Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar,

		Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
14	MUMBAI	– Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in Jurisdiction : Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)
15	NOIDA	Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in Jurisdiction : State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
16	PATNA	Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in Jurisdiction : Bihar, Jharkhand.
17	PUNE	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in Jurisdiction : Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).
18	THANE	Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor,Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West)- 400604 **Tel:**022-20812868/022-20812869 **Email:**bimalokpal.thane@cioins.co.in Jurisdiction : Area of Navi Mumbai, Thane District,

		Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and Thane.).

The updated details of Insurance Ombudsman are available on IRDA website: www.irdaindia.org, on the website of General Insurance Council: www.generalinsurancecouncil.org.in, website of the Company www.icicilombard.com or from any of the offices of the Company

VIII. ADDITIONAL CLAUSES AVAILABLE UNDER THIS POLICY

1. Assignment clause

It is hereby declared and agreed that upon due written consent granted by the Proposer as stated under the head of "Proposer name" in the Policy Certificate to the Policy:

i. Any amount becoming payable to the Insured Person in accordance with policy terms and conditions) including all rights, title, benefits and interest of the Insured Person under this Policy stand assigned in favour of the Financial Institution (assignee) specified in the Policy Certificate of the Policy with respect to only that Loan Account Number, as specified in the Policy Certificate.

ii. The receipt of such amount in the manner aforesaid by the Financial Institution (assignee) specified in the Policy Certificate of this Policy, shall completely discharge Us from all Our liability under the Policy in respect of such payable amount, and this shall be binding on the Insured Persons and their legal heirs, executors, administrators, and successors.

iii. This is to clarify that such assignment shall be subject to the condition that in the event of the Insured Person's death during the Period of Cover, the amounts payable as per the Policy terms and conditions will be paid to the said Financial Institution (assignee) only to the extent of the Loan amount outstanding, if any, and any amount in excess after such payment shall be paid to the Insured Person's Nominee.

2. Premium Instalment Clause

Premium Payment in installments

lf the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of lnsurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

i. 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 company shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

ii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.

iii. No interest will be charged lf the instalment premium is not paid on due date.

iv. ln case of instalment premium due not received within the grace period, the policy will get cancelled.

v. ln the event of a claim, all subsequent premium instalments shall immediately become due and payable.

vi. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

a. We will accept payment of the premium applicable taxes, charges, cess etc. in monthly/quarterly/half yearly/annual instalments as specified in the Policy Certificate provided that the Insured Person/Policyholder continues to perform and observe all their obligations hereunder.

b. Notwithstanding the above Clause, upon non-payment of any premium instalments for up to 7 days from the due date of such instalment thereof, this Policy shall cease to operate from the time and date of the default in payment of such premium instalment and We shall not be liable under this Policy for any loss occurring thereafter, including the intervening period, nor shall any refund of premium become due under the Policy.

c. Notwithstanding anything to the contrary contained above, in the event of a claim becoming payable under the Policy all the subsequent premium instalments shall immediately become due and payable. We may recover and deduct any or all the pending premium instalments from the claim amount falling due under the Policy.

3. Auto Renewal Clause

We will automatically renew the Policy for the Period of Cover as opted by the Insured Person. However, after completing an entire auto Renewal period on expiry of the Policy on the Policy End Date, We shall not be bound to accept any Renewal premium.

a. Every Renewal premium shall be paid and accepted as per the terms of Renewal specified under this Policy and upon the distinct understanding that no alteration has taken place in the facts contained in the Proposal and Declaration Form herein before mentioned and that nothing is known to the Insured Person that may result to enhance the risk of We under the guarantee hereby given. Any change in the risk will be intimated to Us by the Policyholder/ Insured Person. Nothing herein or otherwise shall affect Our right to impose any additional terms and conditions on Renewal or restrict any Renewal terms as to premium or otherwise.

No Renewal receipt shall be valid unless it is on the printed form of Our and signed by Our authorized official.

4. Periodical Claim Payment Clause

We will pay the claim amount for the Payout Period by way of periodical instalments as per the Periodicity opted by You for a given period as specified in the Policy Certificate. This option is only applicable to and available under Benefit 2, Benefit 4, Benefit 5, and Benefit 8.

We shall be liable to pay only for the Payout Period and such amounts specified in the Policy Certificate. The Periodicity cannot be changed subsequently.

"**Payout Period**" and "**Periodicity**" means the period and payout frequency respective, as specified in the Policy Certificate for which the periodical benefit shall be paid.

5. Reducing Sum Insured Clause

In case the Policy is linked to an underlying Loan and Sum Insured is opted on a reducing basis under this Endorsement, the claim amount payable under Benefit 2, Benefit 4 and Benefit 5, shall be the lower of the following, regardless of the Sum Insured at the Risk Inception Date:

1. The Principal Outstanding Amount of the Loan in the books of the Financial Institution as on the date of occurrence of the Insured Event; or

2. The Principal Outstanding as per the Amortization Chart between the Financial Institution and the Insured Person against the Loan, as on the date of Loan disbursement or Risk Inception Date (whichever is later).

For the purpose of this Endorsement, the Sum Insured opted under this Endorsement should be equal to the full amount of Loan disbursed. In the event that the Sum Insured opted by the Insured Person is less than the full amount of Loan disbursed, then the claim amount payable under the Policy will be further reduced proportionately.

Illustration:

Mr. Sandeep has taken a Loan of 1 crore from YYY Bank, however he did not opt for the full amount of insurance and took only 50 lakhs of insurance, on Reducing sum insured basis.

After 3 years, Mr. Sandeep unfortunately contracts Cancer. Mr Sandeep has an outstanding Loan amount of 70 lakhs as on the date of first diagnosis. In this scenario Mr. Sandeep will only be applicable for 35 Lakhs of claim amount as he had opted for only 50% of insurance.

Note: The Reducing Sum Insured Clause Endorsement shall be applicable subject to this option being selected in the Proposal form, and being expressly specified in the Policy Certificate.

Annexure A
List of covered Surgeries/Surgical Procedures

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

23	MUSCULOSKELETAL SYSTEM	Finger Trauma replantation	50%
24	MUSCULOSKELETAL SYSTEM	Implantation of prosthesis for limb	50%
25	MUSCULOSKELETAL SYSTEM	Open Reduction and Internal fixation of fracture Long bone (Humerus, Radius, ulna, Femur, Tibia, Fibula), with or without Bone grafting	25%
26	MUSCULOSKELETAL SYSTEM	Osteomyelitis - Surgical Drainage and Curettage	25%
27	MUSCULOSKELETAL SYSTEM	Other interposition reconstruction of joint	50%
28	MUSCULOSKELETAL SYSTEM	Other prosthetic replacement of articulation of other bone	50%
29	MUSCULOSKELETAL SYSTEM	Other prosthetic replacement of head of femur	50%
30	MUSCULOSKELETAL SYSTEM	Other prosthetic replacement of head of Humerus	50%
31	MUSCULOSKELETAL SYSTEM	Other reconstruction of joint	50%
32	MUSCULOSKELETAL SYSTEM	Other total prosthetic replacement of hip joint/core decompression with graft for osteonecrosis of femoral head	50%
33	MUSCULOSKELETAL SYSTEM	Other total prosthetic replacement of knee joint	50%
34	MUSCULOSKELETAL SYSTEM	Other total prosthetic replacement of other joint	50%
35	MUSCULOSKELETAL SYSTEM	Prosthetic interposition reconstruction of joint	50%
36	MUSCULOSKELETAL SYSTEM	Prosthetic replacement of head of femur not using cement	50%
37	MUSCULOSKELETAL SYSTEM	Prosthetic replacement of head of femur using cement	50%
38	MUSCULOSKELETAL SYSTEM	Prosthetic replacement of head of Humerus not using cement	50%
39	MUSCULOSKELETAL SYSTEM	Prosthetic replacement of head of Humerus using cement	50%
40	MUSCULOSKELETAL SYSTEM	Prosthetic replacement/articulation/other bone not using cement	50%
41	MUSCULOSKELETAL SYSTEM	Prosthetic replacement/articulation/other bone using cement	50%
42	MUSCULOSKELETAL SYSTEM	Replantation of lower limb	50%
43	MUSCULOSKELETAL SYSTEM	Replantation of upper limb	50%
44	MUSCULOSKELETAL SYSTEM	Spinal Fusion (arthrodesis of spine with bone graft/internal fixation)	50%
45	MUSCULOSKELETAL SYSTEM	Therapeutic endoscopic operations on cavity of knee joint	25%
46	MUSCULOSKELETAL SYSTEM	Therapeutic endoscopic operations on cavity of Shoulder joint	25%
47	MUSCULOSKELETAL SYSTEM	Unilateral or bilateral prosthetic replacement of hip joint not using cement	50%

48	MUSCULOSKELETAL SYSTEM	Unilateral or bilateral prosthetic replacement of hip joint using cement	50%
49	MUSCULOSKELETAL SYSTEM	Unilateral or bilateral replacement of knee joint not using cement	50%
50	MUSCULOSKELETAL SYSTEM	Unilateral or bilateral prosthetic replacement of knee joint using cement	50%
51	MUSCULOSKELETAL SYSTEM	Unilateral or bilateral prosthetic replacement of other joint not using cement	50%
52	MUSCULOSKELETAL SYSTEM	ACL/PCL repair/reconstruction	25%
53	NERVOUS SYSTEM	Bur-hole Drainage of Extradural, subdural or intracerebral space	25%
54	NERVOUS SYSTEM	Craniotomy for non-malignant space occupying lesions	50%
55	NERVOUS SYSTEM	Craniotomy for Drainage of Extradural, subdural or intracerebral space	50%
56	NERVOUS SYSTEM	Craniotomy for malignant Brain tumors	50%
57	NERVOUS SYSTEM	Decompression surgery for Entrapment Syndrome	50%
58	NERVOUS SYSTEM	Embolectomy / Thrombectomy/ Endarterectomy with or without Graft	50%
59	NERVOUS SYSTEM	Excision of deep seated peripheral nerve tumour	50%
60	NERVOUS SYSTEM	Excision of pineal gland	50%
61	NERVOUS SYSTEM	Fixation of fracture of spine	50%
62	NERVOUS SYSTEM	Free Fascia Graft for Facial Nerve Paralysis	25%
63	NERVOUS SYSTEM	Intracranial transection of Cranial nerve	50%
64	NERVOUS SYSTEM	Laminectomy/Discectomy for Spinal nerve root decompression	50%
65	NERVOUS SYSTEM	Microvascular decompression of cranial nerves/nervectomy	50%
66	NERVOUS SYSTEM	Multiple Microsurgical Repair of digital nerve	50%
67	NERVOUS SYSTEM	Operations on Subarachnoid space of brain	50%
68	NERVOUS SYSTEM	Other operations on the meninges of the Brain	50%
69	NERVOUS SYSTEM	Peripheral nerve Graft	50%
70	NERVOUS SYSTEM	Repair of Cerebral or Spinal Arterio- Venous Malformations or aneurysms	50%
71	NERVOUS SYSTEM	Total or Partial Excision of the pituitary gland - Any approach (Transforntal or Trans Sphenoid)	50%
72	ORGAN TRANSPLANT	Bone Marrow transplant (as recipient)	50%
73	ORGAN TRANSPLANT	Heart/Heart-Lung Transplant	50%
74	ORGAN TRANSPLANT	Liver Transplantation	50%
75	ORGAN TRANSPLANT	Lung Transplantation	50%
76	ORGAN TRANSPLANT	Renal transplant (recipient)	50%
77	ORO-MAXILLOFACIAL SURGERY	Major reconstructive oro-maxillafacial surgery due to trauma or burns and not for cosmetic purpose	50%
78	ORO-MAXILLOFACIAL SURGERY	Osteotomy including segmental resection with bone grafting for Mandibular and maxillary lesions	50%
79	OTHERS	Excision and Major Flap Repair of skin and Subcutaneous tissue due to Major Burns	50%
80	OTHERS	Radical Excision of malignant tumour in bones	50%
81	OTHERS	Major resection of tumour and reconstruction of bone	50%
82	OTHERS	Radical Mastectomy	25%

83	OTHERS	Total excision of breast/ Simple Mastectomy	25%
84	RENAL/GENITO URINARY SYSTEM	Amputation of penis	25%
85	RENAL/GENITO URINARY SYSTEM	Excision of ureter	25%
86	RENAL/GENITO URINARY SYSTEM	Kidney injury repair	25%
87	RENAL/GENITO URINARY SYSTEM	Open extirpation of lesion of kidney	25%
88	RENAL/GENITO URINARY SYSTEM	Total excision of bladder	25%
89	RENAL/GENITO URINARY SYSTEM	Total or Partial nephrectomy due to medical advice (not as a transplant donor)	50%
90	RENAL/GENITO URINARY SYSTEM	Unilateral or Bilateral excision of testes	25%
91	RENAL/GENITO URINARY SYSTEM	Urinary diversion	25%
92	RENAL/GENITO URINARY SYSTEM	Cystectomy	25%
93	RENAL/GENITO URINARY SYSTEM	Prostatectomy	25%
94	RENAL/GENITO URINARY SYSTEM	open Hysterectomy/BSO due to cancer only	50%
95	RENAL/GENITO URINARY SYSTEM	Lap. Hysterectomy+ BSO due to cancer only	25%
96	RESPIRATORY SYSTEM	Wide excision and Major reconstruction of malignant Oro-pharyngeal tumors with chemo	50%
97	RESPIRATORY SYSTEM	Pneumonectomy/Lobectomy	25%
98	RESPIRATORY SYSTEM	Pleurectomy	25%
99	RESPIRATORY SYSTEM	Chronic bronchopleural fistula requiring a surgical procedure for closure of the fistula through an open thoracotomy	25%
100	DIGESTIVE SYSTEM	Hemicolectomy/ Colectomy/ Ileocolectomy	25%
101	DIGESTIVE SYSTEM	Total excision of stomach	50%
102	DIGESTIVE SYSTEM	Partial/ Complete Gastrectomy	50%
103	DIGESTIVE SYSTEM	Partial/ Complete Eosophagectomy	50%
104	DIGESTIVE SYSTEM	Pancreatectomy	50%
105	DIGESTIVE SYSTEM	Pancrepancreaticoduodenectomy- Whipples surgery	50%
106	DIGESTIVE SYSTEM	Partial/Complete Hepatectomy	25%
107	DIGESTIVE SYSTEM	Partial / complete splenectomy	25%