Zuno Group Secure Plus

Policy Wording

Zuno Group Secure Plus Policy
Standard Policy Wordings

a) Policy Schedule
b) Preamble:-
This is a contract of insurance between the Company and the Policyholder which is subject to the realization of the full premium in advance and the terms, conditions and exclusions to this Policy. This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by Policyholder in respect of the Insured Persons in the Proposal and the Policy Schedule. Please inform the Company immediately of any change in the address, state of health or any other changes affecting the Policyholder or any Insured Person.
c) Definitions:-
The terms defined below have the meanings ascribed to them wherever they appear in this policy and where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:
i. Standard Definitions –
1. Accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. Any one Illness would mean the continuous period of illness, including relapse within a period of 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
3. Condition precedent shall mean a policy term or condition upon which our liability under the policy is conditional upon.
4. Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
a. Internal congenital anomaly which is not in the visible and accessible parts of the body.
b. External congenital anomaly which is in the visible and accessible parts of the body.
5. Disclosure to information norm means 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
6. Grace period: means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
7. 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 regulation) act, 2010 or under enactments specified under the schedule of section 56(1)of the said act or complies with all minimum criteria as under:
• Has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
• Has qualified nursing staff under its employment round the clock,
• 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 our authorized personnel.
8. 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.
9. Illness means sickness or 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 ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests

• It needs ongoing or long-term control or relief of symptoms
• It requires 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.
10. 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
11. In Patient 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.
12. Intensive Care Unit: Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
13. ICU Charges:
ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
14. Maternity expenses:
Maternity expenses means;
a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
b) expenses towards lawful medical termination of pregnancy during the policy period.
15. Medical Advice- Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
16. Medical practitioner means a person who holds a valid registration from the medical council of any state or medical council of India or council for Indian medicine or for homeopathy set up by the government of India or a state government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license, other than
a) An insured person under this policy;
b) An immediate family of the insured person. For purposes of this definition only, the term immediate family member shall not be limited to natural persons resident in the same country as the insured person.
17. Medically Necessary Treatment - Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of
a stay in hospital which:
a) is required for the medical management of the illness or injury suffered by the insured;
b) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
c) must have been prescribed by a medical practitioner;
d) must conform to the professional standards widely accepted in international medical practice or by the medical community in India
18. Network Provider: Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA
to provide medical services to an insured by a cashless facility.
19. New Born Baby: Newborn baby means baby born during the Policy Period and is aged upto 90 days.
20. Non- Network Provider:
Non-Network means any hospital, day care centre or other provider that is not part of the network.
21. Notification of Claim:
Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
22. OPD treatment:

OPD treatment means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
23. Pre-Existing Disease means any condition, ailment, injury or disease:
a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement
or
b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by insurer or its reinstatement.
24. Pre-hospitalization Medical Expenses
Pre-hospitalization Medical Expenses means medical expenses incurred during predefined 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.

25. Post-hospitalization Medical Expenses:
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
ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
26. Qualified Nurse
Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
27. Reasonable and Customary Charges
Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
28. Room Rent:
Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
29. Surgery or Surgical Procedure:
Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
30. Third Party Administrator:
Third Party Administrator (TPA) means a company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services as mentioned under these regulations.
31. Unproven/Experimental treatment:
Unproven/Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
32. Critical Illness
The insured event under this section and the conditions applicable to the same are more particularly defined below:-
1. Cancer of Specified Severity:
A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues.
This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
II. The following are excluded –
i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential,neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -
2 and CIN-3.
ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
iii. Malignant melanoma that has not caused invasion beyond the epidermis;
iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical
TNM classification T2N0M0

v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukaemia less than RAI stage 3
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
2. Myocardial Infarction (First Heart Attack Of Specific Severity):
The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for myocardial infarction should be evidenced by all of the following criteria:
• A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (for e.g. Typical chest pain)
• New characteristic electrocardiogram changes
• Elevation of infarction specific enzymes, troponins or other specific biochemical markers.
The following are excluded:
• Other acute coronary syndromes
• Any type of angina pectoris
• A rise in cardiac biomarkers or troponin t or i in absence of overt ischemic heart disease or following an intra-arterial cardiac procedure.

3. Open Chest CABG
The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
The following are excluded: Angioplasty and/or any other intra-arterial procedures.
4. Open Heart Replacement Or Repair Of Heart Valves
The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.
Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.
5. Coma Of Specified Severity
A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
• No response to external stimuli continuously for at least 96 hours;
• Life support measures are necessary to sustain life; and
• Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.
6. Kidney Failure Requiring Regular Dialysis
End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.
7. Stroke Resulting In Permanent Symptoms
Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in ct scan or mri of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
The following are excluded:
• Transient ischemic attacks (tia)
• Traumatic injury of the brain
• Vascular disease affecting only the eye or optic nerve or vestibular functions.
8. Major Organ/Bone Marrow Transplant the actual undergoing of a transplant of:
• One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
• Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
The following are excluded:
• Other stem-cell transplants
• Where only Islets of Langerhans are transplanted.

9. Permanent Paralysis Of Limbs
Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.
10. Motor Neuron Disease With Permanent Symptoms
Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunctionthat has persisted for a continuous period of at least 3 months.

11. Multiple Sclerosis With Persisting Symptoms
The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the followi
i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
ii. 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 due to SLE is excluded.
12. Benign Brain Tumor
Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
• Permanent neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
• Undergone surgical resection or radiation therapy to treat the brain tumor.
The following conditions are excluded:
Cysts, granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.
13. Deafness
Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an ear, nose and throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than
90decibels across all frequencies of hearing” in both ears.
14. End Stage Liver Failure
Permanent and irreversible failure of liver function that has resulted in all three of the following:
• Permanent Jaundice; and
• Ascites; and
• Hepatic encephalopathy.
Liver failure secondary to drug or alcohol abuse is excluded.
15. Loss Of Speech
Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an ear, nose, and throat (ENT) specialist.
16. Primary (Idiopathic) Pulmonary Hypertension
An unequivocal diagnosis of primary (idiopathic) pulmonary hypertension by a cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on cardiac cauterization. There must be permanent irreversible physical impairment to the degree of at least class IV of the New York Heart Association classification of cardiac impairment.
The NYHA classification of cardiac impairment are as follows:
• Class III: marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
• Class IV: unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.
17. 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.
18. Angioplasty

Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG). Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

19. Major Head Trauma
Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of` this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.
Activities of daily living are:
I. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
II. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
III. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
IV. Mobility: the ability to move indoors from room to room on level surfaces;
V. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
VI. Feeding: the ability to feed oneself once food has been prepared and made available.
The following are excluded : Spinal cord injury;
20. End Stage Lung Failure
End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following
I. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart;
II. Requiring continuous permanent supplementary oxygen therapy for hypoxemia;
III. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO_2 < 55mmHg$); and
IV. Dyspnea at rest.
21. Loss of Limbs
The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.
22. Blindness
Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
The Blindness is evidenced by:
• corrected visual acuity being 3/60 or less in both eyes or;
• the field of vision being less than 10 degrees in both eyes
The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

ii) Specific Definitions –

1. Age means age of the Insured person on last birthday as on date of commencement of the Policy.
2. Associate medical expenses
Associate medical expenses: means proportionate deductions of the medical expenses when a higher room category is chosen than the category that is eligible as per terms and conditions of the policy. Proportionate deduction are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.
Associate Medical expenses applicable to below categories/ Expenses incurred during Hospitalization-
• Room Rent
• Nursing charges for Hospitalization as an Inpatient excluding private nursing charges
• Medical Practitioners' fees

• Physiotherapy
• Operation theatre charges;

This shall not apply to the below categories:
• Cost of pharmacy and consumables,
• Cost of implants and medical devices
• Cost of diagnostics,
• ICU Charges

3. Bank means a banking company which transacts the business of banking in India or abroad.
4. Beneficiary: in case of death of the insured person, the beneficiary means, unless stipulated otherwise by the insured person, the surviving spouse or immediate blood relative of the insured person, mentally capable and not divorced, followed by the children natural or adopted, followed by the insured person's legal heirs. For all other benefits, the beneficiary means the insured person himself unless stipulated otherwise.
5. Commencement date means the commencement date of this policy as specified in the schedule
6. Civil war means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Included in the definition: armed rebellion, revolution, sedition, insurrection, coup d'état, and the consequences of Martial Law.
7. Critical illness (Major Medical Illness and Procedures), an illness, medical event or surgical procedure specifically defined in the scope of cover under the Policy.
8. Common Carrier /Public Carrier means any civilian Scheduled Railways or Scheduled Aircraft or any public service vehicle as per Motor vehicle Act and in each case operated under a valid license for the transportation of passengers for hire.
9. Company means Zuno General Insurance Company Limited.
10. Diagnostic Centre/ Laboratory means the diagnostic centres which have been empanelled by Insurer or our Third Party Administrator as per the latest version of the Schedule of diagnostic centres maintained by Insurer or our Third Party Administrator, which is available to Insured on request.
11. Dependent child a. means an unmarried dependent child ordinarily residing with the insured person between 4 years and up to twenty one (21) years (including both years) at the time of inception of the policy/endorsement
b. In case of full time education at an accredited tertiary institution, the age of the dependent child would be up to thirty (30) years at the time of inception of the policy/endorsement (including both years)This would also include legally adopted and step- children, of an insured person or the spouse of an insured person.
12. EMI or EMI amount means and includes the amount of monthly payment required to repay the principal amount of loan and interest by the insured as set forth in the amortization chart referred to in the loan agreement (or any amendments thereto) between the bank/financial institution and the insured prior to the date of occurrence of the insured event under this policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the insured prior to the occurrence of the insured event will not be considered for the purpose of this policy and shall be deemed as paid by the insured.
13. 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
14. Fees mean only "tuition fees" payable only on reimbursement basis (on production of original fee receipt), upto the amount stated in the policy schedule, the limit being for 24 months to the surviving dependent child of the insured person who must be in full time education at an accredited educational institution, and only up to any two children are eligible. This would be a one-time payment.
15. Foreign war means armed opposition, whether declared or not between two countries
16. Franchise means the company is not responsible for the loss which does not exceed specified number of days/hours for Hospital cash
Benefit section, but is responsible to cover the risk from the first day/hour if it exceeds specified number of days/hours.
17. Group: means any association of persons who assemble together with a commonality of purpose or for engaging in a common economic activity, like employees of a company. Non-employer-employee groups, like employee welfare associations, holders of credit cards issued by
a specific company, customers of a particular business where insurance is offered as an add-on benefit, borrowers of a bank, professional associations or societies. However, an association of persons coming together with the main purpose of availing an insurance cover will not qualify to be a group for the purpose of this Policy.
18. Insured means the individual(s) whose name(s) are specifically appearing as such in Section 1 of the Policy schedule to this policy. For the purpose of avoidance of doubt it is clarified that the heirs, executors, administrators, successors or legal representatives of the insured may present a claim on behalf of the insured to the company.
19. Insured event means any event specifically mentioned as covered under this policy.

20. Loan means the sum of money lent at interest or otherwise to the insured for property located in India by any bank/financial institution as identified by the loan account number referred to in policy schedule.

21. Material facts for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk
22. Nominee means the person(s) nominated by the insured to receive the insurance benefits under this policy payable on the death of the insured. For the purpose of avoidance of doubt it is clarified that if the insured is a minor, his guardian shall appoint the nominee.
23. Policy period/period of insurance means the period commencing from policy start date and hour as specified in the schedule and
terminating at midnight on the policy end date as specified in of the schedule to this policy or the date of cancellation of this policy, whichever is earlier.
24. Permanent total disability (PTD) means Disability, as the result of a bodily injury, which:
(a) Continues for a period of twelve (12) consecutive months, and
(b) Is confirmed as total, continuous and permanent by a physician after the twelve (12) consecutive months, and
(c) Entirely prevents an insured person from engaging in or giving attention to gainful occupation of any and every kind for the remainder of his/her life.
25. Permanent partial disability (PPD) - means the insured person has suffered a permanent loss of physical function or anatomical loss of use of a body part, substantiated by a diagnosis by a physician.
26. Policy means our contract of insurance with the policy holder providing cover as detailed in this policy terms and condition, the proposal form, policy schedule, endorsement/s, if any, and annexure, which forms part of the contract and must be read together
27. Policyholder means the entity or person named as such in the schedule
28. Public authority means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, exact obedience, and command, determine or judge.
29. Principal outstanding means the principal amount of the loan outstanding as on the date of occurrence of insured event less the portion of principal component included in the EMIs payable but not paid from the date of the loan agreement till the date of the insured event/s. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the bank 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.
30. Professional sports means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.
31. Portability: Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/ she choose to switch from one insurance company to another.
32. Schedule means this schedule and parts thereof, and any other annexure(s) appended, attached and / or forming part of this policy.
33. Specific definitions for all Table of benefits for Permanent Total Disability.
1) Limb means the hand above the wrist joint or foot above the ankle joint.
2) Loss of hearing means the total and irrecoverable loss of hearing.
3) Loss of sight means the total and irrecoverable loss of sight. This is considered to have occurred if the degree of sight remaining after correction is 3 /60 or less on the Snellen Scale.
4) Loss of speech means the total and irrecoverable loss of speech.
34. Spouse means an insured person's husband or wife who is recognized as such by the laws of the jurisdiction in which they reside
35. Sum Insured means the pre-defined limit of each section specified in the Policy Schedule. Sum Insured represents the maximum, total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person on Individual basis.
Reducing sum insured covers -
Notwithstanding anything contrary stated in the policy, the sum insured under the policy on the date of the insured event covered under sections for the purpose of calculation of claim shall be the least of the following:
The Principal Outstanding in the books of the bank/financial institution as on the date of occurrence of the insured event; or the principal outstanding as per the amortization schedule prepared by bank/financial institution. In the event the sum insured as appearing against Section in the schedule of the policy is less than the total of the actual loan disbursed up to the date of the occurrence of the insured event, then the amortization schedule shall be calculated as if the actual loan disbursed was equivalent to the sum insured.
36. Scheduled airline means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in

accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier and is flown by authorized licensed pilot.

37. Terrorism means activities against persons, organizations or property of any nature: That involve the following or preparation for the following:
a) Use or threat of force or violence; or
b) Commission or threat of a dangerous act; or
c) Commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and
d) When one or both of the following applies:
i) The effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
ii) It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.
38. Third party administrator or TPA means any person who is licensed under the IRDAI (Third Party Administrators–Health Services regulations,2001 by the authority, and is engaged for fee or remuneration by us, for the purpose of providing health services
39. Total Sum Insured is the sum total of Sum Insured under all sections chosen by policy holder excluding the Sum Insured accrued under optional cover(s). If the Policy Period is more than 12 months, then it is clarified that the Sum Insured shall be applied separately for each
Policy Year in the Policy Period.
40. Waiting period is the period where we will not be liable for specified number of days and which will apply before any benefits are payable
by us. The waiting period will be computed from the date of commencement of policy period.
41. We/our/us means the Zuno General Insurance Company Limited
42. Overriding effect of definitions of the schedule.
The terms and conditions contained herein and in definitions 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 definitions of the schedule, then the term(s) and condition(s) contained herein shall be read with the necessary changes having been made or once necessary changes have been made with the scope of cover/terms and conditions contained in definitions of the schedule and shall be deemed to be modified accordingly or superseded in case of inconsistency being irreconcilable.
43. Critical Illness
The insured event under this section and the conditions applicable to the same are more particularly defined below:-
1. Alzheimer's Disease
Alzheimer's disease is a progressive degenerative Illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.
Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person.
The diagnosis must be supported by the clinical confirmation of a specialist Medical Practitioner (Neurologist) and supported by Our appointed Medical Practitioner evidenced by findings in cognitive and neuro radiological tests (e.g. CT scan, MRI, PET scan of the brain).
The disease must result in a permanent inability to perform three or more 'Activities of daily living with loss of independent living' or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days
The following conditions are however not covered:
a. non-organic diseases such as neurosis and psychiatric Illnesses;
b. alcohol related brain damage; and
c. any other type of irreversible organic disorder/dementia.
Activities of daily living:
i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means;
ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
iii. Transferring: The ability to mover from bed to a upright chair or wheelchair and vice versa;

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

2. Parkinson's Disease
The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to us. The diagnosis must be supported by all of the following conditions:
a. the disease cannot be controlled with medication;
b. signs of progressive impairment; and
c. inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:
Activities of daily living:
i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means;
ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
iii. Transferring: The ability to mover from bed to a upright chair or wheelchair and vice versa;
iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
v. Feeding: The ability to feed oneself once the food has prepared and made available;
vi. Mobility: The ability to move indoors from room to room on level surfaces.
Parkinson's disease secondary to drug and/or alcohol abuse is excluded.
3. Surgery of Aorta
The actual undergoing of major surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "aorta" shall mean the thoracic and abdominal aorta but not its branches.
You understand and agree that we will not cover:
• Surgery performed using only minimally invasive or intra-arterial techniques.
• Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.
4. Medullary Cystic disease
Medullary cystic disease where the following criteria are met:
a. The presence in the kidney of multiple cysts in the Renal Medulla accompanied by the presence of Tubular Atrophy and Interstitial Fibrosis;
b. Clinical manifestations of Anaemia, polyuria and progressive deterioration in kidney function; and
c. The diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.
d. Isolated or benign kidney cysts are specifically excluded from this benefit.
5. Muscular Dystrophy
A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered Doctor who is a consultant neurologist. The condition must result in the inability of the Life Insured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months
Activities of daily living:
• Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means;
• Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
• Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
• Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
• Feeding: the ability to feed oneself once food has been prepared and made available;
• Mobility: The ability to move indoors from room to room on level surfaces.
6. Systemic Lupus Erythematous with Lupus Nephritis:-
A multi-system autoimmune disorder characterized by the development of autoantibodies directed against various self-antigens. In respect of this policy, Systemic Lupus Erythematous will be restricted to those forms of Systemic Lupus Erythematous which involve the kidneys (Class
III To Class V Lupus Nephritis, established by renal biopsy, and in accordance with the who classification). The final diagnosis must be confirmed by a registered doctor specializing in Rheumatology and Immunology.

The WHO classification of lupus nephritis:
Class I Minimal Change Lupus Glomerulonephritis
Class II Mesangial Lupus Glomerulonephritis.
Class III Focal Segmental Proliferative Lupus Glomerulonephritis.
Class IV Diffuse Proliferative Lupus Glomerulonephritis.
Class V Membranous Lupus Glomerulonephritis.
7. Pulmonary Artery Graft Surgery
The undergoing of surgery requiring Median Sternotomy on the advice of a cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.
8. Pneumonectomy
The undergoing of surgery on the advice of an appropriate medical specialist to remove an entire lung for disease or traumatic injury suffered by the life assured.
The following conditions are excluded:
• Removal of a lobe of the lungs (Lobectomy)
• Lung Resection or incision
9. Major Organ Transplant Heart
The actual undergoing of a transplant of heart, that resulted from irreversible end-stage failure of heart
The following are excluded:
• Other stem-cell transplants
• Where only islets of langerhans are transplanted
10. Eisenmenger's Syndrome
Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a
Registered Doctor who is a specialist with echocardiography and cardiac catheterisation and supported by the following criteria:
• Mean pulmonary artery pressure > 40 mm Hg
• Pulmonary vascular resistance> 3mm/L/min (Wood units); and
Normal pulmonary wedge pressure < 15 mm Hg.
11. Pericardiectomy (irrespective of technique)
The actual undergoing of surgical procedure, where all or part of the pericardium is removed to treat fibrosis and scarring of the pericardium, which occurred as a result of chronic pericarditis. This must be confirmed by a specialist cardiologist and supported by 2D echo findings.
12. Carotid Artery Surgery
The undergoing of carotid artery endarterectomy or carotid artery stenting of symptomatic stenosis of the carotid artery. The procedure must be considered necessary by a qualified Specialist which has been necessitated as a result of an experience of Transient Ischaemic Attacks
(TIA). Endarterectomy of blood vessels other than the carotid artery is specifically excluded.
13. Keyhole Coronary Surgery
The undergoing for the first time for the correction of the narrowing or blockage of one or more major coronary arteries with bypass grafts via "Keyhole" surgery. All intra-arterial catheter based techniques are excluded from this benefit. The surgery must be considered medically necessary by a consultant cardiologist. Major coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
14. Brain Surgery
The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are all excluded. Brain surgery as a result of an Accident is also excluded . The procedure must be considered medically necessary by a Registered Doctor who is a qualified specialist

15. Myasthenia Gravis
An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:
• Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical
Classification below; and
• The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Registered Doctor who is a neurologist.
Myasthenia Gravis Foundation of America Clinical Classification:
• Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.

• Class II: Eye muscle weakness of any severity, mild weakness of other muscles
• Class III : Eye muscle weakness of any severity, moderate weakness of other muscles.
• Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.
• Class V: Intubation needed to maintain airway.

16. Hemiplegia

The total and permanent loss of the use of one side of the body through paralysis persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery caused by illness or injury. Self-inflicted injuries are excluded

17. Chronic Adrenal Insufficiency (Addison's Disease)

An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for lifelong glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a Registered Doctor who is a specialist in endocrinology through one of the following:
• ACTH simulation tests
• insulin-induced hypoglycemia test
• plasma ACTH level measurement
• Plasma Renin Activity (PRA) level measurement.

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

18. Myelofibrosis

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

19. Pheochromocytoma

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

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

20. Tuberculosis Meningitis

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

21. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:
I. Poliovirus is identified as the cause,
II. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

22. Elephantiasis

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

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

23. Severe Rheumatoid Arthritis

Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:
• Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
• Permanent inability to perform at least two (2) "Activities of Daily Living"
• Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands , wrists, elbows, knees, hips, ankle, cervical spine or feet; and
• The foregoing conditions have been present for at least six (6) months.

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.
24. Surgical removal of eyeball
Surgical removal of an eye ball as result of injury or disease.
For above definition following is not covered:
Self-inflicted injuries.
25. Small Bowel Transplant
The receipt of a transplant of small bowel with its own blood supply via a laparotomy resulting from intestinal failure.
26. Aplastic Anaemia
Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
i. Blood product transfusion;
ii. Marrow stimulating agents;
iii. Immunosuppressive agents; or
iv. Bone marrow transplantation.
The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:
i. Absolute neutrophil count of less than 500/mm^3 or less
ii. Platelets count less than 20,000/mm^3 or less
iii. Reticulocyte count of less than 20,000/mm^3 or less
Temporary or reversible Aplastic Anaemia is excluded.
27. Specified Early Stage Cancer
Specified Early Cancers shall mean first ever presence of one of the following malignant conditions:
• Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification.
• Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0.
• Tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification).
• Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI Stage 0 or lower is excluded.
• Malignant melanoma that has not caused invasion beyond the epidermis.
• Hodgkin's lymphoma Stage I by the Cotswolds classification staging system.

The Diagnosis must be based on histopathological features and confirmed by a Pathologist.
Pre-malignant lesion and carcinoma in situ of any organ, unless listed above, are excluded
28. Carcinoma in situ
Carcinoma-in-situ shall mean first ever histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any one of the following covered organ groups, and subject to any classification stated:
• Breast, where the tumour is classified as Tis according to the TNM Staging method;
• Corpus uteri, vagina, vulva or fallopian tubes where the tumour is classified as Tis according to the TNM Staging method or FIGO (staging method of the Federation Internationale de Gynecologie et d'Obstetrique) Stage 0;
• Cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or as Tis according to the TNM Staging method or FIGO Stage 0;
• Ovary -include borderline ovarian tumours with intact capsule, no tumour on the ovarian surface, classified as T1aN0M0, T1bN0M0 (TNM
Staging) or FIGO 1A, FIGO 1B
• Colon and rectum; Penis; Testis; Lung; Liver; Stomach, Nasopharynx and oesophagus;
• Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary Carcinoma is included.
The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.
Pre- malignant lesion and carcinoma in situ of any organ, unless listed above, are excluded
29. Aorta graft Surgery
The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of" Aorta" shall mean the thoracic and abdominal aorta but not its branches.
You understand and agree that we will not cover:
• Surgery performed using only minimally invasive or intra arterial techniques.
• Angioplasty and all other intra arterial, catheter based techniques, "keyhole" or laser procedures.
Aorta graft surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.
30. Dissecting Aortic Aneurysm

A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers.
For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a
Registered Doctor who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.
31. Cardiomyopathy
An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Doctor who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association Classification Class IV, or its equivalent, for at least six
(6) months based on the following classification criteria:
• Class IV - inability to carry out an activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.
The Diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance.
Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.
32. Infective endocarditis
Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:
• Positive result of the blood culture proving presence of the infectious organism(s);
• Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Doctor who is a cardiologist.

34. Cardiac Arrest requiring permanent Cardiac Pacemaker or ICD insertion
Insertion of a Permanent Cardiac Pacemaker, Implantable Cardioverter-defibrillatory (ICD) or Cardiac resynchronisation therapy with defibrillator (CRT-D) that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of such device must be certified as absolutely necessary by a consultant cardiologist and evidence of surgery to be provided. Cardiac arrest secondary to illegal drug abuse is excluded
35. Apallic Syndrome
Apallic syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist acceptable to Us and the patient should be documented to be in vegetative state for a minimum of at least one month in order to be classified as UWS, PVS, Apallic Syndrome.
36. Bacterial Meningitis
Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities of daily Living.
This diagnosis must be confirmed by:
• The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
• A consultant neurologist.
The Activities of Daily Living are:
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.
37. Creutzfeldt-Jakob Disease (CJD)
Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A
Registered Doctor, who is a neurologist, must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.
38. Encephalitis

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

39. Progressive Supranuclear Palsy
Confirmed by a Registered Doctor who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.
40. Major Organ Transplant – Kidney, Lung, Liver and Pancreas
The actual undergoing of a transplant of:
I. One of the following human organs: lung, liver, kidney, pancreas that resulted from irreversible end-stage failure of the relevant organ. The following are excluded:
• Other stem-cell transplants
• Where only islets of langerhans are transplanted
41. Fulminant Hepatitis
A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure.
This diagnosis must be supported by all of the following:
a. Rapid decreasing of liver size;
b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
c. Rapid deterioration of liver function tests;
d. Deepening jaundice; and
e. Hepatic encephalopathy.
Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.
42. Progressive Scleroderma
A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.
The following are excluded:
i. Localised scleroderma (linear scleroderma or morphea)
ii. Eosinophilic fasciitis; and
iii. CREST syndrome.
43. Chronic Relapsing Pancreatitis
An unequivocal diagnosis of Chronic Relapsing Pancreatitis made by a Registered Doctor who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.
Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.
44. Crohn's Disease
Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred
I. Stricture formation causing intestinal obstruction requiring admission to hospital, and
II. Fistula formation between loops of bowel, and
III. At least one bowel segment resection.
The diagnosis must be made by a Registered Doctor who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.
45. Severe Ulcerative Colitis
Acute fulminant ulcerative colitis with life threatening electrolyte disturbances.
All of the following criteria must be met:
• the entire colon is affected, with severe bloody diarrhoea; and

• the necessary treatment is total colectomy and ileostomy; and
• the diagnosis must be based on histopathological features and confirmed by a Registered Doctor who is a specialist in gastroenterology .

46. Multiple system Atrophy
A Diagnosis of multiple system atrophy by a Specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of thirty (30) days of bladder control with postural hypotension and any 2 of the following:
i. Rigidity
ii. Cerebellar Ataxia
iii. Peripheral Neuropathy
47. Spinal Stroke
I. Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal column resulting in permanent neurological deficit with persisting clinical symptoms
II. Evidence of permanent neurological deficit lasting for at least three (3) months has to be produced
Traumatic spinal stroke is specifically excluded.
48. Spinal Cord Injury
Damage to Spinal cord resulting internal hemorrage, loss of function, deficit in limb function.
Evidence of permanent neurological deficit lasting for at least three (3) months must be produced.
49. 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 (3) of six (6) Activities of Daily Living, listed below
i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
iii. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
v. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
vi. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence
50. Chronic Obstructive Pulmonary disease
Chronic obstructive pulmonary disease (COPD) is a chronic inflammatory lung disease that causes obstructed airflow from the lungs. Symptoms include breathing difficulty, cough, mucus (sputum) production and wheezing. Evidence of emphysema and chronic bronchitis leading to irreversible changes of COPD should be available.
- COPD due to tobacco consumption excluded .
51. Liver Cirrhosis
Cirrhosis is the impaired liver function caused by the formation of scar tissue known as fibrosis, due to irreversible structural damage caused by liver disease. Damage causes tissue repair and subsequent formation of scar tissue, which over time can replace normal functioning tissue leading to the impaired liver function of cirrhosis. Evidence of permanent structural change of cirrhosis and portal hypertension should be produced. Alcoholic Liver cirrhosis is excluded.
52. Respiratory failure / Respiratory Distress syndrome
Respiratory failure is a clinical condition that happens when the respiratory system fails to maintain its main function, which is gas exchange, in which PaO2 is lower than 60 mmHg and/or PaCO2 higher than 50 mmHg. There should be evidence of insured having been subjected to assisted ventilation for at least three (3) days. Tobacco related respiratory failure is excluded..
53. Nephrotic Syndrome
Nephrotic syndrome is a kidney disorder that causes our body to pass too much protein in the urine. Evidence of passage of over 3 Gm protein in 24 hour urine sample must be produced.
54. Septic Shock/ Septicaemia
Septic shock is a life-threatening condition caused by a severe localised or system-wide infection. Septic shock is when one experiences a significant drop in blood pressure that can lead to respiratory or heart failure, stroke, failure of other organs. Condition must be certified by a specialist in the field.
Evidence of procalcitonin levels above 0.5ng/ml and one of the vital organ (lungs, brain, kidney or heart) dysfunction must be produced.
Condition must be certified by a specialist in the field.

55. Nephropathy
Chronic, irreversible Kidney damage that results from having diabetes and/ or hypertension.
Evidence of CKD V (Glomerular Filtration Rate (GFR) below 15) should be produced. Claim to be supported by USG and renal function studies.
56. Goodpasture's Syndrome
Goodpasture's 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 (Rheumatologist or Nephrologist).
57. Coronary Artery Disease
I. The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary arteriography, regardless of whether or not any form of coronary artery Surgery intervention has been performed. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
II. The following is excluded:
Atherosclerosis or blockage less than one coronary artery by a minimum of 75% and of two others by a minimum of 60%
58. Aortic dissection
An aortic dissection is a serious condition in which the inner layer of the aorta, the large blood vessel branching off the heart, tears. Blood surges through the tear, causing the inner and middle layers of the aorta to separate (dissect). If the blood-filled channel ruptures through the outside aortic wall, aortic dissection is often fatal. For the purpose of this cover the definition of "aorta" shall mean the thoracic and abdominal aorta but not its branches
Aortic dissection should involve one of the following endovascular surgeries, Hybrid aortic repair, Hypothermic circulatory arrest, Minimally invasive open repair.
59. Aortitis
The aorta is the largest artery in the body. It rises from the heart's left ventricle (the major chamber that pumps blood out of the heart) and is filled with oxygen-rich blood that travels throughout the body. When this artery becomes inflamed, the condition is known as aortitis.
For the purpose of this cover the definition of "aorta" shall mean the thoracic and abdominal aorta but not its branches
Aortitis can develop from three different circumstances:
a. An underlying condition that causes inflammation, such as giant cell arteritis (GCA)
b. Infection such as salmonella
c Isolated aortitis, which has no underlying cause of the inflammation.
The most common causes of aortitis are GCA and another inflammatory disease (rheumatologic) known as Takayasu's arteritis. Diagnosis to be confirmed by a specialist (Cardiologist /Rheumatologist) in the field. Syphilitic aortitis is excluded.
60. Ventricular Tachyarrythmias
Ventricular tachycardia is an arrhythmia caused by irregular electrical signals in the ventricles (may also be called V-tach or V-Fib). Evidence of treatment with medications/ defibrillator should be produced.
61 .Valvular Disease
Either stenosis or regurgitation of one of the four (4) cardiac valves that requires surgical management of any of the cardiac valves. Evidence of surgical management must be produced.
Congenital Valvular diseases is excluded.

Major Infectious Illness

1. Covid 19
A rapidly contagious infection caused by a virus from Coronavirus Family, transmitted from animals and spread through droplet circulation leading to fever, cough, mild to severe respiratory symptoms leading to the Complications like Pneumonia leading to Respiratory failure, cardiorespiratory arrest, Lung fibrosis, renal failure, septic shock. Evidence of major organ failure (kidney, heart, lungs or brain) should be produced requiring functional support (dialysis/ inotropes/ assisted ventilation/ encephalopathy monitoring).
2. Diphtheria
Diphtheria is an upper respiratory tract infection which spreads through touch and droplets starts with thick coating of throat, swelling of glands in neck and fever. Resulting to Respiratory failure, Paralysis, Myocarditis or Polyneuropathy. Evidence of culture / PCR positive should be produced.
3. Malaria
Malaria fever is caused by a protozoan – Plasmodium through female anopheles mosquito resulting in fever, weakness, chills, headache, vomiting and Jaundice leading to the complications like kidney failure, Seizures and cerebral malaria, Sepsis.

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

4. Amoebiasis

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

5. Chikungunya

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

6. Dengue

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

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

7. Ebola

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

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

There should be no international travel in last 30 days prior to diagnosis.

8. Cholera

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

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

9. Filariasis

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

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

10. HIV - AIDS

“HIV-AIDS Infection” means a positive HIV antibody testing (rapid or laboratory-based enzyme immunoassay). This is usually confirmed by a second HIV antibody test (rapid or laboratory-based enzyme immunoassay) relying on different antigens or of different operating characteristics. and /or; A positive virological test for HIV or its components (HIV-RNA or HIV-DNA or ultrasensitive HIV p24 antigen) confirmed by a second virological test obtained from a separate determination. Evidence of Confirmed diagnosis of HIV with Western Blot is to be produced.

In addition evidence of CD4+ T cell count less than 200/cc or CD4+ T cell accounting for less than 14% of all Lymphocytes, and HIV specific opportunistic infections/malignancy must be produced. HIV diagnosed prior to policy issuance is excluded.

11. Kala Azar

A chronic and potentially fatal parasitic disease of the viscera (the internal organs, particularly the liver, spleen, bone marrow and lymph nodes) due to infection by the parasite called Leishmania donovani leading to the complications ike Anaemia, Septicaemia, Hyperpigmentation,

Splenic Rupture.

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

12. Leptospirosis

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

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

ARDS must be produced.

13. Mucormycosis

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

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

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

14. Nipah Virus

Nipah Virus is caused by virus through Bats leading to drowsiness, disorientation and respiratory distress leading to the complications like
Inflammation and irreversible damage to brain.
Evidence of Confirmed diagnosis and evidence of notification to authorities should be produced..
15. Plague
Plague is a life-threatening bacterial infection to humans through fleas, contaminated fluid or droplets resulting to Severe Pneumonia and
Septicemia.
Evidence of Confirmed diagnosis and evidence of notification to authorities should be produced.
16. Swine Influenza Virus, H1N1 Virus
A rapidly contagious infection transmitted from animals and spread through droplet circulation leading to fever, cough and severe respiratory symptoms leading to the complications like Pneumonia leading to Respiratory arrest, Lung fibrosis, renal failure, septic shock.
Evidence of Confirmed diagnosis by PCR and evidence of assisted ventilation for h1n1 induced ARDS should be produced.
17. Tuberculosis
Tuberculosis is an chronic progressive infection caused by Mycobacterium tuberculosis in lungs, intestine, bones, nervous system and genital organs leading to the complications like Multi drug resistant tuberculosis and /or Tubercular meningitis.
Evidence of Confirmed diagnosis of XDR tuberculosis and evidence of Treatment should be produced. Tuberculosis in immune-compromised individuals (uncontrolled diabetes mellitus, on long term oral steroids, on cancer chemotherapy) is specifically excluded.
18. Typhus
Typhus fevers are a group of diseases caused by bacteria that are spread to humans by fleas, lice, and chiggers leading to the complications like Acute respiratory distress, septic shock, myocarditis, meningoencephalitis.
Evidence of Confirmed diagnosis by and evidence of complications like ARDS, septic shock, myocarditis or meningoencephalitis with specific treatment for the same should be produced.
19. Typhoid
Typhoid fever also known as enteric fever caused by Salmonella enterica Typhi leading to Fever, Abdominal pain, weakness and rose-coloured rash leading to the complications: Ileal perforation and / or meningitis, Sepsis.
Evidence of Confirmed diagnosis by blood/ stool culture should be produced. Suggest capping at 20-30,000/-

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

Evidence of Confirmed diagnosis and evidence of notification to authorities should be produced.
21. Pneumonia
Pneumonia involving at least one lobe of the lung and requiring hospitalization is covered under the scope of this policy.
Evidence of Confirmed diagnosis by X-ray/ HRCT scan and evidence of treatment should be produced. Pneumonia in immune-compromised individuals (uncontrolled diabetes mellitus, on long term oral steroids, on cancer chemotherapy) is specifically excluded.
22. SARS MERS
A rapidly contagious infection caused by a virus from Coronavirus Family, transmitted from animals and spread through droplet circulation leading to fever, cough, mild to severe respiratory symptoms leading to the Complications like Pneumonia leading to Respiratory failure, cardiorespiratory arrest, Lung fibrosis, renal failure, septic shock.
Evidence of Confirmed diagnosis, evidence of respiratory failure/ ARDS and evidence of notification to authorities should be produced.
d) Benefits Covered under the policy
• The Company shall provide reimbursement against loss, arising out of a covered benefit or occurrence described in any of the sections mentioned herein below, that occurs during the Policy Period.
• The benefit payable amount can be either
i. For Loan Linked plan - equivalent or less than loan amount insured, as specified in policy schedule.
ii. For Non Loan linked Plan- Sum Insured Opted by the Insured
• The Policyholder will have selected any, all or atleast one section from the basic cover
• Each Section in the basic cover can be selected on Loan Linked / Non Loan Linked basis independently.
• Each benefit is subject to its Sum Insured as opted by insured.
• Here the total Sum insured will be Sum Total of basic sections (Excluding Optional covers) per year basis

Sr.No	Section	Payout type
1	Critical Illness (Major Medical Illness & Procedure)	Benefit
2	Personal Accident Cover	Benefit
3	Loss of Job Cover	Benefit
4	Loss of Earning Cover	Benefit
5	Hospital Cash Benefit	Benefit
6	Infectious Disease Cover	Benefit
7	Payment Protection Cover	Benefit
8	In Patient Hospitalization	Indemnity

Section 1 Critical Illness

Benefits under this Section are subject to the terms, conditions, and exclusions of this Policy. The Sum Insured for the Benefit under this
Section is specified in the Policy Schedule or the Certificate of Insurance.
If insured person is diagnosed as suffering from opted critical illness during the policy period then we will pay the lump sum amount as specified in the policy schedule provided that Critical illness which insured person is suffering from occurs or manifest itself during the policy period as first incidence

Waiting Period
For Major Critical Illness Conditions - We shall not be liable to make any payment in respect of any Critical Illness whose signs or symptoms or diagnosis first occur within the first 90 days from the Inception Date
For Minor Critical Illness Conditions - We shall not be liable to make any payment in respect of any Critical Illness whose signs or symptoms or diagnosis first occur within the first 180 days from the Inception Date

Survival Period for Critical Illnesses
In respect of all the conditions, a 30 day survival period is applicable. This refers to the period from the diagnosis and fulfilment of the definition of the conditions covered which the life assured must survive before the benefit will be paid. Please note that claim payment will only be made with confirmatory diagnosis of the conditions covered while the insured is alive (i.e. a claim would not be admitted if the diagnosis is made post-mortem).
The product offered under two variants. The Policyholder can select any one option from the below mentioned variants. The insured shall have option to select amongst set of critical illnesses from different variants as mentioned below.
1. Variant 1 – Insured can select any one plan from the below table
Upon admission of the first claim under this Section in respect of an Insured Person in any Policy Period, the cover under the this section of
Policy shall automatically terminate in respect of that Insured Person and no further Renewals will be allowed for that Insured Person under this Benefit. However basic policy can be renewed without this cover.

Sr.No	Particulars	Plan Name				
		9 CI	12 CI	15 CI	18 CI	25 CI
1	Cancer Of Specified Severity	Yes	Yes	Yes	Yes	Yes
2	Kidney Failure Requiring Regular Dialysis	Yes	Yes	Yes	Yes	Yes
3	Multiple sclerosis With Persisting Symptoms	Yes	Yes	Yes	Yes	Yes
4	Major organ/Bone marrow transplant	Yes	Yes	Yes	Yes	Yes
5	Open heart replacement or repair of heart valves	Yes	Yes	Yes	Yes	Yes
6	Open chest coronary artery bypass graft (CABG)	Yes	Yes	Yes	Yes	Yes
7	Permanent Paralysis of limbs	Yes	Yes	Yes	Yes	Yes
8	Myocardial infarction (First heart attack of specific severity)	Yes	Yes	Yes	Yes	Yes
9	Stroke resulting in permanent symptoms	Yes	Yes	Yes	Yes	Yes
10	Benign brain tumour	No	Yes	Yes	Yes	Yes
11	Motor neuron disease with Permanent Symptoms	No	Yes	Yes	Yes	Yes
12	Coma of specified severity	No	Yes	Yes	Yes	Yes
13	End stage liver failure	No	No	Yes	Yes	Yes
14	Primary (idiopathic) pulmonary hypertension	No	No	Yes	Yes	Yes
15	Surgery of aorta	No	No	Yes	Yes	Yes
16	Third degree burns	No	No	No	Yes	Yes
17	Deafness	No	No	No	Yes	Yes
18	Loss of speech	No	No	No	Yes	Yes
19	Muscular dystrophy	No	No	No	No	Yes
20	Alzheimer's disease	No	No	No	No	Yes
21	Parkinson's disease	No	No	No	No	Yes
22	Pulmonary artery graft surgery	No	No	No	No	Yes
23	Medullary cystic disease	No	No	No	No	Yes
24	Systemic Lupus Erythematous with lupus nephritis	No	No	No	No	Yes
25	Pneumonectomy	No	No	No	No	Yes

2. Variant 2 – Insured can opt for one of the following five options.

Plan Options under Variant 2 -
1)Cancer Benefit Plan A
2)Cardiac Benefit Plan A
3)Cancer Benefit Plan A + Cardiac Benefit Plan A
4)Cancer Benefit Plan A + Cardiac Benefit Plan A + Neuro Benefit Plan A
5)Cancer Benefit Plan A + Cardiac Benefit Plan A + Neuro Benefit Plan A + Other Critical Illness Benefits
The payout for various critical illness shall be as follows
Minor Conditions: 25% of Sum Assured subject to monetary cap as given in table below
Major Condition: 100% of Sum Assured by deducting any minor condition claim paid
Only one claim is payable under each category • Minor condition • Major condition

The policy will terminate on claim pay-out due to a major Critical illness condition.

CI Variant 2 A(Select one or multiple Plans)			
A	Cancer Benefit		
	Illness	Major/Minor	Payout (Percentage of SA)
1	Aplastic Anaemia	Major	100%
2	Major Organ Transplant – Bone Marrow	Major	
3	Cancer of Specified Severity	Major	
4	Early Stage Cancer	Minor	25% subject to maximum payout of INR 1,000,000 25% subject to maximum payout of INR 500,000
5	Carcinoma in situ	Minor	

B	Cardio Benefit Plan A		
	Illness	Major/Minor	Payout (Percentage of SA)
1	Open Chest CABG	Major	100%
2	Myocardial Infarction (First Heart Attack of specified severity	Major	
3	Open Heart Replacement or Repair of Heart Valve	Major	
4	Major Organ Transplant – Heart	Major	
5	Aorta Graft Surgery	Major	
6	Primary (Idiopathic) Pulmonary Hypertension	Major	
7	Dissecting Aortic Aneurysm	Major	
8	Cardiomyopathy	Major	
9	Infective Endocarditis	Major	
10	Eisenmenger's Syndrome	Minor	25% subject to maximum payout of INR 1,000,000
11	Pulmonary Artery Graft Surgery	Minor	
12	Angioplasty	Minor	

13	Cardiac Arrest requiring permanent Cardiac Pacemaker or ICD insertion	Minor	25% subject to maximum payout of INR 500,000
14	Pericardiectomy (irrespective of technique)	Minor	
15	Carotid Artery Surgery	Minor	
16	Keyhole Coronary Surgery	Minor	

C	Neuro Benefit Plan A		
	Illness	Major/Minor	Payout (Percentage of SA)
1	Multiple Sclerosis with persisting symptoms	Major	100%
2	Permanent Paralysis of Limbs	Major	
3	Stroke resulting in permanent symptom	Major	
4	Benign Brain Tumour	Major	
5	Coma of specified severity	Major	
6	Parkinson's Disease	Major	
7	Alzheimer's Disease	Major	
8	Motor Neurone Disease with permanent symptoms	Major	
9	Muscular Dystrophy	Major	
10	Apallic Syndrome	Major	
11	Bacterial Meningitis	Major	
12	Creutzfeldt-Jakob Disease (CJD)	Major	
13	Encephalitis	Major	
14	Major Head Trauma	Major	
15	Progressive Supranuclear Palsy	Major	
16	Brain Surgery	Major	
17	Loss of Speech	Major	
18	Myasthenia Gravis	Major	
19	Hemiplegia	Minor	25% subject to maximum payout of INR 1,000,000

D	Other Critical Illness Benefit – Plan A		
	Illness	Major/Minor	Payout (Percentage of SA)
1	Kidney failure requiring regular dialysis	Major	100%
2	Major Organ Transplant – Kidney, Lung, Liver and Pancreas	Major	
3	End Stage Liver Failure	Major	
4	Medullary Cystic Disease	Major	
5	Systemic Lupus Erythematous with Lupus Nephritis	Major	
6	End Stage Lung Failure	Major	
7	Fulminant Hepatitis	Major	
8	Chronic Adrenal Insufficiency (Addison's Disease)	Major	
9	Progressive Scleroderma	Major	
10	Myelofibrosis	Major	
11	Pheochromocytoma	Major	
12	Deafness	Major	
13	Blindness	Major	
14	Third Degree Burns	Major	
15	Pneumonectomy	Major	
16	Tuberculosis Meningitis	Major	
17	Loss of Limbs	Major	
18	Poliomyelitis	Major	

19	Chronic Relapsing Pancreatitis	Minor	25% subject to maximum payout of INR 1,000,000
20	Elephantiasis	Minor	
21	Crohn's Disease	Minor	
22	Severe Rheumatoid Arthritis	Minor	
23	Severe Ulcerative Colitis	Minor	
24	Surgical removal of an eyeball	Minor	
25	Small Bowel Transplant	Minor	25% subject to maximum payout of INR 500,000

2.A. Optional Cover
Variant 2B (Applicable only for Variant 2)- Insured can opt for either any one plan from below table or more than one section as a combination. Our maximum liability will be limited to the amount specified in the Policy Schedule within critical illness sum insured of policy

Critical Illness Applicable for Variant 2 on optional basis (Select one or multiple Plans)			
A	Cardiac Benefit Plan B		
	Illness	Major/Minor	Payout (Percentage of SA)
1	Coronary Artery Disease	Minor	25% subject to maximum payout of INR
2	Aortic dissection	Major	500000
3	Aortitis	Major	100%
4	Ventricular Tachyarrythmias	Minor	100%
5	Valvular Disease	Major	25% subject to maximum payout of INR

B	Neuro Benefit Plan B		
	Illness	Major/Minor	Payout (Percentage of SA)
1	Multiple system Atrophy	Major	100%
2	Spinal Stroke	Major	100%
3	Spinal Cord Injury	Major	100%
4	Loss of Independendet Existence	Major	100%
5	Goodpasture's Syndrome	Major	100%

B	Other Critical Illness Benefit – Plan		
	Illness	Major/Minor	Payout (Percentage of SA)
1	Chronic Obstructive Pulmonary disease	Minor	25% subject to maximum payout of INR 500,000

2	Liver Cirrhosis	Minor	25% subject to maximum payout of INR 500,000
3	Respiratory failure / Respiratory Distress syndrome	Minor	25% subject to maximum payout of INR 500,000
4	Nephrotic Syndrome	Major	100%
5	Septic Shock/ Septicaemia	Minor	25% subject to maximum payout of INR 500,000
6	Nephropathy	Major	100%

II. Permanent Total Disablement (PTD)
If an Insured Person suffers an Accidental bodily Injury, during the Policy Period, which is the sole and direct cause of his permanent total
disablement, occurring within 365 days from the date of such Accident in one of the ways detailed in the table below, then we will pay the percentage of the Sum Insured shown in the table below.

Permanent Total Disablement	
Table of Benefits	Percentage of Capital Sum Insured Payable
i) Loss of sight of both eyes	100%
ii) Loss of, by physical separation of two entire hands or two entire feet	100%
iii) Loss of one entire hand and one entire foot	100%
iv) Loss of sight of one eye and such loss of one entire hand or one entire foot	100%
v)If such Injury shall as a direct consequence there of, permanently, and totally, disables the Insured Person from engaging in any employment or occupation of any description whatsoever	100%

In this Benefit:

a) Limb means a hand at or above the wrist or a foot above the ankle;
b) Loss of Limb means:
i. the physical separation of a Limb above the wrist or ankle respectively, or
ii. the total loss of functional use of a Limb for at least 365 days from the date of onset of such disability, provided that We must be satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement.
c) Includes cover for paralysis, including paraplegia and quadriplegia with loss of functional use of Limbs.

Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within total sum insured of the Policy.

Permanent Partial Disablement (PPD)

If an Insured Person suffers an Accidental bodily Injury during the Policy Period, which is the sole and direct cause of his permanent partial disablement within 365 days from the date of such Accident in one of the ways detailed in the table below, then we will pay the percentage of the Sum Insured shown in the table.

Sr.No	Loss Covered	Percentage of Sum Insured
1	Loss of Use/ Physical Separation: One entire hand One entire foot Loss of Sight of one eye Loss of toes – all Great both phalanges Great – one phalanx Other than great if more than one toe lost	50% 50% 50% 20% 5% 2% 1%
2	Loss of Use of both ears	50%
3	Loss of Use of one ear	20%
4	Loss of four fingers and thumb of one hand	40%
5	Loss of four fingers	35%
6	Loss of thumb · both phalanges · one phalanx	25% 10%
7	Loss of Index finger - three phalanges two phalanges one phalanx	10% 8% 4%
8	Loss of middle finger – three phalanges two phalanges one phalanx	6% 4% 2%
9	Loss of ring finger - three phalanges two phalanges one phalanx	5% 4% 2%

10	Loss of little finger – three phalanges two phalanges one phalanx	4% 3% 2%
11	Loss of metacarpus - first or second (additional) third, fourth or fifth (additional)	3% 2%
12	Any other permanent partial disablement	Percentage as assessed by the independent Medical Practitioner

In this Benefit:
a) Loss means:
i) the physical separation of a body part, or
ii) the total loss of functional use of a body part or organ, provided this has continued for at least 365 days from the onset of such disability and We are satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement.
b If an Insured Person suffers a Loss not mentioned in the table below, then We will assess the degree of disablement with Our medical advisors and determine the amount of payment to be made.
c) If a Claim in respect of a whole member (any organ, organ system or a limb) also encompasses some or all of its parts, our liability to make payment will be limited to the member only and not any of its parts or constituents.
d) Any claim made under this benefit will not terminate the Policy.
Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within the total sum insured of the Policy.
Provided that, such disability shall as a direct consequence thereof permanently disable the Insured person from resuming his normal occupation.

Special Conditions:
In the event of permanent disability, the Insured will be under obligation to:
a) Have himself/herself examined by the Panel Doctors appointed by the Company and the Company will pay the costs involved thereof;
b) Authorize doctors providing treatment or giving expert opinion and any other authority to supply the Company any information that may be required on the condition of the Insured.
c) The disablement / death must occur within 12 months of the accident.
d) The disablement must be confirmed prior to the expiry of a period of 3 months since occurrence of the disablement.
If the above obligation is not met with due to whatsoever reason, the Company shall be relieved of its liability to compensate under this benefit.

Accidental Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
Once a claim has been accepted and paid under this Benefit for Personal Accident
• Death then the Policy will automatically terminate in respect of that Insured Person
• Permanent Total Disability (if opted) then the Policy will automatically terminate in respect of that Insured Person. For this section.
• In case of Permanent Partial Disability (if opted), the policy will continue for the remaining Sum Insured available under the Policy.

Optional Benefits under Personal Accident section- (Can be opted only if Section 2 Personal Accident cover is opted by the insured)
1 Dependent Child Education Benefit (Education Grant)
Definitions Applicable for Dependent child education benefit:-
Dependent child education benefit: - This shall mean if during the period of insurance an insured person sustains bodily injury which directly and independently of all other causes results in death within twelve (12) months of the date of loss, then the company agrees to pay the education fees for the insured person's surviving dependent child up to the amount stated in the schedule per year up to the number of years stated in the schedule.

Exclusions applicable to Dependent child education benefit :-

The company shall not be liable under this section for:-Payment of compensation in respect of death arising from or resulting directly from any illness to any insured.
Conditions applicable to Dependent child education benefit section:-
1. To receive benefits under this section, the dependent child (Any Two Children) must be in full time education at an accredited educational institution.
2. Dependent child education benefit is payable as per the eligibility and mentioned in policy schedule) for any two children on reimbursement basis i.e. on production of original tuition fee receipt from the accredited institution. The company's liability is limited up to the maximum sum insured under the section as stated or actual tuition fee amount whichever is lower. This will help in supporting education for a period of up to 24 months depending on the primary sum insured of the policy under section II of the policy schedule. Maximum up to two dependent children may be covered.
3. Disappearance: in the event of the disappearance of an insured person, following a forced landing, stranding, sinking or wrecking of a conveyance in which such insured person was known to have been traveling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this policy, that such insured person shall have died as the result of an accident. If at any time, after the payment of a benefit under this section, it is discovered that an insured person is still alive; all payments shall be reimbursed in full to the company.
4. Exposure: death as a direct result of exposure to the elements of nature shall be deemed to be bodily injury.
5. This cover can be opted if insured has selected accidental Death cover (Section d.I.2.1)
6. This benefits would be payable over and above the Accidental Death sum insured as a one-time payment upon insured death only.
7. Benefits payable under this section shall be limited to not more than two (2) dependent children.
This cover is applicable if it is shown on your schedule. Our maximum liability will be limited to the Sum Insured mentioned for this cover in the Policy Schedule which is over and above the total Sum Insured.
2. Accidental Coma Benefit
If an Insured Person is rendered comatose due to an Accident during the Policy Period, We will pay a weekly benefit for as long as the Insured
Person remains comatose, provided that:
a) The Insured Person is certified to be comatose by a specialised Medical Practitioner, and
b) The Insured Person is rendered comatose within thirty (30) days of date of Accident that caused the Injury during the Policy Period, and if the coma continues for a period of consecutive 7 days thereafter.
c) Our liability to make payment shall be limited to a percentage of the Sum Insured for each week that the Insured Person is comatose, for a period not exceeding the number of weeks mentioned in the Policy Schedule, from the date of the Accident, and`
d) If the Insured Person is comatose for a part of a week, then only a proportionate part of the weekly benefit will be payable.
In this Benefit, Comatose means a profound state of unconsciousness, where the patient cannot be awakened, fails to respond normally to external stimuli, internal needs or pain, does not have sleep-awake cycles and cannot take voluntary actions and also includes a state of coma.
This cover can be opted if insured has selected any of the section from Section 2 Personal accident cover (Section d.I.2)
This cover is applicable if it is shown on your schedule.

Our maximum liability will be limited to the Sum Insured mentioned for this cover in the Policy Schedule which is over and above the total Sum
Insured.
3. Cost of artificial limbs
If insured suffered with an accidental injury which requires an artificial limb then we will cover the expenses of artificial limb up to the amount specified in policy schedule subject to
• we have accepted a claim under Personal Accident section.
• This cover can be opted if insured has selected Permanent Total disability section from Section 2 Personal accident cover.
• The artificial limb is ordered by or under the direction of a medical Practitioner
• The prosthetic device is Medically Necessary
This cover is applicable if it is shown on your schedule. Our maximum liability will be limited to the Sum Insured mentioned for this cover in the Policy Schedule which is over and above the total Sum Insured.
4. Home Modification/ Vehicle Modification
By opting this cover, If We have admitted a claim for Permanent Total Disablement or Permanent Partial Disablement, then in addition to the amount payable under that Section, We will reimburse the costs incurred up to the limit specified in the Policy Schedule or Certificate of
Insurance for
• Improvements to be carried out in India in the Insured Persons residence following the Insured Person's disablement.

• improvements to be carried out in the Insured Person's vehicle following the Insured Person's disablement. Certification by a Medical practitioner to be necessary and directly required as a result of the Accident for which we accepted the claim.
This cover can be opted if insured has selected Permanent Total disablement and Permanent Partial Disablement section from Section d.I.2
Personal accident cover.
This cover is applicable if it is shown on your schedule. Our maximum liability will be limited to the Sum Insured mentioned for this cover in the Policy Schedule which is over and above the total Sum Insured.
5. Public Carrier / Common Carrier -
If the insured person is met with an accident whilst travelling as a fare paying passenger in any of the listed Common Carrier during the policy period then We will pay an amount mentioned in the Policy Schedule/Certificate of insurance, if we have admitted valid claim under Personal
Accident Section of the policy.
This cover can be opted if insured has selected Permanent Total disablement and Accidental Death section from Section d.I.2 Personal accident cover
This cover is applicable if it is shown on your schedule. Our maximum liability will be limited to the Sum Insured mentioned for this cover in the Policy Schedule which is over and above the total Sum Insured.
Section 3 Loss of Job Cover.

Loss of Job-
For the purposes of Loss of Job insured event in relation to insured covered shall mean involuntary termination from employment of the insured or his/her permanent dismissal, due to:
• First time diagnosis of any one of the listed/opted critical Illness from one of the opted plans provided that Critical illness which insured person is suffering from occurs or manifest itself during the policy period as first incidence.

Sr.No	Particulars	Plan Name				
		9 CI	12 CI	15 CI	18 CI	25 CI
1	Cancer Of Specified Severity	Yes	Yes	Yes	Yes	Yes
2	Kidney Failure Requiring Regular Dialysis	Yes	Yes	Yes	Yes	Yes
3	Multiple sclerosis With Persisting Symptoms	Yes	Yes	Yes	Yes	Yes
4	Major organ/Bone marrow transplant	Yes	Yes	Yes	Yes	Yes
5	Open heart replacement or repair of heart valves	Yes	Yes	Yes	Yes	Yes
6	Open chest coronary artery bypass graft (CABG)	Yes	Yes	Yes	Yes	Yes
7	Permanent Paralysis of limbs	Yes	Yes	Yes	Yes	Yes
8	Myocardial infarction (First heart attack of specific severity)	Yes	Yes	Yes	Yes	Yes
9	Stroke resulting in permanent symptoms	Yes	Yes	Yes	Yes	Yes
10	Benign brain tumour	No	Yes	Yes	Yes	Yes
11	Motor neuron disease with Permanent Symptoms	No	Yes	Yes	Yes	Yes
12	Coma of specified severity	No	Yes	Yes	Yes	Yes
13	End stage liver failure	No	No	Yes	Yes	Yes
14	Primary (idiopathic) pulmonary hypertension	No	No	Yes	Yes	Yes
15	Surgery of aorta	No	No	Yes	Yes	Yes
16	Third degree burns	No	No	No	Yes	Yes

17	Deafness	No	No	No	Yes	Yes
18	Loss of speech	No	No	No	Yes	Yes
19	Muscular dystrophy	No	No	No	No	Yes
20	Alzheimer's disease	No	No	No	No	Yes
21	Parkinson's disease	No	No	No	No	Yes
22	Pulmonary artery graft surgery	No	No	No	No	Yes
23	Medullary cystic disease	No	No	No	No	Yes
24	Systemic Lupus Erythematous with lupus nephritis	No	No	No	No	Yes
25	Pneumonectomy	No	No	No	No	Yes

Permanent Total Disability occurring due to an accident during the policy period for which all the criteria being admissible and payable under section 2 Personal Accident (Permanent total Disability) benefit.

Conditions-
1. A specific waiting period will be applicable as selected by the proposer at the commencement of the policy while opting this section of the policy (Not applicable if claim arises due to personal accident/permanent total disability after policy inception date).
2. This benefit is available only for salaried employees.
3. The insured shall intimate the insurance company within thirty (30) days from the date of termination from employment of the insured or his/her dismissal, temporary suspension or retrenchment from employment as the case may be.
4. This Cover can be opted independently i.e. without opting the critical illness section (d.i.1) or personal accident (Permanent total disability) section of the policy (d.i.2).
5. For Loan Link cover
a) The benefit payable is equal to equated monthly instalments (EMIs) falling due in respect of the loan insured (loan account number as stated in the Policy Schedule) after commencement of the insured event till the reinstatement of employment with the same employer or new employer or upto the number of EMI's opted under this section of policy, whichever is earlier.
b) The cover as described under this benefit, for specific insured, shall terminate in the event one or more claim(s) in respect of that insured becoming admissible and accepted by the insurance company under this section and the insurance company admitting liability to the extent of the maximum benefit payable i.e., number of EMIs opted under this plan.
c) In case where the loans are prepaid before the end of the policy period, the opted number of EMIs in case of Loss of Job claims would be paid as per the original EMI schedule opted under this section of policy.
d) For Loss of Job claim, number of EMI's at actuals would be payable. In case of change in Rate of interest the actual EMI being charged by bank at the time of loss would be payable.

7. For Non Loan Linked cover
A lump sum amount as opted by insured equal to salary as specified in policy schedule, based on the average of the last 3 months salary slip of the employer.

Definition-
Salary shall mean and include Basic Salary along with the Daily Allowance and any other allowance being paid by the Employer.
It would not include
Overtime, Seasonal allowance, Bonus, variable pay, performance bonus etc., tips, commissions or any other special compensation or anything available in kind or in lieu of such items in whatever form. Also salary would exclude income from any other sources. In case of
Insured is earning from more than one source, only the higher of two would be considered for the purpose of calculation of payout under this benefit.
Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within total sum insured of policy.

Section 4 Loss of Earning
Loss of Earning

For the purposes of Loss of Earning insured event in relation to insured covered shall mean loss of earning of a self-employed policyholder due to:
• First time diagnosis of any one of the listed/opted critical Illness from one of the opted plans provided that Critical illness which insured person is suffering from occurs or manifest itself during the policy period as first incidence.

Sr.No	Particulars	Plan Name				
		9 CI	12 CI	15 CI	18 CI	25 CI
1	Cancer Of Specified Severity	Yes	Yes	Yes	Yes	Yes
2	Kidney Failure Requiring Regular Dialysis	Yes	Yes	Yes	Yes	Yes
3	Multiple sclerosis With Persisting Symptoms	Yes	Yes	Yes	Yes	Yes
4	Major organ/Bone marrow transplant	Yes	Yes	Yes	Yes	Yes
5	Open heart replacement or repair of heart valves	Yes	Yes	Yes	Yes	Yes
6	Open chest coronary artery bypass graft (CABG)	Yes	Yes	Yes	Yes	Yes
7	Permanent Paralysis of limbs	Yes	Yes	Yes	Yes	Yes
8	Myocardial infarction (First heart attack of specific severity)	Yes	Yes	Yes	Yes	Yes
9	Stroke resulting in permanent symptoms	Yes	Yes	Yes	Yes	Yes
10	Benign brain tumour	No	Yes	Yes	Yes	Yes
11	Motor neuron disease with Permanent Symptoms	No	Yes	Yes	Yes	Yes
12	Coma of specified severity	No	Yes	Yes	Yes	Yes
13	End stage liver failure	No	No	Yes	Yes	Yes
14	Primary (idiopathic) pulmonary hypertension	No	No	Yes	Yes	Yes
15	Surgery of aorta	No	No	Yes	Yes	Yes
16	Third degree burns	No	No	No	Yes	Yes
17	Deafness	No	No	No	Yes	Yes
18	Loss of speech	No	No	No	Yes	Yes
19	Muscular dystrophy	No	No	No	No	Yes
20	Alzheimer's disease	No	No	No	No	Yes
21	Parkinson's disease	No	No	No	No	Yes
22	Pulmonary artery graft surgery	No	No	No	No	Yes
23	Medullary cystic disease	No	No	No	No	Yes
24	Systemic Lupus Erythematous with lupus nephritis	No	No	No	No	Yes
25	Pneumonectomy	No	No	No	No	Yes

• Permanent Total Disability occurring due to an accident during the policy period for which all the criteria being admissible and payable under section 2 Personal Accident (Permanent total Disability) benefit.
.
Condition-
1. This benefit is available only for self employed individual (non-salaried person).
2. This Cover can be opted independently i.e. without opting the critical illness section (d.i.1) or personal accident (Permanent total disability) section (d.i.2) of the policy.
3. For Loan Link Plans

• In case where the loans are prepaid before the end of the policy period, the opted number of EMIs in case of Loss of Earnings claims would be paid as per the original EMI schedule opted under this section of policy.
• Number of EMI's at actuals would be payable. In case of change in Rate of interest the actual EMI being charged by bank at the time of loss would be payable.
4. For Non Loan link policies
Income information will be based on the certified documents proving his/her annual income, average amount equal to 1/12th of his/her provided annual income subject to maximum as specified in policy schedule.
Certified Income Documents would refer to Income Tax returns, Income Tax assessment, Audited profit and loss A/C statement, CA (Chartered
Accountant) certificate, certified balance sheet or any other valid/ legal statement proving his annual income.
Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within total sum insured of policy.

Section 5 Hospital Cash Benefit
If, during the Policy Period, an Insured Person sustains bodily Injury or illness which, directly and independently of all other causes, results in the Insured Person being in a Hospital as an In-patient, the Company will pay the amount as specified in the Policy Schedule for each continuous and completed period of 24 hours through which the Insured Person is Hospitalised.
We will not make payment for the deductible/franchise period per event, as mentioned in the Policy Schedule.
The cover shall be provided to against any of the below conditions, as mentioned in the Policy Schedule:
• Hospital Daily Cash due to Accident only
• Hospital Daily Cash due to Accident and/or illness
This Benefit shall not be payable for more than the number of days per Policy Year, as specified in the Policy Schedule or Certificate of Insurance.

Initial Waiting Period (For Hospitalization due to illness only)
Waiting Period applicable - 30 Days
Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
There is also an option for waiver/reduce of waiting period under the Policy if specified in the Policy Schedule or Certificate of Insurance.

Pre-existing disease waiting period
Wating period: 48 Months
There is also an option for waiver/reduce of waiting period under the Policy if specified in the Policy Schedule or Certificate of Insurance.
Exclusion Clause 3.I will be modified as per the waiting period reduction/waiver opted by the Insured

Conditions
a) The Hospitalization is for Medically Necessary Treatment and is started and continued on the written advice of the treating Medical Practitioner.
b) We shall not accept more than one claim under this Benefit in respect of the Insured Person occurring from the same Accident.
c) We shall not be liable to pay the daily amount for more than the maximum number of days as specified, during the one policy year.
d) More than one claim can be considered in respect of the Insured Person under this benefit during the Period of Cover, subject to the maximum number of days specified, and provided that the Illness/Accident causing the Injury is distinct and unrelated for each such claim.

On exhaustion of the Sum Insured for this section, the cover under this Benefit will terminate in relation to such Insured Person for that policy year.
e) For multi-year policies sum insured benefit will be available on per year basis.
f) 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.
This cover is applicable if it is shown on your schedule.
Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule within total sum insured of policy.
Optional Benefits under Hospital Cash Benefit section- (Can be opted only if Section 5 Hospital Cash Benefit cover is opted by the insured)

1. Enhanced ICU Benefit
If an Insured Person suffers illness/sickness/Injury that requires treatment as Inpatient treatment in ICU, the Company agrees to pay enhanced daily allowance for each day provided that the first diagnosis of the disease/illness/injury and treatment falls within the Period of Insurance.
Our maximum liability shall be beyond specified Deductible/Franchise period and restricted to the allowance limits and benefit period mentioned in the policy schedule/certificate of insurance.

Conditions:-
• Day Care Procedures are specifically excluded from the scope of coverage under this optional cover
• If there are claims under multiple optional covers for treatment in ICU for a specified date, the Insured Person shall be eligible for the highest allowance payable in any optional cover. The allowance payable shall not be cumulative.
• The Company will pay enhanced ICU Benefit in the event of hospitalization of the insured person who has been transferred from Normal room to ICU or vice versa in any single day and the hospital bill generated for the respective day includes ICU room charges.
2. Enhanced Hospital Cash Benefit (Accidental)
Can be opted only if Section 5 Hospital Cash Benefit is opted by the insured
If an Insured Person suffers Accidental bodily Injury that requires treatment as Inpatient care, the Company agrees to pay enhanced daily allowance for each day provided that the event of accident and treatment falls within the Period of Insurance.
Our maximum liability shall be beyond specified Deductible/Franchise period and restricted to the allowance limits and benefit period mentioned in the policy schedule/certificate of insurance.
Conditions:-
• Day Care Procedures are specifically excluded from the scope of coverage under this optional cover
• If there are claims under multiple optional covers for treatment in ICU for a specified date, the Insured Person shall be eligible for the highest allowance payable in any optional cover. The allowance payable shall not be cumulative.
3. Enhanced Hospital Cash Benefit – Day Care Treatment
If an Insured Person suffers illness/sickness/Injury that requires treatment as Day care procedure, the Company agrees to pay enhanced fixed benefit provided that, the first diagnosis of the disease/illness/injury and treatment falls within the Period of Insurance.
Our maximum liability shall be beyond specified Deductible/Franchise period and restricted to the allowance limits and benefit period mentioned in the policy schedule/certificate of insurance.
Conditions:-
• If there are claims under multiple optional covers for treatment in ICU for a specified date, the Insured Person shall be eligible for the highest allowance payable in any optional cover. The allowance payable shall not be cumulative.
4. Convalescence Benefit
On payment of additional premium, Company will pay a fixed amount, as specified against this Benefit, up to a maximum number of days of
Hospitalization during the Policy Year for each continuous and completed period of 24 hours of Hospitalization for recovery of the Insured Person, subject to the conditions specified below.

Condition
• The Hospitalization period exceeds number of continuous days as specified in policy schedule.
• The Company will be liable to pay from a block of number days of continuous Hospitalization arising from Any One Illness or Accident.
• The Company has accepted the recipient Insured Person’s claim under Benefit 3.I.5 Hospital cash.
5. Maternity
If, during the Policy Period, Primary Insured or spouse / partner, who is mentioned as an Insured Person being in a Hospital as an In-patient for maternity then the Company will pay the amount as specified in the Policy Schedule for each continuous and completed period of 24 hours through which the Insured Person is Hospitalised.
We will not make payment for the deductible/franchise period per event, as mentioned in the Policy Schedule.
Conditions
a) Payment of Maternity Medical Expenses/treatment related to childbirth (including complicated deliveries and caesarian sections)
b) Charges for lawful terminations of pregnancy (abortions) during the policy period. This benefit will have no waiting period.
c) Medical expenses of the new born baby immediately after birth, while in hospital. Please note that this benefit will apply only for the first two babies. If the Insured Person already has two children, he/she cannot use this benefit. Of course, if the couple is doubly blessed and has twins from the second delivery, we will still cover all charges.

d) Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule, which is over and above the Hospitalization Sum
Insured for In-Patient Hospital Services.
e) We will cover the charges for any hospitalisation caused by involuntary medical termination of pregnancy (abortion), as per MTP Act, 1971 (amended) and other laws and rules.
If the insured has opted for this cover, Exclusion of Maternity Expenses -Excl 18 shall not be applicable

Waiting Period
We shall not be liable to make any payment in respect of any Maternity within first 9 months from the Inception Date. There is also an option for waiver of waiting period under the Policy if specified in the Policy Schedule or Certificate of Insurance. This Benefit shall not be payable for more than the number of days per Policy Year, as specified in the Policy Schedule or Certificate of Insurance.

Section 6 Payment Protection Cover
If Insured have opted for this Cover and sustain accidental bodily injury which solely and directly results in Your "Death" or "Permanent Total
Disablement" or "Permanent Partial Disablement" within twelve (12) months from the Date of accident or suffer from "Critical Illness" from the below mentioned list and mentioned in Your Policy Schedule/Certificate of Insurance against this Section and this completely prevents
You from performing each and every duty pertaining to Your employment or occupation mentioned in Your Policy Schedule/Certificate of Insurance for a minimum period of 1 month,

a. Satisfactory proof is submitted confirming that "Permanent Total Disablement" or "Permanent Partial Disablement" or "Critical Illness" has completely prevented You from engaging in Your Employment or Occupation mentioned in Your Policy Schedule/Certificate of Insurance.
b. We will stop making payments when We are satisfied that You can engage in Your Employment or Occupation again or when We have made payments for a maximum period of months, as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance, beginning from the date You met with the Accidental Bodily Injury or were first Diagnosed with Critical Illness or first underwent Surgical Procedures mentioned under Critical Illness, whichever is earlier.
c. The EMI amount would not include any arrears/payment that are overdue and unpaid by the Insured Person prior to the date of accident, due to any reasons whatsoever.

For the Purpose of this Cover; "Permanent Total Disablement" shall mean any one of the following

i) Loss of sight of both eyes
ii) Loss of, by physical separation of two entire hands or two entire feet
iii) Loss of one entire hand and one entire foot
iv) Loss of sight of one eye and such loss of one entire hand or one entire foot
v) Complete loss of hearing of both ears and complete loss of speech
vi) Complete loss of hearing of both ears and loss of one limb/loss of sight of one eye
vii) Complete loss of speech and loss of one limb/loss of sight of one eye

"Permanent Partial Disablement" means any one of the below

Permanent Partial Disability
i) Sight of one eye
ii) One hand or One foot
iii) Loss of toes-all

iv) Loss of Toes Great - both phalanges
v) Loss of Toes Great - one phalanges
vi) Loss of Toes Other than great, if more than one toe lost, each
vii) Loss of hearing-both ears
viii) Loss of hearing –one ear
ix) Loss of speech
x) Loss of four fingers and thumb of one hand
xi) Loss of four fingers
xii) Loss of thumb –both phalanges
xiii) Loss of thumb- one phalanx
xiv) Loss of index finger-three phalanges
two phalanges
one phalanx
xv) Loss of middle finger-three phalanges
two phalanges
one phalanx
xvi) Loss of ring finger-three phalanges
two phalanges
one phalanx
xvii) Loss of little finger-three phalanges
two phalanges
one phalanx
xviii) Loss of metacarpals-first or second, third, fourth or fifth

“Critical Illness” shall mean the below listed illnesses that You are diagnosed as suffering from occurs or manifest itself during policy period as first incidence.
Provided that:
1. We will not make any payment if You are diagnosed as suffering from Critical Illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Total Protect Policy” with Us covering Critical Illness .
2. You survive for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness, unless this condition is specifically waived by Us.
3. The Critical Illness or the Surgical Procedure Claim is not a consequence of or arising out of any pre-existing condition/disease

Conditions-
1. A specific waiting period will be applicable as selected by the proposer at the commencement of the policy while opting this section of the policy (Not applicable if claim arises due to personal accident/permanent total disability after policy inception date).
2. For Loan Link cover
a) The benefit payable is equal to equated monthly instalments (EMIs) falling due in respect of the loan insured (loan account number as stated in the Policy Schedule) after commencement of the insured event till the reinstatement of employment with the same employer or new employer or up to the number of EMI’s opted under this section of policy, whichever is earlier.
b) The cover as described under this benefit, for specific insured, shall terminate in the event one or more claim(s) in respect of that insured becoming admissible and accepted by the insurance company under this section and the insurance company admitting liability to the extent of the maximum benefit payable i.e., number of EMIs opted under this plan.

c) In case where the loans are prepaid before the end of the policy period, the opted number of EMIs in case of Loss of Job claims would be paid as per the original EMI schedule opted under this section of policy.
d) For Loss of Job claim, number of EMI's at actuals would be payable. In case of change in Rate of interest the actual EMI being charged by bank at the time of loss would be payable.

3. For non-loan linked cover – we will pay up to the Sum Insured and Number of Months opted by You and mentioned in Your Policy Schedule/ Certificate of Insurance against this Section.

List of Critical Illness covered for Payment Protection Section

Sr.No	Particulars	Plan Name				
		9 CI	12 CI	15 CI	18 CI	25 CI
1	Cancer Of Specified Severity	Yes	Yes	Yes	Yes	Yes
2	Kidney Failure Requiring Regular Dialysis	Yes	Yes	Yes	Yes	Yes
3	Multiple sclerosis With Persisting Symptoms	Yes	Yes	Yes	Yes	Yes
4	Major organ/Bone marrow transplant	Yes	Yes	Yes	Yes	Yes
5	Open heart replacement or repair of heart valves	Yes	Yes	Yes	Yes	Yes
6	Open chest coronary artery bypass graft (CABG)	Yes	Yes	Yes	Yes	Yes
7	Permanent Paralysis of limbs	Yes	Yes	Yes	Yes	Yes
8	Myocardial infarction (First heart attack of specific severity)	Yes	Yes	Yes	Yes	Yes
9	Stroke resulting in permanent symptoms	Yes	Yes	Yes	Yes	Yes
10	Benign brain tumour	No	Yes	Yes	Yes	Yes
11	Motor neuron disease with Permanent Symptoms	No	Yes	Yes	Yes	Yes
12	Coma of specified severity	No	Yes	Yes	Yes	Yes
13	End stage liver failure	No	No	Yes	Yes	Yes
14	Primary (idiopathic) pulmonary hypertension	No	No	Yes	Yes	Yes
15	Surgery of aorta	No	No	Yes	Yes	Yes
16	Third degree burns	No	No	No	Yes	Yes
17	Deafness	No	No	No	Yes	Yes
18	Loss of speech	No	No	No	Yes	Yes
19	Muscular dystrophy	No	No	No	No	Yes
20	Alzheimer's disease	No	No	No	No	Yes
21	Parkinson's disease	No	No	No	No	Yes
22	Pulmonary artery graft surgery	No	No	No	No	Yes
23	Medullary cystic disease	No	No	No	No	Yes
24	Systemic Lupus Erythematous with lupus nephritis	No	No	No	No	Yes
25	Pneumonectomy	No	No	No	No	Yes

Section 7 Infectious Disease Cover

We will pay You the Lump sum amount as mentioned in Your Policy Schedule / Certificate of Insurance against this cover, in case you are diagnosed as suffering from any of the Major infectious disease or undergoing covered Surgical Procedures as per the Major Infectious disease category as Opted by You and mentioned in Your Policy Schedule/Certificate of Insurance as specified below Provided that,
a. This Major Infectious disease or covered surgical procedure has happened to you for the first time in your life.
b. We will pay only once for Infectious disease and / or Surgical Procedure under this Section if You are diagnosed as suffering from Infectious disease after the passage of number of days (i.e. Initial Waiting Period) as mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of policy with us covering Infectious disease. We will not make any further payment for any consequent disease and/or any dependent disease.
c. Such claim for Infectious disease and / or Surgical Procedure is not a consequence of or arising out of any pre-existing condition/disease, unless this condition is specifically waived by Us.

Waiting Period
We shall not be liable to make any payment in respect of any Infectious disease whose signs or symptoms first occur within the first 90 days from the Inception Date. There is also an option for waiver/reduce of waiting period under the Policy if specified in the Policy Schedule or Certificate of Insurance.

The insured shall have option to select
I)Plan A (Single disease can be opted among the list)
II)Plan B (Entire Plan B list to opted)

Sr.No	Infectious Disease - Plan A
1	Covid 19
2	Amoebiasis
3	Dengue
4	Ebola
5	Cholera
6	Kala Azar
7	Mucormycosis
8	Swine Influenza , H1N1 Virus
9	Typhus
10	Zika Virus
11	Pneumonitis
Sr.No	Infectious Disease - Plan B
1	Diptheria
2	Malaria
3	Chikungunya
4	Filariasis
5	HIV - AIDS
6	Leptospirosis
7	Nipah Virus
8	Plague

9	Tuberculosis
10	Typhoid
11	SARS MERS
12	Systemic Lupus Erythematous with lupus nephritis
13	Pneumonectomy

Section 8 In-patient Hospitalization
1. This section covers Reasonable and Customary Charges incurred towards medical treatment taken by the Insured Person, during the Policy
Period, for an Illness, Injury or conditions described in the sections below, if it is contracted or sustained by an Insured Person during the Policy Period.
2. In the floater system, the maximum we can pay to all Insured Person for any and all Claims under the Policy during the Policy Year will not cross the Total Sum Insured for that policy.
a. Benefit 1: Hospitalization Cost
1. If an Insured Person falls ill or suffers an injury during the Policy Period which needs hospitalization, as suggested by a doctor, then we will pay all the medical costs as below
i. Room Rent upto the limit specified in the policy schedule
ii. Nursing charges for Hospitalization as an Inpatient excluding private nursing charges.
iii. Medical Practitioners' fees, excluding any charges or fees for standby services.
iv. Physiotherapy, investigation and diagnostics procedures directly related to the current admission;
v. Medicines, drugs as prescribed by the treating Medical Practitioner.
vi. Intravenous fluids, blood transfusion, injection administration charges and /or consumables.
vii. Operation theatre charges.
viii. The cost of prosthetics and other devices or equipment, if implanted internally during Surgery.
ix. Intensive Care Unit charges.
b.Associate Medical Expenses -If the actual room rate is more than the policy's per day limit, then associated medical expenses will be paid in the same proportion of the difference between the approved room rate/ room category and the actual room rate.

b. Pre- hospitalization Medical Expenses and Post-hospitalization Medical Expenses
Pre-hospitalization Medical Expenses -. The company shall indemnify pre-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 30 days prior to the date of admissible hospitalization covered under the policy
Post-hospitalization Medical Expenses are covered: - The company shall indemnify post hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 60 days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy.
c. Day Care Treatment
The Company will Indemnify the Policy Holder/Insured Person for Medical Expenses incurred on Day Care Treatment which involve a Surgical
Procedure, through Cashless or Reimbursement Facility, maximum up to the amount specified in against this benefit, provided that the period of treatment of the Insured Person in the Hospital/Day Care Centre does not exceed 24 hours, which would otherwise require an In-patient
admission but not in the outpatient department and such Day Care Treatment was prescribed in written, by a Medical Practitioner, and the
Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary.
d. Domiciliary Hospitalization
We will pay the Insured Person, only through Reimbursement, up to the Sum Insured, for the Medical cost treatment at home, only in the situations given below:
x. It happens during the Policy Year.
xi. The costs are absolutely necessary and within reasonable limits.
xii. This benefit covers pre and post home hospitalization cost as written in Section 8 b, Benefit 2: Pre- hospitalization Medical Expenses and
Post-hospitalization Medical Expenses.
xiii. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
xiv. the patient takes treatment at home on account of non-availability of room in a hospital.
e. Benefit 5: AYUSH
The Company will Indemnify the Policy Holder/Insured Person, the Reasonable and Customary Charges, up to the amount specified against this Benefit , for Medical Expenses incurred on the Insured Person's Medically Necessary and

Medically Advised Inpatient Hospitalization during the Policy Period, on treatment taken under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems in AYUSH
Hospitals or AYUSH Day Care Centre
Optional Benefit - under In Patient Hospitalization section- (Can be opted only if Section 8 InPatient Hospitalization cover is opted by the insured)
1. Maternity Treatment Expenses Cover (Indemnity Cover) with 9 months waiting period.
We will reimburse/provide cashless cover to the Primary Insured or spouse / partner, who is mentioned as an Insured Person for maternity costs, benefits during the Policy Period, subject to the following:
a) Payment of Maternity Medical Expenses/treatment related to childbirth (including complicated deliveries and caesarian sections incurred during Hospitalization
b) Charges for lawful terminations of pregnancy (abortions) during the Policy Period.
c) Waiting Period of 9 months from the date of inception of this cover with us. However this 9 months exclusion would not be applicable in case of continuous renewal of this cover and without break in cover.
d) Medical expenses of the newborn baby immediately after birth, while in hospital.in connection with any hospitalization treatment
This benefit will apply only for the first two babies. If the Insured Person already has two children, he/she cannot use this benefit. Of course, if the couple is doubly blessed and has twins from the second delivery, we will still cover all charges.
e) Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule, which is over and above the Hospitalization Sum
Insured for In-Patient Hospital Services.
f) We will cover the charges for any hospitalisation caused by involuntary medical termination of pregnancy (abortion), as per MTP Act, 1971 (amended) and other applicable laws and rules.
g) A waiting period of 9 months shall apply to insured s, who join the Policy after this cover comes into effect.
If the insured has opted for this cover, Exclusion of Maternity Expenses -Excl 18 shall not be applicable

2. Maternity Treatment Expenses Cover (Indemnity Cover) without 9 months waiting period.
We will reimburse/provide cashless cover to the Primary Insured or legal spouse, who is mentioned as an Insured Person for maternity costs subject to the following:
a. Payment of Maternity Medical Expenses/treatment related to childbirth (including complicated deliveries and caesarian sections)
b. Charges for lawful terminations of pregnancy (abortions) during the policy period. This benefit will have no waiting period.
c. Medical expenses of the newborn baby immediately after birth, while in hospital. Please note that this benefit will apply only for the first two babies. If the Insured Person already has two children, he/she cannot use this benefit. Of course, if the couple is doubly blessed and has twins from the second delivery, we will still cover all charges.
d. Our maximum liability will be limited to the Sum Insured mentioned in the Policy Schedule, which is over and above the Hospitalization Sum
Insured for In-Patient Hospital Services.
e. We will cover the charges for any hospitalisation caused by involuntary medical termination of pregnancy (abortion), as per MTP Act, 1971 (amended) and other laws and rules.
If the insured has opted for this cover, Exclusion of Maternity Expenses -Excl 18 shall not be applicable
3. Baby Day One Cover (Indemnity Cover)
You've paid us an extra premium to cover the new born babies of Insured Persons from Day one. Of course, a sufficient advance deposit will have to be kept with us for this cover. You or the Insured Person can also extend the liability of this cover if you choose to. You can choose from:
1) Covering each baby from Day one, but only up to the Maternity Sum Insured, up to a maximum of three children.
OR
2) Covering each baby from Day one, up to the full Sum Insured, up to a maximum of three children.
This coverage allows the child to be cofvered under the Policy from birth. Otherwise, the minimum age for an Insured Person has to be 91 days.
4. Pre and Post Natal Expenses Cover (Indemnity Cover)
You've paid us an extra premium to cover the Insured Persons or their spouses for pre-natal care from conception till delivery and post-natal inpatient for care 45 days after childbirth, up to the sub limit specified in the Policy Schedule.
This cover includes pre and post-natal medical expenses as an Out-patient, including but not limited to expenses for antenatal check-ups, doctor's consultations for monitoring of during the pregnancy and any complications, arising therefrom up to sub-limit specified in the Policy
Schedule
5. Emergency Ambulance Expenses (Indemnity Cover)

You've paid us an extra premium to cover the cost of ambulance charges (either Reimbursement or Cashless) for the Insured Person. Please note that such an ambulance transfer should be recommended by the medical practitioner, and is subject to these conditions upto the limit specified in policy schedule:
1. The trip should be from the place of the medical emergency to the nearest hospital; and/or
2. It can also be from one hospital to another, where the required care is not available at the first hospital following an emergency.
3. Trip to another hospital or test centre only for check-ups and tests are not covered.
4. The Company has accepted the recipient Insured Person's claim under section 8. (In-Patient Hospitalization Expenses).

e) Exclusion

i. Standard Exclusions

1) Permanent Exclusions applicable for Section Critical Illness , Loss of job, Loss of earning, Payment Protection cover : We shall not be liable to make any payment under this Policy towards a covered Critical Illness, caused by, based on, arising out of

I. Pre-Existing Diseases - Code- Excl01

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 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 (Health
Insurance) 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 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer

II. Obesity/ Weight Control: Code- Excl06

The surgical treatment of obesity that does not fulfil all the below conditions
1) Surgery to be conducted is upon the advice of the Doctor
2) The surgery/Procedure conducted should be supported by clinical protocols
3) The member has to be 18 years of age or older and
4) Body Mass Index (BMI);
a) greater than or equal to 40 or
b) 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:
i. Obesity-related cardiomyopathy
ii Coronary heart disease
iii. Severe Sleep Apnea
iv. Uncontrolled Type2 Diabetes

III. Change-of-Gender treatments: Code- Excl07

Treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

IV. Cosmetic or plastic Surgery: Code- Excl08

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.

V. Hazardous or Adventure sports: Code- Excl09

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.

VI. Breach of law :Code- Excl10

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

VII. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.Code- Excl12
VIII. 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. Code- Excl13
IX. Unproven Treatments: Code- Excl16
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
X. Sterility and Infertility: Code- Excl17
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
XI. Maternity: Code Excl18
i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
1. 2) Permanent Exclusions applicable for Section Personal Accident Loss of Job Cover, Loss of Earning cover, Payment Protection cover:
We shall not be liable to make any payment for any claim in respect of any Insured Person, caused by or arising from or in any way attributable to any of the following unless otherwise stated in the Policy:
I. Pre-Existing Diseases - Code- Excl01
a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 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 (Health Insurance)
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 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted byInsurer.
II. Hazardous or Adventure sports: Code- Excl09
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not
limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
III. Breach of law:Code- Excl10
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
IV. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12
3) Permanent Exclusions applicable for Hospital Cash Benefit:
No benefit shall be payable for any claim under this Section in respect of an Insured Person, caused by, arising from or in any way attributable to any of the following:
I. Pre-Existing Diseases - Code- Excl01
a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 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 (Health Insurance)
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 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
This clause will be modified accordingly as per the option of pre-existing waiting period reduction/ waiver selected by the customer at the time of taking the policy
II. Investigation & Evaluation- Code- Excl04

a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
III. Rest Cure, rehabilitation and respite care- Code- Excl05
a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment.This also includes:
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.
IV. Obesity/ Weight Control:Code- Excl06
Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1) Surgery to be conducted is upon the advice of the Doctor
2) The surgery/Procedure conducted should be supported by clinical protocols
3) The member has to be 18 years of age or older and
4) Body Mass Index (BMI);
a) greater than or equal to 40 or
b) 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:
i. Obesity-related cardiomyopathy
ii. Coronary heart disease
iii. Severe Sleep Apnea
iv. Uncontrolled Type2 Diabetes
V. Change-of-Gendertreatments:Code- Excl07
Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
VI. Cosmetic or plastic Surgery:Code- Excl08
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or
Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
VII. Hazardous or Adventure sports:Code- Excl09
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
VIII. Breach of law:Code- Excl10
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
IX. Excluded Providers:Code- Excl11
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
X. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12
XI. 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. Code- Excl13
XII. Refractive Error:Code- Excl15
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
XIII. Unproven Treatments: Code- Excl16
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
XIV. Sterility and Infertility:Code- Excl17
Expenses related to 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

XV. Maternity: Code Excl18
i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
4) Exclusions – Permanent exclusions/ waiting periods applicable for In-patient Hospitalization expenses Indemnity:
I. Waiting periods
1. 30-Day waiting period -Code-Excl 03
a) Expenses related to the treatment of any illness within 30 days from the commencement of this cover shall be excluded except claims arising due to an accident, provided the same are covered.
b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.
This exclusion can be reduced/ waived if specifically opted and mentioned in the policy schedule/certificate of insurance.
2. Specified disease/ Procedure waiting Period- Code-Excl-02
a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of this cover. This exclusion shall not be applicable for claims arising due to an accident
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) 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.
d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
e) 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.
f) List of specific diseases/procedures
i. Any treatment related to Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism, Spinal Disorders(unless caused by accident), Joint Replacement Surgery (unless caused by accident), Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and
Ligament Repair
ii. Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to Adenoidectomy, Mastoidectomy,
Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders
iii. Benign Prostatic Hypertrophy
iv. Cataract
v. Dilatation and Curettage
vi. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers
vii. Surgery of Genito-urinary system unless necessitated by malignancy
viii. All types of Hernia & Hydrocele
ix. Hysterectomy, unless necessitated by malignancy
x. Internal tumours, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant
xi. Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone
xii. Myomectomy for fibroids
xiii. Varicose veins and varicose ulcers
xiv. If these diseases are pre-existing at the time of proposal or subsequently found to be pre-existing then Exclusion 3 mentioned below will be applicable.
This exclusion can be reduced/ waived if specifically opted and mentioned in the policy schedule/certificate of insurance.
3. Pre-existing Disease Code -Excl 01
a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of this cover.
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 (Health Insurance)

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 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
This exclusion can be reduced/waived if specifically opted and mentioned in the policy schedule/certificate of insurance

II. Permanent Exclusions
The following list of permanent exclusions is applicable to all the Benefits and Optional Covers.
Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy Terms and conditions.
1. Sterility and Infertility: Code- Excl-17
Expenses related to 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
2. Investigation & Evaluation- Code- Excl-04
a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
3. Rest Cure, rehabilitation and respite care- Code- Excl05
a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
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.
4. 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. Code- Excl-13
5. Cosmetic or Plastic Surgery -Code-Excl-08
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or
Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner
6. Refractive Error: Code- Exc1-15
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
7. Change of Gender treatment code -Excl-07
Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
8. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure Code- Excl-14
9. Unproven Treatments: Code- Excl-16
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
10. Breach of law- Code- Excl-l0
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

11. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl-12
12. Hazardous or Adventure sports - Code- Excl-09
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
13. Obesity/ Weight Control:Code- Excl06
Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
1) Surgery to be conducted is upon the advice of the Doctor
2) The surgery/Procedure conducted should be supported by clinical protocols
3) The member has to be 18 years of age or older and
4) Body Mass Index (BMI);
a) greater than or equal to 40 or
b) 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:

i. Obesity-related cardiomyopathy
ii. Coronary heart disease
iii. Severe Sleep Apnea
iv. Uncontrolled Type2 Diabetes
14. Excluded Providers: Code-Excl-11
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
15. Maternity Expenses: Code – Excl-18
i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
ii) Specific Exclusions-
2. Permanent Exclusions applicable for Section Critical Illness , Loss of job, Loss of earning , Payment Protection cover
We shall not be liable to make any payment under this Policy towards a covered Critical Illness, caused by, based on, arising out of
I. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy.
II. Any Critical Illness directly caused due to intentional self-injury, suicide or attempted suicide, whether the person is medically sane or insane.
III. Any Critical Illness , caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public
defense, rebellion, revolution, insurrection, military or usurped power.
IV. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
V. Congenital External Anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured
VI. Participation by the Insured Person in any flying activity, except as a bona fide, fare paying passenger of a recognized airline on regular routes and on a scheduled timetable.
VII. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical
Practitioner who is practicing outside the discipline that he/ she is licensed for.
VIII. In the event of the death of the Insured Person within the stipulated survival period as set out above.

3. Permanent Exclusions applicable for Personal Accident Benefits, Loss of Job Cover , Loss of Earning cover , Payment Protection cover:
We shall not be liable to make any payment for any claim in respect of any Insured Person, caused by or arising from or in any way attributable to any of the following unless otherwise stated in the Policy:
I. Death or disablement caused due to intentional self-injury,suicide or attempted suicide, whether the person is medically sane or insane.
II. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's
Family.
III. Death or disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time),
IV. Death or disablement caused by or associated with any venereal disease, sexually transmitted disease.
V. Congenital external diseases, defects or anomalies or in consequence thereof.
VI. Death or disablement caused by or arising from Medical or surgical treatment except as necessary solely and directly as a result of an
Accident..
VII. Death or disablement caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
VIII. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as race jockeys or circus personnel.
IX. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any

other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
- Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
X. Any medical condition or treatment or service that is specifically excluded in the Policy
4. Permanent Exclusions Applicable For Loss of Job Cover:
I. No benefit shall be payable under this benefit in the event of termination, dismissal, temporary suspension or retrenchment from employment of the insured being attributed to any dishonesty or fraud or poor performance on the part of the insured or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the insured by the employer.
II. No benefit shall be payable under this benefit in connection with or in respect of:
a. Self-employed persons in case of Loss of Job;
b. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
c. Any voluntary unemployment;
d. Unemployment due to down sizing; cost cutting closure etc. OR due to Critical Illness at the time of inception of the policy period or arising within the first 90 days of inception of the policy period
III. No benefit shall be payable due to any unemployment from a job under which no salary or any remuneration is provided to the insured
IV. No benefit shall be payable due to any suspension from employment on account of any pending enquiry being conducted by the employer/-
Public Authority
V. No benefit shall be payable due to any unemployment due to resignation, retirement whether voluntary or otherwise
VI. No benefit shall be payable due to any unemployment due to non-confirmation of employment after or during such period under which the insured was under probation.
5. Permanent Exclusions applicable for Hospital Cash Benefit
No benefit shall be payable for any claim under this Section in respect of an Insured Person, caused by, arising from or in any way attributable to any of the following
I. Routine medical, dental, eye and ear examinations is not covered unless specifically covered and specified in the Policy Certificate.
II. Circumcision unless necessary for treatment.

6. Permanent Exclusions applicable for inpatient hospitalization indemnity
The following list of permanent exclusions is applicable to all the Benefits and Optional Covers.
Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy Terms and conditions
1. Any item specified in List I (Items for which coverage is not available in the policy)
2. Any condition directly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital
Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Human T-Cell Lymphotropic Virus Type III (HTLV–III or IITLB-III) or Lymphadenopathy
Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
3. Charges incurred in connection with routine ear examinations, dentures, artificial teeth and all external appliances and / or devices whether for diagnosis or treatment.
4. Any expenses incurred on purchase of external prosthesis, corrective devices, external durable medical equipment, wheelchairs, walkers, crutches. ambulatory devices, andoxygen concentrator for asthmatic condition.
5. Any treatment related to Acupressure, acupuncture, magnetic therapy.
6. Treatment of any external Congenital Anomaly, or Illness or defects or anomalies or treatment relating to external birth defects.
7. Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations,
8. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
9. Vaccination including Inoculation and Immunizations (except in case of post-bite treatment),.

10. All expenses related to donor treatment including surgery to remove organs from the donor, in case of transplant surgery.
11. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
12. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
i. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
ii. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
iii. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
13. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.
14. Stem cell storage except for allogeneic bone marrow transplantation
15. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.
16. Any other exclusion as specified in the Policy Schedule.

f) General Terms and Clauses –

i. Standard General Terms and clauses-

1) Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact by the policyholder.
(Explanation: “Material facts” for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

3. Claim Settlement (provision for Penal Interest)

i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
(Explanation: “Bank rate” shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

4. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.
Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/ policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agentor the hospital/ doctor/ any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:
a) the suggestion, as a fact of that whichisnottrueandwhichtheinsured persondoes not believetobetrue;
b) theactive concealmentof afactbytheinsured personhavingknowledgeorbeliefofthefact;
c) anyother act fitted to deceive; and
d) anysuchactoromissionasthelawspeciallydeclarestobefraudulent
The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.
6. Cancellation /contract termination
The Insured Person may also give 15 days' notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice, cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided no Claim has been made under the Policy.
• For Fixed Sum assured plans:
• Refund Grid for Annual Policies:

Length of time Policy in force	Refund of Premium (% of Annual Premium)
Up to 1 month	75%
Up to 3 months	50%
Up to 6 months	25%
Exceeding 6 months	0%

Refund Grid for Policies with Term longer than 1 year: -

Loan period	2	3	4	5+
Policy period	2	3	4	5
Year of cancellations	Refund of Premium (% of Total Premium)			
1	25%	45%	57%	65%
2	Nil	11%	26%	37%
3	-	Nil	6%	17%
4	-	-	Nil	4%
5	-	-	-	Nil

• For reducing sum assured plans:

% Return Premium														
Policy period	2	3	4	5	5	5	5	5	5	5	5	5	5	5
Loan period	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Year 1	25%	45%	57%	65%	70%	73%	74%	75%	76%	77%	77%	78%	78%	78%
Year 2	-	11%	26%	37%	45%	49%	51%	53%	54%	55%	56%	56%	57%	57%

Year 3	-	-	6%	17%	24%	28%	31%	33%	34%	35%	36%	36%	37%	37%
Year 4	-	-	-	4%	9%	12%	14%	15%	16%	16%	17%	17%	18%	18%

5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
78%	79%	79%	79%	79%	73%	79%	79%	79%	79%	79%	79%	80%	80%	80%
57%	58%	58%	58%	58%	49%	59%	59%	59%	59%	59%	59%	59%	59%	59%
37%	38%	38%	38%	38%	28%	39%	39%	39%	39%	39%	39%	39%	39%	39%
18%	18%	19%	19%	19%	12%	19%	19%	19%	19%	19%	19%	19%	20%	20%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.
Refund on cancellations of long-term policy at the request of the insured may be allowed subject to the following conditions:
a) In event of part prepayment of the Loan, no refunds of premium shall be made under this Policy. No refunds of premium will be made under the Policy during the last year of the Policy Period.
b) Upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of the Insured, the cover in respect of that Insured shall forthwith terminate and the Company shall not be liable hereunder.
c) The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.
d) For Loan Linked policies in case of foreclosure of the loan, the policy will continue up to its natural expiry.
e) In case a customer wishes to renew the policy, we shall provide the continuity benefits by offering a similar stand alone product pertaining to the section which the customer wishes to renew, preserving the benefits accrued.
7. Migration
The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policyatleast30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company,the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.
For Detailed Guidelines on migration, kindly refer the link ……
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987&flag=1
8. Portability
The insured person will have the option to port the policy to other insurers by applying to suchinsurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance
policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link ……
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987&flag=1

9. Policy renewal
The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 15 Days for instalment premium and 30 days for single premium to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
v. No loading shall apply on renewals based on individual claims experience.
vi. In loan linked proposals, policy shall not be renewed and the Insured shall not be eligible for renewal of this policy if there is no outstanding loan for which this Policy was issued.
vii. In case of employer – employee relationship, this policy will be renewed only upto the date the employee reaches his retirement age, as per the provisions of the contract of employment between employee & employer.
10. Premium Payment in Instalments
Loan Linked policies will be issued for a period of 1 year, 2 year or 3 years, 4 years 5 years i.e. upto a period of 5 years
Non Loan linked policy will be issued upto a period of 1 year tenure only.
The Sum Insured and Benefit will be applicable on Policy Year basis.
The Insured person can choose to pay Premium for this Policy on any one of the following basis:
i. Single premium
ii. Instalment premium
If 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 Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)
i. Grace Period of 15 days would be given to pay the instalment premium due for the policy.
ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
iii. 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.
iv. No interest will be charged If the instalment premium is not paid on due date.
v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.
11. Free Look Period
The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.
The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.
If the insured has not made any claim during the Free Look Period, the insured shall be entitled to
i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;
12. Possibility of Revision of Terms of the Policy Including the Premium Rates
The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.
13. Nomination:
The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and finaldischarge of its liability under the policy.
14. Multiple Policies (Applicable for In patient hospitalization indemnity)
i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In

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

15. Moratorium Period (Applicable for inpatient hospitalization indemnity)

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

16. GRIEVANCE MECHANISM:

In case of any grievance the insured person may contact the company through
• Website: www.hizuno.com, Link:https://www.hizuno.com/documents/20143/1081704/Service+Parameters+and+Grievance+Mechanism+15-04-21.pdf/114fd592-ad87-457a-d8c6-2e6cc6b9fd91?t=1618577820419
• Toll free: 1800120216216 / 180012000
• E-mail: grievance@hizuno.com
• Courier: 2nd Floor, Tower 3, Kohinoor City Mall, Kohinoor City, Kirol Road, Kurla (West), Mumbai 400 070:

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance
If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at 1800120216216 and grievance@hizuno.com.
For updated details of grievance officer, visit website.
If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/

Annexure A - Ombudsman and Addresses
Mentioned below are contact details of Ombudsman:

Office details	Jurisdiction of office union territory, district
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chattisgarh
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar-751 009. Tel.: 0674 - 2596461 /2596455	Orissa

Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD 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 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan
ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Ballia, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Mau, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Deoria, Kushinagar, Gorkhpur, Ghazipur, Chandauli, Sidharathnagar.

MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001 Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

ii. Specific Terms and Clauses

1 Eligibility
Proposer – Min age- 18 years , Max – 65 years
Insured-
• Refund Grid for Policies with Term longer than 1 year: -

Section	Min Age		Max Age	
Section	Loan Linked	Non Loan Linked	Loan Linked	Non Loan Linked
Critical Illness	18 years	18 years	65 years	65 years
Personal Accident	0 years	0 years	65 years	65 years
Loss of Job Cover	18 years	18 years	65 Years	65 Years
Loss of Earning	18 years	18 years	65 years	65 years
Hospital Cash Benefit	0 years	0 years	65 years	65 years
Payment Protection Cover	18 years	18 years	65 years	65 years
Infectious Diseases Cover	18 years	18 years	65 years	65 years
Inpatient Hospitalization	0 years	0 years	65 years	65 years

Dependent Child –
Min Age- 4 years
Max age - 21 years, or up to and including the age of 30 years if in full time education at an accredited tertiary institution at the time of the date of loss
Student –
Min Age - 4 years
Max- age- 35 years (full time education at an accredited tertiary institution at the time of the date of loss)

1. Policy Tenure
1) Loan Linked policy -
Minimum policy period- As per the Loan tenure
Max-- upto 5 Years
2) Non Loan Linked- 1 year
2. Nationality Indian
3. Policy Type
Policy will be available on Individual Sum insured basis only.
4. Eligibility
As per the Group definition (Specified in definitions No. 22)
Relationship –
Non Loan Linked - Self, Spouse, 3 Children, Parent(s), Parents-in-law(s) and Students, Employer Employee, Non Employer Employee
Loan linked - Self, Spouse, 3 dependent Children, Parent(s), Parents-in-law(s), Partners & Directors and Students, Employer Employee,
Non Employer Employee.
5. Sum Insured
• Sum insured will be on Per year basis as mentioned in Policy Schedule/Certificate of insurance.
• For Loan Linked cover sections Insured will have option to choose the sum insured on
A) Fixed Sum Insured
B) Reducing Sum insured

Illustration for Reducing Sum Insured calculation

Total Loan Amount	150000
Loan Tenure	1 year
Interest rate	11%
Total Payment (Principal + Interest)	15908400%
Sum Insured Opted	100000
Proportion of Loan Vs SI opted	0.6

Sr. No.	Principal Component	Interest Component	Total EMI	Balance Loan	Sum Insured
1	11882	1375	13257	145827	91667
2	11991	1266	13257	132570	83333
3	12101	1156	13257	119313	75000
4	12212	1045	13257	106056	66667
5	12324	933	13257	92799	58333
6	12437	820	13257	79542	50000
7	12551	706	13257	66285	41667
8	12666	591	13257	53028	33333
9	12782	475	13257	39771	25000
10	12899	358	13257	26514	16667
11	13017	240	13257	13257	8333
12	13137	120	13257	0	0

6. Territorial limits
The geographical scope of this policy will be worldwide except for Inpatient Hospitalization benefit where the coverage is restricted within Indian Territory. However the claims shall be settlement will be in India and in Indian Rupees only. The

parties to this policy expressly agree that the laws of the republic of India shall govern the validity, construction, interpretation and effect of this policy or any claim thereunder

7. Alterations in the policy
This policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by us, which approval shall be evidenced by a written endorsement signed and stamped by us. However upon the inception of the policy, the option to modify plan and/ or sum insured shall be available to policyholder only at the time of policy renewal with us

8. Arbitration clause
If any dispute or difference shall arise between the policy holder and us 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 two disinterested persons as arbitrators, who shall together proceed to appoint an umpire. The two arbitrators respectively shall be appointed in writing one each, by us and the policy holder within 30 days after having been required so to do in writing by the other party and the provisions of the arbitration and conciliation act, 1996, as amended from time to time and for the time being in force, shall apply to such arbitration.

In case either we or the policy holder refuses or fails to appoint an arbitrator within 30 days after receipt of notice in writing requiring an appointment, the other party shall be at liberty to appoint a sole arbitrator.
It is 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 or umpire of the amount of the loss or damage shall be first obtained.

The venue of the arbitration proceedings shall be at our corporate office which is currently situated at:-
Company Address: Zuno General Insurance Company Ltd, 2nd Floor, Tower 3, Wing B, Kohinoor City Mall, Kohinoor City, Kirol Road, Kurla (West), Mumbai
- 400 070 Toll free: 180012000, Email Id:- support@hizuno.com Company website: – www.hizuno.com

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

10. Customer service
If at any time the insured requires any clarification or assistance, the insured may contact the offices of the company at the address specified, during normal business hours.

11. Due observance
The due observance and fulfilment of the terms, provisions, warranties and conditions of and endorsements to this policy in so far as they relate to anything to be done or complied with by the insured and/or the insured’s family shall be a condition precedent to any liability of the company to make any payment under this policy.

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

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

14. Governing law

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

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

16. Material change
The policy holder shall immediately notify us in writing of any material change in the risk on account of change in occupation / business at his own expense and we may adjust the scope of cover and/or premium, if necessary, accordingly.

17. No constructive notice
Any of the circumstances in relation to these conditions coming to the knowledge of any official of the company shall not be construed as notice to or be held to bind or prejudicially affect the company notwithstanding subsequent acceptance of any premium.

18. Notice of charge etc.
The company shall not be bound to notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this policy but the receipt of the insured or his legal personal representative shall in all cases be an effectual discharge to the company.

19. Overriding effect of policy schedule
In case of any inconsistency in the terms and conditions in this policy vis-a-vis the information contained in the policy schedule, the information contained in the policy schedule shall prevail.

20. Other conditions
At any time during the policy period the company shall be entitled to inspect any or all records of the insured that may be relevant to this policy.
The company shall also have the right of interaction with any and or all those agencies or agents of the insured as may be relevant for examination/verification of the data/documents in connection with the process and disposal of any claims under this policy. The insured shall provide reasonable support to the company in this regard.
If so required by the company, the insured will have to submit to a medical examination by the company's nominated doctor or undergo diagnostic or other medical tests as often as the company considers necessary, in its sole discretion.

In case of any claim being admissible and payable up to the full sum insured, the policy will seize to exist. In case where only partial sum insured is paid under any of the sections then the policy will still exist on the balance sum insured
21. Policy disputes
Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the insured and the company to be subject to Indian law. Each party agrees to submit such dispute to a court of competent jurisdiction 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.
22. Payments
The company shall be duly discharged of its obligations under this policy and the insured shall hold the company harmless, upon making the payment of the claim to nominee/ legal heirs /beneficiary as the case may be.
23. Records to be maintained
The insured shall keep an accurate record containing all relevant particulars and shall allow the company to inspect such record.
24. Renewal notice
The company shall not be bound to accept any renewal premium nor give notice that such is due. Every renewal premium (which shall be paid and accepted in respect of this policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the insured that may result to enhance the risk of the company under the guarantee hereby given. No renewal receipt shall be valid unless it is on the printed form of the company and signed by an authorized official of the company.
25. Special provisions

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

26. GRIEVANCE MECHANISM:

In case of any Grievance of the Complainant sent in a written communication to the Company at any of the touch points as mentioned, shall be addressed within 14 days of the receipt of the complaint

• For easy and faster response, please feel free to contact us on

Call us at: 180012000 (Toll Free) or 02242312000 (Call charges applicable)

Email us at: support@hizuno.com

• Please feel free to contact our Grievance Cell on

Call us at: 1800120216216

Email: grievance@hizuno.com

Contact Details for Senior Citizens:

o Contact number: 02242312001

o Email ID: senior.citizen@hizuno.com

Address:Zuno General Insurance Company Limited, Kohinoor City Mall, Tower 3, Kirol Road, Kurla West, Mumbai 400070

• The Grievance Redressal Officer

Email: grievanceofficer@hizunoinsurance.com

Call us at: 022 4931 4422

Address: Zuno General Insurance Company Limited, Kohinoor City Mall, Tower 3, Kirol Road, Kurla West, Mumbai 400070

If you are not satisfied with the response or do not receive a response from the Company, within 14 days of your complaint, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India ('IRDAI') on the following contact details:

IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255

Email ID: complaints@irda.gov.in

Register online at: http://www.igms.irda.gov.in/

Address for communication for complaints by fax/paper:

Consumer Affairs Department

Insurance Regulatory and Development Authority of India

Sy. No. 115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad – 500032

In case you are not satisfied with the response provided by the company or no response is received, you may approach the Insurance

Ombudsman in your region for the resolution post 30 days from the date of registration of the complaint.

Details of the Insurance Ombudsman Offices are available on the link

http://www.policyholder.gov.in/Addresses_of_Ombudsmen.aspx

The Complainant may approach the Office of the Insurance Ombudsman established by the Central Government of India as per Rule 13 and

Rule 14 of the Insurance Ombudsman Rules, 2017 ('Ombudsman Rules').

The following complaints can be lodged with the Insurance Ombudsman:

1. Any partial or total repudiation of claims by an insurer;
2. Any dispute in regard to premium paid or payable in terms of the policy;
3. Any dispute on the legal construction of the policies in so far as such disputes relate to claims;
4. Delay in settlement of claims;
5. Non-issue of any insurance document to customers after receipt of premium.

Manner in which complaint is to be made Rule 14 of the Ombudsman Rules:-

1. Any person who has a grievance against the Company, may himself or through his legal heirs make a complaint in writing to the Ombudsman within whose jurisdiction the branch or office of the Company complained against is located.
2. The complaint shall be in writing duly signed by the complainant or through his legal heirs and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against which the complaint is made, the fact giving rise to the complaint.
3. No complaint to the Ombudsman shall lie unless:

• the complainant had before making a complaint to the Ombudsman, made a written representation to the Company/insurer named in the complaint and either insurer had rejected the complaint or the complainant had not received any reply within a period of one month after the insurer concerned received his representation or the complainant is not satisfied with the reply given to him by the insurer;

• the complaint is made not later than one year after the insurer had rejected the representation or sent his final reply on the representation of the complainant; and

• the complaint is not on the same subject matter for which any proceedings before any court or Consumer Forum or arbitrator is pending or was so earlier.
Insurance Ombudsman –The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance.
The contact details of the Insurance Ombudsman offices have been provided as Annexure-A.
g. Other Terms and Clauses
Claim Procedure
In the event of any claim, intimation to be sent to EGIC within 15 days of first diagnosis of the Illness, date of surgical procedure or date of occurrence of the medical event as the case may be, in order for us to provide prompt and effective assistance.
Zuno General Insurance can be contacted at:
• Toll Free number: 180012000
• Email: Support@hizuno.com
The following information should be provided while intimating the claim
• Contact numbers & Name of caller intimating the claim,
• Policy Number,
• Name of Insured /Patient ,

• Name of the Hospital and address
• Nature of sickness/Disease
• Plan of Treatment
EGIC Corporate Team will be responsible to settle all claims within given Turn Around Time ensuring best customer support.
Claim settlement TAT - within 30 working days from the last document received
Deficiency to raise – Within 3 days from document receipt
Communication: - EGIC corporate team is responsible to inform status to customer at each stage of claim
Detailed claim procedure cover wise is mentioned in the claims manual for reference.
h. Discount
1. Any One Accident / Event:
The maximum liability under the Policy, in case of multiple Claims arising out of any one Accident/ event, inclusive of all benefits (including
optional benefits), will be limited, per individual, to the Sum Insured specified in the Policy Schedule, further subject to the maximum liability per event, in case of multiple Claims arising out of the same event
2. Any one year / aggregate
The maximum liability, during the Policy Period, for any one year and/or in the aggregate, arising out of multiple Claims and or events, shall be limited to as specified in the Policy.

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

Sr. No.	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL/ INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES

12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charqes
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR

50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETCl
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

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

Sr. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE/ ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN

15	FACE MASK
16	FLEX! MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES/ ADMINISTRATIVE EXPENSES
31	DISCHARGE PROCEDURE CHARGES
32	DAILY CHART CHARGES
33	ENTRANCE PASS/ VISITORS PASS CHARGES
34	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
36	FILE OPENING CHARGES
37	INCIDENTAL EXPENSES/ MISC. CHARGES (NOT EXPLAINED)
39	PATIENT IDENTIFICATION BAND/ NAME TAG
40	PULSEOXYMETER CHARGES

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

Sr. No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER

13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

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

Sr. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL
5	BOOKING CHARGES
6	BIPAP MACHINE
7	CPAP/ CAPO EQUIPMENTS
8	INFUSION PUMP- COST
9	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
10	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
11	HIV KIT
12	ANTISEPTIC MOUTHWASH
13	LOZENGES
14	MOUTH PAINT
15	VACCINATION CHARGES
16	ALCOHOL SWABES
17	SCRUB SOLUTIONISTERILLIUM
18	Glucometer& Strips
19	URINE BAG

Day Care Treatment: All the day care treatments are covered which falls under the definition of Day care treatment mentioned in the policy.

Group Secure: - Checklist of claim documents

Documents common for all benefits:

o Original claim form duly signed and filled in.

o NEFT details of Insured / nominee as the case may be.

o Photo ID Proof of Insured/ nominee.

o Address Proof of Insured / nominee
Section 1. Critical Illness
• Certificate from the attending Medical Practitioner of the Insured Person confirming, inter alia,
• Name, date of occurrence and medical details confirming the event giving rise to the Claim.
• Written confirmation from the treating Medical Practitioner that the event giving rise to the Claim does not relate to any Pre- Existing
Disease or any Illness or Injury which was diagnosed within the first 90 days of commencement of first Policy Period with Us.
• Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amounts, Principal Outstanding,
etc.
• Original Discharge Certificate/Death Summary from the hospital/ Medical Practitioner.
• Original investigation test reports supporting the diagnosis, indoor case papers.
• Any other documents as may be required by us.
Section II:- Personal Accident:-
• Accidental Death
• Permanent Total Disablement
• Permanent Partial Disablement
Following documents required for claims processing
Accidental death Claim
• Death certificate.
• Copy of post Mortem report if conducted
• Newspaper cutting (in case the accident has been reported by press)
• Investigation reports like laboratory test, x-rays and reports essential of confirmation of the injury etc.
• F.I.R, Police Panchanama / Final Investigation report
• Copy of treatment papers, if any
• Copy of loan agreement and outstanding loan statement(amortization) from the bank as on last EMI
• Any other document required for claim processing
Permanent Disablement Claims: (Permanent Partial Disablement and Permanent Total Disablement)
• Copy of treatment papers, if any
• Disability Certificate or Medical Report determining disability.
• FIR, Police Panchanama
• Any other document required for claim processing
Section III. Loss of Job
CLAIMS PROCEDURE FOR LOSS OF JOB CLAIMS;
Following documents are required for claims processing
• Certificate from the employer of the Insured person confirming the termination/ dismissal/temporary or retrenchment from employment of the Insured person with reason and effective date
• In case of temporary suspension the period of suspension should also be mentioned in such certificate.
• Declaration from the insured confirming the tenure of unemployment in support of his/her claim
• Any other document required for claim processing

Completed claim forms and documents must be furnished to the Company within the stipulated timelines.
Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim, if Insured can satisfy the Company that it was not reasonably possible for him/her to submit/give proof within such time.
Section IV. Loss of Earning:
• Documents for Personal Accident Death or Critical illness
• Proof of Income
• Proof of Business (MOA, AOA, Partnership Deed, Shop Act Certificate).
• Any other document required for claim processing
If the Claim is not submitted to us within the time period specified above (within 15 days), then we shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.
Section V. Hospital Cash Benefit:
Following documents are required for claims processing
• Copy of treatment papers and discharge card,
• Any other document required for claim processing
Section VI. Payment protection Cover: -
• Documents for Personal Accident Death or Critical illness

• Amortization schedule and loan related details
• Proof of income
• Any other document required for claim processing
Section VII: - Major Infectious disease (for all covers):
• Original Discharge Certificate/Death Summary from the hospital/ Medical Practitioner.
• Original investigation test reports supporting the diagnosis, indoor case papers.
• Any other documents as may be required by us.
Completed claim forms and documents must be furnished to the Company within the stipulated timelines.
Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim, if Insured can satisfy the Company that it was not reasonably possible for him/her to submit/give proof within such time.
Section VIII: - Inpatient Hospitalization: -
• Original Discharge Certificate/Death Summary from the hospital/ Medical Practitioner.
• Original investigation test reports supporting the diagnosis, indoor case papers.
• Any other documents as may be required by us.
Optional Covers: -
• Dependent Child Education: -
• Documents for Personal Accident Death or Critical illness
• School Payment receipts and fee receipts
• School photo ID card / bonafied certificate.
• Any other documents as may be required by us.
• Accidental Coma Benefit, Cost of artificial limbs, Home Modification/ Vehicle Modification, Public Carrier / Common Carrier, Enhanced ICU
Benefit, Enhanced Hospital Cash Benefit (Accidental) and Enhanced Hospital Cash Benefit – Day Care Treatment : -
• Documents for Personal Accident
• Bills and invoices for relevant benefit claimed
• Any other documents as may be required by us.
• Convalescence Benefit, Maternity Treatment Expenses Cover (Indemnity Cover) with 9 months waiting period, Maternity Treatment
Expenses Cover (Indemnity Cover) without 9 months waiting period, Baby Day One Cover (Indemnity Cover) and Pre and Post Natal Expenses Cover (Indemnity Cover) Emergency Ambulance Expenses (Indemnity Cover) and Room rent capping: -
• Bills and invoices for relevant benefit claimed
• All treatment paper related to benefit claimed
• Any other documents as may be required by us.