Health Assurance Policy Document

1. **Preamble**

The insurance cover provided under this Policy to the Insured Person/s up to the Sum Insured is and shall be subject to (a) the terms, conditions and exclusions to this Policy and (b) the receipt of premium, and (c) Disclosure to information norm (including by way of the Proposal form or Information Summary Sheet) for Yourself and on behalf of each of the Insured Persons

2. **Interpretations & Definitions**

In this Policy the following words or phrases shall have the meanings attributed to them wherever they appear in this Policy and for this purpose the singular will be deemed to include the plural, the male gender includes the female where the context permits:

Standard Definitions

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

Def. 2. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems.

Def. 3. **AYUSH Hospital:**

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

a. Central or State Government AYUSH Hospital; or

b. Teaching Hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council of Homeopathy; or

c. AYUSH Hospital, standalone or co-located with In-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH *Medical Practitioner* and must comply with all the following criterion:

   i. Having at least 5 in-patient beds

   ii. Having qualified AYUSH *Medical Practitioner* in charge round the clock;

   iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

   iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative

Def. 4. **Congenital Anomaly** refers to a condition (s) which is present since birth, and which is abnormal with reference to form, structure or position.

i. Internal Congenital Anomaly : Congenital Anomaly which is not in the visible and accessible parts of the body

ii. External Congenital Anomaly: Congenital Anomaly which is in the visible and accessible parts of the body.

Def. 5. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Def. 6. **Disclosure to Information Norm:** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of mis-representation, mis-description or non-disclosure of any material fact.

Def. 7. **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.

Def. 8. **Hospital** means any institution established for Inpatient 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 the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:

a) has qualified nursing staff under its employment round the clock;

b) has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and atleast15 inpatient beds in all other places;

c) has qualified Medical Practitioner (s) in charge round the clock;

d) has a fully equipped operation theatre of its own where surgical procedures are carried out

e) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

Def. 9. **Hospitalisation** or **Hospitalised** means the admission in a Hospital for a minimum period of 24 Inpatient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

Def. 10. **Injury:** 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 ertified y a Medical Practitioner.

Def. 11. **Inpatient Care** means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.

Def. 12. **Intensive Care Unit** means an identified se tion, 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.

Def. 13. **Illness** means sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period 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 your rehabilitation or for you to be specifically t ained to cope with it- it continues indefini ely – it comes back or is likely to come back.

Def. 14. **Medical Advise** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

Def. 15. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Def. 16. **Medically Necessary:** Medically necessary treatment is defined as a y 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.

Def. 17. **Medical Practitioner:** A Medical Practitioner is 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 the scope and jurisdiction of licence.

Def. 18. **Network Provider** means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

Def. 19. **Notification of Claim** is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified

Def. 20. **Pre-existing Disease**
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 the insurer or its reinstatement.

Def. 21. **Qualified Nurse** is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

Def. 22. **Renewal** defines the erms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

Def. 23. **Subrogation** shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

Def. 24. **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 of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner

Def. 25. **Unproven/Experimental treatment** means treatment, including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

Specific Definitions

Def. 26. **Contribution** is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any benefit o ered on fi ed benefit basis

Def. 27. **Critical Illnesses** mean those illnesses or diseases of specified s verity as specified in Subse tion 3.2

Def. 28. **Dependent Children**

i) For **the AccidentCare Cover only** means Your unmarried children aged between 2 years and 21 years at the time of fi st Policy with Us, who are financially depende t on You and do not have their own independent households.

ii) **For the HospiCash Benefit only** means Your unmarried children aged between 1 day and 21 years at the time of fi st Policy with Us, who are financially dependent on You and do not have their own independent households income.

Def. 29. **Dismemberment** means physical loss of a limb (arm, leg, hand) and/or a significa t sense such as sight due to an accident.

Def. 30. **Family**:

i) **For the AccidentCare Cover only** means a unit comprising of up to four members who are related to each other in the following manner:
   (a) Legally married husband and wife as long as they continue to be married; and
   (b) Up to two of their Dependent Children as defined under Def 8(i)

ii) **For the CritiCare Cover only** means a unit comprising of upto 2 members who are related to each other in the following manner:
   (a) Legally married husband and wife as long as they continue to be married.

iii) **For the HospiCash Benefit only** means a unit comprising of up to four members who are related to each other in the following manner:
   (a) Legally married husband and wife as long as they continue to be married; and
   (b) Up to their two Dependent Children as defined under Def 8(ii)

Def. 31. **Information Summary Sheet** means the record and confirm tion of information provided to Us or Our representatives over the telephone for the purposes of applying for this Policy.

Def. 32. **Insured Person:** means a person named as insured in the Schedule of Insurance Certific te including You.

Def. 33. **Limb**: is/ are jointed appendages i.e an arm or leg with all its parts i.e lower limb is the limb of the body extending from the gluteal region to the foot and upper limb is the limb of the body extending from the deltoid region to the hand

Def. 34. **Off-label drug or treatment** means "use of pharmaceutical drug for an unapproved indication or in an unapproved age group, dosage or route of administration".

Def. 35. **PermanentTotal Disability** means disablement of the Insured Person such that at least one of the following conditions is satisfied

(a) **Unable to Work**

The Insured Person suffers an Injury and due to such Injury the Insured Person is unlikely to ever be able to engage in any occupation or employment or business for remuneration or profit.

(b) Loss of use of Limbs or Sight

The Insured Person suffers from total and irrecoverable loss of:

i. The use of two Limbs (including paraplegia and hemiplegia) OR
ii. The sight of both eyes OR
iii. The use of one Limb and the sight of one eye

(c) **Loss of independent living**

The Insured Person is permanently unable to perform independently three or more of the following six activities of daily living.

i. **Washing**: the ability to maintain an adequate level of cleanliness and personal hygiene
ii. **Dressing**: the ability to put on and take off all ne essary garments, artificial limbs or other su gical appliances that are Medically Necessary
iii. **Feeding**: the ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available
iv. **Toileting**: the ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene

v. **Mobility**: the ability to move indoors from room to room on level surfaces at the normal place of residence

vi. **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.

Def. 36. **Policy** means these terms and conditions, any annexure thereto and the Schedule of Insurance Certific te (as amended from time to time), Your statements in the proposal form and the Information Summary Sheet and the policy wording (including endorsements, if any).

Def. 37. **Policy Period** means the period between the date of commencement and the expiry date of the Policy as stated in the Schedule of Insurance Certific te.

Def. 38. **Policy Year** means the period of one year commencing on the date of commencement specified in the Schedule of Insu ance Certific te or any anniversary thereof.

Def. 39. "Portability" means the right accorded to an individual health insurance policyholder (including family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another or from one plan to another plan of the same insurer.

Def. 40. **Product Benefits Table** means the Product Benefits able issued by Us and accompanying this Policy and annexures thereto.

Def. 41. **Schedule of Insurance Certificate** means the schedule provided in the insurance certific te issued by Us, and, if more than one, then the latest in time.

Def. 42. **Sum Insured** means the sum shown in the Schedule of Insurance Certific te which represents Our maximum, total and cumulative liability for any and all claims under the Policy during the Policy Year.

Def. 43. **Temporary Total Disability** means a disability (other than a psychological condition) arising out of an Accident due to which the Insured Person is unable to attend to his usual occupation for a duration of not less than three (3) continuous working days.

Def. 44. **We/Our/Us** means Niva Bupa Health Insurance Company Limited.

Def. 45. **You/Your/Policyholder** means the person named in the Schedule of Insurance Certific te.

3. Benefit

This Policy provides benefits as specified in the Schedule of Insurance Certific te for the specified events occurring during the Policy Period and while the policy is in force for an illness and/or, Accident and/or Hospitalisation or the conditions described below subject to any specific limits specified in the Product Benefits Table, the terms, conditions, limitations and specific and general exclusions mentioned in the Policy and as shown in the Schedule of Insurance Certific te and eligibility for the insurance plan opted for as specified in the P oduct Benefits able.

3.1. AccidentCare (Individual or Family option)

If any of the Insured Persons dies or sustains any Injury resulting solely and directly from an Accident occurring during the Policy Period at any location worldwide, and while the Policy is in force, We will provide the benefits described below. If a claim gets triggered under Accident Death or Accident Permanent Total Disability for any Insured Person, the coverage shall terminate for the respective Insured Person post payment of the benefit but for the other Insured Person, the coverage shall continue till the end of the policy period and shall be renewable.

3.1.1. Accident Death

If an Insured Person dies solely and directly due to an Accidental Injury within 365 days from occurrence of the Accident we will pay the Sum Insured.

3.1.2. Funeral Expenses

If We have accepted a claim for the Accidental death of an Insured Person under 3.1.1 above, then in addition to any amount payable under 3.1.1, We will make an one-time payment as specified in the Schedule of Insu ance Certific te towards the funeral expenses of that Insured Person.

3.1.3. Accident Permanent Total Disability (PTD)

If an Insured Person suffers Permanent Total Disability solely and directly due to an Accident and within 365 days from occurrence of such accident, We will pay the sum insured provided that:

3.1.3.1. the Permanent Total Disability is proved to Our satisfaction; and a disability certific te is presented to Us, and such disability certific te shall be issued by a Medical Board duly constituted by the Central and/or the State Government; and

3.1.3.2. We will admit a claim under 3.1.3 only if the Permanent Total Disability continues for a period of at least 6 continuous calendar months from the commencement of the Permanent Total Disability unless there are no chances of variation over time, in the degree of disability as in amputation/Loss of limbs etc; and

3.1.3.3. If the Insured Person dies before a claim has been admitted under 3.1.3, no amount will be payable under 3.1.3, however We will consider the claim under 3.1.1; and

3.1.3.4. We will not make payment under 3.1.3 in respect of an insured person and for any and all policy periods more than once in the insured person's lifetime.

3.1.4. **Child Education Benefit (available only in Family option with children)**

If We have accepted a claim for the Accidental Death or Permanent Total Disability of the Policyholder under 3.1.1 or 3.1.3 respectively, then in addition to any amount payable under 3.1.1 or 3.1.3, We will make a one time payment as specified in the Schedule of Insurance Certific te as an education benefit for each of the Policyholder's dependent children, provided that the child is an insured person under the Policy. Such benefit shall be payable for a maximum of up to 2 Dependent Children.

3.1.5. **Accident Permanent Partial Disability (PPD)**

If an Insured Person suffers Permanent Partial Disability solely and directly due to an Accident and within 365 days from occurrence of such Accident, We will pay the amount specified in the grid bel w which is a percentage of the Sum Insured, provided that:

3.1.5.1. The Permanent Partial Disability is proved to Our satisfaction; and a disability certific te is presented to Us, and such disability certific te shall be issued by a Medical Board duly constituted by the Central and/or the State Government: and

3.1.5.2. We will admit a claim under 3.1.5 only if the Permanent Partial Disability continues for a period of at least 6 continuous calendar months from the commencement of the Permanent Partial Disability, unless it is irreversible; and

3.1.5.3. If the Insured Person dies before a claim has been admitted under 3.1.5, no amount will be payable under 3.1.5, however We will consider the claim under 3.1.1.

3.1.5.4. If a claim has been admitted under 3.1.3, then no further claim in respect of the same condition will be admitted under 3.1.5.

3.1.5.5. If this benefit is triggered and the entire Sum Insured does not get utilized, then the balance Sum Insured shall be available for other Permanent Partial Disability until the entire Sum Insured is consumed. This Sum Insured limit shall be a lifetime limit and once this limit is exhausted whether due to any or more than one of the Permanent Partial Disabilities, the Policy and all benefits there under shall cease thereafter.

The table below shows the amount payable basis the nature of disability.

Permanent Partial Disability Grid		
S. No.	**Nature of Disability**	**% of Sum Insured**
1	Loss or total and permanent loss of use of both the hands from the wrist joint	100%
2	Loss or total and permanent loss of use of both feet from the ankle joint	100%
3	Loss or total and permanent loss of use of one hand from the wrist joint and of one foot from the ankle joint	100%
4	Loss or total and permanent loss of use of one hand from the wrist joint and total and permanent loss of sight in one eye	100%
5	Loss or total and permanent loss of use of one foot from the ankle joint and total and permanent loss of sight in one eye	100%
6	Total and permanent loss of speech and hearing in both ears	100%
7	Total and permanent loss of hearing in both ears	50%
8	Loss or total and permanent loss of use of one hand from wrist joint	50%
9	Loss or total and permanent loss of use of one foot from ankle joint	50%
10	Total and permanent loss of sight in one eye	50%
11	Total and permanent loss of speech	50%
12	Permanent total loss of use of four finge s and thumb of either hand	40%
13	Permanent total loss of use of four finge s of either hand	35%
14	Uniplegia	25%
15	Permanent total loss of use of one thumb of either hand	
	a. Both joints	25%
	b. One joint	10%
16	Permanent total loss of use of finge s of either hand	
	a. Three joints	10%
	b. Two joints	8%
	c. One joint	5%

Permanent Partial Disability Grid		
S. No.	**Nature of Disability**	**% of Sum Insured**
17	Permanent total loss of use of toes of either foot	
	a. All toes- one foot	20%
	b. Great toe- both joints	5%
	c. Great toe- one joint	2%
	d. Other than great toe, one toe	1%

3.1.6. **Temporary Total Disability (TTD) (Optional Benefit)**

If the Policyholder suffers an Injury solely and directly due to an Accident occurring during the Policy Period which solely and directly results in the Policyholder's Temporary Total Disability within 365 days from date of occurrence of such Accident, We will pay an amount equal to 1% of the TTD Sum Insured per week for each week that the Temporary Total Disability continues subject always to the availability of the TTD Sum Insured.

It is agreed and understood that for the purpose of 3.1.6,

3.1.6.1. We shall not be liable to make any payment under 3.1.6 in respect of more than 100 weeks in a lifetime (lifetime limit) and once this lifetime limit is attained, the TTD benefit cannot be renewed any further. However, the Policy can be renewed with all other benefits including the optional Accident Hospitalization Benefit. he Policyholder shall have an option to renew the benefit u til the lifetime limit is exhausted.

3.1.6.2. The amount payable under 3.1.6 is calculated on a per day basis and shall be payable from the fi st day of onset of the Temporary Total Disability provided that the Temporary Total Disability continues for at least 3 continuous days.

3.1.7. **Accident Hospitalization (Optional Benefit)**

The Accident Hospitalization benefit shall be available only for hospitalization in India following an Accident. If the Insured Person is hospitalised during the Policy Period solely and directly due to an Injury sustained arising from an Accident occurring during the Policy Period, We will pay the Medical Expenses incurred subject to the maximum amount specified in the Schedule of Insu ance Certific te.

3.2. **CritiCare Cover (Individual or Family Floater option)**

If an Insured Person suffers a Critical Illness during the Policy Period and while the Policy is in force, We will pay the Sum Insured provided that:

3.2.1. Such Critical Illness fi st occurs or manifests itself during the Policy Period; and

3.2.2. The signs and symptoms of such Critical Illness commence after 90 days from the date of commencement of the Policy i.e. the benefit would not be payable if the signs or symptoms occurred during the fi st 90 days or earlier from the date of commencement of coverage, as specified in the Schedule of Insurance Certific te; and

3.2.3. The Insured Person survives for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness for the claim to be admissible under 3.2.

3.2.4. If this Critical Illness cover is in force on a Family Floater basis, then:

3.2.4.1. We will not be liable to make payment under this cover in respect of any and all Insured Persons more than once in a Policy Year;

3.2.4.2. If We have admitted a claim under this cover for an Insured Person in any Policy Year, this cover shall not be renewed in respect of that Insured Person for any subsequent Policy Year, but the cover will be renewable for the other Insured Persons.

3.2.5. The benefit shall be paid as per the benefit option chosen t inception:

3.2.5.1. Benefit Option 1: Sum Insu ed as lump sum

3.2.5.2. Benefit Option 2: Sum Insured as lump sum along with 10% of the Sum Insured payable annually at the beginning of each year from the date of payment of lump sum benefit, for subsequent 5 years. The coverage under the Policy shall cease for that Insured Person. This cover shall not be renewed in respect of that Insured Person for any subsequent policy year, but the cover will be renewed for the other Insured Persons. Once the benefit gets triggered, the annual benefits shall be paid at respective intervals irrespective of the survival status of the insured.

For Ex: If the Sum Insured chosen at inception is Rs.50,00,000 then as per chosen option:

- Option 1, Rs.50,00,000 shall be paid as lump sum
- Option 2, Rs.50,00,000 is paid as lump sum on 1st June 2016. In addition, from next year onwards at the beginning of each year for subsequent 5 years i.e on 1st June of every year from 2017 to 2021, payout equal to Rs.5,00,000 shall be made to the beneficiar .

For the purpose of this CritiCare Cover, 'Critical Illness' means the following illnesses:

1. **Cancer of Specified Severity**

   I. 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 classific tion T2N0M0

      v. All Thyroid cancers histologically classified as T1N0M0 (TNM Cla sific tion) 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 classific tion,

      viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classific tion) or below and with mitotic count of less than or equal to 5/50 HPFs

   What does it mean?

   Cancer (also known as a malignant tumour) is a disease where cells change and grow in an abnormal way. If left untreated, they can destroy surrounding healthy cells and eventually destroy healthy cells in other parts of the body. There are about 200 different types of cancer, varying widely in outlook and treatment.

2. **Myocardial Infarction**

   (First Heart Attack of specific s verity)

   I. The fi st occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

      i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

      ii. New characteristic electrocardiogram changes

      iii. Elevation of infarction specific enzymes, roponins or other specific biochemical mar ers.

   II. The following are excluded:

      i. Other acute Coronary Syndromes

      ii. Any type of angina pectoris

      iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

   What Does It Mean?

   A heart attack, also known as a myocardial infarction, happens when part of the heart muscle dies because it has been starved of oxygen. This causes severe pain and an increase in cardiac enzymes and troponins, which are released into the blood stream from the damaged heart muscle.

3. **Open Chest CABG**

   I. 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 y a cardiologist.

II. The following are excluded:
    i. Angioplasty and/or any other intra-arterial procedures

What does it mean?

Coronary arteries can become narrowed or blocked by the build-up of fatty deposits caused by poor lifestyle such as high fat diet, smoking and high blood pressure. This may cause symptoms including chest pain and can sometimes cause a heart attack. Coronary artery by-pass surgery is used to treat blocked arteries in the heart by diverting the blood supply around the blocked artery using a vein, usually taken from the leg, arm or chest. This definition covers surgery if it requires the heart to be reached by a surgical incision through the chest wall or sternum (breastbone), to replace the blocked arteries with a vein.

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 y a specialist medical practitioner.

Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

What does it mean?

Heart valve repair or replacement surgery is done when valves are damaged or diseased and do not work the way they should. When one (or more) valve(s) becomes stenotic (stiff), narrowed or diseased due to any reasons, the heart must work harder to pump the blood through the valve. If your heart valve(s) becomes damaged, you may have the following symptoms:

- Dizziness
- Chest pain
- Breathing difficulti
- Palpitations
- Edema (swelling) of the feet, ankles, or abdomen (belly)
- Rapid weight gain due to fluid etention

This definition implies a large surgical incision made in the chest and the heart stopped for a time so that the surgeon can repair or replace the valve(s).

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:

a) no response to external stimuli continuously for at least 96 hours;
b) life support measures are necessary to sustain life; and
c) permanent neurological deficit which mu t be assessed at least 30 days after the onset of the coma.

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

What Does It Mean?

A coma is a state of unconsciousness from which the patient cannot be aroused and has no control over bodily functions. It may be caused by illness, stroke, infection, very low blood sugar or serious accident. Recovery rates vary, depending upon the depth and duration of the coma.

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 (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

What Does It Mean?

The kidneys perform an important role fil ering the body's waste to pass as urine. If the kidneys fail, there is a harmful build up of the body's waste products. In severe cases it may be necessary for the fil ering to be done by a dialysis machine or, in some cases, a transplant may be needed.

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 la ting for atleast 3 months has to be produced.

The following are excluded:

i. Transient ischemic attacks (TIA)
ii. Traumatic Injury of the brain
iii. Vascular disease affecting only the eye or optic nerve or vestibular functions

What Does It Mean?

Strokes are caused by a sudden loss of blood supply or haemorrhage to a particular part of the brain. The symptoms and how well a person recovers will depend on which part of the brain is affected and the extent of the damage. A transient ischaemic attack, sometimes referred to as a 'mini-stroke', does not result in any permanent neurological deficit. These are not covered by this definition, because symptoms aren't permanent and will disappear within 24 hours.

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 y a specialist medical practitioner.

The following are excluded:

- Other stem-cell transplants
- Where only islets of langerhans are transplanted

What Does It Mean?

An organ may become so diseased that it needs to be replaced.

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.

What Does It Mean?

Paralysis is the complete loss of use. It may be caused by injury or illness. A limb is an arm or leg.

10. **Motor Neurone Disease with Permanent Symptoms**

Motor neurone 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 significa t and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

What Does It Mean?

Motor neurone disease (MND) is a gradual weakening and wasting of the muscles, usually beginning in the arms and legs. This may cause difficu y walking or holding objects. As the disease develops, other muscle groups may be affected, such as those involving speech, swallowing and breathing. Eventually, 24 hour care may be needed.

11. **Multiple Sclerosis with Persisting Symptoms**

I. The unequivocal diagnosis of Defini e Multiple Sclerosis confirmed and videnced by all of the following::
   i. investigations including typical MRI findings which unequi ocally confirm the diagnosis o 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.

What Does It Mean?

Multiple sclerosis (MS) is the most common disabling neurological disease among young adults and is usually diagnosed between the ages of 20 and 40.

12. **Aplastic Anaemia**

Aplastic Anemia is chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:

a) Absolute neutrophil count of less than 500/mm^3
b) Platelets count less than 20,000/mm^3
c) Reticulocyte count of less than 20,000/mm^3

The Insured Person must be receiving treatment for more than 3 consecutive months with frequent blood product transfusions, bone marrow stimulating agents, or immunosuppressive agents or the Insured Person has received a bone marrow or cord blood stem cell transplant. Temporary or reversible Aplastic Anemia is excluded and not covered under this Policy.

What Does It Mean?

Aplastic anaemia is a serious condition where bone marrow fails to produce suffici t blood cells or clotting agents. Symptoms include shortness of breath, excessive bleeding and an increased chance of catching infections.

13. **Bacterial Meningitis**

Bacterial meningitis is a bacterial infection of the meninges of the brain causing brain dysfunction. There must be an unequivocal diagnosis by a consultant physician of bacterial meningitis that must be proven on analysis and culture of the cerebrospinal fluid. There must also be permanent objective neurological deficit th t is present on physical examination at least 3 months after the diagnosis of the meningitis infection.

What Does It Mean?

Bacterial meningitis causes inflamm tion to the meninges, which is the protective layer around the brain and spinal cord. It's caused by a bacterial infection and needs prompt medical treatment. Initial symptoms include headache, fever and vomiting.

14. **Loss of Speech**

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

What Does It Mean?
The total loss of the ability to speak. It's often caused when the vocal cords need to be removed because of a tumour or a serious injury.

15. **End Stage Liver Disease**

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

a) Permanent jaundice; and

b) Ascites; and

c) Hepatic Encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

What Does It Mean?

The liver is an important organ, which carries out several of the body's vital functions such as helping with digestion and clearing toxins. This definition covers liver failure at an advanced stage. This type of liverfailure leads to permanent jaundice (yellow discolouration of the skin), ascites (build up of fluid in the abdomen), and en ephalopathy (brain disease or damage).

16. **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.

What Does It Mean?

This means permanent loss of hearing in both ears, measured by using an audiogram across different frequencies, which vary from low to high pitch.

17. **End-stage Lung Disease**

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

a) FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and

b) Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and

c) Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO2< 55mmHg); and

d) Dyspnea at rest.

This diagnosis must be confirmed y a respiratory physician.

What Does It Mean?

The lungs allow us to breathe in oxygen and get rid of harmful carbon dioxide. The definition of End Stage Lung Disease covers advanced lung failure when breathing is severely affected and regular oxygen therapy is required.

18. **Fulminant Viral Hepatitis**

A sub-massive to massive necrosis of the liver by any virus, leading precipitously to liver failure.
This diagnosis must be supported by all of the following:

a) rapid decreasing of liver size; and

b) necrosis involving entire lobules, leaving only a collapsed reticular framework; and

c) rapid deterioration of liver function tests; and

d) deepening jaundice; and

e) hepatic encephalopathy.

Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

What does it mean?

Appearance of severe systemic complications like sepsis, gastro-intestinal bleeding, cerebral oedema, renal and cardiac failure, rapidly after the fi st signs of liver disease (such as jaundice), and indicates that the liver has sustained severe damage.

19. **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.

20. **Muscular Dystrophy**

Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening of certain muscle groups. The diagnosis of Muscular Dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence. The disease must result in the permanent inability of the Insured Person to perform (whether aided or unaided) at least three (3) of the six (6)"Activities of Daily Living".

Activities of Daily Living are defined as:

i. **Washing :** the ability to maintain an adequate level of cleanliness and personal hygiene
ii. **Dressing :** the ability to put on and take off all ne essary garments, artificial limbs or other su gical appliances that are Medically Necessary
iii. **Feeding :** the ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available
iv. **Toileting :** the ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene
v. **Mobility :** the ability to move indoors from room to room on level surfaces at the normal place of residence
vi. **Transferring: t**he ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa.

3.3. **HospiCash Benefit**

3.3.1. If an Insured Person is Hospitalized solely and directly due to an injury arising from an Accident or due to an Illness for a minimum period of 48 hours, then We will pay the daily allowance as specified in the Certific te of Insurance for each continuous and completed period of 24 hours of Hospitalisation from the fi st day of Hospitalization provided that:

3.3.2. We shall not be liable to make any payment for Hospitalisation and/or treatment and/or treatment following diagnosis which occurs within 30 days from the date of commencement of the Policy specified in the Schedule of Insurance Certific te, unless such Hospitalisation is required solely and directly due to an Accident;

3.3.3. We shall not be liable to make payment of the Daily Allowance under this benefit for more than 45 days for an Insured Person in a Policy Year, including all days of admission to the Intensive Care Unit. This is applicable for both individual and family option.

3.3.4. If an Insured Person is required to be admitted to the Intensive Care Unit of a Hospital solely and directly due to an injury arising from an Accident or due to an Illness, then We will pay twice the Daily Allowance specified in the Certific te of Insurance for each continuous and completed period of 24 hours of admission in the Intensive Care Unit for a maximum of 7 days for an Insured Person in a policy year.

4. **Exclusions**

4.1. **Specific exclusions**

In addition to exclusions/waiting periods specified elsewhere in the Policy Document, We shall not be liable under this Policy for any claim in connection with or in respect of the following:

4.1.1. **Initial Waiting Period**

Criticare: Benefits will not become payable if the signs or symptoms of any of the listed critical illnesses commence within 90 days from the date of commencement of CritiCare coverage of the fi st policy.

HospiCash: Benefits will not become payable if the signs or symptoms and/or Treatment fall within 30 days from the date of commencement of HospiCash coverage except accidents.

4.1.2. **Pre-Existing Diseases**

For CritiCare and HospiCash, Benefits will not be available for Pre-existing Diseases until 48 months of continuous coverage have elapsed since the inception of the fi st Policy with Us or other insurer in case of portability, for the respective benefit

4.1.3. **Specific Waiting Period for the HospiCash Benefit under 3.3**

For the payment of the HospiCash Benefit, the disease conditions / treatments listed below will be subject to a waiting period of 24 months and will be covered from the commencement of the third Policy Year as long as the Insured Person has been insured continuously under the Policy without any break

1. Stones in biliary and urinary systems
2. Lumps/ cysts/ nodules/ polyps/ internal tumours excluding malignancies
3. Gastric and duodenal ulcers
4. Surgery on tonsils / adenoids
5. Osteoarthrosis / arthritis / gout / rheumatism / spondylosis / spondylitis / intervertebral disc prolapse
6. Cataract and its complications
7. Fissure / Fistula / Haemorrhoids of anal and rectal region
8. Hernia / hydrocele / varicocoele / spermatocoele
9. Chronic renal failure or end stage renal failure
10. Sinusitis / deviated nasal septum / tympanoplasty / chronic suppurative otitis media
11. Benign prostatic hypertrophy
12. Joint replacements surgery except in case of accidents
13. Dilatation and curettage except in case of surgical abortion
14. Varicose veins of legs
15. Dysfunctional uterine bleeding / fib oids / prolapse uterus / endometriosis
16. Hysterectomy for any benign disorder
17. Thyroid and parathyroid gland disorders excluding malignancy

4.1.4. **Permanent Exclusions**

1. **Specific Exclusions for AccidentCare Cover under 3.1**

We shall not be liable to make any payment under any benefits under the AccidentCare Cover under 3.1 if the claim is attributable to, or based on, or arise out of, or are directly or indirectly connected to any of the following:

i. Suicide or self-infli ted Injury, whether the Insured Person is medically sane or insane.
ii. Treatment for any injury or illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism.
iii. Service in the armed forces, or any police organization, of any country at war or at peace or service in any force of an international body or participation in any of the naval, military or air force operation during peace time.
iv. Any change of profession after inception of the Policy which results in the enhancement of Our risk, if not accepted and endorsed by Us on the Schedule of Insurance Certific te.
v. Committing an assault, a criminal offence or any breach of law with criminal intent.
vi. Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a Medical Practitioner other than the Policyholder or an Insured Person.
vii. Participation in aviation/marine including crew other than as a passenger in an aircraft/water craft that is authorized by the relevant regulations to carry such passengers between established airports or ports.
viii. Including but not limited to engaging in or taking part in professional/adventure sports or any hazardous pursuits, such as speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports, hunting etc;
ix. Any costs or expenses specified in the List of Expenses Generally Excluded at Annexure II. This is applicable only for Accident Hospitalization benefit

2. **Specific Exclusions for CritiCare under 3.2**

In addition to any conditions and exclusions listed under each Critical Illness, We shall not be liable to make any payment of the CritiCare Benefit under 3 2 if the claim is attributable to, or based on, or arise out of, or are directly or indirectly connected to any of the following:

i. the Insured Person's attempted suicide or self-infli ted injuries while sane or insane; or
ii. narcotics used by the Insured Person unless taken as prescribed by a Medical Practitioner, or the Insured Person's abuse of drugs and/ or consumption of alcohol; or

iii. The directions, advice and guidance of the treating Medical Practitioner shall be strictly followed. We shall not be obliged to make any payment that arises out of willful failure to comply with such directions, advice or guidance.

iv. Treatment for any injury or illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism

v. taking part in any naval, military or air force operation during peace time; or

vi. Participation in aviation/marine including crew other than as a passenger in an aircraft/water craft that is authorized by the relevant regulations to carry such passengers between established airport or ports.

vii. Including but not limited to engaging in or taking part in professional/adventure sports or any hazardous pursuits, such as speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports, hunting etc; or

viii. participation by the Insured Person in a criminal or a breach of law with criminal intent; or

3. **Specific Exclusions for HospiCash Benefit under 3.3**

We shall not be liable to make any payment if Hospitalisation or any claim under this benefit are attributable to, or based on, or arise out of, or are directly or indirectly connected to any of the following:

i. Hospitalisation not in accordance with the diagnosis and treatment of the condition for which the Hospital confineme t was required;

ii. Hospitalization solely for diagnostic or observation purpose;

iii. Obesity/ Weight Control: Expenses related to the surgical treatment of obesity that does not fulfil all the bel w conditions:

   a. Surgery to be conducted is upon the advice of the Doctor.

   b. The surgery/Procedure conducted should be supported by clinical protocols

   c. The member has to be 18 years of age or older and;

   d. Body Mass Index (BMI);

      (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

iv. Any dental care or Surgery of cosmetic nature, extraction of impacted tooth/teeth, orthodontics or orthognathic Surgery, or tempero-mandibular joint disorder except as necessitated by an Accidental Injury;

v. Treatment for infertility or impotency, sex change or any treatment related to it, abortion, sterilization and contraception including any complications relating thereto;

vi. Treatment arising from pregnancy and it's complications which shall include childbirth or abortion or threatened abortion excluding ectopic pregnancy;

vii. Hospitalisation primarily for diagnosis, X-ray examinations, general physical or medical check-up not followed by active treatment during the Hospitalisation period or Hospitalisation where no active treatment is given by the Medical Practitioner;

viii. Unproven/Experimental treatments/off-label treatment;

ix. Alternative treatment;

x. Admission to a nursing home or home for the care of the aged for rehabilitation, or convalescence;

xi. Treatment directly or indirectly arising from alcohol, drug or substance abuse and any Illness or Accidental Injury which may be suffered after consumption of intoxicating substances, liquors or drugs;

xii. Treatment directly or indirectly arising from or consequent upon war (whether war be declared or not), invasion, acts of foreign enemies, hostilities, civil war, rebellion, active participation in strikes, riots or civil commotion, revolution, insurrection or military or usurped power, and full-time service in any of the armed forces;

xiii. Sexually transmitted Infections & diseases (other than HIV / AIDS);

xiv. Cosmetic or plastic Surgery except to the extent that such Surgery is necessary for the repair of damage caused solely by Accidental Injuries; treatment of xanthelesema, syringoma, acne and alopecia;

xv. Nuclear disaster, radioactive contamination and/or release of nuclear or atomic energy;

xvi. Treatment for Accidental Injury or Illness caused by intentionally self-infli ted Injuries; or any attempts of suicide while sane or insane;

xvii. Treatment for Accidental Injury or Illness caused by violation or attempted violation of the law, or resistance to arrest;

xviii. Including but not limited to engaging in or taking part in professional/adventure sports or any hazardous pursuits, such as speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports, hunting etc.;

xix. Circumcision unless necessary for treatment of a disease or necessitated due to an Accident;

xx. Hospitalisation where the Insured Person is a donor for any organ transplant;

xxi. Any treatment outside of Republic of India;

xxii. Treatment to assist reproduction, including IVF treatment;

xxiii. Hormone Replacement Therapy;

xxiv. Puberty and Menopause related Disorders: Treatment for any symptoms, Illness, complications arising due to physiological conditions associated with Puberty, Menopause such as menopausal bleeding or flushing

xxv. Artificial Life Maintenance: Artificial life maintenance, including life support machine used to sustain a person, who has been declared brain dead, as demonstrated by:

a. Deep coma and unresponsiveness to all forms of stimulation;

b. Absent pupillary light reaction;

c. Absent oculovestibular and corneal refl xes; or

d. Complete apnea

xxvi. Sleep disorders: Treatment for sleep apnea, snoring or any other sleep-related breathing problem;

5. General Terms and Conditions

Standard General Terms and Clauses

5.1. Free Look Provision

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the Policy.

The Insured Person shall be allowed a period of fif een days (30 days if the Policy with Policy Period as 3 years has been sold through distance marketing) 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:

a. 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

5.2. **Cancellation**

a. The Insured Person may cancel this Policy by giving 15 days written notice and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

1 year		2 years		3 years	
Policy in-force up to	Refund Premium (%)	Policy in-force up to	Refund Premium (%)	Policy in-force up to	Refund Premium (%)
Up to 30 days	75%	Up to 30 days	87.5%	Up to 30 days	90%
31 to 90 days	50%	31 to 90 days	75%	31 to 90 days	87.5%
91 to 180 days	25%	91 to 180 days	62.5%	91 to 180 days	75%
exceeding 180 days	0%	181 to 365 days	50%	181 to 365 days	60%
		366 to 455 days	25%	366 to 455 days	50%
		456 to 545 days	12%	456 to 545 days	25%
		Exceeding 545 days	0%	545 to 720 days	12%
				Exceeding 720 days	0%

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 vailed by the Insured Person under the Policy.

b. The Company may cancel the Policy at any time on grounds of mis-representation, 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 mis-representation, non-disclosure of material facts or fraud.

In case of death of an Insured, pro-rate refund of the premium for the deceased insured will be refunded, provided there is no history of claim.

5.3. **Renewal of Policy**

The Policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the Insured Person.

a. The Company shall endeavor to give notice for renewal. However, the Company is not bound to give any notice for renewal.

b. Renewal shall not be denied on the ground that the Insured had made a claim or claims in the preceding policy years.

c. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.

d. At the end of the Policy Period, the Policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period.

e. No loading shall apply on renewals based on individual claims experience.

5.4. **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. For claim settlement under Reimbursement, the Company will pay the Policyholder. In the event of death of the Policyholder, the Company will pay the nominee {as named in the Policy Schedule / Policy Certific te / Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discha ge of its liability under the Policy.

5.5. **Fraudulent claims**

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 shall be forfeited.

Any amount already paid against claims which are found fraudulent later under this Policy shall be repaid by all person(s) named in the Policy Schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression “fraud” means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a. the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;

b. the active concealment of a fact by the Insured Person having knowledge or belief of the fact;

c. any other act fi ted to deceive; and

d. any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the Policy 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 mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or beneficiaries

5.6. **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.

5.7. **Withdrawal of Product**

a. In the likelihood of this product being withdrawn in future with due approval of IRDAI, the Company will intimate the Insured Person about the same 90 days prior to expiry of the Policy.

b. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the Policy has been maintained without a break as per extant regulatory framework.

5.8. **Redressal of Grievance:**

In case of any grievance the Insured Person may contact the company through:
Website: www.nivabupa.com
Toll free: 1860-500-8888
E-mail: customercare@nivabupa.com (Senior citizens may write to us at: seniorcitizensupport@nivabupa.com)
Fax : 011-4174-3397
Courier: Customer Services Department
Niva Bupa Health Insurance Company Limited
D-5, 2nd Floor, Logix Infotech Park
opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301

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 edressal of grievance through one of the above methods, Insured Person may contact the grievance officer at:

Grievance Redressal Officer
Niva Bupa Health Insurance Company Limited
D-5, 2nd Floor, Logix Infotech Park
opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301 Email: priority.services@nivabupa.com or GRO@nivabupa.com

For details of grievance officer, kindly refer the link https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx

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 at the addresses given in Annexure I.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/

5.9. **Moratorium Period**

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 fi st 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.

5.10. **Disclosure of Information**

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the 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)

5.11. **Condition Precedent to Admission of Liability**

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

5.12. **Migration**

The Insured Person will have the option to migrate the Policy to other health insurance products / plans offered by the Company policy by applying for migration of the policy 30 days before the premium due date of his / her existing Policy as per extant 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 proposed insured person will get the accrued continuity benefits in aiting periods as per extant guidelines on migration.

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

5.13. **Portability**

The Insured Person will have the option to port the Policy to other insurers by applying to such insurer 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 premium due date of his / her existing Policy as per extant 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 aiting periods as per extant guidelines on portability.

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

5.14. **Claim Settlement (provision for Penal Interest)**

a. 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.
b. 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.
c. 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
d. 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.

6. **Specific Terms and conditions**

6.1. **Subrogation and Contribution**

Subrogation and Contribution provisions are not applicable to the Policy

6.2. **Notification:**

You will inform Us immediately of any change in the address, nature of job, state of health, or of any other changes affecting You or any Insured Person through the format Annexure III.

We shall allow the enhancement in Sum Insured or scope of cover only at the time of Renewal, provided You intimate Us at the time of Renewal. The decision of acceptance of enhancement of the sum insured or the scope of cover will be based on our underwriting policy and shall be subject to payment of applicable premium for such enhanced cover.

6.3. **Territorial Jurisdiction**

a. AccidentCare including Temporary Total Disability coverage is available worldwide

b. Accident Hospitalisation, CritiCare and HospiCash are available in India only

c. All claims shall be payable in India in Indian Rupees only.

6.4. **Policy Disputes**

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts at New Delhi

6.5. **Renewal Benefits (For AccidentCare Cover only):**

If the AccidentCare cover is renewed, the Sum Insured will be increased by 5% of the Sum Insured (shown in the Schedule of Insurance Certific te during the fi st Policy Year) for every claim free Policy Period up to a cumulative maximum of 25% of the Sum Insured for all the applicable benefits other than Accident Temporary Total Disability (TTD) and Accident Hospitalization mentioned under the AccidentCare cover only.

At the time of renewal in case of an insured person attaining 70 years of age, for Policyholder's Sum Insured of more than 100 lacs, the Renewal Benefit will also be reduced in the same proportion of reduction in Sum Insured.

6.6. **Notices**

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

a. The You/Insured Person at the address specified in the Schedule of Insurance Certific te or at the changed address of which We must receive written notice.

b. Us at the following address.
Customer Services Department
Niva Bupa Health Insurance Company Limited
D-5, 2nd Floor, Logix Infotech Park
opp. Metro Station, Sector 59, Noida
Uttar Pradesh, 201301

In addition, We may send You/Insured Person other information through electronic and telecommunications means with respect to Your Policy from time to time

6.7. **Claims Procedure**

All claims under this Policy will be adjudicated after the occurrence of the event and further submission of Necessary Documents. The benefits will be paid in line with the coverage in the insurance plan opted by You and will be irrespective of the actual costs incurred by You.

6.7.1. **List of Necessary Documents are as follows:**

a. **For CritiCare:**

i. Duly filled and signed claim orm and KYC documents.

ii. Final Hospital Discharge Summary in original / self attested copies if the originals are submitted with another insurer, if applicable.

iii. Final Hospital Bill in original / self attested copies if the originals are submitted with another insurer, if applicable.

iv. Consultation notes and / or investigation reports from outside the hospital prior to hospitalization.

v. Copy of First Information Report (FIR) (if CritiCare being claimed for is admissible in event of an Accident)

vi. Copy of Medico Legal Certific te duly attested by the concerned hospital (if CritiCare being claimed for is admissible in event of an Accident) if applicable

b. **For HospiCash:**

i. Duly filled and signed claim orm with KYC documents.

ii. Final Hospital Discharge Summary in original / self attested copies if the originals are submitted with another insurer.

iii. Final Hospital Bill in original / self attested copies if the originals are submitted with another insurer.

iv. Consultation notes and / or investigation reports from outside the hospital prior to hospitalization.

v. Copy of First Information Report (FIR) / Panchnama (In case of accidental injury) if applicable.

vi. Copy of Medico Legal Certific te (In case of accidental injury) if applicable.

c. **Accident Death**

i. Duly filled and signed claim orm and KYC documents
ii. Copy of Death Certific te (issued by the office of Registrar of Births and Deaths)
iii. Copy of First Information Report (FIR) / Panchnama
iv. Copy of Medico Legal Certific te duly attested by the concerned hospital, if applicable.
v. Copy of hospital record, if applicable
vi. Copy of Post Mortem report wherever applicable

d. **Accident Permanent Total Disability**

i. Duly filled and signed claim orm and KYC documents
ii. Hospital Discharge Summary (in original) / self attested copies if the originals are submitted with another insurer.
iii. Final Hospital Bill (in original) / self attested copies if the originals are submitted with another insurer.
iv. Medical consultations and investigations done from outside the hospital.
v. Certific te of Disability issued by a Medical Board duly constituted by the Central and/or the State Government.
vi. Copy of First Information Report (FIR) / Panchnama if applicable
vii. Copy of Medico Legal Certific te duly attested by the concerned hospital, if applicable.

e. **Accident Permanent Partial Disability**

i. Duly filled and signed claim orm and KYC documents
ii. Hospital Discharge Summary (in original) / self attested copies if the originals are submitted with another insurer.
iii. Final Hospital Bill (in original) / self attested copies if the originals are submitted with another insurer.
iv. Medical consultations and investigations done from outside the hospital.
v. Certific te of Disability issued by a Medical Board duly constituted by the Central and/or the State Government.
vi. Copy of First Information Report (FIR) / Panchnama if applicable
vii. Copy of Medico Legal Certific te duly attested by the concerned hospital, if applicable.

f. **Temporary Total Disability**

i. Duly filled and signed claim orm and KYC documents
ii. Hospital Discharge Summary (in original) / self attested copies if the originals are submitted with another insurer.
iii. Final Hospital bill (in original)/ self attested copies if the originals are submitted with another insurer.
iv. Copy of First Information Report (FIR) / Panchnama / Inquest report if applicable.
v. Copy of Medico Legal Certific te duly attested by the concerned hospital if applicable.
vi. Attendance record of employer / Certific te of employer confirming period of absen e if applicable
vii. Disability certific te from treating doctor with seal and stamp.
viii. Medical certific te and Fitness certific te with seal and stamp.

g. **Accident Hospitalization**

i. Duly filled and signed claim orm and KYC documents
ii. Hospital Discharge Summary (in original) / self attested copies if the originals are submitted with another insurer.
iii. Copy of First Information Report (FIR) / Panchnama / Inquest report if applicable
iv. Copy of Medico Legal Certific te duly attested by the concerned hospital if applicable.
v. Final Hospital bill with receipt /copies attested by other insurer if the originals are submitted with them.
vi. Original bills with supporting prescriptions and reports for investigations done outside the hospital/ copies attested by other insurer if the originals are submitted with them.
vii. Original bills with supporting prescriptions for medicines purchased from outside the hospital./ copies attested by other insurer if the originals are submitted with them.

6.7.2. We reserve the right to call for:

a. Any other necessary documentation or information that We believe may be required;

The claims for AccidentCare or CritiCare have to be notified to Us within 30 days from the date of death or disability or diagnosis of the illness. The claims for HospiCash and Accident Hospitalization under AccidentCare are to be notified to Us within 48 hours from the date of occurrence of the accident or hospitalization. All necessary documents shall be submitted within 30 days from the date of intimation of the claim or date of discharge, whichever is earlier. In case where the delay in intimation is proved to be genuine and for reasons beyond the control of the Insured Person or Nominee specified in the Schedule of Insurance Certific te, We may condone such delay and process the claim, We reserve a right to decline such requests for claim process where there is no merit for a delayed claim

Upon acceptance of a claim, the payment of the amount due shall be made within 30 days from the date of receipt of last necessary document. In the case of delay in payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial ear in which the claim is reviewed by it.

If You hold an indemnity policy with Us, a single Notific tion for Claim will apply to both the indemnity plan as well as this Policy, even if the Notific tion for Claim for this Policy does not explicitly mention this. The benefits under the indemnity plan will be paid out in accordance to the terms and conditions of the respective plan.

6.8. **Alteration to the policy**

This Policy constitut3es the complete contract of insurance. Any change in the Policy will only be evidenced by a written endorsement signed and stamped by Us. No one except Us can change or vary this Policy.

6.9. **Obligations in case of a minor**

If an Insured Person is less than 18 years of age, You/adult Insured Person shall be completely responsible for ensuring compliance with all the terms and conditions of this Policy on behalf of that minor Insured Person

ANNEXURE I
List of Insurance Ombudsmen

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floo , 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 - Mr Vipin Anand 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 - Shri R. M. Singh Insurance Ombudsman 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 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha
CHANDIGARH - Mr Atul Jerath 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 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh
CHENNAI - Shri Segar Sampathkumar Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry)
DELHI - Shri Sudhir Krishna 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

Office Details	Jurisdiction of Office Union Territory, District)
GUWAHATI - Shri Somnath Ghosh 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 - Shri N. Sankaran Office of the Insurance Ombudsman, 6-2-46, 1st floo , "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry
JAIPUR - Shri Rajiv Dutt Sharma 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 - Shri G. Radhakrishnan Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 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 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI - Shri Bharatkumar S. Pandya Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)

Office Details	Jurisdiction of Office Union Territory, District)
NOIDA - Shri Chandra Shekhar Prasad 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 Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA - Shri N. K. Singh 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 - Shri Vinay Sah 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, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)

Council for Insurance Ombudsmen,
3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W),
Mumbai - 400 054.
E-mail: inscoun@cioins.co.in
Tel: 022 -69038800/69038812

Annexure II
List of Expenses Generally excluded in Hospitalisation Policy

SNO	List of Expenses Generally Excluded ("Non-Medical")in Hospital Indemnity Policy -	SUGGESTIONS
TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/ INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	M01STUR1SER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and may be paid specifically or cases who have undergone surgery of thoracic or lumbar spine.
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable

SNO	List of Expenses Generally Excluded ("Non-Medical")in Hospital Indemnity Policy -	SUGGESTIONS
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically soug t by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered

SNO	List of Expenses Generally Excluded ("Non-Medical")in Hospital Indemnity Policy -	SUGGESTIONS
	ITEMS SPECIFIC ALL Y EXCLUDED IN THE POLICIES	
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specifie
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specifie
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specifie
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specifie
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specifie
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specifie
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Exclusion in policy unless otherwise specifie
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specifie
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specifie
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specifie
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specifie
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specifie
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specifie
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not payable - Exclusion in policy unless otherwise specifie
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/ AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY and storage	Not Payable except Bone Marrow Transplantation where covered by policy
	ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS	
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.

SNO	List of Expenses Generally Excluded ("Non-Medical")in Hospital Indemnity Policy -	SUGGESTIONS
77	MICROSCOPE COVER	Payable under OT Charges, not payable separately
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not payable separately
79	SURGICAL DRILL	Payable under OT Charges, not payable separately
80	EYE KIT	Payable under OT Charges, not payable separately
81	EYE DRAPE	Payable under OT Charges, not payable separately
82	X-RAY FILM	Payable under Radiology Charge s, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	Antiseptic or disinfectant lotions	Not Payable -Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES,SYRINGES	Not Payable -Part of Dressing Charges
88	COTTON	Not Payable -Part of Dressing Charges
89	COTTON BANDAGE	Not Payable -Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed , otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
	ELEMENTS OF ROOM CHARGE	
96	LUXURY TAX	Actual tax levied by government is payable .Part of room charge for sub-limits

SNO	List of Expenses Generally Excluded ("Non-Medical")in Hospital Indemnity Policy -	SUGGESTIONS
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of room charge not payable separately
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET ^	Part of Laundry/ Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET ADMINISTRATIVE OR NON-MEDICAL CHARGES	Not Payable- part of room charges
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable

SNO	List of Expenses Generally Excluded ("Non-Medical")in Hospital Indemnity Policy -	SUGGESTIONS
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTENANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable up to 24 hrs, shifting charges not payable
	EXTERNAL DURABLE DEVICES	
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS Device	Not Payable
135	INFUSION PUMP - COST Device	Not Payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES Device	Not Payable
138	SPACER	Not Payable
139	SPIROMETRE Device	Not Payable
140	SPO 2PROB E	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBOSACRAL BELT	Essential and should be paid specifically or cases who have undergone surgery of lumbar spine.

SNO	List of Expenses Generally Excluded ("Non-Medical")in Hospital Indemnity Policy -	SUGGESTIONS
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia / quadripiegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal liver transplant etc. obstruction
ITEMS PA YABLE IF SUPPORTED BY A PRESCRIPTION		
156	BETADINE \ HYDROGEN PEROXIDE\ SPIRIT\DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGESDIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE Tablets	Payable -Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	Digestion gels	Payable when prescribed
162	ECG ELECTRODES	Up to 5 electrodes are required for every case visiting OT o r ICU. For longer stay in ICU, may required a change and at least one set every second day must be payable.
163	GLOVES Sterilized Gloves	payable /unsterilized gloves not payable
164	HIV KIT	Payable - payable Preoperative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed

SNO	List of Expenses Generally Excluded ("Non-Medical")in Hospital Indemnity Policy -	SUGGESTIONS
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
OTHERS		
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT,ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations w here covered by policy
186	186 OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVI) requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometery/ Strips)	Not payable pre-hospitalisation o r post hospitalisation / Reports and Charts required / Device not payable

SNO	List of Expenses Generally Excluded ("Non-Medical")in Hospital Indemnity Policy -	SUGGESTIONS
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Not Payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum o f 3 in 48 hrs an d then 1 in 24 hrs

SNO	List of Expenses Generally Excluded ("Non-Medical")in Hospital Indemnity Policy -	SUGGESTIONS
197	URINE BAG P	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid.

Annexure III

Format to be filled up by the proposer for change in occupation of the Insured Person

Member's Unique ID	Category	Name of the Insured	Date of birth/ Age	Relationship with Primary Insured	City of residence	Previous Occupation or Nature of Work	New Occupation or Nature of Work

Place: _____

Proposer's Signature _____

Date: _____
(DD/MM/YYYY)

Name: _____ Designation _____