

TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
Product Name	Educare	
What am I covered for:	<ol style="list-style-type: none"> <li>1. <b>Medical Treatment</b> : Coverage for Inpatient &amp; Outpatient treatment including transportation to the medical facility</li> <li>2. <b>Dental Treatment</b>: Medical Expenses for pain relieving dental treatment received by the Insured Person</li> <li>3. <b>Medical Evacuation</b> : Expenses incurred in transportation from a Hospital to the nearest advanced medical facility, if medically necessary</li> <li>4. <b>Repatriation of mortal remains</b> : Payment for transporting mortal remains back home.</li> <li>5. <b>Balance period of policy+30days</b> : Medical expenses for continued medical treatment in India for maximum 30 days after risk period.</li> <li>6. <b>Medical Cover for trips back in India</b> : Medical Expenses for treatment while student is on trip back to residence country. (upto 30 days)</li> </ol>	<p>Section 1.a. Section 1.b. Section 1.c.  Section 1.d. Section 1.e.</p>
Additional Optional benefits to the plan :	<p><b>a) Accidental Cover</b> : We offer following benefits -</p> <ol style="list-style-type: none"> <li>i) <b>Personal Accident</b> <ul style="list-style-type: none"> <li>• Accidental Death [AD] – Lump sum payment on Death due to an accident</li> <li>• Permanent Impairment – Payment in the event of Permanent Impairment as per the scale provided in the policy</li> </ul> </li> <li>ii) <b>Felonious Assault</b> - Payment in the event of Permanent Impairment due to felonious assault as per the scale provided in the policy</li> </ol> <p><b>b) Travel Inconvenience Cover</b></p> <ol style="list-style-type: none"> <li>i) <b>Total Loss of Checked-in Baggage</b> - Reasonable payment on loss of checked-in baggage by a carrier on which the student is travelling as a fare paying passenger.</li> <li>ii) <b>Delay of Checked-in Baggage</b> - Reasonable payment on delay in the delivery of checked-in baggage by a carrier on which the student is travelling as a fare paying passenger.</li> <li>iii) <b>Loss of Passport</b>- Actual expenses incurred in obtaining a duplicate or fresh passport either overseas or within 30 days of your return to India.</li> </ol> <p><b>c) Non Medical Cover</b></p> <ol style="list-style-type: none"> <li>i) <b>Study Interruption</b>: Actual expenses on Tuition fee already paid to the educational institution but the student is not able to continue his/her studies due to hospitalisation for more than one consecutive month.</li> <li>ii) <b>Sponsor Protection</b>: Actual expenses on Tuition fee already paid to the educational institution in case of death or disablement of the insured's sponsor.</li> <li>iii) <b>Compassionate Visit</b>: Round trip economy class air ticket or first class railway ticket for one Immediate Family Member and the accommodation expenses in case the student is hospitalised for more than 7 days.</li> <li>iv) <b>Bail Bond</b>: Bail bond costs as a result of false arrest or wrongful detention by any government or foreign power.</li> <li>v) <b>Personal liability</b>: Payment for any legal liability (including defence costs) to pay damages for his negligence which results from a third party civil claim for third party death, bodily injury or property damage.</li> </ol> <p><b>d) Maternity &amp; childcare Benefit</b></p> <ol style="list-style-type: none"> <li>i) <b>Maternity Benefit</b> : Actual Expenses for necessary medical treatment to Insured Person in the course of her pregnancy (including at the time of delivery, lawful medical termination of pregnancy and the cost of a midwife or obstetric nurse) during the Risk Period</li> <li>ii) <b>Childcare Benefit</b>: Hospital cash benefit for upto \$100 for max 7 days in case child above 90 days is hospitalised for more than 2 days.</li> </ol> <p><b>e) Additional benefits</b></p> <ol style="list-style-type: none"> <li>i) <b>Treatment of Mental and Nervous disorder</b>: Treatments for mental and nervous disorders, including alcoholism and drug dependency are covered under this policy, subject to a maximum as mentioned in the schedule of benefits.</li> <li>ii) <b>Medical expenses for inter-collegiate sports injuries</b>: Medical expenses for inter-collegiate sports injuries are covered under this policy as part of the medical cover.</li> <li>iii) <b>Cancer Screening and Mammography Examinations</b>: Cancer screening and mammographic examinations on recommendation from physician will be paid under this policy, subject to a maximum limit as mentioned in the schedule of benefits.</li> <li>iv) <b>Emergency Financial Assistance</b>: Assistance to arrange for financial support from insured's relative or family members in country of residence in case of theft, pilferage, robbery.</li> <li>v) <b>HIV cover</b>: Medical expenses in case of identified first stage of HIV where symptoms commenced within first 90 days.</li> </ol> <p><b>Note</b> : These benefits are effective only if mentioned in the Policy schedule.</p>	Section 2

What are the major exclusions in the policy:	Following is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions. Self inflicted injury, suicide or attempted suicide, psychiatric or mental disorders, HIV/AIDS, Sexually transmitted diseases, insured persons participation or involvement in naval, military or airforce operations, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, committing or attempting to commit any breach of law with criminal intent, , abuse of intoxicants or hallucinogens including intoxicating drugs & alcohol, War or any act of war, invasion, act of foreign enemy, war like operations, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, riot, chemical, radioactive or nuclear contamination, Pregnancy childbirth & it's complications, treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover non allopathic treatment.	Section 3												
Deductible/ Waiting period	<table border="1"> <thead> <tr> <th>Cover</th> <th>Deductible</th> </tr> </thead> <tbody> <tr> <td>Medical Treatment</td> <td>\$100</td> </tr> <tr> <td>Dental Treatment</td> <td>\$100</td> </tr> <tr> <td>Total Loss of Checked-in Baggage</td> <td>10%/50%</td> </tr> <tr> <td>Delay of Checked-in Baggage</td> <td>12hrs</td> </tr> <tr> <td>Loss of passport</td> <td>\$30</td> </tr> </tbody> </table>	Cover	Deductible	Medical Treatment	\$100	Dental Treatment	\$100	Total Loss of Checked-in Baggage	10%/50%	Delay of Checked-in Baggage	12hrs	Loss of passport	\$30	Section 1
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Payout basis	Medical Treatment, Travel Inconvenience cover, Non medical Cover, Maternity benefit, Additional benefits on indemnity payment basis Childcare benefit & accidental cover on benefit payment basis	Section 1												
Cost Sharing	Not Applicable													
Renewal Conditions	Policy can be extended upto maximum total duration of 3 years.	Section 4.o.												
Renewal Benefits	Not Applicable													
Cancellation	This policy will be terminated for the reasons as specified under section Non Disclosure or Misrepresentation & Section Dishonest or Fraudulent Claims of this Policy and such termination of the Policy shall be ab initio from the inception date upon 30 day notice, by sending an endorsement to Your address shown in the Schedule, without refunding the Premium amount.	Section 4.f.												

Note: We may call for specific medical tests or information at proposal or while seeking extension. We will reimburse 100% of the expenses incurred on the specific medical tests called by Us after acceptance of the proposal. The validity (acceptability) of the medical reports shall be for a period of 3 months from the date of the tests.

We would be happy to assist you. For any help contact us at: E-mail : [customerservice@apollomunichinsurance.com](mailto:customerservice@apollomunichinsurance.com) Toll Free : 1800-102-0333

Apollo Munich Health Insurance Company Limited will cover Insured Person who are traveling overseas on student visa for full time college or school education under this Policy upto the Sum Insured. The insurance cover is governed by, and subject to, the terms, conditions and exclusions of this Policy.

**Benefits**

The benefits detailed below are available to the student in the event of occurrence in the policy period. Our maximum liability shall be limited to sum insured as mentioned in the policy schedule for each claim & is subject to applicable deductible under the policy.

**Section. 1. Medical, Dental Treatment, Assistance & Evacuation**

If any Insured Person suffers an Illness or Accident during the Risk Period that alters the Insured Person's state of health and requires immediate medical treatment in order to maintain life or relieve immediate pain or distress, then We will pay subject to the sum insured & the applicable deductible as mentioned in policy schedule for:

**a. Medical Treatment**

Medical Expenses for the following only:

- a) In patient treatment in a Hospital at either the place where the Insured Person is situated or the nearest Hospital.
- b) Medical aids that are necessary as part of the medical treatment for broken limbs or injuries (such as plaster casts, bandages and walking aids) prescribed in writing by a medical practitioner.
- c) Radiotherapy, heat therapy or phototherapy and other such treatment prescribed by a medical practitioner.
- d) Out patient treatment.
- e) Diagnostic procedures (including X-Ray) prescribed in writing by a medical practitioner.
- f) Transportation including necessary medical care en-route by recognised emergency services for immediate medical attention at the nearest Hospital or to the nearest available Doctor.
- g) Transfer to a Hospital provided that the transfer is Medically necessary and prescribed by a Doctor.

**b. Dental Treatment**

Medical Expenses for pain relieving dental treatment received by the Insured Person subject to the Dental Treatment sub limit of this Section 1a Sum Insured:

- a) Provided that such treatment, in-patient or Out-patient, is required because of an Accident and provided by a Medical Practitioner qualified in practicing dentistry or dental surgery or
- b) Following sudden acute pain to one or more of the Insured Person's natural teeth but only if received under anaesthesia.

**c. Medical Evacuation**

We will reimburse the reasonable cost of the transportation of the Insured Person (and an attending Doctor if it is medically necessary) from a Hospital to the nearest Hospital to provide the necessary medical treatment if such medical treatment cannot be provided at a Hospital where the Insured Person is situated, provided that:

- a) Transportation has been prescribed by a Doctor and is Medically necessary, and
- b) We have agreed to the reimbursement of the costs of transportation in writing in advance of the transportation, and
- c) If transportation is required to transport the Insured Person to a more suitable country for medical treatment or to India, if it is Medically necessary.

**d. Repatriation of mortal remains**

If the Insured Person dies during the Risk Period, then We will reimburse the reasonable cost of either transporting his mortal remains from the foreign country to his permanent place of residence or a cremation or burial ceremony in the foreign country.

**e. Balance Period of Policy + 30 days**

Medical Expenses for inpatient treatment at an Indian Hospital incurred for a maximum of 30 days from the end of the Risk Period if the treatment is consequent

upon the Accident or Illness that occurred during the Risk Period & in opinion of our assistance company a continued medical treatment is necessary to restore the Insured Person to his stable physical condition

**f. Medical cover for Trips back in India**

The Insured Person will be covered for medical inpatient treatment at an Indian Hospital without a break during policy period even when he returns to the India for the purpose of a vacation or otherwise, the medical expenses for a maximum cumulative period of 30 days will be covered in a risk period.

**Additional Optional benefits to Educare**

On payment of additional premium & subject to limits defined in the policy schedule, the below mentioned benefits shall be added as Additional benefits to the policy & shall be integrated & construed as part of standard terms & conditions.

**Section. 2. ADDITIONAL OPTIONAL BENEFIT**

**ADDITIONAL OPTIONAL BENEFIT 1: ACCIDENTAL COVER**

**a. Personal Accident & Felonious assault**

i) Personal Accident -

If during the Risk Period an Insured Person suffers an Accident and this solely and directly results in:

- a. His death within 365 days of the Accident, then We will pay the personal accident Sum Insured as mentioned in the policy schedule to the Insured Persons' nominee.
- b. The permanent impairment of the Insured Person's physical capabilities within 365 days of the Accident, then We will make payment in accordance with the table A below if that permanent impairment is claimed for and confirmed by the doctors of the medical board of respective State Government, attending Doctor and Our medical advisor.

ii) Felonious Assault -

If during the Risk Period an Insured Person suffers a felonious assault (any wilful or unlawful use of force upon the Insured Person that is a felony or misdemeanour in the jurisdiction in which it occurs and which results in bodily harm to the Insured Person) which solely and directly results in a total, continuous and permanent impairment of the Insured Person's physical capabilities within 365 days of the felonious assault, then We will make payment subject to the sum insured as mentioned in policy schedule in accordance with the table below if the permanent impairment is confirmed by the attending Doctor and Our medical advisor at least 365 days after the felonious assault.

Table of Benefits	% of Sum Insured
Loss or Inability to function of	
An Arm at the shoulder joint	70 %
An arm to a point above elbow joint	70 %
An Arm below elbow joint	60 %
A hand at the wrist	50 %
A thumb	20 %
An Index finger	10 %
Any other finger	5 %
A leg above center of the femur	70 %
A leg up to a point below the femur	70 %
A leg to a point below the knee	50 %
A leg up to the center of tibia	45 %
A foot at the ankle	45 %
A big toe	5 %
Some other toe	2 %
An Eye	50 %
Hearing in one Ear	30 %

Table of Benefits	% of Sum Insured
Sense of smell	10 %
Sense of Taste	5 %
Hearing of both Ears	60 %

**Conditions to Additional optional benefit 1.a)**

- i. If the Insured Person suffers a partial loss or impairment of the function of one of the body parts or senses as mentioned in TABLE A, We will determine the appropriate proportion of the percentage stated in the table with Our medical advisor and We will make payment accordingly.
- ii. If the injury impairs more than one of the body parts or senses as mentioned in TABLE A, Our payment will not exceed 100% of the Sum Insured.
- iii. If the effect of the injury is not mentioned in the table, then We will determine the appropriate payment to be made with Our medical advisor and We will make payment accordingly.
- iv. If the injury affects any physical function that was previously impaired, We will make a deduction proportionate to the extent of this prior disablement which We will determine with Our medical advisor and We will make payment accordingly.
- v. If the Insured Person dies as a result of the injury within 365 days of its occurrence, or thereafter for any other covered reason, and a claim for permanent impairment had been paid prior to the death, then We will make payment of the Sum Insured less any sum already paid for the permanent impairment.

**Exclusions to Additional optional benefit 1.a)**

- i. We will not make any payment for any claim for felonious assault if it is directly or indirectly, caused by, or in any way attributable to: An act of an Immediate Family Member or travelling companion;
- ii. A Pre-existing Condition for which care, treatment, or advice was recommended by a Doctor within a two year period preceding the Policy Period, or a condition for which hospitalization or surgery was required within a five year period preceding the Policy Period.
- iii. Any exclusion mentioned in the general exclusions under section 2 of this policy.

**ADDITIONAL OPTIONAL BENEFIT 2: TRAVEL INCONVENIENCE COVERS**

**a. Total Loss of Checked-in Baggage**

If an Insured Person's accompanying checked-in baggage for an overseas journey is permanently lost by a Carrier on which the Insured Person is travelling as a fare paying passenger to that overseas destination and to whom it was entrusted against a receipt during the Risk Period, then We will pay the amount upto to the Sum Insured of the relevant benefit required to purchase new items of the same kind and quality less the amount representing the condition and reasonable depreciation of the articles lost, provided that:

- i. Our maximum liability for any one item within one piece of baggage will be 10% of the Sum Insured. If the Insured Person has checked in more than one baggage, then Our maximum liability for all items within one piece of baggage will be 50% of the Sum Insured.
- ii. The Insured Person obtains a property irregularity report from the Carrier confirming the loss.
- iii. If We accept a claim under additional optional benefit 2 b) and there is a subsequent claim under this additional optional benefit in respect of the same baggage, We will pay the difference between the amount due or paid under additional optional benefit 2 b) and the amount payable in respect of the subsequent claim.
- iv. Our liability will be limited to the travel destinations specified in the Insured Person's travel ticket from India and return to India, including all halts and destinations specified therein.
- v. Our payment will be reduced by any sum for which the Carrier is liable to make payment.

**Exclusions to Additional optional benefit 2.a.**

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- i. Valuables, Money, any kinds of securities or tickets.
- ii. Any loss of checked-in baggage amounting to a partial loss or not amounting to a permanent loss.
- iii. Any item within the checked-in baggage that is valued at more than US\$100 if the Insured Person cannot provide Us with satisfactory proof of ownership.
- iv. Any actual or alleged loss arising from any delay, detention, confiscation or distribution of baggage by customs, police or other public authorities.
- v. Any item that the Carrier's policy or rule specifies should not have been carried.
- vi. Any loss of baggage carried by the Insured Person or which is not accepted by the Carrier or in respect of which the Carrier has not issued a baggage receipt.
- vii. Any exclusion mentioned in the general exclusions under section 2 of this Policy.

**b. Delay of Checked-in Baggage**

If the delivery of an Insured Person's accompanying checked-in baggage for an overseas journey is delayed by a Carrier on which the Insured Person is travelling as a fare paying passenger to that overseas destination and to whom it was entrusted against a receipt during the Risk Period, then We will reimburse the actual expenses upto to the Sum Insured of the relevant benefit incurred by the Insured Person in purchasing essential personal items of medication, toiletries or clothing, provided that:

- i. The delay is 12 or more hours from the scheduled arrival time.
- ii. You give Us written proof of delay from the Carrier.
- iii. Our liability will be limited to the travel destinations specified in the Insured Person's travel ticket from India and return trip back to India, including all halts and destinations specified therein.
- iv. Our payment will be reduced by any sum for which the Carrier is liable to make payment.

**Exclusions to Additional optional benefit 2.b.**

We will not make any payment for any delay directly or indirectly caused by, arising from or in any way attributable to:

- i. Any actual or alleged delay arising from detention, confiscation or distribution by customs, police or other public authorities.
- ii. Any delay of checked-in baggage on the return to India.
- iii. Any exclusion mentioned in the general exclusions under section 2 of this policy.

**c. Loss of Passport**

If an Insured Person loses his passport during the Risk Period, then We will reimburse the actual expenses upto to the Sum Insured of the relevant benefit incurred in obtaining a duplicate or fresh passport either overseas or within 30 days of his return to India. We shall not be liable to pay for the Deductible amount as mentioned against this benefit in the Policy Schedule.

**Exclusions to Additional optional benefit 2.c.**

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- i. Loss, delay or confiscation or detention by customs, police or public authorities.
- ii. The theft of a passport unless the theft is reported to the police of the foreign country within 24 hours and a written Police Report confirming the theft has been submitted to Us.
- iii. Loss of passport due to it being left unattended or forgotten by the Insured in a public place or public transport.

- iv. Loss or theft of passport from a private vehicle or a private place unless it was kept in a locked hotel room or apartment and forcible or violent entry was used to gain access to it.
- v. Any exclusion mentioned in the general exclusions under section 2 of this Policy.

### ADDITIONAL OPTIONAL BENEFIT 3: NON MEDICAL COVER

#### a. Study Interruption

If the Insured Person is unable to continue his studies for which tuition fees have already been paid solely and directly because the Insured Person is Hospitalised continuously and without a break for more than 30 days during the Risk Period due to an Accident or Illness which occurred during the Risk Period, or if the Insured Person is suffering from a terminal Illness during the Risk Period or if We have accepted a claim under Section 1a) of the policy or if an Immediate Family Member of the Insured Person has died during the Risk Period, We will reimburse the actual tuition fees paid upto to the Sum Insured of the relevant benefit as mentioned in the Policy Schedule.

#### Exclusions to Additional optional benefit 3.a.

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- i. Any routine physical check-up and/or any treatments or examinations related thereto.
- ii. Any treatment relating to the removal of physical flaws or anomalies or any form of cosmetic treatment or surgery.
- iii. Any elective surgery.
- iv. Any costs in any way related to psychiatric or mental disorder or any costs or periods of residence in connection with rest cures or recuperation at spas or health resorts, sanatorium, convalescence homes or any similar institution.
- v. Any costs relating in any way related to the abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol.
- vi. Any treatment which is paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the educational institution to the extent so furnished or paid or under any mandatory government program or facility set up for treatment without cost to any individual.
- vii. Any exclusion mentioned in the general exclusions under section 2 of this Policy.

#### b. Sponsor Protection

If during the Risk Period an Insured Person's Sponsor (an individual responsible for paying the tuition fees of the Insured Person for his full time studies in an educational institution outside India who is named in the Insured Person's enrolment form) suffers an Accident which results in his death or permanent impairments of his physical capabilities which render him unable to pay the tuition fees of the Insured Person then We will reimburse that proportion of the tuition fees upto to the Sum Insured of the relevant benefit for the remaining period of the Insured Person's education provided that if the Insured Person is eligible to receive or receives any scholarship for the tuition fees, then We will pay the difference between the amount due or paid under the scholarship and the amount payable in respect of the claim under this Section.

#### c. Compassionate visit(Two- way visit)

If the Insured Person suffers an Illness or Accident which requires his Hospitalisation during the Risk Period for a continuous and uninterrupted period of atleast 7 days and the attending Doctor has advised that he cannot be repatriated back to India and no adult Immediate Family Member is present, then We will pay:

- i. For a round trip economy class air ticket or first class railway ticket or benefit Sum Insured whichever is less for one Immediate Family Member,

and

- ii. For the accommodation expenses of that Immediate Family Member for the remainder of the hospitalisation period.

If the Insured Person's parent, spouse or child is admitted into a Hospital for medically necessary treatment as an inpatient for a continuous period of at least 7 days during the Risk Period, We will pay for a round trip economy class air ticket or first class railway ticket for the Insured Person to travel and visit that parent, spouse or child.

#### d. Bail Bond

If the Insured Person is falsely arrested or wrongfully detained by any government or foreign authority during the Risk Period, then We will pay the bail bond costs or the sum insured whichever is less of the Insured Person.

#### Exclusions to Additional optional benefit 3.d)

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- i. Any bail amount where the Insured Person has been charged with breaking the law with any criminal intent.
- ii. Any bail amount where the Insured Person has been charged with driving a vehicle at over the speed limit.

#### e. Personal Liability

- i. We will indemnify an Insured Person subject to the Limit of Indemnity specified in the policy Schedule against his actual legal liability (including defence costs) to pay damages for his negligence which results from a third party civil claim first made against the Insured Person during the Policy Period for third party death, bodily injury or property damage.
- ii. To the extent that We accept a claim under i) then We will also, subject to the Limit of Indemnity, pay all costs, fees and expenses incurred with Our prior written consent in the investigation, defence or settlement of any claim.
- iii. Coverage under a) is limited to third party civil claims which are made against an Insured Person during the Policy Period for an event or occurrence which took place during the Risk Period.

#### Conditions to Additional optional benefit 3.e)

- i. The Insured Person shall:
  - a. Immediately and in any event within 10 days give Us written notice of any claim or demand made against him or any circumstance which might reasonably be expected to give rise to a claim or demand.
  - b. Not admit liability for or settle or compromise or make or promise any payment in respect of any claim or incur any costs or expenses in connection with it without Our prior written consent.
  - c. Allow Us (in Our sole and absolute discretion) to take over and conduct in the name of the Insured Person the investigation, defence and/or settlement of any claim, for which purpose the Insured Person shall provide all the cooperation and assistance We may require. Having taken over the defence of any claim, We may in Our sole and absolute discretion relinquish the same.
- ii. We will not settle any claim without the Insured Person's consent but if the Insured Person refuses to consent to any settlement We recommend and chooses to contest or continue any legal proceedings, then Our liability will not exceed the amount for which the claim could have been settled plus the defence costs incurred with Our consent up to the date of such refusal.
- iii. In respect of any claim, We may in Our sole and absolute discretion make payment of the lesser of the amount available under the Limit of Indemnity or of any lesser amount for which the claim could be settled in full and final settlement of any liability We may have under this Policy in respect of the claim, including the costs of defending it.
- iv. Any and all amounts We spend in the payment of any claim or defence costs will reduce the Limit of Indemnity to the extent of claim already paid.

**Exclusions to Additional optional benefit 3.e)**

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- i. Act on Insured Person by a relative, a travelling companion or colleague.
- ii. The transmission of an illness or disease by an Insured Person.
- iii. The Insured Person's professional activities or the supply of goods or services.
- iv. Being a keeper or owner of animals.
- v. The ownership, possession or use of vehicles, aircraft or watercraft.
- vi. The use or misuse of weapons, including firearms.
- vii. Any deliberate, wilful, malicious or unlawful act or omission.
- viii. Insanity, the use or abuse of solvents, alcohol or drugs (except as medically prescribed but not including for the treatment of drug addiction).
- ix. Any ownership or occupation of land or buildings except as a temporary residence by the Insured Person.
- x. Any exclusion mentioned in general exclusions under section 2 of this policy.

**ADDITIONAL OPTIONAL BENEFIT 4: MATERNITY & CHILDCARE BENEFITS**

**a. Maternity benefit**

We will reimburse the Medical Expenses for necessary medical treatment required by an Insured Person in the course of her pregnancy (including at the time of delivery, lawful medical termination of pregnancy and the cost of a midwife or obstetric nurse) during the Risk Period at a Hospital, maternity home or comparable institution, and subject to the maternity benefit limit as defined in policy schedule. General exclusion as defined in section 2. (k) of the policy stands waived off to this extent provided that:

- i. The Insured Person was not pregnant at the commencement of the Policy Period, and
- ii. The Insured Person has been an Insured Person under Our Policy for the period of time specified in the policy schedule, and
- iii. The necessary medical treatment is needed in an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention) due to acute complications during the course of her pregnancy (such as ectopic pregnancy, spontaneous abortion, hyperemesis gravidarum, pre-eclampsia, eclampsia, missed abortion and conditions of comparable severity) to directly avert danger to her life or that of her unborn child.
- iv. A waiting period of 10 months will apply to all claims for this Benefit.

**b. Child Care Benefits**

If the Insured Person's Dependent Child between the age of 91 days and 25 years, and is admitted into a Hospital for medically necessary treatment as an inpatient for a continuous period of at least 48 hours during the Risk Period, then We will pay the daily cash amount mentioned in the Schedule of Benefits for each continuous and completed period of 24 hours that the Insured Person's child is hospitalized for a maximum period of 7 days.

**ADDITIONAL OPTIONAL BENEFIT 5: ADDITIONAL BENEFITS**

**a. Treatment of Mental and Nervous disorder (including Alcoholism and Drug dependency)**

We will reimburse the Medical Expenses for the treatment of mental and nervous disorders (including alcoholism and drug dependency) received by the Insured Person during the Risk Period provided that the Insured Person is Hospitalised and subject to the Mental and Nervous Disorder sub-limit as defined in policy schedule. General exclusion as defined in section 2. (h) of policy stands waived off to this extent.

**b. Medical expenses for inter-collegiate sports injuries**

We will reimburse Medical Expenses in accordance with medical treatment under section 1 a) for an accidental bodily injury sustained by the Insured Person during the Risk Period in an inter-collegiate sports event & the general exclusion as defined in section 2. (f) stands waived off to this extent.

**c. Cancer Screening and Mammography Examinations**

We will reimburse the expenses for cancer screening and mammography examinations of the Insured Person during the Risk Period provided that the screening or examination has been prescribed by a Doctor and subject to the Cancer Screening and Mammography Examination sub-limit as mentioned on the schedule of benefits. In such case, the general exclusion as defined in section 2.(d) stands waived off to this extent.

**d. Emergency Financial Assistance**

In case of an unforeseen financial emergency such as theft, pilferage, robbery, dacoity comprising of his travel funds, & consequently the insured is left without any travel funds, we would arrange for assistance to provide financial support from the insured's relative or family members in country of residence upto the limit as mentioned in the schedule of benefits, provided the loss is reported to the police within 24 hrs and a written police report confirming the loss is submitted to us.

**e. HIV cover**

In an event of identified first stage of HIV during the policy period where the symptoms has commenced within 90 days of student travelling on student visa, the medical expenses for the treatment will be covered subject to the limit as mentioned in the schedule of benefits & in such case general exclusion as defined in section 2. (t) stands waived off to this extent. Cover shall not be granted where the symptoms have commenced post completion of 90 days of student's travel.

**Section. 3. General Exclusions**

We will not make any payment for any claim directly or indirectly for, caused by, or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

- a) Any absence from India which is for the purpose of obtaining medical treatment.
- b) A Pre-existing Condition. However, this exclusion shall not apply to the cover provided under Section 1 a) for life saving unforeseen emergency measures or measures solely directed at relieving acute pain, subject to the same being authorised by Our assistance company. All further medical cost to maintain medically stable state or to prevent onset of acute pain would have to be borne by the insured. This exclusion stands deleted if Pre-existing Condition waiver opted in proposal form and mentioned in the policy schedule.
- c) Any medical treatment which was not Medically necessary or could reasonably have been delayed until the Insured Person's return to India.
- d) Any treatment of cancer, orthopaedic degenerative diseases, unless immediate medical treatment was required in order to maintain life or relieve acute pain or distress.
- e) War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, riot, insurrection, military or usurped acts, nuclear weapons/materials, radiation of any kind.
- f) Any Insured Person's participation or involvement in naval, military or air force operation or professional sporting, racing, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
- g) Any Insured Person committing or attempting to commit a criminal or unlawful act, or intentional self injury or attempted suicide while sane or insane.
- h) Cost related to psychiatric or mental disorders, the abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
- i) Any loss or expenses whatsoever resulting or arising therefrom or any consequential loss directly or indirectly caused by or contributed to by or arising from:
  - (1) Ionising radiation or contamination by radioactivity from any nuclear waste from combustion of nuclear fuel; or

- (2) The radioactive, toxic, explosive or other hazardous properties of any explosion nuclear assembly or nuclear component, thereof
- (3) Asbestosis or other related sickness or disease resulting from the existence, production, handling, processing, manufacture, sale, distribution of asbestos or other products thereof.
- j) Obesity or morbid obesity or any weight control program, where obesity means a condition in which the Body Mass Index (BMI) is above 29 and morbid obesity means a condition where BMI is above 37.
- k) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or illness or disease), maternity or birth (including caesarean section) except in the case of ectopic pregnancy.
- l) Any non allopathic treatment.
- m) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
- n) Items of personal comfort and convenience including but not limited to television, telephone, foodstuffs, cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as incidental services and supplies of similar nature, and vitamins and tonics, unless vitamins and tonics are certified to be required by the attending Doctor as a direct consequence of an otherwise covered claim, recuperation at spas or health resorts, cosmetic treatment or surgery, Rehabilitation or physiotherapy or the costs of artificial limbs
- o) Treatment rendered by a Doctor which is outside his discipline or the discipline for which he is licensed; referral-fees or out-station consultations; treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- p) The costs of any procedure or treatment by any person or institution that We have said in writing is not to be used.
- q) The provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- r) Non-prescription drugs or treatments.
- s) If the Insured Person is travelling or receiving medical treatment against the advice of a Doctor.
- t) Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
- u) Any act of terrorism which means an act, including but not limited to the use of force or violence and/or the threat thereof, by any person or group of persons, whether acting alone or on behalf of or in connection with any organisation or government, committed for political, religious, ideological, or ethnic purposes or other reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
- v) Experimental, investigational or unproven treatment devices and pharmacological regimens, or measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any illness for which confinement is required at a Hospital.
- w) Any non medical expenses mentioned in Annexure I

#### Section 4. GENERAL CONDITIONS

##### a) Conditions Precedent

The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the policy Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to admissibility of any claim under this policy.

The policy can be issued for a maximum period of 3 years. The sum insured & benefits will be applicable on Policy Year basis.

No medical tests are required based on age and / or sum insured. However

specific medical tests or documents may be requested by underwriters at proposal or seeking extension.

##### b) Insured Person

Only the Insured Person named in the policy Schedule who is traveling overseas on student visa for full time college or school education shall be covered under this Policy

##### c) Notification of Treatment

- 1) If any treatment, consultation or procedure for which a claim may be made is required in an emergency, then We or Our TPA / Assistance service provider must be informed within 7 days of the beginning of such treatment, consultation or procedure.
- 2) In all other cases, We or Our TPA / Assistance service provider must be informed of any event or occurrence that may give rise to a claim under this Policy within 7 days of occurrence of event.

##### d) Supporting Documentation & Examination

- 1) The Insured Person shall provide Us with documentation, medical records & information that We or Our TPA / Assistance service provider may request to establish the circumstances of the claim, its quantum or Our liability for it within 30 days of the earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment or the completion of the event or occurrence giving rise to a claim. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. List of documentation as referred will include but is not limited to the following in English:
  - i. Our claim form, duly completed and signed for on behalf of the Insured Person.
  - ii. Original Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
  - iii. Origin Original payment receipts
  - iii. All original reports, including but not limited to all medical reports, case histories/ previous treatment records, investigation reports, treatment papers, discharge summaries.
  - iv. A precise diagnosis of the treatment for which a claim is made.
  - v. A detailed list of the individual medical services and treatments provided and a unit price for each.
  - vi. Original Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.
  - vii. Obstruction history/ Antenatal card
  - viii. Indoor case papers
  - ix. Treating doctors certificate regarding the duration & etiology
  - x. MLC/ Police report/ Postmortem report /certificate regarding abuse of Alcohol/intoxicating agent, in case of Accidental injury

The Insured Person will have to undergo medical examination by Our authorised Medical Practitioner, as and when We may reasonably require, to obtain an independent opinion for the purpose of evaluating the admissibility of the claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

##### e) Claims Payment

- 1) We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full and in time which has been realised and We have been provided with the documentation and information We or Our TPA / Assistance service provider has requested to establish the circumstances of the claim, its quantum or Our liability for it, and the Insured Person has complied with his obligations under this Policy.
- 2) We will only make payment to You under this Policy. Your receipt shall be considered as a complete discharge of Our liability against any claim under this Policy. In the event of Your death, We will make payment to

the Nominee (as named in the Policy Schedule). No assignment of this Policy or the benefits thereunder shall be permitted

- 3) Our liability to make payment under this policy will only begin when the Deductible (if any) as mentioned in Policy Schedule is exceeded. We will pay to the Insured Person for the Medical Expenses over and above Deductible but not exceeding the Sum Insured for the Policy Period. Deductible will be applicable separately for each event of Hospitalisation.
  - 4) All payments under this Policy will be in Indian Rupees and We will convert the cost incurred into Indian Rupees by reference to the official exchange rate published or specified by the Reserve Bank of India as at the relevant invoice date, unless the Insured Person can establish to Our satisfaction that he purchased the necessary currency at a less advantageous rate in order to pay the invoices. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2002. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDAI (Protection of Policyholders Regulation), 2002, we shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
  - 5) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care or could reasonably have minimised the costs incurred, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by Us or by Our TPA / Assistance service provider or by a Doctor.
- f) Non Disclosure or Misrepresentation:**  
If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:
- cancelled ab initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at our sole discretion, upon 30 day notice by sending an endorsement to Your address shown in the Policy Schedule without refunding the Premium amount; and
  - and the claim under such Policy if any, shall be rejected/repudiated forthwith.
- g) Dishonest or Fraudulent Claims:**  
If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or the Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be:
- cancelled ab-initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at our sole discretion, upon 30 day notice by sending an endorsement to Your address shown in the Policy Schedule without refund of premium; and
  - all benefits Payable, if any, under such Policy shall be forfeited with respect to such claim.
- h) Other Insurance**  
If at the time when any claim arises under this Policy, insured has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the Policy holder shall have the right to require a settlement of his claim in terms of any of his policies. The insurer so chosen by the Policy holder shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy.  
Provided further that, If the amount to be claimed under the Policy chosen

by the Policy holder, exceeds the sum insured under a single Policy after considering the deductibles or co-pay (if applicable), the Policy holder shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the Contribution clause. This clause shall only apply to indemnity sections of the policy.

**i) Subrogation**

You and/or any Insured Persons shall at Your own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither You nor any Insured Person shall prejudice these subrogation rights in any manner and shall at Your own expense provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, whereafter We shall pay any balance remaining to You.

**j) Alterations to the Policy**

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except Us, and any change We make will be evidenced by a written endorsement signed and stamped by Us.

**k) Notices**

Any notice, direction or instruction under this Policy shall be in writing and if it is to:

- 1) Any Insured Person, then it shall be sent to You at Your address specified in the Policy Schedule and You shall act for all Insured Persons for these purposes.
- 2) Us, it shall be delivered to Our address specified in the Policy Schedule. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

**l) Dispute Resolution Clause**

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

**m) Geography**

This Policy applies only in the countries stated in the Policy Schedule. Asiapac including Australia [A] geography offers bronze and Silver plan only.

**n) Termination**

You may terminate this Policy at any time before the commencement of the Risk Period by giving Us written notice subject to no claim in the policy, and the Policy shall terminate when the written notice (with reason along with letter from the university/ government authority mentioning non acceptance, or rejection of Visa with attested passport copy, or letter stating reason ) is received. In case the termination request is received post free look period but before the commencement of risk, we will deduct Rs. 250 & will refund the premium paid.

There will be no refund for cancellation for policies with upto 6 months of duration. For policies beyond 6 months of duration & subject to no claim been made under the Policy, we will refund the premium in accordance with the table below -

1 Year Policy Period		2 Year Policy Period		3 Year Policy Period	
Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium
Upto 1 Month	75.00%	Upto 1 Month	87.50%	Upto 3 Months	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%	Upto 6 Months	75.00%



1 Year Policy Period		2 Year Policy Period		3 Year Policy Period	
Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium
Upto 6 Months	25.00%	Upto 6 Months	62.50%	Upto 12 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	48.00%	Upto 18 Months	48.00%
		Upto 15 Months	25.00%	Upto 24 Months	25.00%
		Upto 18 Months	12.00%	Upto 30 months	12.00%
		Exceeding 18 Months	Nil	Exceeding 30 Months	Nil

- We shall terminate this Policy for the reasons as specified under aforesaid general exclusions 2 f) (Non Disclosure or Misrepresentation) & 2. g) (Dishonest or Fraudulent Claims) of this Policy and such termination of the Policy shall be ab initio from the inception date, by sending 30 days notice to Your address shown in the policy Schedule, without refunding the Premium amount.

**o) Policy period Extension :**

Policies can be extended only once subject to the extension request supported with a good health declaration provided the total duration (including the extension period) should not exceed 3 years in total. We may not extend a policy if there is an existing claim in the policy. Also, We will not apply any additional loading on your policy premium on extension based on claim experience.

We may extend the Educare Policy once during the Risk Period, acceptance of such request would be based on Our underwriting guidelines provided that:

- 1) We receive a declaration of the health of the Insured Person, specifying any health symptoms or conditions suffered by the Insured Person during the Risk Period.
- 2) We receive Your request for extension of the Policy and the applicable premium before the expiry date of the Policy Period.
- 3) The Insured Person has not made a claim before We receive Your request for extension of the Policy.

The Policy may be extended only once during the Risk Period subject to compliance with Our underwriting. We are under no obligation to extend the Policy or to extend the Policy on the same terms whether as to premium or otherwise.

Sum insured or coverage changes including change in optional benefits is not permitted during extension.

No individual claim based loading will be applied at the time of extension.

**p) Free Look Period**

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately cease on the free look cancellation of the Policy. Free look provision is not applicable at the time of extension of the Policy.

**q) Change in product and / or Withdrawal of product**

Any change in benefit or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development

Authority and will be intimated to You atleast 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar indemnity health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break.

**Section. 5. DEFINITIONS**

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same.

- Accident** means a sudden, unforeseen and involuntary event caused by external and visible means.
- Alternative treatments** means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context
- Contribution** means 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 ratable proportion.
- Carrier** means a civilian or commercial land, air or water conveyance operating under a valid licence for the transportation of passengers by air, sea, road or rail for a fee.
- Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
- Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- Deductible** means a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified US dollar amount in case of indemnity policies and for a specified number of days/ hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
- Dependent Child** means a child (natural or legally adopted), who is unmarried, Aged between 91 days and 25 years, financially dependent on the primary Insured or Proposer and does not have his / her independent sources of income
- Dental Treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions, and surgery excluding any form of cosmetic surgery/implants.
- Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Felonious assault** means any wilful or unlawful use of force upon you that is felony and misdemeanour in the jurisdiction in which occurs and which results in bodily harm to you.
- Hospitalisation or Hospitalised** means admission in a Hospital for a minimum of 24 In patient care consecutive hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.
- Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
  - has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
  - has qualified nursing staff under its employment round the clock,
  - has qualified Medical Practitioner(s) in charge round the clock,
  - has a fully equipped operation theatre of its own where surgical procedures are carried out,
  - Maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

- xiv) **Illness** means a 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
- o Acute Condition means 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.
  - o Chronic Condition means 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 specially trained to cope with it
    - it continues indefinitely
    - it comes back or is likely to come back
- xv) **Immediate Family Member** means the Insured Person's legal spouse, parent, parent-in-law, siblings, grand parent, grand parent-in-law, legal guardian, ward, step-parents who reside in India
- xvi) **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- xvii) **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- xviii) **Insured Person** means Insured person named in the policy schedule with age between 10 to 50 years who reside permanently in India & hold student visa.
- xix) **Maternity Expense / Treatment** Maternity expenses shall include –
- (a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean section incurred during hospitalisation)
  - (b) Expenses towards lawful medical termination of pregnancy during policy period
- xx) **Medical Advise** means any consultation or advise from a Medical Practitioner including the issue of any prescription or repeat prescription.
- xxi) **Medical Expenses** means those reasonable and customary medical expenses that an Insured Person has necessarily and actually incurred for medical treatment during the Risk Period and on the advice of a Doctor following an Accident or Illness during the Risk Period, 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.
- xxii) **Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which:
  - Is required for the medical management of the Illness or injury suffered by the Insured Person;
  - Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
  - Must have been prescribed by a Medical Practitioner.
  - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- xxiii) **Medical Practitioner** means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. Medical Practitioner who is sharing the same residence with the Insured Person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.
- xxiv) **Natural teeth** means natural teeth that are either unaltered or are fully restored to their normal function and are disease free , have no decay and are no more susceptible to injury than unaltered natural teeth
- xxv) **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
- xxvi) **Non Network** means any Hospital, day care centre or other provider that is not part of the Network
- xxvii) **Notification of Claim** means the process of notifying a claim to the insurer or TPA or the assistance service provider by specifying the timeliness as well as the address / telephone number to which it should be notified.
- xxviii) **OPD treatment** means the treatment in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- xxix) **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer.
- xxx) **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), Annexure 1 and the Policy Schedule (as may be amended from time to time).
- xxxi) **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary
- xxxii) **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- xxxiii) **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.
- xxxiv) **Reasonable & Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/ injury involved.
- xxxv) **Risk Period** means only the period between:
  - The time when the Insured Person crosses the Indian border to leave India as a fare paying passenger on a Carrier, and
  - The earlier of:
    - (i) The time when the Insured Person crosses the Indian border to return to India as a fare paying passenger on a Carrier, OR
    - (ii) The expiry date of the Policy Period.
- xxxvi) **Room Rent** means the amount charged by a hospital for the occupancy of a bed on per day (24 hrs) basis and shall include associated medical expenses.
- xxxvii) **Policy Schedule** means the schedule attached to and forming part of this Policy.
- xxxviii) **Subrogation** means 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.
- xxxix) **Sum Insured** means, in respect of each Section, the sum shown in the Schedule against that Section and such sum represents Our maximum liability for each Insured Person for any and all claims made during the Policy Period under that Section.
- xl) **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.
- xli) **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule.
- xlii) **Valuables** means photographic, audio, video, computer, telecommunications and electrical equipment, telescopes, binoculars, spectacles, sunglasses, antiques, watches, art, jewellery, furs and any articles made of precious stones and metals.
- xliiii) **We/Our/Us** means the Apollo Munich Health Insurance Company Limited.
- xliiii) **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

### Claim Related Information

For any claim related query, intimation of claim & submission of claim related documents, pls contact our assistance providers with details as given below –

- Website** - www.apollomunichinsurance.com
- E mail ID** - apollomunich@europ-assistance.com
- Toll free** - USA & Canada : +1877 387 8317; +1877 695 6492  
Rest of the world : +91 2267347845  
Within India : 1800 209 4440  
Landline : +91 22 6734 7846 (Monday to Friday 9am to 6pm)
- Courier** - Claims Department,  
Apollo Munich Health insurance co. Ltd  
C/o Europ assistance India Pvt ltd  
C-301 business square , andheri-kurla road , chakala, andheri (E),  
Mumbai - 400093

### Grievance Redressal Procedure

If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:

- Our website** : www.apollomunichinsurance.com
- Email** : customerservice@apollomunichinsurance.com
- Telephone** : 1800 102 0333
- Fax** : +91-124-4584111
- Courier** : Any of our Branch office or corporate office

You may also approach the grievance cell at any of our branches with the details of your grievance during our working hours from Monday to Friday.

If you are not satisfied with our redressal of your grievance through one of the above methods, you may contact our Head of Customer Service at **The Grievance Cell, Apollo Munich Health Insurance Co Ltd, Central Processing Center, iLABS Centre, 2nd & 3rd Floor, Plot No 404-405, Udyog Vihar, Phase III, Gurgaon 122016, Haryana**

If you are not satisfied with our redressal of your grievance through one of the above methods, you may approach the nearest Insurance Ombudsman for resolution of your grievance. The contact details of Ombudsman offices are mentioned below.

### Address & Contact Details of Ombudsmen Centres

<p><b>Office of The Governing Body of Insurance Council</b> (Monitoring Body for Offices of Insurance Ombudsman) 3rd Floor, Jeevan Seva Annexe, Santacruz(West), Mumbai – 400054. <b>Tel:</b> 26106671/ 6889. <b>Email id:</b> inscoun@gbic.co.in <b>Website:</b> www.gbic.co.in</p>	
<p>If you have a grievance, approach the grievance cell of Insurance Company first. If complaint is not resolved/ not satisfied/not responded for 30 days then You can approach The Office of the Insurance Ombudsman (Bimalokpal) Please visit our website for details to lodge complaint with Ombudsman.</p>	
<p><b>Office of the Insurance Ombudsman,</b> 2nd Floor, Ambica House, Ashram Rd, <b>AHMEDABAD - 380 014.</b> <b>Tel:</b> 079 - 27545441/ 27546840 <b>Fax:</b> 079 - 27546142 <b>Email:</b> bimalokpal.ahmedabad@gbic.co.in</p>	<p><b>Office of the Insurance Ombudsman,</b> 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, <b>BHOPAL - 462 003.</b> <b>Tel:</b> 0755 - 2769201/ 9202 <b>Fax:</b> 0755 - 2769203 <b>Email:</b> bimalokpal.bhopal@gbic.co.in</p>

<p><b>Office of the Insurance Ombudsman,</b> 62, Forest Park, <b>BHUBANESHWAR - 751 009.</b> <b>Tel:</b> 0674 - 2596455/2596003 <b>Fax:</b> 0674 - 2596429 <b>Email:</b> bimalokpal.bhubaneswar@gbic.co.in</p>	<p><b>Office of the Insurance Ombudsman,</b> SCO No.101-103,2nd Floor, Batra Building, Sector 17-D, <b>CHANDIGARH - 160 017.</b> <b>Tel:-</b> 0172 - 2706468/2772101 <b>Fax:</b> 0172 - 2708274 <b>Email:</b> bimalokpal.chandigarh@gbic.co.in</p>
<p><b>Office of the Insurance Ombudsman,</b> Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, <b>CHENNAI - 600 018.</b> <b>Tel:</b> 044 - 24333668/ 24335284 <b>Fax:</b> 044 - 24333664 <b>Email:</b> bimalokpal.chennai@gbic.co.in</p>	<p><b>Office of the Insurance Ombudsman,</b> 2/2 A, Universal Insurance Bldg.,Asaf Ali Road, <b>NEW DELHI - 110 002.</b> <b>Tel:</b> 011 - 23234057/ 23232037 <b>Fax:</b> 011 - 23230858 <b>Email:</b> bimalokpal.delhi@gbic.co.in</p>
<p><b>Office of the Insurance Ombudsman,</b> "Jeevan Nivesh", 5th Floor, S.S. Road, <b>GUWAHATI - 781 001.</b> <b>Tel:</b> 0361 - 2132204/ 5 <b>Fax:</b> 0361 - 2732937 <b>Email:</b> bimalokpal.guwahati@gbic.co.in</p>	<p><b>Office of the Insurance Ombudsman,</b> 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, <b>HYDERABAD-500 004.</b> <b>Tel:</b> 040 - 65504123/ 23312122 <b>Fax:</b> 040 - 23376599 <b>Email:</b> bimalokpal.hyderabad@gbic.co.in</p>
<p><b>Office of the Insurance Ombudsman,</b> 2nd Floor, CC 27/2603, Pulinat Bldg., M.G. Road, <b>ERNAKULAM-682 015.</b> <b>Tel:</b> 0484 - 2358759/ 2359338 <b>Fax:</b> 0484 - 2359336 <b>Email:</b> bimalokpal.emakulam@gbic.co.in</p>	<p><b>Office of the Insurance Ombudsman,</b> Hindustan Building. Annexe, 4th Floor, C.R.Avenue, <b>KOLKATA - 700072</b> <b>Tel:</b> 033 - 22124339/ 22124346 <b>Fax:</b> 22124341 <b>Email:</b> bimalokpal.kolkata@gbic.co.in</p>
<p><b>Office of the Insurance Ombudsman,</b> Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, <b>LUCKNOW-226 001.</b> <b>Tel:</b> 0522 - 2231331/ 2231330 <b>Fax:</b> 0522 - 2231310 <b>Email:</b> bimalokpal.lucknow@gbic.co.in</p>	<p><b>Office of the Insurance Ombudsman,</b> 3rd Floor, Jeevan Seva Annexe,S.V. Road, Santacruz(W), <b>MUMBAI-400 054.</b> <b>Tel:</b> 022 - 26106960/ 26106552 <b>Fax :</b> 022 - 26106052 <b>Email:</b> bimalokpal.mumbai@gbic.co.in</p>
<p><b>Office of the Insurance Ombudsman,</b> Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, <b>JAIPUR – 302 005.</b> <b>Tel:</b> 0141 - 2740363 <b>Email:</b> bimalokpal.jaipur@gbic.co.in</p>	<p><b>Office of the Insurance Ombudsman,</b> 3rd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet <b>PUNE – 411 030.</b> <b>Tel:</b> 020 - 32341320 <b>Email:</b> Bimalokpal.pune@gbic.co.in</p>
<p><b>Office of the Insurance Ombudsman,</b> 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, Ground Floor <b>BENGALURU – 560 025.</b> <b>Tel:</b> 080 - 26652049/ 26652048 <b>Email:</b> bimalokpal.bengaluru@gbic.co.in</p>	<p><b>Office of the Insurance Ombudsman,</b> 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, <b>NOIDA – 201 301.</b> <b>Tel:</b> 0120 - 2514250/ 51/ 53 <b>Email:</b> bimalokpal.noida@gbic.co.in</p>
<p><b>Office of the Insurance Ombudsman,</b> 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, <b>PATNA – 800 006.</b> <b>Tel:</b> 0612 - 2680952 <b>Email id:</b> bimalokpal.patna@gbic.co.in.</p>	

**IRDAI REGULATION NO 5:** This policy is subject to regulation 5 of IRDAI (Protection of Policyholder's Interests) Regulation.

### Annexure I

List of excluded expenses (non-medical) under indemnity policy are uploaded on our website.

Please login to <http://www.apollomunichinsurance.com/download-forms/List-of-Non-Medical-Expenses.pdf>

Thank You for choosing us as your Educare partner.

In the event of any loss, accident or sickness, please contact our 24 hr service centre (europ assistance) at the numbers mentioned to register your claim and get a claim reference number. Please quote this number in all your correspondences. Our service is equipped to provide you with necessary guidance in the event of emergency with details as under. In case of OPD treatment, please pay all bills & submit for reimbursement.

Type of Claim	Documents Required	Procedure
<b>Medical Assistance and expenses (Accident, out patient &amp; inpatient) Dental Treatment Expenses (Outside India)</b>	<ul style="list-style-type: none"> <li>Signed claim form</li> <li>Policy copy</li> <li>Original bills/vouchers/reports/discharge Summary/Payment receipts</li> <li>Copy of passport and visa with entry and exit stamp</li> <li>Copy of the ticket and boarding pass</li> <li>Date of treatment along with prescriptions reflecting medicines prescribed, price and the receipt stamp of the pharmacy.</li> </ul>	<p>Register claim at TPA /assistance company or email at apollomunich@europ-assistance.com</p> <p>TPA/Assistance company would validate and authenticate the claim.</p> <p>For cashless claims settlement, TPA /Assistance company would settle bills directly with hospitals and provides remittance. For reimbursement claims settlement, TPA/ Assistance company would check and reimburse the payments.</p>
<b>Repatriation of Mortal remains:</b>	<ul style="list-style-type: none"> <li>Signed claim form</li> <li>Policy copy</li> <li>Official death certificate and a physician's statement for cause of death.</li> <li>The original bills/ receipts of the expenses incurred including name of airlines, cremation details, other incidental costs with bifurcation of expenses</li> <li>Copy of cancelled passport</li> </ul>	<p>Fill in the Claim Form and submit all the documents within 15 days of return to India or expiry of policy, whichever is earlier</p>
<b>Total Loss of Checked-in Baggage</b>	<ul style="list-style-type: none"> <li>Signed claim form</li> <li>Policy copy</li> <li>The original Airline Ticket and boarding pass</li> <li>Copy of passport with exit and entry stamp and copies of baggage tags.</li> <li>Copies of correspondence with airline authorities/others about loss/ along with details of compensation received from airlines/other authorities (if any),</li> <li>Property Irregularity report (clearly accepting the loss from the Airline)</li> <li>Adequate proof of ownership of items contained within checked-in-baggage</li> </ul>	<p>Inform the Airline authorities and lodge a complaint.</p> <p>Obtain a Property Irregularity Report (PIR) from the Airline authorities clearly stating the period of delay/loss.</p> <p>Submit documents within 15 days of return to India or expiry of policy, whichever is earlier</p>
<b>Delay of Checked-in baggage</b>	<ul style="list-style-type: none"> <li>Signed claim form</li> <li>Policy copy</li> <li>The original Airline Ticket and boarding pass</li> <li>Copy of passport with exit and entry stamp and copies of baggage tags.</li> <li>Property Irregularity report (clearly stating the date and time of delay and delivery of baggage from the airline).</li> <li>Original invoice and receipts towards purchasing essential personal items.</li> </ul>	<p>Inform the Airline authorities and lodge a complaint.</p> <p>Obtain a Property Irregularity Report (PIR) from the Airline authorities clearly stating the period of delay/loss/period of hijack.</p> <p>Submit documents within 15 days of return to India or expiry of policy, whichever is earlier</p>
<b>Loss of Passport</b>	<ul style="list-style-type: none"> <li>Signed claim form</li> <li>Policy copy</li> <li>FIR/ copy of police report obtained within 24 hours of becoming aware of theft.</li> <li>Bills and receipts of expenses incurred in obtaining a fresh / duplicate passport.</li> <li>Copy of new passport &amp; copy of previous passport (if available)</li> </ul>	<p>Lodge a complaint with the local police &amp; contact Embassy of India for getting the new passport.</p> <p>Submit documents within 15 days of return to India or expiry of policy, whichever is earlier.</p>
<b>Personal Liability</b>	<ul style="list-style-type: none"> <li>Signed claim form</li> <li>Original policy copy</li> <li>An application letter/statement detailing the incident of personal liability, circumstances, location and liability.</li> <li>Copy of passport and visa with exit and entry stamp.</li> <li>Witness statements</li> <li>Proof of judicial decision rendered by a court of law.</li> <li>Copy of police report (in case of legal case)</li> <li>Apart from the above, any other documents as required by the claims department.</li> </ul>	<p>Please do not commit any compensation or enter into any agreement with the opposite party.</p> <p>Register your claim immediately while in abroad.</p>

Type of Claim	Documents Required	Procedure
<b>Personal Accident &amp; felonious assault</b>	<ul style="list-style-type: none"> <li>Signed claim form.</li> <li>Copy of policy</li> <li>Discharge summary.</li> <li>Death certificate mentioning the cause of death(in case of death)</li> <li>Original treating doctor certificate describing disablement</li> <li>Disability Certificate issued by Civil Surgeon or equivalent as authorised by State Government, medical reports, case histories, investigation reports, treatment papers as applicable.</li> <li>Original photograph of the injured reflecting disablement</li> <li>Leave certificate from the University</li> <li>Copy of police report.</li> <li>Copy of air ticket &amp; Boarding pass</li> <li>Copy of cancelled passport (in case of death)</li> <li>Copy of the Documents proving transportation of the insured in the carrier (in case of common carrier accident)</li> </ul>	<p>Please inform police as soon as you meet with an accident and obtain the copy of the FIR (First Information Report )</p> <p>Submit documents within 15 days of return to India or expiry of policy, whichever is earlier</p>
<b>Sponsor Protection</b>	<ul style="list-style-type: none"> <li>Signed claim form</li> <li>Policy copy</li> <li>Copy of the death certificate of the deceased/sponsor</li> <li>Death Summary from the hospital where last treated.</li> <li>Letter from the university authorities intimating about the balance tuition fee if any for the course.</li> <li>Any other documents if required will be informed by the claims department of Apollo Munich</li> </ul>	<p>Inform our Assistance Department regarding the incident</p> <p>Submit all documents to the address mentioned on the policy schedule</p>
<b>Compassionate Visit</b>	<ul style="list-style-type: none"> <li>Duly filled in claim form</li> <li>Copy of the receipt of payment of advance tuition fee</li> <li>Letter informing the school regarding the inability of the student to continue the semester duly acknowledged by the school.</li> <li>Discharge card of hospitalization along with detailed medical report and all investigation reports</li> <li>Copy of ticket, invoice and receipts</li> </ul>	<p>Obtain confirmation of inability to attend school from the school authorities</p> <p>Claim form can be obtained from our Assistance Department</p> <p>Fill in the Claim form and submit all documents to the address mentioned on the policy schedule</p>
<b>Study Interruption</b>	<ul style="list-style-type: none"> <li>Duly filled in claim form</li> <li>Copy of the receipt of payment of advance tuition fee</li> <li>Letter informing the school regarding the inability of the student to continue the semester duly acknowledged by the school.</li> <li>Discharge card of hospitalization along with detailed medical report and all investigation reports</li> <li>Copy of ticket, invoice and receipts</li> </ul>	<p>Obtain confirmation of inability to attend school from the school authorities</p> <p>Claim form can be obtained from our Assistance Department</p> <p>Fill in the Claim form and submit all documents to the address mentioned on the policy schedule</p>
<b>Financial Emergency Assistance</b>	<ul style="list-style-type: none"> <li>The duly signed claim form</li> <li>Policy copy</li> <li>Written statement narrating the incident of loss i.e. type of loss, causes, circumstances and the place.</li> <li>Copy of police report filed within 24 hours of the occurrence of the incident.</li> <li>Copy of Passport /Visa with exit and entry stamp.</li> <li>Copy of air ticket and boarding pass.</li> </ul>	<p>Notify police within 24 hours</p> <p>Obtain a written report from the police.</p> <p>Register claim at TPA/Assistance company</p> <p>Reimbursement of claims will be done while the insured is abroad</p>
<b>Maternity Benefit</b>	<ul style="list-style-type: none"> <li>Duly filled in claim form</li> <li>Treatment records inclusive of discharge summary</li> <li>Treating doctor certificate confirming the duration of pregnancy with LMP and EDD details.</li> <li>Test reports confirming pregnancy.</li> <li>Invoice and receipts.</li> </ul>	<p>Claim form can be obtained from our Assistance Department</p> <p>Fill in the Claim form and submit all documents to the address mentioned on the policy schedule</p>

Type of Claim	Documents Required	Procedure
<b>Treatment of Mental and Nervous disorder</b>	<ul style="list-style-type: none"> <li>Signed claim form</li> <li>Policy copy</li> <li>Original bills/vouchers/reports/discharge Summary/Payment receipts</li> <li>copy of passport and visa with entry and exit stamp</li> <li>copy of the ticket and boarding pass</li> <li>Date of treatment along with prescriptions reflecting medicines prescribed, price and the receipt stamp of the pharmacy.</li> </ul>	<p>Register claim at TPA /assistance company or email at apollomunich@europ-assistance.com</p> <p>TPA/Assistance company would validate and authenticate the claim.</p> <p>For cashless claims settlement, TPA /Assistance company would settle bills directly with hospitals and provides remittance. For reimbursement claims settlement, TPA/ Assistance company would check and reimburse the payments.</p>
<b>Inter-collegiate sports injuries</b>	<ul style="list-style-type: none"> <li>Signed claim form</li> <li>Policy copy</li> <li>Original bills/vouchers/reports/discharge Summary/Payment receipts</li> <li>copy of passport and visa with entry and exit stamp</li> <li>copy of the ticket and boarding pass</li> <li>Date of treatment along with prescriptions reflecting medicines prescribed, price and the receipt stamp of the pharmacy.</li> </ul>	<p>Register claim at TPA /assistance company or email at apollomunich@europ-assistance.com</p> <p>TPA/Assistance company would validate and authenticate the claim.</p> <p>For cashless claims settlement, TPA /Assistance company would settle bills directly with hospitals and provides remittance. For reimbursement claims settlement, TPA/ Assistance company would check and reimburse the payments.</p>
<b>Cancer Screening and Mammography Examinations</b>	<ul style="list-style-type: none"> <li>Signed claim form</li> <li>Policy copy</li> <li>Original bills/vouchers/reports/indication and advice from treating doctor/ Payment receipts</li> <li>copy of passport and visa with entry and exit stamp</li> <li>copy of the ticket and boarding pass</li> </ul>	<p>Register claim at TPA /assistance company or email at apollomunich@europ-assistance.com</p> <p>TPA/Assistance company would validate and authenticate the claim.</p> <p>For reimbursement claims settlement, TPA/Assistance company would check and reimburse the payments.</p>
<b>Childcare Benefits</b>	<ul style="list-style-type: none"> <li>Signed claim form</li> <li>Policy copy</li> <li>Original bills/vouchers/reports/discharge Summary/Payment receipts</li> <li>copy of passport and visa with entry and exit stamp</li> <li>copy of the ticket and boarding pass</li> <li>Date of treatment along with prescriptions reflecting medicines prescribed, price and the receipt stamp of the pharmacy.</li> </ul>	<p>Register claim at TPA /assistance company or email at apollomunich@europ-assistance.com</p> <p>TPA/Assistance company would validate and authenticate the claim.</p> <p>For reimbursement claims settlement, TPA/Assistance company would check and reimburse the payments.</p>
<b>HIV cover</b>	<ul style="list-style-type: none"> <li>Signed claim form</li> <li>Policy copy</li> <li>Original bills/vouchers/reports/discharge Summary/Payment receipts</li> <li>copy of passport and visa with entry and exit stamp</li> <li>copy of the ticket and boarding pass</li> <li>Date of treatment along with prescriptions reflecting medicines prescribed, price and the receipt stamp of the pharmacy.</li> </ul>	<p>Register claim at TPA /assistance company or email at apollomunich@europ-assistance.com</p> <p>TPA/Assistance company would validate and authenticate the claim.</p> <p>For cashless claims settlement, TPA /Assistance company would settle bills directly with hospitals and provides remittance. For reimbursement claims settlement, TPA/ Assistance company would check and reimburse the payments.</p>

USA & CANADA	REST OF THE WORLD	NATIONAL
Toll Free USA +1877 387 8317 Canada +1877 695 6492	Call Back Facility + 91 2267347845	Toll Free: 1800 209 4440 Land Line : +912267347846 Monday to Friday 9 AM TO 6 PM

In the case of an emergency or the need for medical treatment, please ensure that you or your family member contact Europ Assistance to access providers in the CMN/ First Health network in the United States or Canada.

World Wide Fax No: +91 2267347888

E-mail: apollomunich@europ-assistance.in

Address: Apollo Munich Claims Department, C/O Europ assistance Services India Pvt Ltd, C-301 business square, Andheri kurla road Chakala, Andheri (East) Mumbai-400093, INDIA

**We would be happy to assist you. For any help contact us at: Email : customerservice@apollomunichinsurance.com Toll Free : 1800 102 0333**

Apollo Munich Health Insurance Co. Ltd. • Central Processing Center, 2<sup>nd</sup> & 3<sup>rd</sup> Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana • Corp. Off. 1<sup>st</sup> Floor, SCF-19, Sector-14, Gurgaon-122001, Haryana • Reg. Off. Apollo Hospitals Complex, Jubilee Hills, Hyderabad-500033, Telangana • For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale • IRDAI Registration Number - 131 • Corporate Identity Number: U66030AP2006PLC051760