GROUP SECURE MIND

ICICI Lombard General Insurance Company Limited ("*the Company*"), having received a Proposal and the premium from the Proposer named in the Schedule referred to herein below, and the said Proposal and Declaration together with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Proposer as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the Schedule with all its Parts, and further, subject to the terms and conditions contained in this Policy, as set out in the Schedule with all its Parts that on proof to the satisfaction of the Company of the compensation having become payable as set out in Part I of the Schedule to the title of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the Sum Insured/ appropriate benefit will be paid by the Company.

PART I OF THE SCHEDULE

Policy No: *Issued at* *Stamp duty*

1. Name of the Policyholder:
2. Mailing Address of the Policyholder:
3. Details of the Individual(s) Insured under the policy:

Name of the Insured(s)	
Address for correspondence	
Loan account no. (if applicable)	
Contact Details (email, phone no, etc)	
Date of Birth MM/DD/YY	
Nominee (if any)	
Relationship with Nominee	
Gender	□ M / □ F
Pre-Existing Disease(if any)	
Details of previous SM/CI policy(s) a. Insurance Company b. Policy No: c. Sum Insured d. Claims if Any e. Name of Financial Institution/Bank in whose favour the proceeds of the Policy are assigned (if any) f. Period of Insurance i. Start Date ii. End Date g. Premium Applicable h. Basis of Sum Insured i. Additional Clauses (if applicable) j. Loading/Discounting if applicable	

4. Policy Period :
    a. Policy Start Date :
    b. Policy End Date:

5. Name of Financial Institution/Bank in whose favour the proceeds of the Policy are assigned (if any)

6. Details of the Benefits (as per table below):

No.	Coverage	Sum Insured (for each Insured)	
Section	Insured Event Applicable		
I Major Medical Illness & Procedures	a) Diagnosis of the following Illnesses, namely: List of covered Illnesses: Cancer of specified severity, Kidney failure requiring regular dialysis, Multiple Sclerosis with persisting symptoms b) Undergoing of the following surgical procedures: List of covered procedures: Major Organ/ Bone Marrow Transplant, Open heart replacement or repair of heart valves Open chest CABG c) Occurrence of the following Medical Events: List of covered events: Stroke resulting in permanent symptoms, Permanent Paralysis of Limbs and First Heart Attack- of specified severity		
II Personal Accident	a) Death of the Insured on account of an Accident; b) Permanent Total Disablement of the Insured on account of Accident;		
III Loss of Job	Loss of employment of the Insured	Rs __/month Or EMI	Rs __ Or __ EMI's
	PREMIUM APPLICABLE (Rs)		
	Loading / Discount (if any)		

7. Basis of Sum Insured : Reducing Balance / Fixed Benefit

8. Additional Clause (s) (if any)

AC1: FOR REDUCING SUM INSURED COVERS:
AC2A : PREMIUM REFUNDS IF THE POLICY HAS BEEN ISSUED ON REDUCING BALANCE BASIS AGAINST A LOAN
AC2B : PREMIUM REFUNDS IF THE POLICY HAS BEEN ISSUED ON FIXED BENEFIT BASIS

AC2C : PREMIUM REFUNDS APPLICABLE ONLY FOR 1 YEAR POLICIES ISSUED ON FIXED BENEFIT BASIS
AC3: SURVIVAL PERIOD
AC5: ALTERNATIVE BENEFIT PAYABLE UNDER SECTION III

9. Total Premium	(Rs.)	
10. Policy Discount/Loading (if any)		
11. Add: Service Tax, Cess etc @ ---------%	(Rs.)	
12. Total Amount Payable	(Rs.)	

Special Conditions:

a) Any Physical, Medical or mental condition, illness, injury or treatment or service which is specifically excluded in the under Policy for the Insured

Name of the condition/treatment/illness/procedure	Name of Insured

b) Any other conditions

Signed for and on behalf of the ICICI Lombard General Insurance Company Limited, at _____ on this date

Authorised Signatory

Contact Details:
ICICI Lombard General Insurance Company Limited
ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple,
Prabhadevi, Mumbai 400025, Toll-free number: 1800-2666

Premium Certificate- For the purpose of deduction under section 80D of Income Tax (Amendment) Act, 1986

To

<The Proposer>

This is to certify that the Company has received Rs _____(Rupees _____Only) towards premium for Major Medical Illness & Procedures for the period from ____hrs _____to Midnight of _____. Policy Certificate No: _____

Basic Premium	Service tax	Total Premium

Collection No:
Collection date: For *ICICI Lombard Insurance Company Limited*

Issuing office: Mumbai Authorised signatory
Date: _____

Note: This certificate must be surrendered to the Insurance Company in case of Cancellation of the policy or for the issuance of a fresh certificate in the case of any alteration in the policy.

PART II OF THE SCHEDULE

1. DEFINITIONS

For the purposes of this Policy, the following words shall have the meanings as set forth below:

Accident	An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
Alternative Treatments	are forms of treatments other than treatment "Allopathy" or modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
Any one illness	means continuous Period o f illness and it includes relapse within 45 days from the date o f last consultation with the Hospital/Nursing Home where treatment may have been taken.
Bank	Means a banking company that transacts the business of banking in India or abroad
Break in Policy	occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.
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.
Certificate	Means Certificate of Insurance issued by the Company to the Insured confirming that the Insured is entitled to insurance coverage under this Policy.
Company	Means ICICI Lombard General Insurance Company Limited.
Congenital Anomaly	refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position. **a. Internal Congenital Anomaly -** Congenital anomaly which is not in the visible and accessible parts of the body

	b. External Congenital Anomaly - Congenital anomaly which is in the visible and accessible parts of the body
Condition Precedent	shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
Doctor	Means a person who holds a degree of a recognized medical institute and is registered by Medical Council of India or of the respective States of India, if so required and acting within the scope of the license of registration granted to him/her. The definition would include Physician, Specialist, Anesthetist and Surgeon and specifically excludes doctors / practitioners in non-allopathic fields.
Day Care Centre	means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under— --has qualified nursing staff under its employment; --has qualified medical practitioner/s in charge; --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
Day care treatment	refers to medical treatment, and/or surgical procedure which is: i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because o f technological advancement, and ii. which would have otherwise required a hospitalization o f more than 24 hours.
Deductible	is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

Emergency care	means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the insured person's health.
EMI or EMI Amount[1]	Means and includes the amount of monthly payment required to repay the principal amount of Loan and Interest by the Insured as set forth in the amortization chart referred to in the loan agreement (or any amendments thereto) between the Bank/Financial Institution and the Insured prior to the date of occurrence of the Insured Event under this Policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.
Financial Institution	shall have the same meaning assigned to the term under section 45 I of the Reserve Bank of India Act, 1934 and shall include a Non Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934
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.
Hospital	A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under 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 qualified nursing staff under its employment round the clock; --has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

[1] EMI refers to the EMI or Pre EMI on the loan or the Sum Insured, whichever is lower, on the date of the Insured Event.

	--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 makes these accessible to the insurance company's authorized personnel.
Hospitalization	shall mean admission in a Hospital for a minimum period of 24 consecutive hours except for specified Day Care Procedures/Treatments, where such admission could be for a period of less than 24consecutive hours.
Illness	means a sickness or 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 specially trained to cope with it • it continues indefinitely • it comes back or is likely to come back.
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 certified by a Medical Practitioner
Inpatient care	means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Insured	Means the Individual(s) whose name(s) are specifically appearing as such in Part I of the Schedule to this Policy. For the purpose of avoidance of doubt it is clarified that the heirs, executors, administrators, successors or legal representatives of the Insured may present a claim on behalf of the Insured to the Company.
Insured Event	Means any event specifically mentioned as covered under this Policy.
Intensive Care Unit	means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
Loan	Means the sum of money lent at interest or otherwise to the Insured by any Bank/Financial Institution as identified by the Loan Account Number referred to in the Part I of Schedule to this policy
Maternity expenses	Maternity expenses shall include—(a). medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).(b). expenses towards lawful medical termination of pregnancy during the policy period.
Medical Advice	means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription
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.

Medically necessary	treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which - is required for the medical management of the illness or injury suffered by the insured; - 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.
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.'
Network Provider	means the Hospitals, health care providers, day care centers or other providers which have been empanelled by Us or Our appointed TPA to provide services like cashless access to the Insured Person, for the provision of medical treatment. The list of the Network Hospitals is available with Us/ TPA and is subject to amendment from time to time.
Nominee	Means the person(s) nominated by the Insured to receive the insurance benefits under this Policy payable on the death of the Insured. For the purpose of avoidance of doubt it is clarified that if the Insured is a minor, his guardian shall appoint the Nominee.
Non- Network	any hospital, Day Care Centre or other provider that is not part of the network.
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.
Newborn baby	means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

Policy Period	Means the period commencing from Policy start date and hour as specified in Part I of the Schedule and terminating at midnight on the Policy end date as specified in Part I of the Schedule to this Policy
Period of Insurance	Means the period commencing from the date of incorporation of the insured under the policy as specifically stated in Part I of Schedule against the Period of Insurance Start Date but not earlier than Policy Start Date and ending on the Period of Insurance End Date as specified in Part I of the Schedule to this Policy.
Physical Separation	Means as regards the hand actual separation at or above the wrists, and as regards the foot means actual separation at or above the ankle.
Policy	Means the Policy booklet, the Schedule, any Extension and applicable endorsements under the Policy. The Policy contains details of the extent of cover available to the Insured, the exclusions under the cover and the terms and conditions of the issue of the Policy
Portability	Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.
Policyholder	Means the entity, whether a company (including Banks/Financial Institutions), trust, association or other organization, whose name specifically appears as such in Part I of the Schedule to this Policy
Public Authority	Means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, exact obedience, command, determine or judge.
Pre-Hospitalization Medical Expenses	Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that: i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Post-Hospitalization Medical Expenses	Medical Expenses incurred immediately after the Insured Person is Hospitalised, provided that: i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
Principal Outstanding	Means the principal amount of the Loan outstanding as on the date of occurrence of Insured Event less the portion of principal component included in the EMIs payable but not paid from the date of the loan agreement till the date of the Insured Event/s. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the Bank prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.
Professional Sports	Means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.
Pre-Existing Disease	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 to prior to the first policy issued by the insurer.
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.
Reasonable and Customary Charges	means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved .
Renewal	defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
Schedule	Means this schedule and parts thereof, and any other annexure(s) appended, attached and / or forming part of this Policy.

Sum Insured	Means and denotes the amount of cover available to each Insured, subject to the terms and conditions of this Policy and as stated against such Insured's name in Part I of the Schedule which is the maximum liability of the Company for that respective Insured under this Policy.
Scheduled Airline	Means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier.
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
Unproven /Experimental treatment	Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

2. BENEFITS UNDER THE POLICY

2.1 SECTION I: MAJOR MEDICAL ILLNESS & PROCEDURES

Insured event: For the purposes of this Section and the determination of the Company's liability under it, the ***"Insured Event"*** in relation to an Insured, shall mean any illness, medical event or surgical procedure as specifically defined below whose signs or symptoms first commence more than 90 days after the commencement of Period of Insurance and shall only include:

a) *First Diagnosis of the below-mentioned Illnesses more specifically described below:*

1. Cancer of specified severity;
2. Kidney failure requiring regular dialysis;
3. *Multiple Sclerosis* with persisting symptoms; *or*
4. *Benign Brain Tumor*
5. *Parkinson's Disease before the age of 50 years*
6. *Alzheimer's Disease before the age of 50 years*
7. *End Stage Liver Disease*

b) Undergoing for the first time of the following surgical procedures, more specifically described below:

1. *Major Organ* / Bone Marrow *Transplant;*
2. Open heart replacement or repair heart valves;
3. Open chest CABG;
4. *Surgery of Aorta*;

c) Occurrence for the first time of the following medical events more specifically described below:

1. *Stroke* resulting in permanent symptoms;
2. Permanent Paralysis of Limbs;
3. First Heart Attack- of specified severity;
4. *Major Burns;*
5. *Loss of Speech;*
6. *Deafness*
7. *Coma*

The Insured Event under this Section I and the conditions applicable to the same are more particularly defined below:

CANCER OF SPECIFIED SEVERITY

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

II. The following are excluded -

i. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.

ii. Any skin Cancer of specified severity other than invasive malignant melanoma

iii. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....
iv. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
v. Chronic lymphocyctic leukaemia less than RAI stage 3
vi. Microcarcinoma of the bladder
vii All tumours in the presence of HIV infection.

FIRST HEART ATTACK - OF SPECIFIED SEVERITY

The first occurrence of 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 this will be evidenced by all of the following criteria:

i. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
ii. new characteristic electrocardiogram changes
iii. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

i. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
ii. Other acute Coronary Syndromes
iii. Any type of angina pectoris.

OPEN CHEST CABG

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner

STROKE RESULTING IN PERMANENT SYMPTOMS

Any cerebrovascular incident producing permanent neurological sequelae.This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

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

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.

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.

MAJOR ORGAN /BONE MARROW TRANSPLANT

The actual undergoing of a transplant of:

II. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
III. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

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

MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

I. The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:
i. investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
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, and
iii. well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart.
II. Other causes of neurological damage such as SLE and HIV are excluded.

OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

Benign Brain Tumor

A benign intracranial tumor where the following conditions are met:

i. The tumor is life threatening
ii. It has caused damage to the brain and
iii. It has undergone surgical removal or, if inoperable has caused permanent neurological deficit certified by a neuro-surgeon

The following are excluded: Cysts, Granulomas, Vascular Malformations, Haematomas, Tumors of the pituitary gland or spine or tumors of acoustic nerve

Parkinson's Disease before the age of 50 years

The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in Permanent Inability to perform independently atleast three of the activities of daily living as defined below

i. Transfer: Getting in and out of bed without requiring external physical assistance
ii. Mobility: The ability to move from one room to another without requiring any external physical assistance
iii. Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance
iv. Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means
v. Eating: All tasks of getting food into the body once it has been prepared

Parkinson's disease secondary to drug and/or alcohol abuse is excluded

End Stage Liver Disease

End stage liver disease resulting in cirrhosis and evidenced by all of the following criteria: a) permanent jaundice, b) ascites, c) encephalopathy, d) portal hypertension.

Liver disease secondary to alcohol or drug misuse is excluded.

Surgery of Aorta

The actual undergoing of medically necessary surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. Traumatic injury of the aorta is excluded

Alzheimer's Disease before the age of 50 years

Clinically established diagnosis of Alzheimer's Disease (presenile dementia) resulting in a permanent inability to perform independently three or more activities of daily living – bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months

Major Burns

Third Degree burns covering atleast 50% of body surface area

Loss of Speech

Total and irreversible loss of the ability to speak due to physical damage to the vocal chords due to Illness or Injury. The condition has to be medically documented for atleast 6 months.

Deafness

Total and irreversible loss of hearing in both ears as a result of Illness or Injury. The diagnosis has to be confirmed by an ear, nose and throat specialist (ENT specialist) and proven by means of audiometry.

COMA OF SPECIFIED SEVERITY

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
i. no response to external stimuli continuously for at least 96 hours;
ii. life support measures are necessary to sustain life; and
iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

2.1.2 BENEFIT PAYABLE UNDER SECTION I

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in this Policy, to pay the Sum Insured in relation to an Insured as stated against Clause 6-Section I under Schedule I on the occurrence of an Insured Event as stated above, under this Section.

2.1.3 CLAIMS SETTLEMENT PROCESS APPLICABLE TO SECTION I

In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated to the Company within thirty (30) days of the date of first diagnosis of the Illness, date of surgical procedure or date of occurrence of the medial event as the case may be and the Insured shall arrange for submission of the following documents to the Company:

Common list of documents for all Critical Illness:

1. Certificate from the attending Doctor of the Insured confirming, inter alia,
   a. Name of the Insured;
   b. Name, date of occurrence and medical details of the Insured Event
   c. Confirmation that the Insured Event does not relate to any Pre-Existing Disease or any Illness or Injury which existed within the first 3 months of commencement of Period of Insurance.
2. Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
3. Duly completed claim forms;
4. Original Discharge Certificate/ Card from the hospital/ Doctor;
5. Original investigation test reports, indoor case papers.;

. 7. Photo ID Proof of proposer/ nominee
8. Address Proof of proposer/ nominee
9. recent coloured passport size photographs of proposer/ nominee
10. Signed NEFT mandate along cancelled cheque copy of proposer/ nominee
11. Any other documents as may be required by the Company

Illustrative list for each of the Critical Illness

CANCER OF SPECIFIED SEVERITY

1 Claim form
2 Hospital Discharge Card photocopy
3 Hospital Bills photocopy
4 Pharmacy/Investigations Bills
5 Investigations Reports
6 Details of the Treatment received by the Customer from the inception of the Ailment.
7 Letter from treating consultant stating presenting complaints with duration and the past medical history.
8 Histopathology / Cytology / FNAC / Biopsy / Immuno-histochemistry reports.
9 X-Ray / CT scan / MRI scan / USG / Radioisotope / Bone scan Reports.
10 Blood Tests.
11 Any other specific investigation done to support the diagnosis like the PAP Smear/ Mammography, etc.
12 Xerox Policy Certificate
13 Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport

FIRST HEART ATTACK - OF SPECIFIED SEVERITY

1 Claim form
2 Hospital Discharge Card photocopy
3 Photocopy Hospital Bills.
4 Pharmacy/Investigations Bills
5 Investigations Reports
6 Casualty Medical Officers/Emergency room papers with all details of Presenting Complaints and the Medical Examination by the attending physician.
7 Subsequent Consultation Papers with the Treating Doctor and the treatment received
8 ECG On Admission and subsequent ECG's
9 Stress test/ Tread Mill Test
10 Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT, LDH / Electrolytes
11 X-ray / 2D-Echocardiography Report
12 Thallium Scan Report
13 Xerox Policy Certificate
14 Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport

OPEN CHEST CABG

1 Claim form
2 Photocopy Hospital Discharge Card
3 Photocopy Hospital Bills.
4 Pharmacy/Investigations Bills
5 Investigations Reports
6 Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7 ECG at the time of detection of Coronary Artery Disease and Subsequent ECG's
8 Stress test/ Tread Mill Test
9 Letter from treating consultant suggesting Coronary Angiography and CABG

10 Coronary Angiography report / CT Angiography Report
11 Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT, LDH / Electrolytes
12 X-ray / 2D-Echocardiography Report
13 Thallium Scan Report
14 Xerox Policy Certificate
15 Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport

STROKE RESULTING IN PERMANENT SYMPTOMS

1 Claim form
2 Hospital Discharge Card photocopy
3 Photocopy Hospital Bills.
4 Pharmacy/Investigations Bills
5 Investigations Reports
6 Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7 Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit.
8 MRI / CT scan/ 2D Echocardiography Reports or any other Imaging technique Used during the diagnosis and treatment of the Stroke
9 Blood tests (Lipid profile/Random Blood Sugar / Prothrombin Time/APTT/ Bleeding Time/ Clotting Time/Homocystiene levels)
10 Xerox Policy Certificate
11 Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport

PERMANENT PARALYSIS OF LIMBS

1 Claim form
2 Hospital Discharge Card photocopy
3 Photocopy Hospital Bills.
4 Pharmacy/Investigations Bills
5 Investigations Reports
6 Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7 Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit and the degree/current status and duration of the Paralysis.
8 Confirmation from the Central/State Government Hospital about the complete, irreversible and permanent loss
9 MRI / CT scan Reports or any other Imaging technique Used during the diagnosis and treatment of the Stroke
10 Electro-myogram Report
11 Xerox Policy Certificate
12 Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport

KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

1 Claim form
2 Hospital Discharge Card photocopy
3 Photocopy Hospital Bills.
4 Pharmacy/Investigations Bills
5 Investigations Reports
6 Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7 Blood Tests- Renal Function Tests specifically: Serum Creatinine, Blood Urea Nitrogen, Serum Electrolytes done in the recent past (Not more than Two Week period from the date of intimation of Loss)
8 Dialysis Papers/Receipts done in recent past.
9 Renal scan
10 Letter from the nephrologists stating the diagnosis of End Stage Kidney Failure.
11 Xerox Policy Certificate
12 Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport

MAJOR ORGAN /BONE MARROW TRANSPLANT
1 Claim form
2 Hospital Discharge Card photocopy
3 Photocopy Hospital Bills.
4 Pharmacy/Investigations Bills
5 Investigations Reports
6 Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7 Scan / Histopathology / Cytology / FNAC / Biopsy report suggesting irreversible & non-compensatory changes of the particular organ. 8 Bone Marrow Biopsy Reports (Specifically In Case of Bone Marrow Transplant)
9 Letter from a specialist Doctor confirming the need of transplantation(Organs Specified are: Heart , lung, Liver, pancreas, kidney, bone marrow)
10 Xerox Policy Certificate
11 Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport

MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

1 Claim form
2 Hospital Discharge Card photocopy
3 Photocopy Hospital Bills.
4 Pharmacy/Investigations Bills
5 Investigations Reports
6 Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7 MRI / CT Scan Report.
8 Electo-myogram report
9 Biopsy / Cytology Report
10 Specific Blood Tests: Creatinine Phosphokinase /Anti Nuclear Antibodies , C - reactive protein /Autoimmune work up
11 Any other relevant Blood investigations.
12 Confirmation from the Central/State Government Hospital about diagnosis of Multiple Sclerosis and the duration of the same.
13 Xerox Policy Certificate

14 Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport

OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

1 Claim form
2 Hospital Discharge Card photocopy
3 Photocopy Hospital Bills.
4 Pharmacy/Investigations Bills
5 Investigations Reports
6 Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7 X-ray and 2D-Echocardiography Report.
8 Letter from the Cardiologist/Cardiothoracic Surgeon suggesting valve replacement with the type of valve to be used.
9 Xerox Policy Certificate
10 Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport

2.1.4 EXCLUSIONS APPLICABLE TO SECTION I

The Company shall not be liable to make any payment directly or indirectly arising out of the following events:

a) Any Pre-Existing Disease– Any Insured Event arising on account of or in connection with any Pre-Existing Disease
b) If the Insured does not submit a medical certificate from the Doctor evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical / surgical procedure.
c) The Company shall not be liable to make any payment under this Policy in connection with or in respect of any Insured Event, as stated in this Section, occurred or suffered before the commencement of Period of Insurance or arising within the first 90 days of the commencement of the Period of Insurance.
d) Any congenital Illness or condition;
e) Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor.
f) Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy in Part I of the Schedule under Special Conditions.
g) Treatment relating to birth defects and external congenital Illnesses.
h) Birth control procedures and hormone replacement therapy.
i) Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof.
j) Treatment by a family member and self-medication or any treatment that is not scientifically recognized.

2.1.5 SPECIFIC CONDITIONS APPLICABLE TO SECTION I

1. The cover under this Policy, for the specific Insured, shall terminate in the event of claim in respect of such Insured becoming admissible and accepted by the Company under this Section. In consequence thereof no benefit shall be payable under any other section of this Policy to such Insured.

2.2 SECTION II: PERSONAL ACCIDENT

Insured event: For the purposes of this Section and the determination of the Company's liability under it, ***"Insured Event"*** in relation to an Insured, shall mean Injury sustained during the Period of Insurance which shall within twelve months of its occurrence be the sole and direct cause of such Insured's a) death or b) Permanent Total Disablement (more specifically defined herein below). For the purposes of this Section, Permanent Total Disablement shall mean total and irrecoverable:

(i) Loss of sight of both eyes; or
(ii) Actual loss by Physical Separation of both hands or both feet or one entire hand and one entire foot; or
(iii) Loss of use of both hands or both feet or of one hand and one foot without Physical Separation;

Provided that, such disablement shall as a direct consequence thereof permanently disable the Insured from resuming his normal occupation or engaging in similar gainful employment.

2.2.1 BENEFIT PAYABLE UNDER SECTION II

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in this Policy, to pay the Sum Insured in relation to the Insured as stated against Clause 6- Section II under Schedule I on the occurrence of an Insured Event as stated above, under this Section.

2.2.2 CLAIM SETTLEMENT APPLICABLE TO SECTION II

(i) Upon the happening of any Injury giving rise or likely to give rise to a claim under this Policy, the Injury as described above shall be intimated to the Company within seven days from the date of its occurrence.

(ii) The Insured shall deliver to the Company, within 30 days of the date of occurrence of the Insured Event, a detailed statement in writing as per the claim form and any other material particular, relevant to the making of such claim.

(iii) The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.

(iv) Proof satisfactory to the Company shall be furnished in connection with all matters upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the Insured on the occasion of any alleged Injury when and so often as the same may reasonably be required on behalf of the Company. Such evidence as the Company may from time to time require shall be furnished and a post-mortem examination report wherever applicable, shall be furnished to the Company within a period of thirty days.

The Company shall not be liable to pay any claims under this Section II unless the claim under the Policy is accompanied by the following documents:

Personal Accident – Death

1 Duly completed Claim form
2 FIR
3 Panchanama
4 Inquest Panchanama
5 Police Final Report/Charge Sheet (Based on FIR)
6 PM Report having remark for FSLR or CA Report, the reports are must
7 Death Certificate issued by the Municipal authority
8 Cause of death certificate issued by the hospital
9 Original Policy Certificate
10 Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport
11Doctors Report
12 Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amount, Principal Outstanding, etc.
13 Any other supporting documents as required by the company
14 RACT award (In case of Rail Accident)
15, Any other document as required by the Company /TPA to investigate the Claim or Our obligation to make payment for it

Permanent Total Disability

1 Claim form
2 FIR
3 Panchanama
2 FIR
3 Panchanama
4 Disability Certificate from civil surgeon or from designated govt./competent authority
5 Hospitalization reports
6 Hospitalization discharge card
7 RACT award (In case of Rail Accident)
8 Police Final Report/Charge Sheet (Based on FIR)
9 Investigation report
10 Xerox Policy Certificate
11 Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport
12, Any other document as required by the Company /TPA to investigate the Claim or Our obligation to make payment for it

2.2.3 EXCLUSIONS APPLICABLE TO SECTION II

The Company shall not be liable under this Section for:

(i) Payment under more than one of the categories specified (Death or Permanent Total Disablement) in the Benefit Payable in respect of the Insured.

(ii) Payment of compensation in respect of Insured Event which occurs whilst the Insured is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning, or whilst the Insured is mounting into, or dismounting from or

traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airline anywhere in the world;

(iii) Payment of compensation in respect of death, injury or disablement of Insured (a) from engaging in or participation in adventure sports including but not limited to winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters, participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured is untrained, unless specifically covered under the policy (b) directly or indirectly caused by venereal disease or insanity;

(iv) Payment of compensation in respect of death or Permanent Total Disablement arising from or resulting directly or indirectly from any Illness to any Insured

(v) No sum shall be payable under this Section in case of any Permanent Total Disability for which medical care, treatment, or advice was recommended by or received from a Doctor or from which the Insured suffered or which was present before the commencement of the Period of Insurance.

2.2.4 SPECIAL CONDITIONS APPLICABLE TO SECTION II

The cover under this Policy, for the specific Insured, shall terminate in the event of claim in respect of that Insured becoming admissible and accepted by the Company under this Section. In consequence thereof no benefit shall be payable under any other section of this Policy to such Insured.

2.3 SECTION III LOSS OF JOB

Insured event: For the purposes of this Section and the determination of the Company's liability under it, ***"Insured Event"*** in relation to any Insured, shall mean termination from employment of the Insured or his dismissal, temporary suspension or retrenchment from employment imposed on him by the employer during the Period of Insurance as per the employer's rules/regulations or executed/implemented by the employer in compliance of any laws for the time being in force or any directives by any Public Authority.

2.3.1 BENEFIT PAYABLE UNDER SECTION III

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in the Policy, to pay, on occurrence of the Insured Event as stated above under this Section, in relation to an Insured the EMI Amount(s) falling due in respect of the Loan (Loan account number as stated in Schedule I of this Policy) after the commencement of the Insured Event till the Insured's employment is reinstated with the same employer or new employer or expiry of Period of Insurance, whichever is earlier, subject to a maximum of Sum Insured as stated under Schedule I against Clause 6-Section III for the Insured

2.3.2 CLAIM SETTLEMENT APPLICABLE TO SECTION III

In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated by the Insured to the Company within thirty (30) days from the date of termination from employment of the Insured or his dismissal, temporary suspension or retrenchment from employment as the case may be and the Insured shall arrange for submission of the following documents to the Company:

1. Duly completed claim form;
2. Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
3. Certificate from the employer of the Insured confirming the termination, dismissal, temporary suspension or retrenchment from employment of the Insured furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured with the reasons for the same. In case of temporary suspension the period of suspension should also be mentioned in such certificate.
4. Appointment letter
5. Last 3 Months Salary Slip
6. Form 16
7. Contact details of employer-phone no. mobile no., email ID, contact person in HR/Admin/Personnel dept. Appointment letter Employer if Re employed

8 VISA proof and Passport copy in case of Insured is NRI
9 Photo Copy of the policy
10 Age proof of Insured: Election ID Card / PAN Card/ School Leaving
11. Certificate / Copy of passport
12. Any other document as required by the Company /TPA to investigate the Claim or Our obligation to make payment for it

2.3.3 EXCLUSIONS APPLICABLE TO SECTION III

1. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
2. The Company shall not be liable to make any payment under this Policy in connection with or in respect of:
   a) Self employed persons;
   b) Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
   c) Any voluntary unemployment;
   d) Unemployment at the time of inception of the Period of Insurance or arising within the first 90 days of inception of the Period of Insurance.
3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured
4. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
5. Any unemployment due to resignation, retirement whether voluntary or otherwise

6. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.

2.3.4 SPECIFIC CONDITIONS APPLICABLE TO SECTION III

1. A claim under this section shall become admissible provided the period of termination, dismissal, temporary suspension or retrenchment from employment of the Insured shall not be less 30 consecutive days ("Retrenchment Period").
2. The benefit under Section III is available only for salaried employees.
3. The cover as described under this Section, for specific Insured, shall terminate in the event one or more claim(s) in respect of that Insured becoming admissible and accepted by the Company under this Section and the Company admitting liability to the extent of the Sum Insured as stated against Clause 6-Section III for the Insured under Schedule I

3. GENERAL EXCLUSIONS APPLICABLE TO THE POLICY:

The Company shall not be liable for any loss or damage under this Policy:

1. Arising or resulting from the Insured committing any breach of the law with criminal intent
2. Due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of terrorism
3. Directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission
4. Directly or indirectly caused by or contributed to by or arising from nuclear weapon materials.
5. Directly or indirectly caused by or contributed to by or arising out of usage, consumption or abuse of alcohol and/or drugs.
6. Arising out of or as a result of any act of self-destruction or self inflicted injury, attempted suicide or suicide.
7. Any sexually transmitted diseases. Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases caused by and/ or related to the HIV.
8. Any consequential or indirect loss or expenses arising out of or related to any Insured Event.
9. Arising out of or resulting directly or indirectly due to or as a consequence of pregnancy or treatment traceable to pregnancy and childbirth, abortion and its consequences, tests and treatment relating to infertility and invitro fertilization.
10. Arising out of or resulting directly or indirectly while serving in any branch of the Military or Armed Forces of any country during war or warlike operations
11. Arising out of or resulting directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The Policy also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly

caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.

4. GENERAL CONDITIONS APPLICABLE TO THE POLICY

4.1 AGE LIMIT

Entry in the policy is allowed till the age of 65 years. The Policy provides for life-long renewability.

4.2 OTHER CONDITIONS

At any time during which this Policy is in force the Company shall be entitled to inspect any or all records of the Policy Holder and/or any Insured that may be relevant to this Policy. The Company shall also have the right of interaction with any and or all those agencies or agents of the Policy Holder/Insured as may be relevant for examination/verification of the data/documents in connection with the process and disposal of any claims under this Policy. The Policy Holder/Insured shall provide reasonable support to the Company in this regard.

If so required by the Company, the Insured will have to submit to a medical examination by the Company's nominated Doctor or undergo diagnostic or other medical tests as often as the Company considers necessary, in its sole discretion.

4.3 PAYMENTS

The Company shall be duly discharged of its obligations under this Policy in respect of an Insured whose claim has been paid by the Company and the Insured & the Policyholder shall hold the Company harmless, upon making the payment of the claim to such an Insured or such Insured's nominee/ legal heirs as the case may be

4.4 REFUND OF PREMIUM

The company shall refund the premium as per the Company's short period scales in case of receipt of notice of cancellation from the Insured, provided there is no claim under the policy

4.5 Terms of Renewal

The Policy can be renewed under the prevailing Group Secure Mind Policy or its nearest substitute (in case the product Group Secure Mind Policy is withdrawn by the Company)approved by IRDA.
A health insurance policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured.

Renewal Premium - Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA.
Maximum Renewal Age – There will be life-long renewal for the cover.

4.6 Settlement/Rejection of Claim -The settlement of claims would be done by the Company within 30 days after the receipt of the last necessary document, any rejections if

done, would be provided with proper reasons by the Company. The role of the TPA (if any) would be limited to facilitate the flow of information between the Company and Insured.

Penal interest provision shall be as per Regulation 9(6) of (Protection of Policyholders' Interests) Regulations, 2002.

PART III OF SCHEDULE

Standard Terms and Conditions

1. *Incontestability and Duty of Disclosure*

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

2. *Observance of terms and conditions*

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

3. *Records to be maintained*

   The Policy Holder and Insured shall keep an accurate record containing all relevant particulars and shall allow the Company to inspect such record. The Policy Holder and Insured shall within one month after the expiry of each period of insurance furnish such information as the Company may require.

4. *No constructive Notice*

   Any of the circumstances in relation to these conditions coming to the knowledge of any official of the Company shall not be construed as notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

5. *Notice of charge etc.*

   The Company shall not be bound to notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy but

the receipt of the Policy Holder and/or Insured or his legal personal representative shall in all cases be an effectual discharge to the Company.

6. Special Provisions

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

7. Overriding effect of Part II of the Schedule

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

8. Electronic Transactions

The Insured agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. The Insured agrees that the Company may exchange, share or part with any information to or with other ICICI Bank Group Companies or any other person in connection with the Policy, as may be determined by the Company and shall not hold the Company liable for such use/application.

9. Right to inspect

If required by the Company, an agent/representative of the Company including a loss assessor or a Surveyor appointed in that behalf shall, in case of any loss or any circumstances that have given rise to the claim to the Insured, be permitted at all reasonable times to examine into the circumstances of such loss. The Insured shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain in the correctness thereof or the liability of the Company under the Policy.

10. Fraudulent claims

If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Policy Holder and/or Insured, or anyone acting on his behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months

after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

11. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by the Policy Holder and Insured and the Company to be subject to Indian Law. Each party agrees to submit such dispute to a Court of competent jurisdiction and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

12. Arbitration clause

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

12. CONTRIBUTION

If at the time when any Claim arises under this Policy, there is any other insurance which covers (or would but for the existence of this Policy) and the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, in the same Claim (in whole or in part), then Company shall not be liable to pay or contribute more than Our rateable proportion of any Claim. However, this condition shall not be applicable for all the benefit based covers under the Policy, as applicable

13. Cancellation/Termination

13.1 In case the premium has been paid by the Insured:

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

(b) The Insured may also cancel this policy by giving 15 days notice in writing to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice cancel the policy and retain the premium for the period his policy has been in force at the Company's short period scale as mentioned in the Policy provided that no refund of premium shall be made if any claim has been made under the policy by or on behalf of the insured.

13.2 In case the premium has been paid by Policyholder

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

(b) The Insured may also cancel this policy by giving 15 days notice in writing to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice cancel the policy and retain the premium for the period his policy has been in force at the Company's short period scale as mentioned in the Policy provided that no refund of premium shall be made if any claim has been made under the policy by or on behalf of the insured.

14. Free Look Period

The Insured would be given a period of 15 days (Free Look Period) from the date of receipt of the Policy to review its terms and conditions. Where the Insured disagrees to any of the terms or conditions of the Policy, he has the option to return the Policy stating the reasons for his objection, when he shall be entitled to a refund of the premium paid, subject only to a deduction of the expenses incurred by the Company on medical examination of the Insured and the stamp duty charges. . In case the request for cancellation comes 30 days after the Policy Period start date, pro-rata refund of premium would be paid to You

15. Renewal notice

a) The Company shall ordinarily renew the policy except on grounds of moral hazard, misrepresentation or fraud or non cooperation by the Insured. The Company shall not be bound to give notice that the renewal premium is due. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the insured that may result to enhance the risk under the guarantee hereby given. Any change in the risk will be intimated by the insured to The Company. Nothing herein or otherwise shall affect The Company right to impose any additional terms and conditions on renewal or restrict any renewal terms as to premium or otherwise.
b) The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to The Company on or before the date of expiry of the

Policy and in no case later than Grace Period of 30 days from the expiry of the Policy.

17. Notices

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

In case of the Policy Holder/Insured, at the address specified in Part 1 of the Schedule.

_____

_____

In case of the Company:

ICICI Lombard General Insurance Company Limited
ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple,
Prabhadevi, Mumbai 400025, Toll-free number: 1800-2666

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

18. Customer Service

If at any time the Policy Holder and/or the Insured requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours.

19. Grievances

In case the Insured is aggrieved in any way, the Insured may contact the Company at the specified address, during normal business hours.

1. Call the Company at toll free number: 1800 2666 or email us at insuranceonline@icicilombard.com

2. If You are not satisfied with the resolution then You may successively write to the manager- service quality, corporate manager- service quality, national manager-operations & finally director-services and business development at the following address:

   ICICI Lombard General Insurance Company Limited
   ICICI Lombard House
   414, Veer Savarkar Marg,
   Near Siddhi Vinayak Temple,
   Prabhadevi, Mumbai 400025

   If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of Your grievance.

The details of Insurance Ombudsman are available below:

Ombudsman Offices	
Delhi, Rajasthan	2/2 A, 1st Floor, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI – 110 002
West Bengal, Bihar	29, N. S. Road, 3rd Fl., North British Bldg. KOLKATA -700 001
Maharashtra	3rd Flr., Jeevan Seva Annexe, S.V. Road, Santa Cruz (W), MUMBAI - 400 054
Tamil Nadu, Pondicherry	Fatima Akhtar Court, 4th Flr., 453(old 312), Anna Salai, Teynampet, CHENNAI -600 018
Andhra Pradesh	6-2-46, 1st Floor, Moin Court, LaneOpp.SaleemFunctionPalace A.C. Guards, Lakdi-Ka-pool, HYDERABAD - 500 004.
Gujarat	2nd Flr., Ambica House, Nr.C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014
Kerla, Karnataka	2nd Flr., CC 27/ 2603, PulinatBuilding, Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015
North Eastern States	Aquarius, Bhaskar Nagar, R.G. Baruah Rd. GUWAHATI
Uttar Pradesh	Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Rd., Hazartganj,LUCKNOW - 226 001
Madhya Pradesh	1st Floor, 117, Zone II, (Above D.M. Motors Pvt. Ltd.) Maharana Pratap Nagar, BHOPAL - 462 011
Punjab, Haryana, Himachal Pradesh, J & K, Chandigarh	S.C.O. No. 101,102 & 103, 2nd Floor, BatraBuilding, Sector 17-D, CHANDIGARH - 160 017
Orissa	62, Forest Park, BHUBANESWAR - 751 009

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

Additional Clauses

AC1: FOR REDUCING SUM INSURED COVERS:

Notwithstanding anything contrary stated in the Policy, the Sum Insured under the Policy on the date of the Insured Event covered under Sections I & II for the purpose of calculation of claim shall be the least of the following:

1. *The Principle Outstanding in the books of the Bank/Financial Institution as on the date of occurrence of the Insured Event; or*

2. *The Principle Outstanding as per the amortization schedule prepared by Bank/Financial Institution. In the event the Sum Insured as appearing against Section I & II of the Schedule I of the Policy is less than the total of the actual Loan disbursed upto the date of the occurrence of the Insured Event, then the Amortization schedule shall be calculated as if the actual Loan disbursed was equivalent to the Sum Insured. ; or*

3. *The Sum Insured as appearing against Section I & II of the Schedule I*

AC2A : PREMIUM REFUNDS IF THE POLICY HAS BEEN ISSUED ON REDUCING BALANCE BASIS AGAINST A LOAN

Notwithstanding anything to the contrary contained in the Policy, the refund of premium under the Policy in respect of each insured shall be as under

In the event of full prepayment of the Loan by the Insured, the Company shall refund a portion of the premium subject to the terms and conditions of the Policy as per the rates mentioned below:

% Return Premium

Period of insurance	2	3	4	5	5	5	5	5	5	5	5	5	5	5
Loan Period	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Year 1	25%	45%	57%	65%	70%	73%	74%	75%	76%	77%	77%	78%	78%	78%
Year 2		11%	26%	37%	45%	49%	51%	53%	54%	55%	56%	56%	57%	57%
Year 3			6%	17%	24%	28%	31%	33%	34%	35%	36%	36%	37%	37%
year 4				4%	9%	12%	14%	15%	16%	16%	17%	17%	18%	18%
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
78%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	80%	80%	80%
57%	58%	58%	58%	58%	59%	59%	59%	59%	59%	59%	59%	59%	59%	59%
37%	38%	38%	38%	38%	39%	39%	39%	39%	39%	39%	39%	39%	39%	39%
18%	18%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	20%	20%

% Return Premium

Period of insurance	2	3	4	5	5	5	5	5	5	5	5	5	5	5
Loan Period	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Year 1	25%	45%	57%	65%	70%	73%	74%	75%	76%	77%	77%	78%	78%	78%

Year 2		11%	26%	37%	45%	49%	51%	53%	54%	55%	56%	56%	57%	57%
Year 3			6%	17%	24%	28%	31%	33%	34%	35%	36%	36%	37%	37%
year 4				4%	9%	12%	14%	15%	16%	16%	17%	17%	18%	18%
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
78%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	80%	80%	80%
57%	58%	58%	58%	58%	59%	59%	59%	59%	59%	59%	59%	59%	59%	59%
37%	38%	38%	38%	38%	39%	39%	39%	39%	39%	39%	39%	39%	39%	39%
18%	18%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	20%	20%

	Policy Period	2	3	3	3	3	3	3	3	3	3	3	3	3
	Loan Period	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Year 1	25%	45%	50%	51%	51%	51%	51%	51%	52%	52%	52%	52%	52%	52%
	Year 2		11%	13%	14%	14%	14%	14%	14%	15%	15%	15%	15%	15%	15%
Policy Period	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Loan Period	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Year 1	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	54%	54%	54%	54%	54%
Year 2	16%	16%	16%	16%	16%	16%	16%	16%	16%	16%	17%	17%	17%	17%	17%

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% Refund Premium				
	Policy Period (Years)			
Year of Cancellation	2	3		
Year 1	25%	45%		
Year 2		11%		

In event of part prepayment of the Loan, no refunds of premium shall be made under this Policy. No refunds of premium will be made under the Policy during the last year of the Period of Insurance.

The Company's liability in respect of an Insured shall cease upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of such an Insured and the benefit in respect of that Insured shall forthwith terminate .

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the Insured(s) where any claim has occurred or has been has been lodged or admitted by the Company

AC2B : PREMIUM REFUNDS IF THE POLICY HAS BEEN ISSUED ON FIXED BENEFIT BASIS

Notwithstanding anything to the contrary contained in the Policy, the refund of premium in respect of each insured under the Policy , subject to the terms and conditions of the Policy ,shall be as per the rates mentioned below

% Premium Refund

	Period of insurance (Years)			
Year of cancellation	2	3	4	5
Year 1	25%	45%	57%	65%
Year 2		11%	26%	37%
Year 3			6%	17%
year 4				4%

No refunds of premium will be made under the Policy in respect of an Insured during the last year of the Period of Insurance applicable to such an Insured.

The Company's liability in respect of an Insured shall cease upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of such an Insured and the benefit in respect of that Insured shall forthwith terminate.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the Insured(s) where any claim has occurred or has been has been lodged or admitted by the Company

AC2C : PREMIUM REFUNDS APPLICABLE ONLY FOR 1 YEAR POLICIES ISSUED ON FIXED BENEFIT BASIS

Notwithstanding anything to the contrary contained in the Policy, the refund of premium in respect of each insured under the Policy, subject to the terms and conditions of the Policy ,shall be as per the rates mentioned below, subject to a minimum retentions of Rs 100.

Days of Period of Insurance Expired	% of Premium Refund
0-75	65%
76-150	37%
151-180	25%
180-366	No Refund

The Company's liability in respect of an Insured shall cease upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of such an Insured and the benefit in respect of that Insured shall forthwith terminate.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the Insured(s) where any claim has occurred or has been has been lodged or admitted by the Company

AC3: SURVIVAL PERIOD

Notwithstanding anything to the contrary stated herein the Company shall not be liable to make any payment arising out of any claim under Section I for any Insured if the Insured does not survive a period of atleast ____ days after the date of occurrence Insured Event.

AC5 ALTERNATIVE BENEFIT PAYABLE UNDER SECTION III

Notwithstanding anything to the contrary stated herein it is hereby agreed and declared that the clause 2.3.1 stands deleted and replaced by the following clause

2.3.1 BENEFIT PAYABLE UNDER SECTION III

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in the Policy, to pay, on occurrence of the Insured Event as stated above under this Section, in relation to the Insured the sum as stated in Part I of the Schedule of this Policy per month after the commencement of the Insured Event till the reinstatement of employment with the same employer or new employer or expiry of Period of Insurance, whichever is earlier, subject to a maximum of Sum Insured as stated under Schedule I against Section III for the Insured