HDFC ERGO General Insurance

my:Health Critical Illness

Policy Wordings

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Insuring Clause

We will provide insurance cover to the **Insured Person(s)** under this Policy up to**Sum Insured** mentioned on the Schedule of Coverage in the Policy Schedule.

This **Policy** issubject to Your statements in respect of allthe Insured Persons in Proposal form, declaration and/or medical reports, payment of premiumand the terms and conditions of this **Policy.**

Definitions

Certain words used in the Coverage description have specific meanings which are mentioned in Definitions and which impacts the Coverage. All such words, where ever mentioned in this document are mentioned in Bold to enable you to identify that particular word has a specific meaning for which You need to refer Section – D, Definitions.

Section A: Coverage

1. **A. Critical Illness Cover**

Insured event*:* For the purpose of this Section and the determination of the Company's liability under it, the Insured Event in relation to the **Insured Person** , shall mean any **illness**, medical event or surgical procedure as specifically defined under Section C, whose diagnosis and/or manifestation first commence/occurs more than 90 days after the commencement of first Policywith **Us**and shall only includeMajor Medical Illnesses and Procedures covered as per the Plan below as opted by the Insured Person and mentioned in Schedule of Coverage in the Policy Schedule

Sr No	Conditions	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7
1	Cancer of specified severity	√	√	√	√	√	√	√
2	Open Chest CABG	√	√	√	√	√	√	√
3	Kidney failure requiring regular dialysis	√	√	√	√	√	√	√
4	Myocardial Infarction (First Heart Attack of specified severity)	√	√	√	√	√	√	√
5	Open Heart Replacement or Repair of Heart Valves	√	√	√	√	√	√	√
6	Major Organ/Bone Marrow Transplantation	√	√	√	√	√	√	√
7	Multiple Sclerosis with persisting symptoms	√	√	√	√	√	√	√
8	Permanent Paralysis of Limbs	√	√	√	√	√	√	√

9	Stroke resulting in permanent symptoms	√	√	√	√	√	√	√
10	Benign Brain Tumour		√	√	√	√	√	√
11	Coma of specified severity		√	√	√	√	√	√
12	Parkinson's Disease		√	√	√	√	√	√
13	Alzheimer's Disease			√	√	√	√	√
14	Surgery of Aorta			√	√	√	√	√
15	End Stage Liver Failure			√	√	√	√	√
16	Deafness				√	√	√	√
17	Loss of Speech				√	√	√	√
18	Third Degree Burns				√	√	√	√
19	Medullary Cystic Disease					√	√	√
20	Motor Neurone Disease with permanent symptoms					√	√	√
21	Muscular Dystrophy					√	√	√
22	Infective Endocarditis					√	√	√
23	Primary (Idiopathic) Pulmonary Hypertension					√	√	√
24	Dissecting Aortic Aneurysm					√	√	√
25	Systemic Lupus Erythematous with Lupus Nephritis					√	√	√
26	Apallic Syndrome						√	√
27	Aplastic Anaemia						√	√
28	Bacterial Meningitis						√	√
29	Cardiomyopathy						√	√
30	Other serious coronary artery disease						√	√
31	Creutzfeldt-Jakob Disease (CJD)						√	√
32	Encephalitis						√	√
33	End Stage Lung Failure						√	√
34	Fulminant Hepatitis						√	√
35	Eisenmenger's Syndrome						√	√
36	Major Head Trauma						√	√
37	Chronic Adrenal Insufficiency (Addison's Disease)						√	√
38	Progressive Scleroderma						√	√

39	Progressive Supranuclear Palsy						√	√
40	Blindness						√	√
41	Chronic Relapsing Pancreatitis							√
42	Elephantiasis							√
43	Brain Surgery							√
44	HIV due to blood transfusion and occupationally acquired HIV							√
45	Terminal Illness							√
46	Myelofibrosis							√
47	Pheochromocytoma							√
48	Crohn's Disease							√
49	Severe Rheumatoid Arthritis							√
50	Severe Ulcerative Colitis							√
B*	Angioplasty							√

***B - Angioplasty**

We will pay 25% of **Sum Insured**subject to maximum of INR 500,000 if Insured Person undergoes Angioplasty as specifically defined in Section C whose diagnosis and/or manifestation first commence/occurs more than 180 days after the commencement of first Period of Insurance with **Us**.

Survival Period applicable to all Plans

Company shall not be liable to make any payment arising out of any claim under Section A 1 for any Insured event if the Insured Person does not survive a period of at least 7 days after the date of commencement/occurrence of the Insured Event.

2. Second Opinion for Critical Illnesses

Insured personhas the option to avail an expert second opinion from Our Network Providerin respect of any of Critical Illness under Section A1 provided that;

- It shall neither not be construed as a **Medical Advice** nor should it be used as a substitute to medical professional advice or visit or call consultation of your choice and any reliance on any opinion, advice, statement, memorandum, or information available on the second opinion, otherwise, shall be at **Your** sole risk and responsibility.

- Assessment of **Medical Practitioner**basis information shared by **You** is independent **and We** do not warrant the accuracy or completeness of the information, materials, services or reliability and will be provided directly to the **Insured Person** by the **Network Provider**.

Section B -my: Health Active

1. my: Health Active

A. Fitness discount @ Renewal

Insured Person can avail discount on **Renewal** Premium by accumulating Healthy Weeks as per table given below.

One Healthy Week can be accumulated by;

- Recording minimum 50,000 steps in a week subject to maximum 15,000 steps per day, tracked through **Your** wearable device linked to **Our HDFC ERGO Mobile App** and **Your Policy** number

  OR

- burning total of 900 calories up to maximum of 300 calories in one exercise session per day, tracked **Your** wearable device linked to **Our HDFC ERGO Mobile App** and **Your Policy** number

- Fitness discount @ Renewal is applicable for Adult Insured Persons only. Any Person covered as Child Dependent, irrespective of the Age is excluded.

Healthy Weeks Discounts

No. of Healthy Weeks Accumulated	Discount on Renewal Premium
1-4	0.50%
5-8	1.00%
9-12	2.00%
13-16	3.00%
17-26	6.00%
27-36	7.50%
Above 36	10.00%

Steps to accumulate Healthy Weeks

Step 1 - The **HDFC ERGO Mobile App** must be downloaded on the mobile.

Step 2 - **You** can start accumulating Healthy Weeks by tracking physical activity trough the Wearable device linked

to **HDFC ERGO Mobile App**

We encourage and recognize all types of exercise/fitness activities by making use of wearable devices to track and record the activities **Insured Person** engages in.

Application of Fitness discount @ Renewal

- **Annual Policy**: Discount amount accrued based on Number of accumulated Healthy Weeks during the expiring **Policy** year will be applied on the **Renewal** Premium for expiring **Policy Sum Insured**.
- **Multi Year Policy**:
    - Fitness discount earned on yearly basis will be accumulated till Policy End date.
    - On **Renewal** of the Policy, total discount amount accrued each year will be applied on **Renewal** Premium of subsequent year.
- For Policiescovering more than one **Insured Person**,Healthy Weeks for each **Insured Person** will be tracked andaccumulated. Such discount will be applicable on individual **Renewal**Premium for Individual Policies.
- Premium will be discounted to the extent applicable to coverage corresponding to expiring **Policy**.
- In case of Increase in Sum Insured at **Renewal**, discount amount will be applied on the **Sum Insured** applicable under expiring Policy.
- Fitness discount @ Renewal will be applied only on **Renewal** of **Policy** with **Us.**

B. Wellness services:

The services listed below are available to all **Insured Person** through **Our Network Provider** on **Our HDFC ERGO Mobile App** only. Availing of services under this Section will not impact the Sum Insured or the eligibility for **Cumulative Bonus**.

i. Health Coach:

An **Insured Person** will have access to Health Coaching services in areas given below:

- Disease management
- Activity and fitness
- Nutrition
- Weight management.

These services will be available through **Our HDFC ERGO Mobile App** as a chat service or as a call back facility.

ii. Wellness services

- **Discounts:** on OPD, Pharmaceuticals, pharmacy, diagnostic centers..
- **Customer Engagement:** Monthly newsletters, Diet consultation, health tips

- **Specialized programs:** stress management, Pregnancy Care, Work life balance management.

These services will be available through **Our HDFC ERGO Mobile App**

Disclaimer applicable to HDFC ERGO Mobile App and associated services

It is agreed and understood that Our **HDFC ERGO Mobile App** and Wellness services are not providing and shall not be deemed to be providing any **Medical Advice**, they shall only provide a suggestion for the Insured Person's consideration and it is the Insured Person's sole and absolute choice to follow the suggestion for any health related advice. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations suggested under this benefit.

Section C - Critical Illness Definitions applicable to Policy

1. Cancer of specified severity

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

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

2. Open Chest CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

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

3. Kidney Failure requiring regular dialysis

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

4. Myocardial Infarction

(First Heart Attack of specific severity)

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
   a. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
   b. New characteristic electrocardiogram changes
   c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:
   a. Other acute Coronary Syndromes
   b. Any type of angina pectoris
   c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

5. Open Heart Replacement or Repair of Heart Valves

I. 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.

6. Major Organ/Bone Marrow Transplantation

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

II. he following are excluded:
   a. Other stem-cell transplants
   b. Where only islets of langerhans are transplanted

7. Multiple Sclerosis with persisting symptoms

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
   a. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
   b. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Other causes of neurological damage such as SLE and HIV are excluded.

8. Permanent Paralysis of Limbs

I. 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.

9. Stroke resulting in permanent symptoms

I. Any cerebrovascular incident producing permanent neurological sequelae.

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

II. The following are excluded:
   a. Transient ischemic attacks (TIA)
   b. Traumatic injury of the brain
   c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

10. Benign Brain Tumor

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

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

III. The following conditions are **excluded:**
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

11. 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:
   a. no response to external stimuli continuously for at least 96 hours;
   b. life support measures are necessary to sustain life; and
   c. permanent neurological deficit which 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.
   a. Coma resulting directly from alcohol or drug abuse is excluded.

12. Parkinson's Disease

I. 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.
   a. Transfer: Getting in and out of bed without requiring external physical assistance
   b. Mobility: The ability to move from one room to another without requiring any external physical assistance

c. Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance
d. 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
e. Eating: All tasks of getting food into the body once it has been prepared

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

13. Alzheimer's Disease

I. 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.

14. Surgery of Aorta

I. 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.

15. End Stage Liver Failure

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
a. Permanent jaundice; and
b. Ascites; and
c. Hepatic encephalopathy.

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

16. Deafness

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

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17. Loss of Speech

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

II. All psychiatric related causes are excluded.

18. Third Degree Burns

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

19. Medullary Cystic Disease

I. Medullary Cystic Disease where the following criteria are met:
   a. the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
   b. clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
   c. the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

II. Isolated or benign kidney cysts are specifically excluded from this benefit.

20. Motor Neuron Disease with Permanent Symptoms

I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

21. Muscular Dystrophy

I. A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered Medical practitioner who is a consultant neurologist. The condition must result in the inability of the Insured to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.
   Activities of daily living:
   a. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
   b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
   c. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
   d. iToileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
   e. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
   f. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

22. Infective Endocarditis

I. Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:
   a. Positive result of the blood culture proving presence of the infectious organism(s);
   b. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
   c. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Medical practitioner who is a cardiologist.

23. Primary (Idiopathic) Pulmonary Hypertension

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

II. The NYHA Classification of Cardiac Impairment are as follows:
   a. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
   b. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

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

24. Dissecting Aortic Aneurysm

I. A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a Registered Medical practitioner who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.

25. Systemic Lupus Erythematosus with Lupus Nephritis

I. A multi-system autoimmune disorder characterized by the development of autoantibodies directed against various self-antigens. In respect of this Add on Cover, systemic lupus erythematous will be restricted to those forms of systemic lupus erythematous which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered Medical practitioner specializing in Rheumatology and Immunology.

II. The WHO Classification of Lupus Nephritis:
Class I Minimal Change Lupus Glomerulonephritis
Class II Messangial Lupus Glomerulonephritis
Class III Focal Segmental Proliferative Lupus Glomerulonephritis
Class IV Diffuse Proliferative Lupus Glomerulonephritis
Class V Membranous Lupus Glomerulonephritis

26. Apallic Syndrome

I. Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist and the condition must be documented for at least one month.

27. Aplastic Anaemia

I. Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
   a. Blood product transfusion;
   b. Marrow stimulating agents;

c. Immunosuppressive agents; or
d. Bone marrow transplantation.

II. The diagnosis must be confirmed by a hematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:
   a. Absolute neutrophil count of less than 500/mm³ or less
   b. Platelets count less than 20,000/mm³ or less
   c. Reticulocyte count of less than 20,000/mm³ or less

III. Temporary or reversible Aplastic Anaemia is excluded.

28. Bacterial Meningitis

I. Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal chord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:
   a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
   b. A consultant neurologist.

II. Bacterial Meningitis in the presence of HIV infection is excluded.

29. Cardiomyopathy

I. An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association Classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:
Class IV – inability to carry out an activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

II. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance.

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

30. Other Serious Coronary Artery Disease

I. Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded).

II. For purposes of this definition, “major coronary artery” refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).

31. Creutzfeldt-Jacob Disease (CJD)

I. Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A Registered Medical practitioner who is a neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.

32. Encephalitis

I. Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a Registered Medical practitioner who is a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.

II. Encephalitis caused by HIV infection is excluded.

33. End Stage Lung Failure

I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
   a. FEV1 test results consistently less than 1 liter measured on 3 occasions 3 months apart; and
   b. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
   c. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 5mmHg); and
   d. Dyspnea at rest.

34. Fulminant Hepatitis

I. A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:
   a. Rapid decreasing of liver size;
   b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
   c. Rapid deterioration of liver function tests;
   d. Deepening jaundice; and
   e. Hepatic encephalopathy.

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

35. Eisenmenger's Syndrome

I. Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a Registered Medical practitioner who is a specialist with echocardiography and cardiac catheterisation and supported by the following criteria:
   a. Mean pulmonary artery pressure > 40 mm Hg;
   b. Pulmonary vascular resistance > 3mm/L/min (Wood units); and
   c. Normal pulmonary wedge pressure < 15 mm Hg.

36. Major Head Trauma

I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other

aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

III. The Activities of Daily Living are:
   a. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
   b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
   c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
   d. Mobility: the ability to move indoors from room to room on level surfaces;
   e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
   f. Feeding: the ability to feed oneself once food has been prepared and made available.

IV. The following are excluded:
   a. Spinal cord injury;

37. Chronic Adrenal Insufficiency (Addison's Disease)

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

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

38. Progressive Scleroderma

I. A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

II. The following are excluded:
   a. Localised scleroderma (linear scleroderma or morphea);
   b. Eosinophilic fasciitis; and
   c. CREST syndrome.

39. Progressive Supranuclear Palsy

I. Confirmed by a Registered Medical practitioner who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

40. Blindness

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

II. The Blindness is evidenced by:
   a. corrected visual acuity being 3/60 or less in both eyes or;
   b. the field of vision being less than 10 degrees in both eyes.

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

41. Chronic Relapsing Pancreatitis

I. An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Medical practitioner who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.

II. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

42. Elephantiasis

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

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

43. Brain Surgery

I. The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are all excluded. Brain surgery as a result of an Accident is also excluded. The procedure must be considered medically necessary by a Registered Medical practitioner who is a qualified specialist.

44. HIV Due to Blood Transfusion and Occupationally Acquired HIV

I. Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:
   a. The blood transfusion was medically necessary or given as part of a medical treatment;
   b. The blood transfusion was received in India after the Policy Date, Date of endorsement , whichever is the later;
   c. The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and
   d. The Insured does not suffer from Thalassaemia Major or Haemophilia.

II. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an Accident occurring after the Policy Date, date of endorsement or date of reinstatement, whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in India, provided that all of the following are proven to the Company's satisfaction:
   a. Proof that the Accident involved a definite source of the HIV infected fluids;
   b. Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented Accident. This proof must include a negative HIV antibody test conducted within 5 days of the Accident; and
   c. HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

III. Occupationally Acquired HIV This benefit is only payable when the occupation of the Insured is a Registered Medical practitioner, housemen, medical student, registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic in India. This benefit will not apply under either section I or II where a cure has become available prior to the infection. “Cure” means any treatment that renders the HIV inactive or non-infectious.

45. Terminal illness

I. The conclusive diagnosis of an illness, which in the opinion of a Registered Medical practitioner who is an attending Consultant and agreed by our appointed Registered Medical practitioner, life expectancy is no greater than twelve (12) months from the date of notification of claim, regardless of any treatment that might be undertaken.

46. Myelofibrosis

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

47. Pheochromocytoma

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

II. The Diagnosis of Pheochromocytoma must be confirmed by a Registered Medical practitioner who is an endocrinologist.

48. Crohn's Disease

I. Crohn’s Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:
   a. Stricture formation causing intestinal obstruction requiring admission to hospital, and
   b. Fistula formation between loops of bowel, and
   c. At least one bowel segment resection.

II. The diagnosis must be made by a Registered Medical practitioner who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

49. Severe Rheumatoid Arthritis

I. Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:
   a. Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
   b. Permanent inability to perform at least two (2) “Activities of Daily Living”; as listed below
      i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
      ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
      iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;

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

c. Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
d. The foregoing conditions have been present for at least six (6) months.

50. Severe Ulcerative Colitis

I. Acute fulminant ulcerative colitis with life threatening electrolyte disturbances.
II. All of the following criteria must be met:
a. the entire colon is affected, with severe bloody diarrhoea; and
b. the necessary treatment is total colectomy and ileostomy; and
c. the diagnosis must be based on histopathological features and confirmed by a Registered Medical practitioner who is a specialist in gastroenterology.

51. Angioplasty

Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

I. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
II. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

Benefit payable on undergoing Angioplasty is restricted to lower of 25% of total Sum Insured or INR 500,000. A 180-days waiting period will be applicable for Angioplasty.

Section D - Other Definitions applicable to the Policy

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

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

Def. 2. **Adventurous/Hazardous Sports** means any sport or activity involving physical exertion and skill in which an **Insured Person** participates or competes for entertainment or as part of his Profession whether he / she is trained or not.

Def. 3. **Age** or **Aged** means completed years as at the Policy Commencement Date.

Def. 4. **Any one illness** means continuous period of **Illness** and includes relapse within 45 daysfrom the date of last consultation with the **Hospital**/Nursing Home where treatment was taken**Alternative treatments** means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context

Def. 5. **AYUSH HOSPITAL** means an AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH *Medical Practitioner*(s) comprising of any of the following:

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

Def. 6. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH *Medical Practitioner*(s) on day care basis without in-patient services and must comply with all the following criterion:

i. Having qualified registered AYUSH *Medical Practitioner* (s) in charge;
ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

Def. 7. **Bank Rate** means the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

Def. 8. **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 is approved.

Def. 9. **Commencement Date** means the commencement date of the Policy as specified in the Policy Schedule.

Def. 10. **Coma/Comatose State** means 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.
iv. The condition has to be confirmed by a specialist medical practitioner.
v. Coma resulting directly from alcohol or drug abuse is excluded.

Def. 11. **Condition Precedent** means a policy term or condition upon which the **Insurer's** liability under the policy is conditional upon

Def. 12. **Congenital Anomaly**means 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

Def. 13. **Co-Payment**means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A **Co-Payment** does not reduce the Sum Insured

Def. 14. **Cumulative Bonus**means any increase or addition in the Sum Insured granted by the **insurer** without an associated increase in premium.

Def. 15. **Day care Centre**means any institution established for **Day Care Treatment** of **Illness** and / or injuries or a medical set -up witha **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 criterionas under:-

I. has qualified nursing staff under its employment;
II. has qualified medical practitioner/s in charge;
III. has fully equipped operation theatre of its own where surgical procedures are carried out;
IV. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

Def. 16. **Day Care Treatment/ Procedures**means those medicaltreatment, and/or surgical procedure which is

i) undertaken under General or Local Anaesthesia in a **Hospital**/**Day Care Centre** in less than 24 hours because of technological advancement, and
ii) which would have otherwise required **Hospitalization** of more than 24 hours,

Treatment normally taken on an Out-patient basis is not included in the scope of this definition

Def. 17. **Dependents**means only the family members listed below:

a) Your legally married spouse as long as she continues to be married to You
b) Your natural parents or parents that have legally adopted You, and Your parent in laws

Def. 18. **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.

Def. 19. **Domiciliary Hospitalization** means medical treatment for an **Illness**/disease/**Injury** whichin the normal course would require care and treatment at a **Hospital** but is actually takenwhile confined at home under any of the following circumstances:

I. the condition of the patient is such that he/she is not in a condition to be removed to a **Hospital**, or
II. the patient takes treatment at home on account of non-availability of room in a **Hospital**

Def. 20. **Emergency Care** means management for an **Illness** or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

Def. 21. **Grace Period m**eans 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 –existingdiseases. Coverage is not available for the period for which no premium is received.

Def. 22. **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 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.

Def. 23. **Hospitalization**means admission in a **Hospital** for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Def. 24. **Illness/ Illnesses**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

(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:

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. 5. it recurs or is likely to recur

Def. 25. **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.

Def. 26. **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.

Def. 27. **Insured Person** means You and the persons named in the Policy Schedule who are above age 18 years.

Def. 28. **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.

Def. 29. **ICU (Intensive Care Unit)Charges**means the amount charged by a **Hospital** towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensive charges

Def. 30. **Material Facts** means all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

Def. 31. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow upprescription.

Def. 32. **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 Medical practitioners in the same locality would have charged for the same medical treatment.

Def. 33. **Medically Necessary treatment** 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.

Def. 34. **Medical Practitioner**means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of 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.

Medical practitioner for mental illnesses means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognised by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognised by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, or recognised by the Medical Council of India, constituted under the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act;

Medical Practitioner (Definition applicable for the treatment taken outside India)

Means a licensed medical practitioner acting within the scope of hislicense and who holds a degree of a recognized institution and isregistered by the Authorized Medical Council of the respectivecountry.

Def. 35. **Mental illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by subnormality of intelligence;

Def. 36. **Mental health establishment** means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental **Illness**, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental **Illness** are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general **Hospital** or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental **Illness** resides with his relatives or friends;

Def. 37. **HDFC ERGO Mobile App** is proprietary App of HDFC ERGO General Insurance Company. With this App you can:

- Access **Your** Policy Details
  - Manage **Your** policy, download **Your** policy schedule and access to **Your** e-card will always be at **Your** fingertips, 24 x 7.
- Policy Endorsement made easy
  - By submitting a request to us through **HDFC ERGO Mobile App**, you can make any modifications in **Your** policy, for e.g. change in spelling of the name, contact number etc.
- Effortless Claims Management
  - Now you can Submit**Your** claims from the app for faster processing and track the status at **Your** fingertips. You can also intimate a claim using the app. You can also view Network hospitals in **Your** area with directions.
- Stay Active – Short Walks, Big Benefits
  - The App tracks **Your** steps, fitness session and lets you earn incentive on renewal discount on **Your** policy.

Def. 38. **Network Provider** means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a **Cashless facility**.

Def. 39. **Non Network**means any **Hospital**, **Day Care Centre** or other provider that is not part of the Network

Def. 40. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication

Def. 41. **Portability** means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

Def. 42. **Pre-existing disease** means any condition, ailment, injury or disease:

i. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or

ii. For which **Medical advice** or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.

Def. 43. **Policy** means **Your** statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), and the Policy Schedule (as the same may be amended from time to time).

Def. 44. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Policy Schedule

Def. 45. **Policy Schedule** means Schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to (Schedule of coverage), including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

Def. 46. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.

Def. 47. **Pre-hospitalization Medical Expenses** means**Medical Expenses** incurred during pre-defined number of days
preceding the **Hospitalization** of the Insured Person , provided that:

i. Such **Medical Expenses** are incurred for the same condition for which the Insured Person's **Hospitalization** was required, and

ii. The In-patient **Hospitalization** claim for such **Hospitalization** is admissible by the Insurance Company

Def. 48. **Post-hospitalization Medical Expenses** means **Medical Expenses** incurred during pre-defined number of days immediately after the insured person is discharged from the **Hospital** provided that:

i. Such **Medical Expenses** are for the same condition for which the insured person's **Hospitalization** was required, and

ii. The inpatient **Hospitalization** claim for such **Hospitalization** is admissible by the insurance company**.**

Def. 49. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India

Def. 50. **Renewal means** 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 gaining credit for **Pre-Existing Diseases**, time-bound exclusions and for all waiting periods

Def. 51. **Sum Insured**means the sum shown in the Policy Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Year, -

Def. 52. **Surgery or Surgical Procedure**means manual and / or operative procedure (s) required for treatment of an **Illness** or **Injury**, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a **Hospital** or **Day Care Centre** by a medical practitioner.

Def. 53. **Unproven/Experimental Treatment** is a treatment including drug experimental therapy which is not based on established medical practice in India, is a treatment experimental or unproven.

Def. 54. **We/Our/Us** means the HDFC ERGO General Insurance Company Limited

Def. 55. **You/Your/Policyholder** means the person named in the Policy Schedule who has concluded this Policywith Us.

Section E -Exclusions

1. Waiting periods:

90 days waiting period shall apply from the commencement of the policy period to all claims under the policy

2. General Exclusions

i. A waiting period of 48 months shall apply for all Pre-existing Conditions declared and/or accepted at the time of applying first policy with us. In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of sum of **Sum Insured** increased.
ii. Treatment arising from or consequent upon war or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
iii. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide.
iv. Participation or involvement of an **Insured Person** in **Adventure Sports**.
v. Involvement in naval, military or air force operation.
vi. Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies, unless prescribed by Medical Practitioner
vii. Any treatment arising from pregnancy (including voluntary termination), miscarriage, maternity or birth (including caesarean section)

Section F - Claims process

On the occurrence of any **Illness**that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed.

Claim Intimation	**You** shall intimate the Claims to us through any available mode of communication as specified in the **Policy**, Health Card or our Website

Claim Intimation Timelines	Within 14 days of the diagnosis of **Critical Illness**
Particulars to be provided to Us for Claim notification	a. Policy Number, Name of the **Insured Person**(s) named in the Policy schedule availingtreatment, c. Nature of disease/illness/injury, d. Name and address of the attending **Medical Practitioner/Hospital** e. Date of admission & probable date of discharge
Claims documents for Critical Illness	a. Claim Form duly signed by the **Insured Person;** b. Copy of Discharge Summary / Discharge Certificate; c. First consultation letter from treating **Medical Practitioner** d. Medical certificate confirming diagnosis, and the treatment of Critical Illness from Medical Practitioner e. certificate from treating **Medical Practitioner**, specifying the duration and etiology f. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable g. All pathological and radiological Investigation Reports **We** may require the **Insured Person** to undergo medical examination by **Medical Practitioner** authorized by Us to obtain an independent medical opinion for the processing of the claim. Any cost towards such a medical examination will be borne by Us. h. NEFT details & cancelled cheque
Claims documents and process for Second Opinion for Critical Illnesses	a. Duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any) b. Select Our network **Medical Practitioner** from whom you would prefer to take the second opinion. (Please refer our Website or call at 24X 7 toll free line to obtain the list of Our panel doctors). c. On receipt of the complete set of documents, **We** will forward the same to the concerned doctor. d. The Second Opinion shall be forwarded to the member within 15 working days of receipt of the complete set of documents.
Condonation of delay	If the claim is not notified/ or submitted to **Us** within the specified time limits, then **We** shall be provided the reasons for the delay in writing. **We** will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control

Section G : General Conditions

1. *Fraud*

If any claim made by the **Insured Person**, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the **Insured Person** or anyone acting on his/her behalf to obtain any benefit under this **Policy**, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who have made that particular claim, who shall be jointly and severally liable for such repayment to the **Insurer**.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the **Insured Person** or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

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

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

c) any other act fitted to deceive; and

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

The Company shall not repudiate the claim and / or forfeit the **Policy** benefits on the ground of Fraud, if the **Insured Person** / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the **Insurer**.

2. *Geography*

This Policy only covers medical treatment taken within India, except under the policies with Global Health Cover as may be specified in the **Policy Schedule.**

3. Condition Precedent to Admission of Liability

The terms and conditions of the **Policy** must be fulfilled by the **Insured Person** for the Company to make any payment for claim(s) arising under the **Policy**.

4. Disclosure of Information

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

5. Complete Discharge

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

6. Moratorium Period

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

7. *Free Look period*

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the Policy.

The **Insured Person** shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the Insured has not made any claim during the Free Look Period, the insured shall be entitled to

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the **Insured Person** and the stamp duty charges or
ii. where the risk has already commenced and the option of return of the Policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover **or**
iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

8. *Grace Period*

i. A grace period of 30 days for Renewals is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, any treatment availed for an Illness contracted during the grace period will not be admissible under the Policy.
ii. For **Renewal**received after completion of 30 days grace period, the policy would be considered as a fresh policy. All the discounts, modifications of loading earned on the previous policies shall not be extended in the fresh policy.
iii. All eligible claims reported in the installment grace period would be payable if otherwise admissible as per terms and conditions of the policy
iv. For Policies on instalment basis, Grace Period is available as given below.

Installment Premium Option	Grace Period applicable
Yearly	30 days
Half Yearly	30 days
Quarterly	30 days
Monthly	15 days

9. *Renewal of Policy:*

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

i. The Company shall endeavour to give notice for **Renewal**. However, the Company is not under obligation to give any notice for **Renewal**.
ii. **Renewal** shall not be denied on the ground that the **Insured Person** had made a claim or claims in the preceding policy years.
iii. Request for **Renewal** along with requisite premium shall be received by the Company before the end of the policy period.
iv. At the end of the policy period, the **Policy** shall terminate and can be renewed within the **Grace Period** of 30 days to maintain continuity of benefits without **Break in Policy**. Coverage is not available during the **Grace Period**.
v. No loading shall apply on renewals based on individual claims experience.

10. *Portability*

The **Insured Person** will have the option to port the Policy to other insurers by applying to such **Insurer** to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to **Portability**. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed **Insured Person** will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

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

11. *Endorsements*

The following endorsements are permissible during the **Policy Period:**

1.1 Non-Financial Endorsements – which do not affect the premium

a. Minor rectification/correction in name of the Proposer / Insured Person (and not the complete name change)
b. Rectification in gender of the Insured Person (if this does not impact the premium)*
c. Rectification in relationship of the Insured Person with the Proposer

d. Rectification of date of birth of the Insured Person (if this does not impact the premium)*
e. Change in the correspondence address of the Proposer
f. Change in Nominee Details
g. Change in Height, weight, marital status (if this does not impact the premium) *
h. Change in bank details
i. Any other non-financial endorsement

1.2 Financial Endorsements – which result in alteration in premium

a. Change in Age/date of birth
b. Change in Height, weight
c. Addition of Insured Person (newly wedded spouse)
d. Deletion of Insured Person on death or Marital separation
e. Any other financial endorsement

- Endorsements, a and b above shall be effective from the date of receipt of premium with **Us,** dand eshall be effective from Date of Commencement of the policy
- The Policyholder should provide a fresh application in a proposal form along with birthCertificate / marriage certificate as the case may be for addition of Insured person.

12. *Cancellation*

i. The Policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

For Policies where instalment option is not availed and no claim has been made under the Policy, We will refund premium in accordance with the table below:

Month	1 Year	2 Year	3 Year
Up to 1 Month	85.0%	92.5%	95.0%
Up to 3 Month	70.0%	85.0%	90.0%
Up to 6 Month	45.0%	70.0%	80.0%
Up to 12 Month	0.0%	45.0%	60.0%
Up to 15 Month	NA	30.0%	50.0%
Up to 18 Month	NA	20.0%	45.0%
Up to 24 Month	NA	0.0%	30.0%
Up to 27 Month	NA	NA	20.0%
Up to 30 Month	NA	NA	12.5%
Up to 36 Month	NA	NA	0.0%

For Policies where Premium is paid by instalment, additional conditions as given below will be applicable.

- When yearly payment option is chosen, cancellation grid as per 1-Year Tenure policies will be applicable

- For all other options, 50% of current instalment premium will be refunded when the current period is less than 6 months in to the policy year. For instalment after 6 months, no refund will be payable.

- In case of admissible claim under the Policy, future instalments for the current policy year will be adjusted in the claim amount and no refund of any premium will be applicable during policy year

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the **Insured Person** under the **Policy**.

ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 30 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

13. *Premium Payment in Instalments*

If the **Insured Person** has opted for Payment of Premium on an installment basis i.e. Yearly, Half Yearly, Quarterly or Monthly, as mentioned in the **Policy Schedule**, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

i. **Grace Period** as mentioned in the table below would be given to pay the installment premium due for the **Policy**.

Options	Installment Premium Option	Grace Period applicable
Option 1	Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 days

ii. During such **Grace Period**, coverage will not be available from the due date of installment premium till the date of receipt of premium by **Company**.
iii. The **Insured Person** will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated **Grace Period**.
iv. No interest will be charged If the installment premium is not paid on due date.
v. In case of installment premium due not received within the **Grace Period**, the Policy will get cancelled.
vi. In the event of a claim, all subsequent premium installments shall immediately become due and payable.
vii. The **Company** has the right to recover and deduct all the pending installments from the claim amount due under the policy.

Instalment Premium payment through Auto Debit/ECS Facility

i. If Option of Premium payment by Installment is opted through auto Debit/ECS facility, a separate authorization form shall be submitted by Insured Person where Premium to be debited at a chosen frequency will be mentioned upfront
ii. Where there is a change either in the terms and conditions of the Coverage or Policy or in the premium rate, the ECS authorization shall be obtained afresh
iii. The Insured Person has the option to withdraw from the ECS mode at least fifteen days prior to the due date of instalment premium payable
iv. No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode

14. *Possibility of Revision of terms of the Policy including the Premium Rates*

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The **Insured Person** shall be notified three months before the changes are effected.

15. *Withdrawal of Policy*

i. In the likelihood of this product being withdrawn in future, the Company will intimate the **Insured Person** about the same 90 days prior to expiry of the policy.

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

16. *Claim Settlement (Provision for Penal Interest)*

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i. If there are any deficiencies in the necessary claim documents which are not met or are partially met, **We** will send a maximum of 3 (three) reminders following which **We** will send a closure letter or make a part-payment if **We** have not received the deficiency documents after 45 days from the date of the initial request for such documents
ii. The **Company** shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
iii. Upon acceptance of an offer of settlement by the **Insured person**, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the **Insured Person**. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the **Policyholder** from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the **Bank Rate**.
iv. However, where the circumstances of a claim warrant an investigation in the opinion of the **Company**, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the **Company** shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
v. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the **Policyholder** at a rate 2% above the **Bank Rate** from the date of receipt of last necessary document to the date of payment of claim.
vi. However, where the circumstances of a claim warrant an investigation, **We** will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, **We** will settle the claim within 45 days from the date of receipt of last necessary

document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

vii. If **We**, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to **You** in writing within 30 days of the receipt of documents.

viii. If requested by **Us** and at **Our** cost, the **Insured Person** must submit to medical examination by **Our Medical Practitioner** as often as **We** consider reasonable and necessary and **We/Our** representatives must be permitted to inspect the medical and Hospitalization records pertaining to the treatment of **Insured Person**and to investigate the circumstances pertaining to the claim.

ix. **We** and **Our** representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim

17. Nomination:

The **Policyholder** is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the **Policyholder**. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the **Policyholder**, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the **Policyholder** whose discharge shall be treated as full and final discharge of its liability under the **Policy**.

18. Contact Us

	within India	**Outside India**
Claim Intimation:	**Toll Free**: 022-62346234 / 0120-62346234 **Phone (UAN)** :1860 2000 700 (Local charges applicable) **Email**:healthclaims@hdfcergo.com	**Toll Free No:** 800 08250825 **Global Toll Free No** : +800 08250825 (accessible from locations outside India only) **Landline no (Chargeable)** : 0120-4507250 **Email-** travelclaims@hdfcergo.com
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Sector 62 Noida – 0120 398 8360	HDFC ERGO General Insurance Co Ltd 6th Floor, Leela Business Park, AndheriKurla Road, Andheri East, Mumbai-400059, Ph-022 66383600

19. Grievance Redressal Procedure

In case of any grievance the insured person may contact the company through:

Website: www.hdfcergo.com
Toll free: 022 6234 6234 / 0120 6234 6234
Contact Details for Senior Citizen: 022 6234 6234 / 0120 6234 6234
E-mail: care@hdfcergo.com

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.
If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at cgo@hdfcergo.com

For updated details of grievance officer, kindly refer the link:
https://www.hdfcergo.com/customer-voice/grievances

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contacts us at	https://www.hdfcergo.com/customer-care/grievances Call - 022-62346234 / 0120-62346234	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - 022-62346234 / 0120-62346234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - 022-62346234 / 0120-62346234
Contact Point for Senior Citizen	https://www.hdfcergo.com/customer-care/grievances Call - 022-62346234 / 0120-62346234	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - 022-62346234 / 0120-62346234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - 022-62346234 / 0120-62346234
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd 6ht Floor, Leela Business Park, AndheriKurla Road, Andheri , Mumbai – 400059	The Compliance Officer, Registered & Corporate Office: HDFC House, 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai - 400020

i. If Insured person is not satisfied with the redressal of grievance through above methods**,** the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.
ii. Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/

List of Ombudsman

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.

Office Details	Jurisdiction of Office Union Territory, District)
Email: bimalokpal.chandigarh@ecoi.co.in	
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.

Office Details	Jurisdiction of Office Union Territory, District)
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301.	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi,

Office Details	Jurisdiction of Office Union Territory, District)
Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.