

my: health Women Suraksha

Policy Wordings

Insuring Clause

In consideration of payment of **Premium** by You, **We** will provide insurance cover to the **Insured Person(s)** under this Policy upto **Sum Insured** or limits mentioned on the Schedule of Coverage in the Policy Schedule. This **Policy** is subject to **Your** statements in respect of all the Insured Persons in Proposal form, declaration and/or medical reports, payment of premium and 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 – E, Definitions.

A. Coverage

AI –Major Illnesses and Procedures

Section 1: Cancer Cover

If Insured Person suffers from any illnesses as listed below, whose diagnosis and/or manifestation first commence/occurs after the applicable Waiting Period from commencement of first Policy with Us, **We** will pay **Sum Insured** or percentage of **Sum Insured** as specified below:

	Illness	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Malignant Cancer of specified Sites			
	Breast	Major	100% of Sum Insured	90 days
	Cervix			
	Uterus			
	Fallopian Tube			
	Ovary			
	Vagina/Vulva			
2	Other Major Cancers	Major	100% of Sum Insured	90 days
3	Carcinoma in-situ of the Cervix Uteri	Minor	25% of Sum Insured subject to maximum of Rs. 1,000,000	180 days



4	Carcinoma in-situ of the Breast	Minor	25% of Sum Insured subject to maximum of Rs. 1,000,000	180 days
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Section 2: Major Illnesses

If Insured Person suffers from **Major Illnesses** as listed below, whose diagnosis and/or manifestation first commence/occurs after the applicable Waiting Period from commencement of first Policy with Us, **We** will pay **Sum Insured** or percentage of **Sum Insured** as specified below:

Major Illnesses	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
Systemic Lupus Erythematosus with Lupus Nephritis	Major	100% of Sum Insured	90 days
Rheumatoid Arthritis	Major		
Severe Osteoporosis	Minor	25% of Sum Insured subject to maximum of Rs. 1,000,000	180 days

Section 3: Surgical Procedures

If Insured Person undergoes **Surgical Procedures** as listed below after the applicable Waiting Period from commencement of first Policy with Us, **We** will pay percentage of **Sum Insured** as specified below:

Surgical procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
Breast Lumpectomy	Minor	25% of Sum Insured subject to maximum of Rs. 1,000,000	180 Days
Mastectomy			
Breast Reconstructive Surgery			
Hysterectomy			
Wertheim's Operation			
Radical Vulvectomy			
Total Pelvic Exenteration			
Complicated Repair of Vaginal Fistula			

Section 4: Cardiac Ailments and Procedure

If Insured Person suffers from **Cardiac Ailments or undergoes Procedures** as listed below, whose diagnosis and/or manifestation first commence/occurs after the applicable Waiting Period from commencement of first Policy with Us, **We** will pay **Sum Insured** or percentage of **Sum Insured** as specified below:

Cardiac Ailments and Procedures	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
Open Chest CABG	Major		90 days
Heart Valve Repair			
First Heart Attack of Specified Severity			



Coma of Specified Severity		100% of Sum Insured	
Stroke Resulting in Permanent Symptoms			
Balloon Valvotomy or Valvuloplasty	Minor	25% of Sum Insured subject to Maximum of Rs. 1,000,000Rs. 1,000,000	180 days
Insertion of Pacemaker			
Angioplasty			

Section 5: Critical Illnesses

If Insured Person suffers from **Critical illness Condition/Surgical Procedure** as listed below, whose diagnosis and/or manifestation first commence/occurs after 90 days from the commencement of first Policy with Us, **We** will pay **Sum Insured** as specified on the Schedule of Coverage.

Critical illness/Surgical Procedure	Stage
Surgery of Aorta	Major
Kidney failure requiring regular dialysis	Major
Infective Endocarditis	Major
Major Organ/Bone Marrow Transplantation	Major
Primary (Idiopathic) Pulmonary Hypertension	Major
End Stage Liver Failure	Major
Dissecting Aortic Aneurysm	Major
Medullary Cystic Disease	Major
Cardiomyopathy	Major
Aplastic Anaemia	Major
Other serious coronary artery disease	Major
End Stage Lung Failure	Major
Eisenmenger's Syndrome	Major
Fulminant Hepatitis	Major
Multiple Sclerosis with persisting symptoms	Major
Chronic Adrenal Insufficiency (Addison's Disease)	Major
Permanent Paralysis of Limbs	Major
Progressive Scleroderma	Major
Benign Brain Tumour	Major
Chronic Relapsing Pancreatitis	Major
Parkinson's Disease	Major
Elephantiasis	Major

Alzheimer's Disease	Major
HIV due to blood transfusion and occupationally acquired HIV	Major
Motor Neurone Disease with permanent symptoms	Major
Terminal Illness	Major
Muscular Dystrophy	Major
Myelofibrosis	Major
Apallic Syndrome	Major
Pheochromocytoma	Major
Bacterial Meningitis	Major
Crohn's Disease	Major
Creutzfeldt-Jakob Disease (CJD)	Major
Severe Ulcerative Colitis	Major
Encephalitis	Major
Deafness	Major
Major Head Trauma	Major
Loss of Speech	Major
Progressive Supranuclear Palsy	Major
Blindness	Major
Brain Surgery	Major

Covers and General Conditions applicable to Section AI, 1 to 5

1. Reduced Premium Benefit

If Insured Person is diagnosed with any covered Minor condition covered under the Policy and for which Claim is admissible under the Policy, **We** will waive 50% of the applicable Annual Premium on subsequent **Renewal** of Policy with Us subject to:

- i. Premium will be waived to the extent applicable to terms corresponding to expiring Policy and for the Insured Person for whom Claim is admitted under the expiring Policy.
- ii. Premium will be waived for subsequent **Renewal** of 5 Policy years.

2. Survival Period

Claim under this Section is payable only if Insured Person survives 7 days from the diagnosis and fulfillment of the definition of the Illness or Procedure covered.

The Claim is payable only with confirmatory diagnosis of the conditions covered while the Insured Person is alive (A claim would not be admitted if the diagnosis is made post mortem)



3. No of Claims and Benefits payable

Only one Claim is payable under each of the stages given below during lifetime of the Policy under this Section.

Minor Stage - On the admissibility of Claim under Minor Stage condition under the Policy, coverage for all other Minor stage Conditions shall cease to exist. The Policy shall continue to Cover Major Stage condition for Balance Sum Insured.

Major Stage – On the admissibility of Claim under Major Stage condition, coverage under Section A.I shall cease to exist.

A II – Assault & Burns

a. Assault

If an **Insured Person** sustains **Bodily Injury** that results in Death, Permanent Total Disablement or Permanent Partial Disablement, as a result of or arising from **Assault** after the applicable waiting Period from commencement of first Policy with Us, **We** will pay **Sum Insured** or percentage of **Sum Insured** in accordance with the table below;

Table of Benefits	Percentage of Sum Insured Payable	Applicable Waiting Period	
Accidental Death			
a) Accidental Death	100%	90 days	
Permanent Total Disability			
a) Loss of sight of both eyes	100%		
b) Physical separation of two entire hands or two entire feet	100%		
c) Loss of one entire hand and one entire foot	100%		
d) Loss of sight of one eye and such loss of one entire hand or one entire foot	100%		
e) Complete loss of hearing of both ears and complete loss of speech	100%		
f) Complete loss of hearing of both ears and loss of one limb/loss of sight of one eye	100%		
g) Complete loss of speech and loss of one limb/loss of sight of one eye	100%		
For the purpose of items 2 above, physical separation of one entire hand shall mean separation at or above wrist and/or of the foot at or above ankle, respectively			
Permanent total and absolute disablement disabling the Insured Person from engaging in any employment or occupation of any description whatsoever	100%		
Permanent Partial Disability			
a) Sight of one eye	50%		

b) One hand or One foot	50%	
c) Loss of toes-all	20%	
d) Loss of Toes Great - both phalanges	05%	
e) Loss of Toes Great - one phalanges	02%	
f) Loss of Toes Other than great, if more than one toe lost, each	01%	
g) Loss of hearing-both ears	50%	
h) Loss of hearing –one ear	15%	
i) Loss of speech	50%	
j) Loss of four fingers and thumb of one hand	40%	
k) Loss of four fingers	35%	
l) Loss of thumb –both phalanges	25%	
m) Loss of thumb- one phalanx	10%	
n) Loss of index finger-three phalanges	10%	
a. two phalanges	8%	
b. one phalanx	4%	
o) Loss of middle finger-three phalanges	06%	
a. two phalanges	04%	
b. one phalanx	02%	
p) Loss of ring finger-three phalanges	05%	
a. two phalanges	04%	
b. one phalanx	02%	
q) Loss of little finger-three phalanges	04%	
a. two phalanges	03%	
b. one phalanx	02%	
r) Loss of metacarpals-first or second,	03%	
a. third, fourth or fifth	2%	
s) Any other Permanent Disablement	Percentage as assessed by panel doctor appointed by the Company.	

b. Burns

If an **Insured Person** sustains **Bodily Injury** that results in in second or third degree burns after the applicable waiting Period from commencement of first Policy with Us, **We** will pay **Sum Insured** or percentage of **Sum Insured** in accordance with table below;

Description	Percentage of Total Sum Insured	Applicable Waiting Period
a. Head		
i. Third degree burns of 8% or more of the total head surface area	100%	90 days
ii. Second degree burns of 8% or more of the total head surface	50%	
iii. Third degree burns of 5% or more, but less than 8% of the total head surface area	80%	
iv. Second degree burns of 5% or more, but less than 8% of the total head surface area	40%	



v.	Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
vi.	Second degree burns of 2% or more, but less than 5% of the total head surface area	0%
b. Rest of the Body		
i.	Third degree burns of 20% or more of the total body surface area	100%
ii.	Second degree burns of 20% or more of the total body surface area	50%
iii.	Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
iv.	Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
v.	Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
vi.	Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
vii.	Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
viii.	Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

Survival Period

Claim under this Section is payable only if Insured Person survives 7 days from the occurrence of **Bodily Injury** covered above.

The Claim is payable only with confirmatory diagnosis of the conditions covered while the Insured Person is alive (A claim would not be admitted if the diagnosis is made post mortem)

General Conditions applicable to Section AII

Benefit Payout

- i. On the acceptance of a Accidental Death claim under Section A.II.a, Assault, all covers under this Policy in respect of the Insured Person shall immediately and automatically cease.
- ii. All Covers in respect of the Insured Person under this Section shall immediately and automatically cease on acceptance of Claim where in 100% Sum Insured is payable by the Company.

B. my:Health Active

1. 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 my: health 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 my: health mobile app** **append 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 **my: Health App** must be downloaded on the mobile.

Step 2 - **You** can start accumulating Healthy Weeks by tracking physical activity through the Wearable device linked To **my: Health 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 Policies covering more than one **Insured Person**, Healthy Weeks for each **Insured Person** will be tracked and accumulated. 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**.

2. Health Incentive

This Program encourages Insured Persons to maintain good health and avail incentives as listed below.



Under this Program, **Insured Person** having Obesity (BMI above 30), will be eligible for reduction in Medical Underwriting Loading applied from first inception of the Policy with Us provided that;

- i. **Insured Person** shall undergo BMI check-up below minimum 3 months prior to expiry of Policy Year (For Multiyear Policies) or before Renewal (For Annual Policies).
- ii. BMI check-up shall be done at Your own cost through our **Network Provider** on **Our my: health mobile app App**.
- iii. If the test parameters are within normal limits, **We** will apply 50% discount on the Medical Underwriting loading applied for corresponding Obesity as applicable on **Renewal** of the Policy with **Us**.
- iv. If the BMI at subsequent renewal is not within normal limits, the discount amount applied on Medical Underwriting loading will be zero

Application of Health Incentive

- **Annual Policy:** Discount amount accrued during the expiring Policy year will be applied on the **Renewal** Premium for expiring Policy Sum Insured.
- **Multi Year Policy:**
 - Discount amount 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 Policies covering more than one Insure Person, tests shall be done for each Insured Person basis which such reduction in loading will be applicable on individual **Renewal** Premium.
- Medical Underwriting loading will be discounted only on **Renewal** of **Policy with Us**
- Discount on Medical Underwriting loading under this cover is applicable only on next **Renewal** and cannot be utilized if Policy not renewed with us.

3. Wellness services:

The services listed below are available to all **Insured Person** through **Our Network Provider** on **Our my: health mobile app** only.

i. Health Coach:

An **Insured Person** will have access to Health Coaching services in areas such as:

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

These services will be available through **Our my: health mobile app** as a chat service or as a call back facility.

ii. Wellness services

- **Discounts:** on OPD, Pharmaceuticals, pharmacy, diagnostic centers etc.
- **Customer Engagement:** Monthly newsletters, Diet consultation, health tips
- **Specialized programs:** like stress management, Pregnancy Care, Work life balance management etc.

These services will be available through **Our my: health mobile app**



Disclaimer applicable to my: health Mobile app and associated services

It is agreed and understood that Our my:health 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.

C. Renewal Benefit

1. Preventive Health Check Up

Insured Person will be entitled for Preventive Health Check-up after every **Renewal** of the policy with **Us**, at our Network Diagnostic centers or hospitals, as per list of tests and eligibility criteria specified below

Health Checkup- on each Policy Renewal

Age / Expiring Policy Sum Insured	1Lac to 10Lacs	11Lacs to 50 lacs	Above 50 Lacs
18 to 40 Years	Set 1	Set 1+ Thyroid + USG abdomen and pelvis	Set 1+ Thyroid + USG abdomen and pelvis + Lipid Profile + Renal Profile
41 Yrs and Above	Set 1 + SrCreat	Set 1 + SrCreat+ Thyroid + USG abdomen and pelvis	Set 1+ Thyroid + USG abdomen and pelvis + Lipid Profile +Renal profile+ ECG

Set 1 -comprises of, Complete Blood Count, Urine R,FBS,Sr Cholesterol

Health Checkup – Additional Tests

Age	Type of Test	Waiting Period	Sum Insured
Below 40 years	PAP Smear &Mammography	Once in two years	All Sum Insured
Above 40 years	PAP Smear & Mammography	Once in four years	All Sum Insured

Other terms and Conditions applicable to this Benefit

- This benefit will not be carried forward if not utilized within 60 days of **Renewal** Policy Inception date.
- Eligibility to avail Health Check-up will be in accordance to expiring Policy Sum Insured.

Procedure for availing this benefit



- i. We will intimate the Insured person to undergo the health check-up at our **Network Provider**, through **Our my: health App**.
- ii. Post health check-up we will receive the reports from our **Network Provider** which will be made available to You on **Our my: health App**
- iii. **Insured Person** has the option to avail this benefit at our **Network Provider** through Phone/Email or other modes of communication available time to time.

D- Optional Covers

Insuring Clause

In consideration of payment of additional **Premium** by You **and realized by Us**, **We** will provide insurance to the **Insured Person(s)** cover under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the Policy Schedule. These Covers are optional and applicable only if opted for.

1. Pregnancy and Newborn Complications

a. Pregnancy Complications

If Insured Person suffers from **Pregnancy Complications** as listed below, whose diagnosis and/or manifestation first commence/occurs after the applicable Waiting Period from commencement of first Policy with Us, **We** will pay **Sum Insured** or percentage of **Sum Insured** as specified below:

Pregnancy Complication	Percentage of Sum Insured Payable	Waiting Period Applicable
Disseminated Intravascular Coagulation (DIC)	25% of Sum Insured subject to maximum limit mentioned on Schedule of Coverage	1 year
Ectopic Pregnancy		
Molar Pregnancy		
Eclampsia		

Survival Period

Claim under this cover is payable only if Insured Person survives 7 days from the diagnosis and fulfillment of the definition of the complications covered.

The Claim is payable only with confirmatory diagnosis of the conditions covered while the Insured Person is alive (A claim would not be admitted if the diagnosis is made post mortem)

b. New Born Complications



If a **New Born Baby** of Insured Person suffers from **New Born Complication** as listed below, whose diagnosis and/or manifestation first commence/occurs after the applicable Waiting Period from commencement of first Policy with Us, **We** will pay **Sum Insured** or percentage of **Sum Insured** as specified below.

New Born Complications	Percentage of Sum Insured Payable	Waiting Period Applicable
Down's Syndrome	25% of Sum Insured subject to maximum limit mentioned on Schedule of Coverage	1 year
Spina Bifida		
Tetralogy of Fallot		
Cleft Palate		
Ventricular Septal Defect		
Patent Ductus Arteriosus		
Surgical Separation of Conjoined Twins		

Diagnosis Period and Survival Period

A Claim under New Born Complications is payable only if;

- The covered complication is diagnosed within two years from the date of delivery of the baby
- The baby survives at least 30 days from the date of delivery with congenital condition

Specific Condition applicable to Pregnancy and New Born complication

The coverage under this Section is effective maximum upto age 50 years only

2. Post Diagnosis Support

a. Second Medical Opinion

We will pay expenses incurred towards second Medical Opinion availed from Medical Practitioner in respect of Critical Illness/Medical Procedure covered under the Policy subject to;

- Benefit under this cover can be claimed only Once in the Policy Period.
- The maximum benefit under this cover shall not exceed the amount mentioned on Schedule of Coverage

b. Molecular Gene Expression Profiling Test

We will pay the expenses incurred towards the expenses for Molecular Gene Expression Profiling Test for Treatment Guidance on diagnosis of any Major stage Cancer covered under Section A I, Section 1, Cancer Cover. The benefit under this cover can be availed once during the policy period and the benefit amount payable shall not exceed the amount mentioned on Schedule of Coverage

c. Post Diagnosis Assistance



We will pay Sum Insured towards out patient counseling required upon diagnosis of Major Illnesses and Procedures covered under Section A I.

Benefit under this cover is applicable upto specified amount per session subject to maximum number of sessions specified on Schedule of Coverage.

3. Loss of Job

We will pay **Sum Insured** if **Insured Person** suffers from Loss of Job due to her Voluntary Resignation or Termination from the employment due to diagnosis of any of the Major stage Illnesses or Procedures covered under Section A I of the Policy provided that Insured Person is employed full time as at Policy inception date.

E. Definitions

Section 1 – Cancer Cover

1. Malignant Cancer of Specified sites – Breast, Cervix, Uterus, Fallopian Tube, Ovary, Vagina/Vulva

A malignant tumour 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 leukaemia, lymphoma and sarcoma.

The following are excluded:

- i. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- ix. All tumours in the presence of HIV infection.
- x. Tumors of any other sites except Breast, Cervix, Uterus, Fallopian Tube, Ovary, Vagina/Vulva

2. Other Cancers

A malignant tumour 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 leukaemia, lymphoma and sarcoma.

The following are excluded:

- i. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- ix. All tumours in the presence of HIV infection.
- x. Tumor/Malignant Cancer of Breast, Cervix, Uterus, Fallopian Tube, Ovary, Vagina/Vulva

Section 2 – Major Illnesses

3. Carcinoma in situ of Cervix Uteri and Breast

Carcinoma in situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.

4. Systemic Lupus Erythematosus with Lupus Nephritis:

A multi-system autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of this Policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered Doctor specialising in

Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

- Class I Minimal Change Lupus Glomerulonephritis
- Class II Mesangial Lupus Glomerulonephritis
- Class III Focal Segmental Proliferative Lupus Glomerulonephritis
- Class IV Diffuse Proliferative Lupus Glomerulonephritis
- Class V Membranous Lupus Glomerulonephritis

5. Rheumatoid Arthritis

The unequivocal diagnosis of Rheumatoid Arthritis must be made by a certified medical consultant based on clinically accepted criterion. There must be imaging evidence of erosion with widespread joint destruction in



three or more of the following joint areas: hands, wrist, elbows, knees, hips, ankle, cervical spine or feet. There must be also be typical rheumatoid joint deformities.

There must be history of treatment or current treatment with disease-modifying anti-rheumatic drugs, or DMARDs. Non-steroidal anti-inflammatory drugs such as acetylsalicylic acid are not considered a DMARD drug under this definition.

Degenerative osteoarthritis and all other forms of arthritis are excluded.

6. Severe Osteoporosis

A certified medical consultant must make the definite diagnosis of osteoporosis that follows the WHO definition where there is testing evidence of reading with a T-score of less than 2.5 (2.5 standard deviation below the peak bone density of a normal 25 – 30 years old adult).

Osteoporosis must have caused multiple fractures resulting in the insured's permanent inability to perform at least 3 to 5 Activities of Daily Living (ADLs)

Activities of Daily Living (ADLs) are defined as:

- a) Washing: the ability to wash in the bath or shower (including getting into or and out of the bath shower) or wash satisfactorily by other means
- b) Dressing: ability to put on, take off, secure and unfasten all garments and, as appropriate, all 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) Toileting: the ability to use the lavatory or otherwise manage bowel or bladder functions so as to maintain a satisfactory level of personal hygiene
- e) Feeding: the ability to feed oneself once food has been prepared and made available

Section 3 – Surgical Procedures

7. Breast Lumpectomy

Removal of a malignant tumor or carcinoma in situ and surrounding breast tissue in one/both breasts. Diagnosis has to be confirmed by appropriate medical specialist.

8. Mastectomy

The actual undergoing of a mastectomy due to carcinoma in situ of the Breast (confirmed by histological evidence). The mastectomy must be certified to be absolutely necessary by a Specialist in the relevant field. Partial mastectomy and lumpectomy do not fulfill the above definition.

9. Breast Reconstructive Surgery

Plastic or reconstructive surgery of the breast performed by a registered surgeon after mastectomy following diagnosis of breast cancer or carcinoma in situ of the breast.

10. Hysterectomy

The removal of the uterus (at least the corpus and cervix or corpus only) with supporting evidence of carcinoma of the uterus, fallopian tube, ovary, vagina or endometrium, advanced cervical carcinoma, or hydatidiform mole. Diagnosis has to be confirmed by appropriate medical specialist.

11. Wertheim's Operation

A radical hysterectomy which includes removal of the uterus, fallopian tubes, wide excision of parametrium, tissues surrounding the upper vagina, and all the pelvic lymph nodes. Diagnosis has to be confirmed by appropriate medical specialist.

12. Radical Vulvectomy

The complete removal of the vulva and the pelvic lymph nodes. Diagnosis has to be confirmed by appropriate medical specialist.

13. Total Pelvic Exenteration

Actual undergoing of excision of the bladder, lower uterus, vagina uterus, adnexa, the pelvic and lower sigmoid colon, pelvic lymph nodes and all the pelvic peritoneum, due to gynaecological cancers. Diagnosis has to be confirmed by appropriate medical specialist.

14. Complicated Repair of Vaginal Fistula

Actual undergoing abdominal or vaginal repair of ureterovaginal, vesicovaginal, urethrovaginal or complex fistulas which occurred following cancer-related pelvic surgery or in case of advanced pelvic malignancy, especially when there has been radiotherapy.

Repair of fistula resulting from trauma (an obstetric tear or extension of an episiotomy), diverticular disease, Crohn's disease, or any other non-cancer related pelvic surgery would not be covered. Diagnosis has to be confirmed by appropriate medical specialist.

Section 4 – Cardiac Ailments and Procedures**15. Open Chest CABG**

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

The following are excluded:

- i. Angioplasty and/or any other intra-arterial procedures

16. Heart Valve Repair

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.

17. First Heart Attack of Specified Severity

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

- A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- New characteristic electrocardiogram changes
- Elevation of infarction specific enzymes, Troponin or other specific biochemical markers.

The following are excluded:

- Other acute Coronary Syndromes
- Any type of angina pectoris
- Rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

18. Coma of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- I. no response to external stimuli continuously for at least 96 hours;
- II. life support measures are necessary to sustain life; and
 - i. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- III. The condition has to be confirmed by a specialist medical practitioner.
 - i. Coma resulting directly from alcohol or drug abuse is excluded.

19. Stroke Resulting in Permanent Symptoms

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

The following are excluded:

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

20. Balloon Valvotomy or Valvuloplasty

An interventional procedure involving Percutaneous heart valve repair by balloon valvotomy or valvuloplasty to repair narrowing of heart valves using a catheter.

Payout will be based on the actual undergoing of surgery. The need for surgery should be certified by a cardiologist and supported by an echocardiography

21. Insertion of Pacemaker

Insertion of a permanent cardiac pacemaker that is required as a result of life threatening cardiac arrhythmias, cardiomyopathy or any other condition which cannot be treated via other means.

The insertion of the cardiac pacemaker must be certified to be absolutely necessary by a specialist in the relevant field.

22. Angioplasty

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

Section 5 – Critical Illnesses

23. 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.

24. 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.

25. 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.

26. 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:
 - i. 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.

27. 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).

28. 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 catheterization and supported by the following criteria:
 - 1. Mean pulmonary artery pressure > 40 mm Hg;
 - 2. Pulmonary vascular resistance > 3mm/L/min (Wood units); and
 - 3. Normal pulmonary wedge pressure < 15 mm Hg.

29. 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.

30. 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.

31. Benign Brain Tumour

- 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 relevant 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.



32. 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 at least three of the activities of daily living as defined below.
 - 1. Transfer: Getting in and out of bed without requiring external physical assistance
 - 2. Mobility: The ability to move from one room to another without requiring any external physical assistance
 - 3. Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance
 - 4. 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
 - 5. 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.

33. 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.

34. 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.

35. 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. Toileting: 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

36. 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.

37. Bacterial Meningitis

- I. Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:
 - 1. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
 - 2. A consultant neurologist.
- II. Bacterial Meningitis in the presence of HIV infection is excluded.

38. 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.

39. 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.

40. 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;

41. 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.

42. 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.

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

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

45. 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**.

46. Medullary Cystic Disease

- I. Medullary Cystic Disease where the following criteria are met:
 - 1. the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
 - 2. clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
 - 3. the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.
- II. Isolated or benign kidney cysts are specifically excluded from this benefit.

47. Aplastic Anaemia

- I. Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
 - 1. Blood product transfusion;
 - 2. Marrow stimulating agents;
 - 3. Immunosuppressive agents; or
 - 4. 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.

48. 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 litre 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 ($\text{PaO}_2 < 5\text{mmHg}$); and
- d. Dyspnoea at rest.

49. 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.

50. 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:
 - 1. ACTH simulation tests;
 - 2. insulin-induced hypoglycemia test;
 - 3. plasma ACTH level measurement;
 - 4. Plasma Renin Activity (PRA) level measurement.
- II. Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

51. 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:
 - 1. Localised scleroderma (linear scleroderma or morphea);
 - 2. Eosinophilic fasciitis; and
 - 3. CREST syndrome.

52. 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.

53. 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.

54. 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:
 1. The blood transfusion was medically necessary or given as part of a medical treatment;
 2. The blood transfusion was received in India after the Policy Date, Date of endorsement, whichever is the later;
 3. 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
 4. 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:
 1. Proof that the Accident involved a definite source of the HIV infected fluids;
 2. 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
 3. 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.

55. 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.

56. Myelofibrosis

1. 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.

57. 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.

58. 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:
 1. Stricture formation causing intestinal obstruction requiring admission to hospital, and
 2. Fistula formation between loops of bowel, and
 3. 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.

59. Severe Ulcerative Colitis

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

60. 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.

61. 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.

62. 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:
 1. corrected visual acuity being 3/60 or less in both eyes or;
 2. 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.

Optional Covers

1. Pregnancy and Newborn Complications

a. Pregnancy Complications

I. Disseminated Intravascular Coagulation (DIC)

DIC means a life-threatening complication of pregnancy, consisting of a systematic thrombo-hemorrhagic disorder that is characterized by generalized bleeding and end organ damage. The diagnosis must be confirmed by a gynaecologist or obstetrician as disseminated intravascular coagulation and supported by laboratory tests showing a combination of significant thrombocytopenia, procoagulant activation, fibrinolytic activation and inhibitor consumption. The benefit is payable only if the above requires treatment with frozen plasma and platelet concentrates.

II. Ectopic Pregnancy

Pregnancy, in which the fertilized ovum implants in the fallopian tube. The ectopic pregnancy must have required the immediate surgical; removal of the ovum or complete fallopian tube. The diagnosis must be confirmed with a pathology report. No benefit will be payable for partial salpingectomy and any other forms of treatment for ectopic pregnancy.

III. Molar Pregnancy

Complete Hydatiform mole is a form of trophoblastic disease characterized by clusters of hydropic villi and trophoblastic elements and atypia. The hydatiform mole must have been diagnosed by a specialist and confirmed with a pathology report. The condition must require a hysterectomy and same must have been performed.

IV. Eclampsia

Eclampsia is the occurrence of generalized tonic clonic grand mal seizures after the 20th week of pregnancy in a pregnant woman who has also has hypertension, proteinuria, and oedema. Eclampsia must be diagnosed by a Gynaecologist, Obstetrician or specialist physician. The eclampsia must require the emergency delivery of the foetus and placenta. Seizures due to other causes are excluded. Postpartum eclampsia is excluded.

b. New Born Complications

I. Down's Syndrome

Live birth of a baby with Down's syndrome (trisomy 21) – as diagnosed by a specialist physician and proven on chromosomal analysis.

II. Spina Bifida

Spina Bifida is a neural tube defect where there is failure of the spine to close properly during pregnancy. There must be a resultant meningocele or meningocele. The spina bifida must also have a required corrective surgery and there must be objective evidence or permanent paralysis as verified by a neurologist.

III. Tetralogy of Fallot



A congenital abnormality of the heart characterized by pulmonary stenosis, an opening in the interventricular septum, malposition of the aorta over both ventricles, and hypertrophy of the right ventricle. Open heart surgery must have taken place to correct the congenital defect.

IV. Cleft Palate

Congenital fissure of the roof of the mouth requiring corrective surgical procedures produced by failure of the two maxillae to unite during embryonic development with or without cleft lip.

V. Ventricular Septal Defect

Failure of the interventricular septum to close giving rise to a significant left to right shunt that must be more than 2:1 pulmonary to systemic flow ratio. Open-heart surgery must have taken place to correct the defect.

VI. Patent Ductus Arteriosus

The condition where the ductus arteriosus fails to close after birth causing significant left to right shunt. Open-heart surgery must have taken place to correct the congenital defect.

VII. Surgical Separation of Conjoined Twins

The undergoing of surgical separation of the conjoined twins at least one of the co-twins must be alive till the time of the separation surgery. Conjoined twins here are defined as identical twins that are born with their bodies joined.

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

1. **Accident** or **Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age** or **Aged** means completed years as at the Policy Commencement Date.
3. **Any one illness** means continuous period of **Illness** and includes relapse within 45 days from the date of last consultation with the **Hospital/Nursing Home** where treatment was taken
4. **Assault** means any wilful or unlawful use of force inflicted upon an Insured Person that is a criminal offence in the jurisdiction in which it occurs and which results in **Bodily Injury** to an Insured Person
5. **Commencement Date** means the commencement date of the Policy as specified in the Policy Schedule.
6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon
7. **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.
8. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.



9. **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.
10. **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.
11. **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.
12. **Insured Person** means You and the persons named in the Policy Schedule who are above age 18 years.
13. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
14. **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 (Definition applicable for the treatment taken outside India)

Means a licensed medical practitioner acting within the scope of his/her license and who holds a degree of a recognized institution and is registered by the Authorized Medical Council of the respective country.

15. **my: Health App** is proprietary App of HDFC ERGO General Insurance Company. With my: Health 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 my:Health 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.
16. **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**



17. **New Born Baby** means baby born to the Insured Person one year after inception of the first Policy with Us.
18. **Non Network** means any **Hospital, Day Care Centre** or other provider that is not part of the Network
19. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication
20. **Portability** means transfer by an individual health insurance policy holder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another.
21. **Pre Existing Disease** means any condition, ailment or **Injury** or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which **Medical Advice** / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter
22. **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).
23. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Policy Schedule
24. **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.
25. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
26. **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
27. **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.
28. **We/Our/Us** means the HDFC ERGO General Insurance Company Limited
29. **You/Your/Policyholder** means the person named in the Policy Schedule who has concluded this Policy with Us.

F -Exclusions

1. General Exclusions applicable to all covers

- 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.
- ii. Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, 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 while sane or insane.
- iv. Participation or involvement of an **Insured Person** in naval, military or air force operation, racing, in a professional or semi professional nature
- v. From engaging in or participation in adventure sports including but not limited to winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or



canoeing involving white water rapids, yachting or boating outside coastal waters, participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured is untrained.

- vi. Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies

2. General Exclusions applicable to Assault and Burns

- i. Event which occurs whilst the Insured is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning, or whilst the Insured is mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- ii. The Company shall not be liable to pay any benefit in respect of any Insured Person for an act of **Assault** by military or police force, or military or paramilitary organisation.
- iii. Participation or involvement of an **Insured Person** in naval, Policy, military or air force operation.

3. General Exclusions applicable to Loss of Job:

- i. Loss of job due to retirement whether voluntary or otherwise
- ii. Resignation due to non-confirmation of employment after or during such period under which the Insured was under probation

G.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 Illness or occurrence of surgery
Particulars to be provided to Us for Claim notification	Policy Number, Name of the Insured Person(s) named in the Policy schedule availing treatment, Nature of disease/illness/injury, Name and address of the attending Medical Practitioner/Hospital Date of admission & probable date of discharge Date and time of event if applicable Date of admission if applicable
Claims documents for Cancer Cover, Major Illnesses, surgical	Claim Form duly signed by the Insured Person ; Copy of Discharge Summary / Discharge Certificate; First consultation letter from treating Medical Practitioner Medical certificate confirming diagnosis, and the treatment from Medical

<p>procedures, Cardiac Ailments and Procedures, Critical illness</p>	<p>Practitioner certificate from treating Medical Practitioner, specifying the duration and etiology OT Notes in case of Surgery Medical certificate from treating Medical Practitioner specifying the diagnosis and need for the surgery MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable All pathological and radiological Investigation Reports</p> <p>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.</p> <p>NEFT details & cancelled cheque</p>
<p>Claims documents for Assault and Burns</p>	<p>Duly Completed Claim Form signed by Insured Person. Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability. Attested copy of certificate from treating Medical Practitioner specifying type of burns with percentage of burns Attested copy of FIR for Assault All X-Ray / Investigation reports and films supporting to disability. NEFT details & cancelled cheque of Insured Person.</p>
<p>Claims documents and process for Second Expert medical Opinion</p>	<p>Duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any) Consultation fees payment Receipt / invoice</p> <p>For availing Second Expert medical Opinion from Network Service Provider 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). On receipt of the complete set of documents, We will forward the same to the concerned doctor. The Second Opinion shall be forwarded to the member within 15 working days of receipt of the complete set of documents.</p>
<p>Claims documents for loss of Job</p>	<p>Duly Completed Claim Form signed by Insured Person; Form 16A Termination letter/Resignation Letter/ Resignation Acceptance letter NEFT details & cancelled cheque</p>



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
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I. General Conditions

1. *Fraudulent claim*

- If any claim made under the policy is found to be fraudulent, or is supported by any fraudulent means or devices or software by **Insured Person** or anyone acting on their behalf to obtain any benefit under this Policy then The policy shall be cancelled ab-initio from the inception date or the renewal date (as the case may be),
- All benefits payable, if any, under such Policy shall be forfeited with respect to such claim

2. *Geography*

The policy provides worldwide coverage, there is no territorial limit

3. *Free Look period*

You have a period of 15 days from the date of receipt of the first policy to review the terms and conditions of this Policy. If **You** have any objections to any of the terms and conditions, **You** have the option of cancelling the Policy stating the reasons for cancellation. If **you** have not made any claim during the Free look period, **you** shall be entitled to refund of premium subject to,

- a deduction of the expenses incurred by **Us** on **Your** medical examination, stamp duty charges, if the risk has not commenced,
- a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced
- a deduction of such proportionate risk premium commensuration with the risk covered during such period ,where only a part of risk has commenced
- Free Look period is not applicable for renewed policies

4. *Grace Period*

- 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.
- 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.
- All eligible claims reported in the installment grace period would be payable if otherwise admissible as per terms and conditions of the policy



5. *Renewal:*

- i. The policy is ordinarily renewable for life except on grounds of fraud, moral hazard or non-disclosure of any material facts or misrepresentation or non-cooperation by the insured Person (Subject to policy is renewed annually with us within the Grace period of 30 days from the date of Expiry)
- ii. For dependent children, policy is renewable up to 25 years. After the completion of maximum renewal age of dependent children, a Separate proposal form should be submitted to us at the time of renewal with the **Insured Person** member as proposer.

6. *Portability*

An **Insured Person** can avail Health Insurance portability under this policy if;

- i. The proposed **Insured Person** was continuously covered under any similar health insurance policy with any other Insurance company
- ii. The proposed **Insured Person** was insured continuously and without a break under another Similar retail or Group health insurance policy with **Us**, it is understood and agreed that

Procedure to avail Portability:

- a. The **Portability** benefit, can be availed of by applying to **Us** with the completed Proposal form and portability annexure along with previous policy documents and renewal notice of existing policy, at least 45 days before, but not earlier than 60 days, from the expiry of the existing health insurance policy.
- b. This benefit is available only at the time of **Renewal** of the existing health insurance policy.
- c. If the proposed **Sum Insured** is higher than the **Sum insured** under the expiring policy, then all waiting periods would be applied on the increased **Sum Insured**.
- d. Waiting period credits shall be extended to **Pre-Existing Diseases** and time bound exclusions/waiting periods.
- e. **We** will process **Portability** application within 15 days of receiving the completed proposal form and Portability Form.

7. *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. Deletion of Insured Person on death or Marital separation
 - d. Any other financial endorsement
 - e. Enhancement of Sum Insured – Enhancement of Sum Insured is subject to Medical Underwriting
- Endorsements, a and b above shall be effective from the date of receipt of premium with Us and we shall be effective from Date of Commencement/Renewal of the policy.
 - The Policyholder should provide a fresh application in a proposal form for addition of Insured person.

8. Cancellation

- i. **You** may terminate this Policy at any time by giving **Us** written notice. The cancellation shall be from the date of receipt of such written notice. In case of any claim made during **Policy Year**, no premium will be refunded on cancellation. If no claim has been made under the Policy, then **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%

- ii. **We** may cancel on grounds of misrepresentation, fraud, non-disclosure of material facts as sought to be in proposal form or non-cooperation by any **Insured Person**. Cancelled ab initio from the inception date or the renewal date (as the case may be), at our sole discretion upon giving 30 days’ notice

9. Premium Payment Option

- i. **Insured Person** shall have the option to pay policy premium in total at the inception of policy or in installments as per options as below

Options	Installment Option	Premium
Option 1	Yearly	
Option 2	Half Yearly	
Option 3	Quarterly	
Option 4	Monthly	



- ii. No Additional charges, on the existing premium are applicable irrespective of the Installment Option selected.
- iii. **Grace Period** of 15 days in case of Monthly premium payment option and 30 days for half yearly and Quarterly premium payment option shall be applicable.
- iv. If case of non-receipt of Installment Premium on the Installment due date or before expiry of the grace period, the policy stands cancelled and the Premium for unexpired period will be refund as below
- v. **Cancellation**
 - a. When yearly payment option is chosen, cancellation grid as per 1 Year Tenure policies will be applicable
 - b. For all other Premium Payment options, 50% of current installment premium will be refunded when the current period is less than 6 months in to the policy year. For installment after 6 months, no refund will be payable.
 - c. No refund of any premium in case of any claim during policy year

10. Revision/ Modification of the product

We may revise the **Renewal** premium payable under the Policy or the terms of cover, with the prior approval from Insurance Regulatory and Development Authority of India. **We** will intimate You of any such changes at least 3 months prior to date of such revision or modification.

11. Withdrawal of the Product

- i. **We** may withdraw this product with the prior approval from Insurance Regulatory and Development Authority of India.
- ii. **We** will intimate **You** of any such changes at least 3 months prior to date of such revision or modification.
- iii. In such an event of withdrawal of this product, **You** can choose to renew this policy under Our available similar and closely similar Health insurance products.
- iv. However benefits payable shall be subject to the terms contained in such other Policy which has been approved by Insurance Regulatory and Development Authority of India
- v. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break.

12. Payment of Claim

- 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. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, **We** shall offer within a period of 30 days a settlement of the claim to the Insured person.
- 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 cases of delay in the payment **We** shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.



- iv. 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.
- v. 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.
- vi. 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.
- vii. **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

Contact Us

	within India	Outside India
Claim Intimation:	Toll Free :1800 2001 999 Phone (UAN) :1860 2000 700 (Local charges applicable) Fax (UAN) : 1860 2000 600 (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

Grievance Redressal Procedure

- i. If You have a grievance that You wish Us to redress, You may contact Us with the details of **Your** grievance as given below

Contact Points	Contact Point
Contacts us at	https://www.hdfcergo.com/customer-care/grievances Call - 1800-2700-700



Write to us at	care@hdfcergo.com
	D-301, 3rd floor, Eastern Business District, LBS marg, Bhandup west , Mumbai – 400078

- ii. If You are not satisfied with **O**urredressal of **Y**our grievance through one of the above methods, You may approach the nearest Insurance Ombudsman for resolution of **Y**our grievance. The contact details of Ombudsman offices are mentioned below.

List of Ombudsman

GUJARAT,DADRA & NAGAR HAVELI,DAMAN AND DIU	KARNATAKA.
AHMEDABAD - Shri/Smt.....	BENGALURU - Smt. Neerja Shah
Office of the Insurance Ombudsman,	Office of the Insurance Ombudsman,
JeevanPrakash Building, 6th floor,	JeevanSoudhaBuilding,PID No. 57-27-N-19
TilakMarg,	Ground Floor, 19/19, 24th Main Road,
Relief Road,	JP Nagar, 1st Phase,
Ahmedabad – 380 001.	Bengaluru – 560 078.
Tel.: 079 - 25501201/02/05/06	Tel.: 080 - 26652048 / 26652049
Email: bimalokpal.ahmedabad@ecoi.co.in	Email: bimalokpal.bengaluru@ecoi.co.in

MADHYA PRADESH, CHATTISGARH	ORISSA
BHOPAL - Shri Guru Saran Shrivastava	BHUBANESHWAR - Shri/Smt.....
Office of the Insurance Ombudsman,	Office of the Insurance Ombudsman,
JanakVihar Complex, 2nd Floor,	62, Forest park,
6, Malviya Nagar, Opp. Airtel Office,	Bhubneshwar – 751 009.
Near New Market,	
Bhopal – 462 003.	
Tel.: 0755 - 2769201 / 2769202	Tel.: 0674 - 2596461 /2596455
Fax: 0755 – 2769203	Fax: 0674 – 2596429
Email: bimalokpal.bhopal@ecoi.co.in	Email: bimalokpal.bhubaneswar@ecoi.co.in

PUNJAB,HARYANA,HIMACHAL PRADESH,JAMMU & KASHMIR,CHANDIGARH	TAMIL NADU,PONDICHERRY TOWN AND KARAIKAL (WHICH ARE PART OF PONDICHERRY).
CHANDIGARH - Dr. Dinesh Kumar Verma	CHENNAI - Shri M. Vasantha Krishna
Office of the Insurance Ombudsman,	Office of the Insurance Ombudsman,
S.C.O. No. 101, 102 & 103, 2nd Floor,	Fatima Akhtar Court, 4th Floor, 453,
Batra Building, Sector 17 – D,	Anna Salai, Teynampet,

HDFC ERGO General Insurance



Chandigarh – 160 017.	CHENNAI – 600 018.
Tel.: 0172 - 2706196 / 2706468	Tel.: 044 - 24333668 / 24335284
Fax: 0172 – 2708274	Fax: 044 – 24333664
Email: bimalokpal.chandigarh@ecoi.co.in	Email: bimalokpal.chennai@ecoi.co.in

DELHI.	ASSAM,MEGHALAYA,MANIPUR,MIZORAM, ARUNACHAL PRADESH, NAGALAND AND TRIPURA
DELHI - Shri/Smt.....	GUWAHATI - ShriKiriti .B. Saha
Office of the Insurance Ombudsman,	Office of the Insurance Ombudsman,
2/2 A, Universal Insurance Building,	JeevanNivesh, 5th Floor,
Asaf Ali Road,	Nr. Panbazar over bridge, S.S. Road,
New Delhi – 110 002.	Guwahati – 781001(ASSAM).
Tel.: 011 - 23232481/23213504	Tel.: 0361 - 2632204 / 2602205
Email: bimalokpal.delhi@ecoi.co.in	Email: bimalokpal.guwahati@ecoi.co.in

ANDHRA PRADESH,TELANGANA,YANAM AND PART OF TERRITORY OF PONDICHERY.	RAJASTHAN.
HYDERABAD - Shri I. Suresh Babu	JAIPUR - Smt. SandhyaBaliga
Office of the Insurance Ombudsman,	Office of the Insurance Ombudsman,
6-2-46, 1st floor, "Moin Court",	JeevanNidhi – II Bldg.,
Lane Opp. Saleem Function Palace,	Ground Floor,
A. C. Guards, Lakdi-Ka-Pool,	Bhawani Singh Marg,
Hyderabad - 500 004.	Jaipur - 302 005.
Tel.: 040 - 67504123 / 23312122	Tel.: 0141 – 2740363
Fax: 040 – 23376599	
Email: bimalokpal.hyderabad@ecoi.co.in	Email: Bimalokpal.jaipur@ecoi.co.in

KERALA, LAKSHADWEEP,MAHE-A PART OF PONDICHERY.	WEST BENGAL,SIKKIM,ANDAMAN & NICOBAR ISLANDS
ERNAKULAM - Shri/Smt.....	KOLKATA - Shri/Smt.....
Office of the Insurance Ombudsman,	Office of the Insurance Ombudsman,
2nd Floor, Pulinat Bldg.,	Hindustan Bldg. Annexe, 4th Floor,
Opp. Cochin Shipyard, M. G. Road,	4, C.R. Avenue,
Ernakulam - 682 015.	KOLKATA - 700 072.
Tel.: 0484 - 2358759 / 2359338	Tel.: 033 - 22124339 / 22124340
Fax: 0484 – 2359336	Fax : 033 – 22124341
Email: bimalokpal.ernakulam@ecoi.co.in	Email: bimalokpal.kolkata@ecoi.co.in

LUCKNOW -Shri/Smt.....	NOIDA - Shri/Smt.....
Office of the Insurance Ombudsman,	Office of the Insurance Ombudsman,
6th Floor, JeevanBhawan, Phase-II,	BhagwanSahai Palace

HDFC ERGO General Insurance



Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 – 2231310 Email: bimalokpal.lucknow@ecoi.co.in	4th Floor, Main Road, Naya Bans, Sector 15, Distt: GautamBuddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in
Districts of Uttar Pradesh :	State of Uttaranchal and the following Districts of Uttar Pradesh:
Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, 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.	Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

GOA, MUMBAI METROPOLITAN REGION, EXCLUDING NAVI MUMBAI & THANE	BIHAR, JHARKHAND
MUMBAI - ShriMilind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, JeevanSeva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 – 26106052 Email: bimalokpal.mumbai@ecoi.co.in	PATNA 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

MAHARASHTRA, AREA OF NAVI MUMBAI AND THANE, EXCLUDING MUMBAI METROPOLITAN REGION.
PUNE
Office of the Insurance Ombudsman, JeevanDarshan 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