

Policy Document**1. Terms & Conditions**

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

2. Benefit

This Policy provides benefits up to the Sum Assured for the specified events occurring during the Policy Period and while the Policy is in force for an Illness and/or, Accident and/or Hospitalisation or the conditions described below subject to any specific limits specified in the Product Benefits Table, the terms, conditions, limitations and specific and general exclusions mentioned in the Policy and as shown in the Schedule of Insurance Certificate and eligibility for the insurance plan opted for as specified in the Product Benefit Table.

2.1. Personal Accident Cover (Individual or Family option)

If any of the Insured Persons dies or sustains any bodily Injury resulting solely and directly from Accident occurring during the Policy Period at any location worldwide, and while the Policy is in force, We will provide the benefits described below:

2.1.1 Accidental Death

If an Insured Person dies solely and directly due to Accidental bodily Injury within 90 days from occurrence of such Accidental bodily Injury We will pay the Sum Assured specified in the Schedule of Insurance Certificate.

2.1.2 Child Education Benefit (only in Family option, where children have been included)

If We have accepted a claim for the Accidental death of the Proposer under 2.1.1 above, then in addition to any amount payable under 2.1.1, We will make a onetime payment equal to the lower of 5% of the Sum Assured payable under 2.1.1 or Rs 50,000 as an education benefit for each of that Proposer's children, provided that each such child is an Insured Person under the Policy.

2.1.3 Funeral Expenses

If We have accepted a claim for the Accidental death of an Insured Person under 2.1.1 above, then in addition to any amount payable under 2.1.1, We will make a onetime payment of Rs 5,000 towards the funeral expenses of that Insured Person.

2.1.4 Accidental Permanent Total Disability (PTD)

If an Insured Person suffers Permanent Total Disability solely and directly due to an Accident and within ninety (90) days of such Accident, We will pay the Sum Assured specified in the Schedule of Insurance Certificate provided that:

2.1.4.1 the Permanent Total Disability is proved to Our satisfaction; and a disability certificate is presented to Us, and such disability certificate shall be issued by a Medical Board duly constituted by the Central and the State Government; and

2.1.4.2 We will admit a claim under 2.1.4 only if the Permanent Total Disability continues for a period of at least 6 continuous calendar months from the commencement of the Permanent Total Disability; and

2.1.4.3 If the Insured Person dies before a claim has been admitted under 2.1.4, no amount will be payable under 2.1.4; and

2.1.4.4 We will not make payment under 2.1.4 in respect of an Insured Person and for any and all Policy Periods more than once in the Insured Person's lifetime.

2.1.4.5 If the Insured Person is equal to or more than 65 years of age on the date of the Accident, then We will not make any payment under 2.1.4 unless the Insured Person has suffered Permanent Total Disability which is 'Loss of use of limbs or sight' or 'Loss of independent living'.

2.1.5 Child Education Benefit (available only in Family option with children)

If We have accepted a claim for the Permanent Total Disability of the Proposer under 2.1.1 above, then in addition to any amount payable under 2.1.1, We will make a onetime payment equal to the lower of 5% of the Sum Assured payable under 2.1.1 or Rs 50,000 as an education benefit for each of that Proposer's children, provided that each such child is an Insured Person under the Policy.

2.1.6 Accidental Permanent Partial Disability (PPD)

If an Insured Person suffers Permanent Partial Disability solely and directly due to an Accident and within ninety (90) days of such Accident, We will pay the amount specified in the grid below which is a percentage of the Sum Assured specified in the Schedule of Insurance Certificate, provided that:

The Permanent Partial Disability is proved to Our satisfaction; and a disability certificate is presented to us, and such disability certificate shall be issued by a Medical Board duly constituted by the Central and the State Government: and

2.1.6.1 We will admit a claim under 2.1.5 only if the Permanent Partial Disability continues for a period of at least 6 continuous calendar months from the commencement of the Permanent Partial Disability; and

2.1.6.2 If the Insured Person dies before a claim has been admitted under 2.1.5, no amount will be payable under 2.1.5.

2.1.6.3 If a claim has been admitted under 2.1.4, then no further claim in respect of the same condition will be admitted under 2.1.5,

Permanent Partial Disability Grid		
Sno	Nature of Permanent Partial Disability	% of the Sum Assured
1	Loss or total and permanent loss of use of both the hands from the wrist joint	100%
2	Loss or total and permanent loss of use of both feet from the ankle joint	100%
3	Loss or total and permanent loss of use of one hand from the wrist joint and of one foot from the ankle joint	100%
4	Loss or total and permanent loss of use of one hand from the wrist joint and total and permanent loss of sight in one eye	100%
5	Loss or total and permanent loss of use of one foot from the ankle joint and total and permanent loss of sight in one eye	100%
6	Total and permanent loss of speech and hearing in both ears	100%
7	Quadriplegia	100%
8	Total and permanent loss of hearing in both ears	50%
9	Loss or total and permanent loss of use of one hand from wrist joint	50%
10	Loss or total and permanent loss of use of one foot from ankle joint	50%
11	Total and permanent loss of sight in one eye	50%
12	Total and permanent loss of speech	50%
13	Uniplegia	25%

2.2. Critical Illness Cover (Individual or Family Floater Option)

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

- (a) Such Critical Illness first occurs or manifests itself during the Policy Period; and
- (b) The signs or symptoms of such Critical Illness commence after 90 days from the date of commencement of the Policy specified in the Schedule of Insurance Certificate; and
- (c) The Insured Person survives for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness for the claim to be admissible under 2.2.
- (d) If this Critical Illness cover is in force on a Family Floater basis, then:
 - (i) We will not be liable to make payment under this cover in respect of any and all Insured Persons more than once in a Policy Year;
 - (ii) If We have admitted a claim under this cover for an Insured Person in any Policy Year, this cover shall not be renewed in respect of that Insured Person for any subsequent Policy Year, but the cover will be renewed for the other Insured Persons.

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

1. Cancer of Specified Severity

A malignant tumour characterised 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 and confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded:

- Tumours showing the malignant changes of carcinoma in situ and tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- Any skin cancer other than invasive malignant melanoma.
- 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.
- Papillary micro - carcinoma of the thyroid less than 1 cm in diameter.

- Chronic lymphocytic leukaemia less than RAI stage 3.
- Microcarcinoma of the bladder.
- All tumours in the presence of HIV infection.

2. First Heart Attack-of Specified Severity

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

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

The following are excluded:

- a) Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;
- b) Other acute Coronary Syndromes
- c) Any type of angina pectoris

3. Open Chest CABG

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

The following are excluded :

- a) Angioplasty and/or any other intra-arterial procedures
- b) Any key-hole or laser Surgery.

4. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve Surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s).

The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of Surgery has to be confirmed by a specialist medical practitioner.

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

5. Coma of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs.

This diagnosis must be supported by evidence of all of the following:

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

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

6. Kidney Failure Requiring Regular Dialysis

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

7. Stroke Resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source.

Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain.

Evidence of permanent neurological deficit lasting for atleast 3 months has to be produced.

The following are excluded:

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

8. Major Organ/Bone Marrow Transplant

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using haematopoietic stem cells.

The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

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

9. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of Injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. Motor Neurone Disease with Permanent Symptoms

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

11. Multiple Sclerosis with Persisting Symptoms

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis; and

- there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart.

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

Additional Benefits

12. Aplastic Anaemia

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

- a) Absolute neutrophil count of less than 500/mm³
- b) Platelets count less than 20,000/mm³
- c) Reticulocyte count of less than 20,000/mm³

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

13. Bacterial Meningitis

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

14. Loss of Speech

Total and permanent loss of the ability to produce intelligible speech as a result of irreversible damage to the larynx or its nerve supply from the speech centres of the brain caused by Injury,

tumour or sickness. Medical evidence must be supplied by an appropriate specialist to confirm laryngeal dysfunction and that the loss of speech has lasted for more than 6 months continuously. All psychiatric causes of loss of speech are excluded.

No benefit will be payable if, in general medical opinion, a device, or implant could result in the partial or total restoration of speech.

15. End Stage Liver Disease

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

- a) Permanent jaundice; and
- b) Ascites; and
- c) Hepatic Encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

16. Deafness

Total, bilateral and irreversible loss of all sounds as a result of sickness or Accident. Medical evidence shall be supplied by an appropriate specialist and must include audiometric and sound-threshold testing. The deafness must not be correctable by aides or surgical procedures. Evidence of total, bilateral and irreversible deafness persisting for at least six months has to be produced.

17. End-stage Lung Disease

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

- a) FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- b) Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- c) Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO₂< 55mmHg); and
- d) Dyspnea at rest.

This diagnosis must be confirmed by a respiratory physician.

18. Fulminant Viral Hepatitis

A sub-massive to massive necrosis of the liver by any virus, leading precipitously to liver failure.

This diagnosis must be supported by all of the following:

- a) rapid decreasing of liver size; and
- b) necrosis involving entire lobules, leaving only a collapsed reticular framework; and
- c) rapid deterioration of liver function tests; and
- d) deepening jaundice; and
- e) hepatic encephalopathy.

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

19. Major Burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured Person's body. A Medical Practitioner must confirm the diagnosis and the total area involved.

Self inflicted burns are excluded.

20. Muscular Dystrophy

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

Activities of Daily Living are defined as:

- i. **Washing** : the ability to maintain an adequate level of cleanliness and personal hygiene
- ii. **Dressing** : the ability to put on and take off all necessary garments, artificial limbs or other surgical appliances that are Medically Necessary
- iii. **Feeding** : the ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available

- iv. **Toileting** : the ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene
- v. **Mobility** : the ability to move indoors from room to room on level surfaces at the normal place of residence
- vi. **Transferring**: the ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa.

2.3. Hospital Cash Benefit

2.3.1. If an Insured Person is Hospitalised solely and directly due to a bodily Injury arising from an Accident or due to an Illness, then We will pay the Daily Allowance specified in the Product Benefit Table for each continuous and completed period of 24 hours of Hospitalisation provided that:

- (a) We shall not be liable to make any payment for Hospitalisation and/or treatment and/or treatment following diagnosis which occurs within 30 days from the date of commencement of the Policy specified in the Schedule of Insurance Certificate, unless such Hospitalisation is required solely and directly due to an Accident;
- (b) The Insured Person is Hospitalised for a minimum period of at least 2 days with continuous and completed periods of at least 24 hours following which the Daily Allowance will be payable from the first day of Hospitalisation;
- (c) We shall not be liable to make payment of the Daily Allowance under this benefit for more than 45 days in a Policy Year, including all days of admission to the Intensive Care Unit.

2.3.2. If an Insured Person is required to be admitted to the Intensive Care Unit of a Hospital solely and directly due to a bodily Injury arising from an Accident or due to an Illness, then We will pay twice the Daily Allowance specified in the Product Benefit Table for each continuous and completed period of 24 hours of admission in the Intensive Care Unit provided that:

- (a) We shall not be liable to make any payment for Hospitalisation which occurs within 30 days from the later of the date of commencement of the Policy specified in the Schedule of Insurance Certificate, unless such Hospitalisation is required solely and directly due to an Accident
- (b) We shall not be liable to make payment under this benefit for more than 7 days in a Policy Year.

- (c) The Insured Person is Hospitalised for a minimum period of at least 2 days with continuous and completed periods of at least 24 hours following which the benefit amount will be payable from the first day of Hospitalisation

3. Exclusions

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

a. Pre-Existing Diseases

Benefits will not be available for Pre-existing Diseases until 48 months of continuous coverage have elapsed since the inception of the first Policy with Us for the respective benefit.

b. Specific Waiting Period for the Hospital Cash Benefit under 2.3

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

1. Stones in biliary and urinary systems
2. Lumps / cysts / nodules / polyps / internal tumours
3. Gastric and Duodenal Ulcers
4. Surgery on tonsils / adenoids
5. Osteoarthritis / Arthritis / Gout / Rheumatism / Spondylosis / Spondylitis / Intervertebral Disc Prolapse
6. Cataract
7. Fissure / Fistula / Haemorrhoids
8. Hernia / Hydrocele / Varicocoele / Spermatocoele
9. Chronic Renal Failure or end stage Renal Failure
10. Sinusitis / Deviated Nasal Septum / Tympanoplasty / Chronic Suppurative Otitis Media

11. Benign Prostatic Hypertrophy
12. Joint replacement Surgery
13. Dilatation and Curettage
14. Varicose veins
15. Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis
16. Diabetes and related complications
 - a) Hyperglycaemia with or without coma
 - b) Hypoglycaemia with or without coma
 - c) Diabetic Ketoacidosis
 - d) Diabetic Nephropathy
 - e) Diabetic Retinopathy
 - f) Diabetic Neuropathy
17. Hysterectomy for any benign disorder
18. Thyroid and parathyroid gland disorders excluding malignancy
19. High Blood Pressure and its complications, direct results of or accompanied by it including but not limited to stroke, cerebral hemorrhage
20. Any heart, heart valves or coronary disorders.

c. Permanent Exclusions

1. Specific Exclusions for Personal Accident Cover under 2.1

We shall not be liable to make any payment under any benefits under the Personal Accident Cover under 2.1 if the claim is attributable to, or based on, or arise out of, or are directly or indirectly connected to any of the following:

- i. Suicide or self inflicted Injury, whether the Insured Person is medically sane or insane.

- ii. War (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, martial law, rebellion, revolution, insurrection, military or usurper power, riot or civil commotion..
- iii. Service in the armed forces, or any police organization, of any country at war or at peace or service in any force of an international body or participation in any of the naval, military or air force operation during peace time.
- iv. Any change of profession after inception of the Policy which results in the enhancement of Our risk, if not accepted and endorsed by Us on the Schedule of Insurance Certificate.
- v. Committing an assault, a criminal offence or any breach of law with criminal intent.
- vi. Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a licensed doctor other than the Policyholder or an Insured Person.
- vii. Inhaling any gas or fumes, accidentally or otherwise, except accidentally in the course of duty.
- viii. Participation in aviation other than as a fare-paying passenger in an aircraft that is authorized by the relevant regulations to carry such passengers between established aerodromes
- ix. engaging in or taking part in professional sports or any hazardous pursuits, such as diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping;
- x. Any disability arising out of Pre-existing Diseases if not accepted and endorsed by Us.
- xi. Body or mental infirmity or any disease except where such condition arises directly as a correspondence of an Accident during the Policy Period. However this exclusion is not applicable to claims made under the PPD benefit

2. Specific Exclusions for Critical Illnesses under 2.2

In addition to any conditions and exclusions listed under each Critical Illness, We shall not be liable to make any payment of the Critical Illness Benefit under 2.2 if the claim is

attributable to, or based on, or arise out of, or are directly or indirectly connected to any of the following:

- a. Acquired Immune Deficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV); or
- b. the Insured's attempted suicide or self-inflicted injuries while sane or insane; or
- c. any Congenital Anomaly or inherited disorder or developmental conditions of the Insured; or
- d. narcotics used by the Insured Person unless taken as prescribed by a registered doctor, or the Insured Person's abuse of drugs and/or consumption of alcohol; or
- e. Failure to seek or follow Medical Advice; or
- f. War (whether war be declared or not), invasion, act of foreign enemy, hostilities, armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes; or
- g. taking part in any naval, military or air force operation during peace time; or
- h. participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- i. participation by the Insured Person in a criminal or a breach of law with criminal intent or
- j. engaging in or taking part in professional sports or any hazardous pursuits, such as diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping; or
- k. nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

3. Specific Exclusions for Hospital Cash Benefit under 2.3

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

- i. Hospitalisation not in accordance with the diagnosis and treatment of the condition for which the Hospital confinement was required;
- ii. Elective Surgery or treatment which is not Medically Necessary;
- iii. Treatment for weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition;
- iv. Any dental care or Surgery of cosmetic nature, extraction of impacted tooth/teeth, orthodontics or orthognathic Surgery, or temporo-mandibular joint disorder except as necessitated by an Accidental Injury
- v. Treatment for infertility or impotency, sex change or any treatment related to it, abortion, sterilization and contraception including any complications relating thereto;
- vi. Treatment arising from pregnancy and it's complications which shall include childbirth or abortion or threatened abortion excluding ectopic pregnancy;
- vii. Treatment for Congenital Anomaly,
- viii. Hospitalisation primarily for diagnosis, X-ray examinations, general physical or medical check-up not followed by active treatment during the Hospitalisation period or Hospitalisation where no active treatment is given by the Medical Practitioner
- ix. Unproven/Experimental treatments.
- x. Alternative treatment;
- xi. Treatment of any mental or psychiatric condition including but not limited to insanity, mental or nervous breakdown / disorder, depression, dementia, Alzheimer's disease or rest cures;

- xii. Admission to a nursing home or home for the care of the aged for rehabilitation, or convalescence.
- xiii. Treatment directly or indirectly arising from alcohol, drug or substance abuse and any Illness or Accidental physical Injury which may be suffered after consumption of intoxicating substances, liquors or drugs;
- xiv. Treatment directly or indirectly arising from or consequent upon war (whether war be declared or not), invasion, acts of foreign enemies, hostilities, civil war, rebellion, active participation in strikes, riots or civil commotion, revolution, insurrection or military or usurped power, and full-time service in any of the armed forces;
- xv. Acquired Immune Deficiency Syndrome (AIDS) and all Illnesses or diseases caused by or related to the Human Immuno-deficiency Virus;
- xvi. Sexually transmitted diseases;
- xvii. Cosmetic or plastic Surgery except to the extent that such Surgery is necessary for the repair of damage caused solely by Accidental Injuries; treatment of xanthelesema, syringoma, acne and alopecia;
- xviii. Nuclear disaster, radioactive contamination and/or release of nuclear or atomic energy;
- xix. Treatment for Accidental physical Injury or Illness caused by intentionally self-inflicted injuries; or any attempts of suicide while sane or insane;
- xx. Treatment for Accidental physical Injury or Illness caused by violation or attempted violation of the law, or resistance to arrest;
- xxi. Treatment for Accidental physical Injury or Illness caused by professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, and any other hazardous activities or sports unless agreed by special endorsement;
- xxii. Circumcision unless necessary for treatment of a disease or necessitated due to an Accident;

- xxiii. Hospitalisation where the Insured Person is a donor for any organ transplant;
- xxiv. Any treatment outside of Republic of India
- xxv. Treatment to assist reproduction, including IVF treatment
- xxvi. Hormone Replacement Therapy
- xxvii. Ageing and Puberty: Treatment to relieve symptoms caused by ageing, puberty, or other natural physiological cause, such as menopause and hearing loss caused by maturing or ageing
- xxviii. Artificial Life Maintenance: Artificial Life Maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health
- xxix. Hereditary conditions: Treatment for abnormalities, deformities illness present only because they have been passed down through generations of family
- xxx. Sleep disorders: Treatment for sleep apnea, snoring or any other sleep-related breathing problem
- xxxi. Speech disorders: Treatment for speech disorders, including stammering
- xxxii. Treatment for developmental problems: Treatment for, or related to developmental problems, including – learning difficulties (such as dyslexia), behavioral problems, including attention deficit hyperactivity disorder (ADHD)
- xxxiii. Any costs or expenses specified in the List of Expenses Generally Excluded at Annexure II.

d. General Conditions for exclusions

- i. If We have accepted the claim of an Insured Person under the Permanent Total Disability, Permanent Partial Disability or Critical Illness cover, then, We shall not accept any other claim of that Insured Person for the same condition/disablement under the Permanent Total Disability or Permanent Partial Disability or Critical Illness cover even if the claim is made under another benefit provision of the Policy from the original claim.

4. Standard Terms and Conditions**a. Reasonable Care**

The Insured Person shall take all reasonable steps to safeguard against any occurrence, event or situation that may give rise to any claim under this Policy.

b. Observance of terms and conditions

The due observance and fulfillment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a Condition Precedent to any liability to make payment under this Policy .

c. Subrogation and Contribution

Subrogation and Contribution provisions are not applicable to the Policy.

d. Fraudulent claims

If a claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a claim, or if any fraudulent means or devices are used by the Insured Person or any false or incorrect Disclosure to Information Norms or anyone acting on behalf of the Insured Person to obtain any benefit under this Policy, then this Policy shall be void and all claims being processed shall be forfeited for all Insured Persons and all sums paid under this Policy shall be repaid to Us by all Insured Persons who shall be jointly liable for such repayment.

e. Free Look Provision

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You may cancel the Policy stating the reasons for cancellation and provided that no claims have been made under the Policy, We will refund the premium paid by You after deducting the amounts spent on stamp duty charges and proportionate risk premium for the period on cover. All rights and benefits under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. The free look provision is not applicable and available at the time of Renewal of the Policy.

f. Portability :**i. From another company to Our Policy**

(i) If the proposed Insured Person was insured continuously and without a break under another Indian retail health insurance policy with any other Indian General Insurance company, or stand alone Health Insurance company, it is understood and agreed that:

- (1) If You wish to exercise the Portability Benefit, We should have received Your application and completed Portability Form with complete documentation at least 45 days before the expiry of Your present period of insurance;
- (2) We may revise the premium payable based on the extent of applicability of the Portability Benefit.
- (3) This benefit is available only at the time of Renewal of the existing health insurance policy.
- (4) Portability benefit is available only upto the existing cover. If the proposed Sum Insured is higher than the Sum Insured under the expiring policy, waiting periods would be applied on the amount of proposed increase in Sum Insured only, in accordance with the existing guidelines of the Insurance Regulatory and Development Authority.
- (5) Waiting period credits would be extended to Pre-existing Diseases and time bound exclusions/waiting periods in accordance with the existing guidelines of the Insurance Regulatory and Development Authority.
- (6) The Portability Benefit shall be applied by Us within 15 days of receiving Your completed Application and Portability Form subject to the following :
 - (a) You shall give Us all additional documentation and/or information We request;
 - (b) You pay Us the applicable premium in full;
 - (c) We may, subject to Our medical underwriting, restrict the terms upon which We may offer cover, the decision as to which shall be in Our sole and absolute discretion;
 - (d) There is no obligation on Us to insure all Insured Persons or to insure all Insured Persons on the proposed terms, even if You have given Us all documentation;

- (e) We have received necessary details of medical history and claim history from the previous insurance company for the Insured Persons' previous health insurance policy through the IRDA's web portal.
- (f) No additional loading or charges shall be applied by Us exclusively for porting the policy.

ii. From Our existing health insurance policies to this Policy

- (i) If the proposed Insured Person was insured continuously and without a break under another health insurance policy with Us, It is understood and agreed that:
 - (1) If You wish to exercise the Portability Benefit, We should have received Your application and completed Portability Form before the expiry of Your present period of insurance;
 - (2) This benefit is available only at the time of Renewal of the existing health insurance policy.
 - (3) Portability Benefit is available only upto the existing cover. If the proposed Sum Insured is higher than the Sum Insured under the expiring policy, waiting periods would be applied on the amount of proposed increase in Sum Insured only, in accordance with the existing guidelines of the Insurance Regulatory and Development Authority.
 - (4) Waiting period credits would be extended to Pre-existing Diseases and time bound exclusions/waiting periods in accordance with the existing guidelines of the Insurance Regulatory and Development Authority.¹
 - (5) The Portability Benefit shall be applied by Us within 15 days of receiving Your completed Application and Portability Form subject to the following :

¹ We have included the highlighted phrases in order to make the clauses consistent with the portability clause included in your other policies.

- (a) You shall give Us all additional documentation and/or information We request;
- (b) You pay Us the applicable premium in full;
- (c) We may, subject to Our medical underwriting, restrict the terms upon which We may offer cover, the decision as to which shall be in Our sole and absolute discretion;
- (d) There is no obligation on Us to insure all Insured Persons or to insure all Insured Persons on the proposed terms, even if You have given Us all documentation.
- (e) No additional loading or charges shall be applied by Us exclusively for porting the policy

We reserve the right to modify or amend the terms and the applicability of the Portability Benefit in accordance with the provisions of the regulations and guidance issued by the Insurance Regulatory and Development Authority as amended from time to time.

g. Notification :

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

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

h. Cancellation/ Termination (other than freelook cancellation)

1. Cancellation by Insured Person:

You may terminate this Policy during the Policy Period by giving Us at least 30 days prior written notice. We shall cancel the Policy and refund the premium for the balance of the Policy Period in accordance with the table below provided that no claim has been made under the Policy by or on behalf of any Insured Person.

Length of time Policy in force	Refund of premium
up to 30 days	75%
up to 90 days	50%
up to 180 days	25%
exceeding 180 days	0%

2. Automatic Cancellation:

a. Individual Policy:

The Policy shall automatically terminate on death of the Insured Person

b. For Policy issued to Family:

The Policy shall automatically terminate in the event of the death of all the Insured Persons.

c. Refund:

A refund in accordance with the table in Section 4(f)(1) above shall be payable if there is an automatic cancellation of the Policy provided that no claim has been filed under the Policy by or on behalf of any Insured Person.

3. Cancellation by Us:

Without prejudice to the above, We may terminate this Policy during the Policy Period by sending 30 days prior written notice to Your address shown in the Schedule of Insurance Certificate without refund of premium if in Our opinion:

- i. You or any Insured Person or any person acting on behalf of either has acted in a dishonest or fraudulent manner under or in relation to this Policy; and/or
- ii. You or any Insured Person has not disclosed the material facts or misrepresented in relation to the Policy; and/or
- iii. You or any Insured Person has not co operated with Us.

For avoidance of doubt, it is clarified that no claims shall be admitted and/or paid by Us during the notice period.

4. Withdrawal of Product: This product may be withdrawn at the option of the Insurer subject to prior approval of Insurance Regulatory and Development Authority (IRDA) or due to a change in regulations. In such a case We shall provide an option to migrate to our other suitable retail products as available with Us.

5. Revision or Modification: This product may be revised or modified subject to prior approval of Insurance Regulatory and Development Authority (IRDA). In such case We shall notify You of any such change atleast 3 months prior to the date from which such revision or modification shall come into effect, provided it is not otherwise provided by the authority.

i. Territorial Jurisdiction

- a) Personal Accident coverage is available worldwide
- b) Critical Illness and Hospital Cash are available in India only
- c) All claims shall be payable in India in Indian Rupees only.

j. Policy Disputes

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

k. Renewal of Policy

The Renewal premium is payable on or before the due date in the amount shown in the Schedule of Insurance Certificate or at such altered rate as may be reviewed and notified by Us before completion of the Policy Period. We are under no obligation to notify You of the Renewal date of Your Policy. We will allow a Grace Period of 30 days from the due date of the Renewal premium for payment to Us. No benefits or coverage under the Policy will be available for the period for which no premium is received.

If the Policy is not renewed within the Grace Period then We may agree to issue a fresh policy subject to Our underwriting criteria and no continuing benefits shall be available from the expired Policy.

If any Dependent Children has completed 21 years at the time of Renewal, then such Insured Person will have to take a separate policy as he/she will no longer be eligible as Dependent Children, however the continuity benefits will be passed on to the separate policy taken by such Insured Person.

There will not be any loading at the time of Renewal on individual claims experience of the Insured Person. Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.

I. Renewal Benefits (For Personal Accident Cover only):

If the Policy is renewed, the Sum Assured will be increased by 5% of the Sum Assured (shown in the Schedule of Insurance Certificate during the first Policy Year) for every claim free year upto a cumulative maximum of 25% of the Sum Assured for the Personal Accident cover only.

m. Notices

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

- i. The You/Insured Person at the address specified in the Schedule of Insurance Certificate or at the changed address of which We must receive written notice.
- ii. Us at the following address.

Max Bupa Health Insurance Company Limited
D-1, 2nd Floor,

Salcon **Ras Vilas**,

District Centre, **Saket**,

New Delhi-110 017

Fax No.: 1800-3070-3333

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

n. Claims Procedure

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

- i. List of Necessary Documents are as follows:
 - a) For Critical Illness:
 1. Claim form duly completed and signed by the claimant.
 2. Final Hospital Discharge Summary in original / self attested copies if the originals are submitted with another insurer.
 3. Final Hospital Bill in original / self attested copies if the originals are submitted with another insurer.
 4. Original consultation notes and / or investigation reports from outside the Hospital prior to Hospitalisation

5. Copy of First Information Report (FIR) / Panchnama duly attested by the concerned police station (if Critical Illness being claimed for is admissible in event of an Accident)
 6. Copy of Medico Legal Certificate duly attested by the concerned Hospital. (if Critical Illness being claimed for is admissible in event of an Accident)
- b) Hospital Cash:
1. Claim form duly completed and signed by the claimant.
 2. Final Hospital Discharge Summary in original / self attested copies if the originals are submitted with another insurer.
 3. Final Hospital Bill in original / self attested copies if the originals are submitted with another insurer.
 4. Original consultation notes and / or investigation reports from outside the Hospital prior to Hospitalisation
 5. Copy of First Information Report (FIR) / Panchnama duly attested by the concerned police station (if Hospital Cash being claimed for is admissible in event of an Accident)
 6. Copy of Medico Legal Certificate duly attested by the concerned Hospital. (if Hospital Cash being claimed for is admissible in event of an Accident)
- c) Accidental Death
1. Claim form duly completed and signed by the claimant.
 2. Original Death Certificate (issued by the office of Registrar of Births and Deaths)
 3. Copy of First Information Report (FIR) / Panchnama duly attested by the concerned police station
 4. Copy of Medico Legal Certificate duly attested by the concerned Hospital.

5. Income proof of the Proposer
 - i. Last three months Salary Slip OR
 - ii. Last year's ITR / Form 16
 - iii. Employer's Certificate
 - iv. Audited Accounts
- d) Accidental Permanent Total Disability and Accidental Permanent Partial Disability
 1. Claim form duly completed and signed by the claimant.
 2. Hospital Discharge Summary (in original) / self attested copies if the originals are submitted with another insurer.
 3. Final Hospital Bill (in original) / self attested copies if the originals are submitted with another insurer.
 4. Medical consultations and investigations done from outside the Hospital.
 5. Original certificate of Disability issued by a Medical Board duly constituted by the Central and the State Government.
 6. Copy of First Information Report (FIR) / Panchnama duly attested by the concerned police station
 7. Copy of Medico Legal Certificate duly attested by the concerned Hospital.
 8. Income proof of the Proposer:
 - I. Last three months Salary Slip
 - II. Last year's ITR / Form 16
 - III. Employer's Certificate
 - IV. Audited Accounts
- ii. We reserve the right to call for:

- (1) Any other necessary documentation or information that We believe may be required; and
 - (2) A medical examination by Our Medical Practitioner for an investigation as often as We believe this to be necessary. Any expenses related to such examination or investigation shall be borne by Us.
- iii. In the event of the Insured Person's death during Hospitalisation, written notice accompanied by a copy of the post mortem report (if any) shall be given to Us within 14 days regardless of whether any other notice has been given to Us. We reserve the right to require an autopsy.

All claims are to be notified to Us within a reasonable time and for Hospital Cash the Notification of Claim has to be within 48 hours of Hospitalisation. In case where the delay in intimation is proved to be genuine and for reasons beyond the control of the Insured Person or Nominee specified in the Schedule of Insurance Certificate, We may condone such delay and process the claim, We reserve a right to decline such requests for claim process where there is no merit for a delayed claim

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

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

o. Alteration to the Policy

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

p. Nominee

You are mandatorily required at the inception of the Policy, to make a nomination for the purpose of payment of claims, under the Policy in the event of death.

- i. Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the Policy is made by Us.

- ii. In case of any Insured Person other than You under the Policy, for the purpose of payment of claims in the event of death, the default nominee would be You.

q. Obligations in case of a minor

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

r. Customer Service and Grievances Reddressal:

- i. In case of any query or complaint/grievance, You / Insured Person may approach Our office at the following address:

Customer Services Department
Max Bupa Health Insurance Company Limited
D-1, 2nd Floor,
Salcon **Ras Vilas**,
District Centre, **Saket**,
New Delhi-110 017
Contact No: 1800-3010-3333
Fax No.: 1800-3070-3333
Email ID: customercare@maxbupa.com

- ii. In case You/Insured Person are not satisfied with the decision of the above office, or have not received any response within 10 days, You/Insured Person may contact the following official for resolution:

Head – Customer Services
Max Bupa Health Insurance Company Limited
D-1, 2nd Floor,
Salcon **Ras Vilas**,
District Centre, **Saket**,
New Delhi-110 017
Contact No: 1800-3010-3333
Fax No.: 1800-3070-3333
Email ID: customercare@maxbupa.com

- iii. In case You/Insured Person are not satisfied with Our decision/resolution, You may approach the Insurance Ombudsman at the addresses given in Annexure I.
- iv. The complaint should be made in writing duly signed by the complainant or by his/her legal heirs with full details of the complaint and the contact information of the complainant.
- v. As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made
 - 1. only if the grievance has been rejected by Our Grievance Redressal Machinery;
 - 2. within a period of one year from the date of Our rejection;
 - 3. if it is not simultaneously under any litigation.

5. Interpretations & Definitions

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

- Def. 1. **Accident** or **Accidental** means a sudden, unforeseen and involuntary event caused by external visible and violent means..
- Def. 2. **Alternative treatments:** are forms of treatments other than treatment “Allopathy” or “modern medicine” and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
- Def. 3. **Congenital Anomaly** refers to either:
an external condition(s) which is present since birth, and which is abnormal with reference to form, structure or position
- (a) Internal Congenital Anomaly
Congenital anomaly which is not in the visible and accessible parts of the body.
 - (b) External Congenital Anomaly
Congenital anomaly which is in the visible and accessible parts of the body.
- Def. 4. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- Def. 5. **Critical Illnesses** mean those illnesses or diseases of specified severeness as specified in Subsection 2.2
- Def. 6. **Day care centre** means any institution established for Day Care Treatment of illness and / or injuries or a medical set up within a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:-
- has qualified nursing staff under its employment
 - has qualified Medical Practitioner (s) in charge
 - has a fully equipped operation theatre of its own where Surgical Procedures are carried out
 - maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

Def. 7. **Day Care Treatment** means a medical treatment, and/or Surgical Procedure which is:

- a) undertaken under General or Local Anesthesia in a Hospital/Day care centre in less than 24 hrs because of technological advancement, and
- b) which would have otherwise required a Hospitalisation of more than 24 hours.

Treatment normally taken on an OPD Treatment basis is not included in the scope of this definition.

Def. 8. **Dependent Children**

- i) **For the Personal Accident Cover only means** Unmarried children aged between 5 years and 21 years at the time of first Policy with Us, who are financially dependent on You and do not have their own independent households.
- ii) **For the Hospital Cash Benefit only means** Unmarried children aged between 2 years and 21 years at the time of first Policy with Us, who are financially dependent on You and do not have their own independent households.

Def. 9. **Family:**

- i) **For the Personal Accident Cover only means** a unit comprising of **upto four members** who are related to each other in the following manner:
 - (a) Legally married husband and wife as long as they continue to be married; and
 - (b) Up to their two Dependent Children as defined under Def 8(i)
- ii) **For the Critical Illness Cover only means** a unit comprising of **upto 2 members** who are related to each other in the following manner:
 - (a) Legally married husband and wife as long as they continue to be married.
- iii) **For the Hospital Cash Benefit only means** a unit comprising of **upto four members** who are related to each other in the following manner:
 - (a) Legally married husband and wife as long as they continue to be married; and
 - (b) Up to their two Dependent Children as defined under Def 8(ii)

Def. 10. **Disclosure to Information Norm:** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Def. 11. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which no premium is received.

- Def. 12. **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:
- ;
- a) has qualified nursing staff under its employment round the clock;
 - b) has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places
 - c) has qualified Medical Practitioner (s) in charge round the clock;
 - d) has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - e) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
- Def. 13. **Hospitalisation** or **Hospitalised** means the admission in a Hospital for a minimum period of 24 Inpatient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
- Def. 14. **Information Summary Sheet** means the record and confirmation of information provided to Us or Our representatives over the telephone for the purposes of applying for this Policy.
- Def. 15. **Injury**: Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- Def. 16. Inpatient Care means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.
- Def. 17. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

- Def. 18. **Illness** means sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment
- a) Acute Condition-Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
 - b) Chronic condition – A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests- it needs ongoing or long-term control or relief of symptoms –it requires your rehabilitation or for you to be specifically trained to cope with it- it continues indefinitely – it comes back or is likely to come back.
- Def. 19. **Insured Person** : means person named as insured in the Schedule of Insurance Certificate including You
- Def. 20. **Limb** : is/ are jointed appendages i.e an arm or leg with all its parts i.e lower limb is the limb of the body extending from the gluteal region to the foot and upper limb is the limb of the body extending from the deltoid region to the hand
- Def. 21. Medical Advise means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
- Def. 22. **Medically Necessary** Medically necessary treatment is defined as any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:
- a) is required for the medical management of the Illness or injury suffered by the insured;
 - b) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - c) must have been prescribed by a Medical Practitioner;
 - d) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- Def. 23. **Medical Practitioner**: A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence,

Def. 24. **Notification of Claim** is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

Def. 25. **PermanentTotal Disability** means disablement of the Insured Person such that at least one of the following conditions is satisfied

(a) **Unable to Work**

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

(b) **Loss of use of limbs or Sight**

The Insured Person suffers from total and irrecoverable loss of:

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

(c) **Loss of independent living**

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

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

Def. 26. **Policy** means these terms and conditions, any annexure thereto and the Schedule of Insurance Certificate (as amended from time to time), Your statements in the proposal form and the Information Summary Sheet and the policy wording (including endorsements, if any).

- Def. 27. **Policy Period** means the period between the date of commencement and the expiry date of the Policy as stated in the Schedule of Insurance Certificate.
- Def. 28. **Policy Year** means the period of one year commencing on the date of commencement specified in the Schedule of Insurance Certificate or any anniversary thereof.
- Def. 29. **Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing disease and time-bound exclusions if he/she chooses to switch from one insurer to another.
- Def. 30. **Pre-existing Disease** means any condition, ailment or Injury or related condition(s) for which the Insured Person had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first Policy issued by Us.
- Def. 31. **Product Benefits Table** means the Product Benefits Table issued by Us and accompanying this Policy and annexures thereto.
- Def. 32. **Qualified Nurse** is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- Def. 33. **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
- Def. 34. **Schedule of Insurance Certificate** means the schedule provided in the insurance certificate issued by Us, and, if more than one, then the latest in time.
- Def. 35. **Sum Assured** means the sum shown in the Schedule of Insurance Certificate which represents Our maximum, total and cumulative liability for any and all claims under the Policy during the Policy Year.
- Def. 36. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner

Def. 37. **Unproven/Experimental treatment** means treatment, including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

Def. 38. **We/Our/Us** means Max Bupa Health Insurance Company Limited.

Def. 39. **You/Your/Policyholder** means the person named in the Schedule of Insurance Certificate
Any reference to any statute shall be deemed to refer to any replacement or amendment to that statute.

'Max', Max Logo, 'Bupa' and HEARTBEAT logo are trademarks of their respective owners and are being used by Max Bupa Health Insurance Company Limited under license.

Annexure I

List of Insurance Ombudsmen			
Office of the Ombudsman	Name of the Ombudsmen	Contact Details	Areas of Jurisdiction
AHMEDABAD		Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, <u>AHMEDABAD-380 014.</u> Tel.:- 079-27546840, Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL		Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, <u>BHOPAL(M.P.)-462 023.</u> Tel.:- 0755-2569201, Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR		Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, <u>BHUBANESHWAR-751 009.</u> Tel.:- 0674-2596455, Fax : 0674-2596429 Email ioobbsr@dataone.in	Orissa
CHANDIGARH		Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, <u>CHANDIGARH-160 017.</u> Tel.:- 0172-2706468, Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Shri V.	Shri V. Ramasaamy,	Tamil Nadu, UT-

	Ramasaamy	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, <u>CHENNAI-600 018.</u> Tel.:- 044-24333668 /5284, Fax : 044-24333664 Email insombud@md4.vsnl.net.in	Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Shri Surendra Pal Singh	Shri Surendra Pal Singh Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, <u>NEW DELHI-110 002.</u> Tel.:- 011-23239633, Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajashthan
GUWAHATI	Shri Sarat Chandra Sarma	Shri Sarat Chandra Sarma, Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5 th Floor, Near Panbazar Overbridge, S.S. Road, <u>GUWAHATI-781 001 (ASSAM).</u> Tel.:- 0361-2132204/5, Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Shri K. Chandrahas	Shri K Chandrahas Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, <u>HYDERABAD-500 004.</u> Tel : 040-65504123, Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
ERNAKULAM		Insurance Ombudsman, Office of the Insurance Ombudsman,	Kerala , UT of (a) Lakshadweep , (b) Mahe –

		2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, <u>ERNAKULAM-682 015.</u> Tel : 0484-2358759, Fax : 0484-2359336 Email iokochi@asianetindia.com	a part of UT of Pondicherry
KOLKATA	Ms. Manika Datta	Ms. Manika Datta Insurance Ombudsman, Office of the Insurance Ombudsman, North British Bldg., 29, N.S. Road, 4 th Floor, <u>KOLKATA-700 001.</u> Tel : 033-22134866, Fax : 033-22134868 Email iombkol@vsnl.net	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
LUCKNOW		Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj, <u>LUCKNOW-226 001.</u> Tel : 0522 -2231331, Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Shri S. Viswanathan	Shri S Viswanathan Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), <u>MUMBAI-400 054.</u> Tel : 022-26106928, Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

Smt. Rita Bhattacharya, Secretary General
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz(W),
MUMBAI – 400 021
Tel : 022-26106245
Fax : 022-26106949
Email- inscoun@gmail.com

Shri D V Dixit, Dy. Secretary
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz (W),
MUMBAI – 400 021.
Tel : 022-26106980
Fax : 022-26106949

Annexure II

List of Generally excluded in Hospitalisation Policy		
SNO	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -	SUGGESTIONS
TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MO1STUR1SER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine.
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable

28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered
ITEMS SPECIFIC ALL Y EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified

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

79	SURGICAL DRILL	Payable under OT Charges, not payable separately
80	EYE KIT	Payable under OT Charges, not payable separately
81	EYE DRAPE	Payable under OT Charges, not payable separately
82	X-RAY FILM	Payable under Radiology Charge s, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not seperately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	Antiseptic or disinfectant lotions	Not Payable -Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES,SYRINGES	Not Payable -Part of Dressing Charges
88	COTTON	Not Payable -Part of Dressing Charges
89	COTTON BANDAGE	Not Payable -Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patien t when prescribed , otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable (service is cha rged by hospitals,consumables can not be separate ly charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
96	LUXURY TAX	Actual tax levied by government is payable .Part of room charge for sublimits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of room charge not payable separately
102	ATTENDANT CHARGES	Not Payable - P art of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable

104	CLEAN SHEET ^	Part of Laundry/Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET ADMINISTRATIVE OR NON-MEDICAL CHARGES	Not Payable- part of room charges
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTENANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs,shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		

131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS Device	Not Payable
135	INFUSION PUMP - COST Device	Not Payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES Device	Not Payable
138	SPACER	Not Payable
139	SPIROMETRE Device	Not Payable
140	SPO 2PROB E	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBOSACRAL BELT	Essential and should be paid specifically for cases who have undergone surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal liver transplant etc. obstruction,
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
156	BETADINE \ HYDROGEN PEROXIDE \ SPIRIT \ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital

157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES DIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE Tablets	Payable -Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toiletries are not payable,only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	Digestion gels	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES Sterilized Gloves	payable /unsterilized gloves not payable
164	HIV KIT	Payable - payable Preoperative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
OTHERS		
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable

182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations w here covered by policy
186	186 OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVI) requiring trac tion as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometry/ Strips)	Not payable prehospitilisation o r post hospitalisation / Reports and Charts required / Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Not Payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum o f 3 in 48 hrs an d then 1 in 24 hrs
197	URINE BAG P	Payable where medicaly necessary till a reasonable cost - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid.

Annexure III

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

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

Place: _____

Proposer's Signature _____

Date: _____

Name: _____ Designation _____

(DD/MM/YYYY)