IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

Regd. Office: 34, Nehru Place, New Delhi - 110 019

INDIVIDUAL MEDISHIELD INSURANCE POLICY

This Policy is evidence of the contract between You and Us. The Proposal along with any written statement(s), declaration(s) of Yours for purpose of this Policy forms part of this contract.

This Policy witnesses that in consideration of Your having paid the premium for the period stated in the Schedule or for any further period for which We may accept the payment for renewal of this Policy, We will insure the Insured Person(s) and accordingly We will pay to You or to Insured Person(s) or their legal representatives as the case may be, in respect of events occurring during the Period of Insurance in the manner and to the extent set-forth in the Policy including endorsements, provided that all the terms, conditions, provisions, and exceptions of this Policy insofar as they relate to anything to be done or complied with by You and/or Insured Person(s) have been met.

The Schedule shall form part of this Policy and the term Policy whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this Policy or Schedule shall bear such meaning whenever it may appear.

The Policy is based on information which have been given to Us about Insured Person(s) pertaining to risk insured under the Policy and the truth of this information shall be condition precedent to Your or the Insured Person's right to recover under this Policy.

DEFINITION OF WORDS

1. **Accident**isa sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. **Any One Illness**meanscontinuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

3. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.We may provide coverage for one or more systems covered under "AYUSH treatment"; provided it fulfills the criteria as mentioned under "Hospital definition for AYUSH TREATMENT".

4. **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.

5. **ConditionPrecedent**shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

6. **Congenital Anomaly**refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
    a. **Internal Congenital Anomaly :** Anomaly which is not in the visible and accessible parts of the body
    b. **External Congenital Anomaly:** Anomalywhich is in the visible and accessible parts of the body.

7. **Contribution**is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion of Sum Insured.

8. **Co-payment**is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.

9. **Critical Illness** means any Disease or Major Injuries as defined under Critical Illness which the InsuredPerson is diagnosed to have suffered from and which requires Hospitalization.

10. **Cumulative Bonus** Cumulative Bonus shall mean any increase or addition in the sum insured granted by the insurer without an associated increase in premium.

11. **Daycarecentre** means any institution established for day care treatment of illness and/ or injuries or a medical setup with 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.

12. **Day Care Treatment**means medical treatment, and/or *surgical procedure* which:
    I. Is undertaken under General or Local Anesthesia in a *hospital/day care centre* in less than 24 (twenty-four) hrs. because of technological advancement, and
    II. which would have otherwise required a hospitalization of more than 24 (twenty four) hours.

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

    The treatment will be considered to be taken under Hospitalization benefit for the processes listed as Day Care Treatment in the **Annexure**"List of Day Care Procedures" attached to the Policy.

13. **Dental Treatment** is treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

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

15. **Domiciliary Hospitalization**means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a *hospital*but is actually taken while confined at home under any of the following circumstances:
    i. the condition of the patient is such that he/she is not in a condition to be removed to a hospital or
    ii. the patient takes treatment at home on account of non-availability of room in a hospital.

16. **Emergency Assistance Service Provider**means the licensed entity which will provide identified Emergency Medical Assistance and Personal Services to people travelling more than 150 kilometres from their declared place of residence in India

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

18. **Emergency Hospitalization:**
    Hospitalization for an illness or injury which occur suddenly and unexpectedly and requires immediate treatment by a Medical practitioner to prevent death or serious long term impairment of the insured person's health.

19. **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.

20. **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 enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

    i. has qualified nursing staff under its employment round the clock;
    ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
    iii. has qualified medical practitioner(s) in charge round the clock;
    iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
    v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

***Following are the enactments specified under the Schedule of section 56 of clinical Establishments (Registration and Regulation) Act, 2010 as of October 2013. Please refer to the act for amendments, if any.**

1. The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act, 2002.
2. The Bombay Nursing Homes Registration Act, 1949.
3. The Delhi Nursing Homes Registration Act, 1953.
4. The Madhya Pradesh Upcharya Griha Tatha Rujopchar Sanbabdu Sthapamaue (Ragistrikaran Tatha Anugyapan) Adhiniyam, 1973.
5. The Manipur Homes and Clinics Registration Act, 1992.
6. The Nagaland Health Care Establishments Act, 1997.
7. The Orissa Clinical Establishments (Control and Regulation) Act, 1990.
8. The Punjab State Nursing Home Registration Act, 1991.
9. The West Bengal Clinical Establishments Act, 1950.

Hospital Definition for "AYUSH TREATMENT"

We may provide coverage for one or more systems covered under "AYUSH treatment"; provided the treatment has been undergone in:

i. A government hospital or in any institute recognized by government and/or accredited by Quality Council of India or National Accreditation Board on Health
ii. Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH)
iii. AYUSH hospital have registration with a Government authority under appropriate Act in the State/ UT and complies with the following as minimum criteria:
    a) Has at least fifteen in-patient beds;
    b) Has minimum five qualified and registered AYUSH doctors
    c) Has qualified paramedical staff under its employment round the clock;
    d) Has dedicated AYUSH therapy sections;
    e) Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel

21. **Hospitalization** means admission in a Hospital for a minimum period of 24 (Twenty-four) consecutive "In-patient Care" hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 (Twenty-four) consecutive hours.

22. **ICU Charges** means the amount charged by a hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

23. **Illness**means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and required medical treatment.

    a. **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** is defined as a disease, illness, or injury that has one or more of the following characteristics:—
        1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
        2. it needs ongoing or long-term control or relief of symptoms
        3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
        4. it continues indefinitely
        5. it recurs or is likely to recur.

24. **Injury**means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

25. **Inpatient Care**means treatment for which the insured person has to stay in a *hospital* for more than 24 (twenty four) hours for a covered event.

26. **Insured Person** means the Person(s) named as Insured Person(s) in the Schedule lodged with Us by You.

27. **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.

28. **Maternity Expenses**shallinclude–
 (a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization.
 (b) Expenses towards lawful medical termination of pregnancy during the Policy period.

29. **Medical Advice**means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription

30. **Medical Assistance Services**means the stipulated medical services offered by Emergency Assistance Service Provider during a medical emergency situation while You are away from home, consisting of medical consultation and evaluation, medical referrals, medical evacuation and medically supervised repatriation**.**

31. **Medical expenses**means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

32. **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 license. The registered Medical Practitioner should not be the Insured or close family member

33. **Medically NecessaryTreatment–**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.

34. **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.

35. **New Born Baby**means baby born during the Policy Period and is aged up to 90 days.

36. **Non- NetworkProvider**means any *hospital,* day care centre or other provider that is not part of the *network.*

37. **Notification of Claim**is the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication

38. **OPD treatment**means treatment in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

39. **Optional Extension**means optional coverage which is available to You apart from the Basic Cover under the Policy, which You can choose to take on payment of necessary additional premium.

40. **Period of Insurance**means the duration of this Policy as shown in the Schedule.

41. **Personal Services** means the other emergency services offered by Emergency Assistance Service Provider during a medical emergency situation while You are away from home, consisting of message transmission, care of minor children left unattended due to medical incident, return of mortal remains, prescription

assistance, and legal and interpreter referrals transportation to join patient and emergency cash coordination.

42. **Policy**means the Policy wording, the Schedule and any applicable endorsement or memoranda. The Policy contains details of the extent of cover available to Insured Person(s), what is excluded from the cover and the conditions on which the Policy is issued.

43. **Portability**means the right accorded to an individual health insurance policy holder (including family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another or from one plan to another plan of the same insurer.

44. **Post Hospitalization Medical Expenses**means Medical Expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:
    i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
    ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company
45. **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(Forty-eight)months prior to the first policy issued by the insurer and renewed continuously thereafter.

46. **Preferred Provider Network**
    means hospitals or Network providers empanelled by ITGI on negotiated package rates to provide cashless facility to you.

47. **Pre-Hospitalization Medical Expenses**meansMedical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that**:**
    i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
    ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

48. **Proposal** means any signed proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to Us by You.

49. **Qualified Nurse** meansa person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India

50. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

51. **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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

52. **Room rent**It means the amount charged by a hospital towards room and boarding expenses and shall include associated medical expenses.

53. **Schedule**means latest Schedule issued by Us as part of the Policy. It provides details of the cover of Insured Person(s) which are in force and the level of cover Insured Person(s) have.

54. **Sum Insured**means the monetary amount shown against each Insured Person.

55. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a *medical practitioner*.

56. **Third Party Administrator** means any person who is registered under IRDAI (Third Party Administrators - Health Services) Regulations,2016 by the Authority and is engaged for a fee or remuneration by an insurance company, for the purpose of providing health services.

57. **Terrorism/Terrorist Incident**means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or the commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered terrorist activity. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.

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

59. **We/Our/Us/Insurer**means **IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.**

60. **You/Your**means the Person(s) named as Insured in the Schedule, including all Insured Persons

CRITICAL ILLNESSES

61. **Cancer of specified severity**A malignant tumour characterised by the uncontrolled growth &spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
    The following are excluded -
    i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
    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 tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
    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 Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
    ix. All tumors in the presence of HIV infection.

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

63. **End Stage Liver Failure**
    I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
    i. Permanent jaundice; and
    ii. Ascites; and
    iii. Hepatic encephalopathy.
    II. Liver failure secondary to drug or alcohol abuse is excluded.

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

65. **Third Degree Burns**means an injury due to any form of burn touching one third or more of the body area causing loss of soft tissue and resulting in impairment or loss of function of the injured organ.

66. **Major Injuries**means accidental bodily injuries caused by external, violent and visible cause leading to loss of limbs i.e. physical separation or permanent and total loss of use of one or more hand, foot or eye within 12 months from the date of injury.

67. **Major Organ /Bone Marrow Transplant**
    I. The actual undergoing of a transplant of:
        i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
        ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
    II. The following areexcluded:
        a. Other stem-cell transplants
        b. Where only islets of langerhans are transplanted

68. **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.

69. **Multiple Sclerosis With Persisting Symptoms**
    I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
        i. investigations including typical MRI findings, which unequivocally confirm the diagnosis to be multiple sclerosis and
        ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
    II. Other causes of neurological damage such as SLE and HIV are excluded.

70. **Myocardial Infarction (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. 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. Other acute Coronary Syndromes
        b. Any type of angina pectoris
        c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

71. **Open Chest CABG The** actual undergoing of heart surgery to correct blockage or narrowing in one ormore coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
    The following are excluded:
        iii. Angioplasty and/or any other intra-arterial procedures

72. **Open Heart Replacement Or Repair Of Heart Valves**The actual undergoing of open-heart valve surgery 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 alvotomy/valvuloplasty are excluded.

73. **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.

74. **Stroke Resulting In Permanent Symptoms**Any cerebrovascular incident producing permanent neurological sequelae.This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage andembolisation from an extra cranial source. Diagnosis has to be confirmed by a specialistmedical practitioner and evidenced by typical clinical symptoms as well as typicalfindings in CT Scan or MRI of the brain. Evidence of permanent neurological deficitlasting for at least 3 months has to be produced.

The following are excluded:

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

BASIC COVER

WHAT IS COVERED	WHAT IS NOT COVERED
If the Insured Person sustains any Injury or contracts any Disease or sustains any injury due to any accident (including any act of terrorism)and if, he/she has to incur Medically necessaryHospitalization expenses, then We will pay Reasonable and Customary Charges of the following Hospitalization expenses: 1. Room, Boarding and Nursing Expense as provided in the Hospital/Nursing Home subject to following limits for a) Sub limit per day for normal Room expenses for (i) Sum Insured less than 3 Lakh: 1.0% of Basic Sum Insured. (ii) Sum Insured 3 Lakh and above: As per Actuals b) Sub limit per day for Intensive Care/Therapeutic Unit expenses for (i) Sum Insured less than 3 Lakh: 2.5% of Basic Sum Insured. (ii) Sum Insured 3 Lakh and above: As per Actuals c) Registration, Service Charges, Surcharge and any other similar charges of Hospital / Nursing Home: Actuals subject to a maximum of 0.5% of Basic Sum Insured. 2. Medical Practitioner/ Anesthetist,Consultant fees. 3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organ and similar expenses. 4. Expenses on Vitamins and Tonics only if forming part of treatment as certified by the attending Medical Practitioner. 5. The above stated relevant expenses incurred for Domiciliary Hospitalization is Medically Necessary and at Reasonable and Customary Charges up to a maximum aggregate sub-limit of 20% of the Basic Sum Insured. 6 An additional Daily Allowance amount equivalent to 0.1% of the Basic Sum Insured or Rs. 250/- per day whichever is less, for the duration of Hospitalization towards defraying of miscellaneous expenses.	**WE will not pay for** 1. Any condition(s) defined as Pre - existing Disease in the Policy, until 36 months of continuous coverage have elapsed, since inception of the first Policy with Us. This exclusion will also apply to any complications arising from Pre-existing Condition/ailment/disease/ injuries. Such complications will be considered as a part of the Pre-existing health condition for disease. 2. Any expense on Hospitalization/Domiciliary Hospitalization for any Disease during first 30 days of commencement of this Insurance cover except accidental hospitalization. This exclusion shall not apply in case of the Insured Person having been covered under this Policy or Individual/Group Medical Insurance Policy with any of Indian Insurance Companies for a continuous period of preceding 12 months without a break exceeding 30 days. 3. Any expense incurred in the first year of operation of the insurance cover on treatment of the following Diseases : (i) Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma (ii) Hernia, Hydrocele, Congenital Internal Disease. (iii) Fistula in anus, Piles, Sinusitis (iv) Choletithiasis and Cholecystectomy However, if these Disease are Pre-Existing at the time of the first Proposal then they will be falling under Exclusion (1) and will be covered after three continuous year of insurance with Us. This exclusion shall not apply in case of the Insured Person having been covered under this Policy or Individual Medical Insurance Policy with any of Indian Insurance Companies for a continuous period of preceding 12 months without a break exceeding 30 days. 4. Injuries or Diseases directly or indirectly caused by or arising from or attributable to war, invasion, act offoreign enemy, war like operation (whether war be declared or not). 5. Circumcision, unless necessary for the treatment of a Disease not otherwise excluded or required as a

7. Ambulance charges in connection with any admissible claim limited to 1.0% of the Basic Sum Insured or Rupees 1500/- whichever is less for each claim.

8. AYUSHhospitalization expenses including Pre-Hospitalization and Post Hospitalization expenses shall be limited to 10% of the Basic Sum Insured.

Note

1. The Hospitalization expenses incurred for treatment of any one illness under package charges of the Hospital/Nursing Home will be restricted to 80% of the package in hospitals outside the Preferred Provider Network.

2. Hospitalization expenses of person donating an organ during the course of organ transplant will also be payable subject to the above sub limits applicable to the Insured Person and within the overall Sum Insured (Basic plus Optional Extension, if applicable)of the Insured Person. For the Donor, no payment will be made towards Ambulance charges, Pre and Post Hospitalization expenses and Daily Allowance.

3. Pre-Hospitalization and Post Hospitalization expenses for 60 days respectively as defined under the Policy will also be reimbursed along with the aforesaid Hospitalization expenses subject to the overall Sum Insured (Basic plus Optional Extension, if applicable)limit of the Insured Person. Any Nursing expenses during Pre and Post Hospitalization will be considered only if Qualified Nurse is employed and is Medically Necessary for the duration specified.

4. For the purpose of determining the sub-limits of expenses for Room/ Boarding/Nursing, Domiciliary Hospitalization, Daily Allowance and Ambulance charges as detailed under Item (1), (5), (6), (7) and (8) above, the specified percentages will be applied on the Basic Sum Insured only and not on the Cumulative Bonus amount or Optional Extension (Critical Illness) Sum Insured amount.

5. Cumulative Bonus: The Basic Sum Insured under the Policy shall be increased by 5% of the Basic Sum Insured at each renewal in respect of each claim free year of insurance, subject to maximum of 50% of the Insured Person's Basic Sum Insured of the expiring Policy. The Optional Extension (Critical Illness) Sum Insured is not eligible for any Cumulative Bonus
For Cumulative Bonus eligibility, the Policy has to be renewed within the expiry date or within a maximum of 30 days from the expiry date, beyond which the entire Cumulative Bonus earned will lapse and be forfeited. Any Medishield Insurance cover thereafter will be treated as a fresh cover for the purposes of the Pre-existing Disease, 30 days Waiting Period and First Year Disease Exclusions.
In case of a claim under the Policy in respect of any Insured Person who has earned Cumulative Bonus, the existing Cumulative Bonus will be reduced by 5% of Basic Sum Insured at the next renewal, subject to the

result of accidental bodily injury, vaccination unless forming part of post-bite treatment, inoculation, cosmetic or aesthetic treatment of any description (including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease.

6. Cost of spectacles and contact lens or hearing aids.
7. Dental treatment or surgery of any kind, unless requiring Hospitalization.
8. Treatment of mental illness, psychiatric or psychological disorders, Convalescence, general debility, run down condition or rest cure, congenital Disease or defects or anomalies, sterility, venereal Disease, intentional self-Injury, or cause of accident/illness is use of intoxicating drugs/alcohols by the insured person(s).
9. Any expense on treatment related to HIV, AIDS and all related medical conditions.
10. Expenses on Diagnostic, X-Ray, or Laboratory examinations unless related to the active treatment of Disease or Injury falling within ambit of Hospitalization or Domiciliary Hospitalization claim.
11. Any Hospitalization for evaluation purpose.
12. Expenses on treatment arising from or traceable to pregnancy (other than ectopic pregnancy), childbirth, miscarriage, abortion or complications of any of these, including caesarean section and any infertility, sub fertility or assisted conception treatment.
13. Any expense on Injuries or Diseases directly or indirectly caused by or contributed to by nuclear weapons/material.
14. Any expense on treatment of Insured Person as outpatient in a Hospital.
15. Any expense on experimental or alternative medicine.However, this exclusion shall not apply to AYUSH treatment necessitating Hospitalization, and taken at the registered Hospitals.
16. Any expense on procedure and treatment including acupressure, acupuncture, magnetic and such other therapies etc.
17. Any expense related to Disease/Injury suffered whilst engaged in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard.
18. External/Durable medical/non-medical equipment of any kind which can be used at home subsequently, like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, Nebulizing machine, ventilator except the medicines or the solutions required for the treatment.
19. Stem cell implantation/ surgery and Genetic disorders.
20. All non-medical expenses including personal comfort and convenience items or services, such as

stipulation that Basic Sum Insured shall be maintained.

6. Cost of Health Check Up: Insured Person shall be entitled for reimbursement of cost of medical checkup once at the end of a block of every four claim-free policy years with us in the subsequent renewal. The reimbursement shall not exceed the amount equal to 1% of the average Basic Sum Insured during the block of four claim free years.

7.The amounts payable under Item (2) and (3) of 'What is Covered' shall be at the rate applicable to the entitled room category. In case You opt for a room with expenses higher than the entitled category as under 1(a), the charges payable under (2) and (3) shall be limited to the charges applicable to the entitled category or (where the charges applicable are not specified) in the same proportion as the charges applicable for entitled room category bears to charges applicable for higher room category.

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telephone, aya, barber or beauty services, diet charges, baby food, cosmetics, napkins, toiletry items etc.., guest services and similar incidental expenses or services etc. The list of such non-payable items is attached as Annexure."List of Non Payable items".

21. Treatment of obesity or condition arising therefrom (including morbid obesity) and any other weight control programme, services or supplies etc.., hormone replacement therapy, sex change or treatment which results from or is in any way related to sex change.
22. Travel or transportation expenses, other than Ambulance service charges
23. Pre-natal and post-natal expenses.
24. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization.
25. Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical Council.
26. Any expense under Domiciliary Hospitalization for
    Pre and Post Hospitalization treatment
    Treatment of following diseases:
    (i) Asthma
    (ii) Bronchitis
    (iii) Chronic Nephritis and Nephritic Syndrome
    (iv) Diarrhoea and all type of Dysenteries including Gastro-enteritis
    (v) Diabetes Mellitus
    (vi) Epilepsy
    (vii) Hypertension
    (viii) Influenza, Cough and Cold
    (ix) All types of Psychiatric or Psychosomatic Disorders
    (x) Pyrexia of unknown origin for less than 15 days
    (xi) Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis
    (xii) Arthritis, Gout and Rheumatism
    (xiii) Dental Treatment or Surgery
27. Non-Medical expenses that are not covered as per Annexure ' List of Non- Payable Items'
28. Excluded Hospitals: The policy does not pay for cost of treatment (both cashless and reimbursement except emergency Hospitalization) pertaining to any procedure or treatment undertaken by Insured Person(s) in any of the Hospital(s) or from any of the Medical practitioner(s) specified in the list attached as an Annexure "List of Excluded Hospitals. The list of such excluded hospitals / Medical Practitioner(s) is dynamic and hence may change from time to time. We suggest you to please check our website www.iffcotokio.co.in. or contact our call centre / nearest office for updated list of such excluded hospitals before admission.
29. Correction of vision (Lasik or other similar surgery) / and all types Laser treatments / surgeries for EYE which can be performed on OPD basis
30. Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECP (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperberic Oxygen Therapy
31. Intra-articular injections.

	32. Oral Chemotherapy where no monitoring under Doctor Supervision is required in Hospital Setting.

OPTIONAL EXTENSION

I. Critical Illness

1. If the Insured Person be diagnosed during the Period of Insurance as suffering from a Critical Illness as defined under the Policy, We shall reimburse Medically Necessary and Reasonable and Customary Charges incurred on expenses as listed under 'What Is Covered' up to an additional Sum Insured limit stipulated for the Insured Person in the Policy Schedule (equal to his/her Basic Cover Sum Insured)**.**
2. The additional Sum Insured available for Critical Illness under this Optional Extension cover will not qualify for Cumulative Bonus or for the limit for Room/ Board/ Nursing, Domiciliary Hospitalization, Daily Allowance, Ambulance expenses and Cost of Health Check Up as stipulated under "What is Covered" of the Policy.
3. The other terms of coverage (What is Covered/ Not Covered) as detailed under Basic Cover will remain unaltered for this Optional Extension coverage

II. REINSTATEMENT OF SUM INSURED

1. If the Insured person gets hospitalized and the claim is payable, the sum insured gets reduced by the payable amount. Hence, in case insured wants to reinstate the sum insured, he may opt for the same at the time of claim.

2. After occurrence of a claim under the policy, the basic sum insured under the policy will be reinstated by the amount of the claim after charging appropriate premium as per the following method for reinstatement of the basic sum insured so that full basic sum insured is available for the policy period:

   a) Reinstatement of basic sum insured will be to the extent of claim amount paid.
   b) Reinstatement premium will be deducted from the claim amount.
   c) Reinstatement will be effected for the period from the first date of hospitalization up to the expiry date of the policy.
   d) This reinstated basic sum insured will not be available for the hospitalization treatment expenses of the illness, disease, injury for which the insured person(s) was/were hospitalized. It will be available for treatment including that for the same illness or any other disease, illness (other than chronic diseases listed below under point g) which are not cases of relapse within 45(forty five) days of first hospitalization for which Insured person(s) was/were hospitalised. Further even in the first hospitalization period, if the insured person(s) sustain any injury or contract(s) any disease other than injury, disease for which he/she was hospitalised, then the reinstated basic sum insured will be available for payment of claim for subsequent disease/injury/illness which insured person(s) has/have sustained whilst being in the hospital for the other disease/injury.
   e) Though the basic sum insured will be reinstated as soon as hospitalization of the insured person(s) take place, the premium for the same shall be recovered from the claim settlement amount.
   f) Premium will be computed on pro-rata on the proportion of claimed amount to basic sum insured and the annual premium as per the following calculation

$$\text{Reinstatement Premium} = \left[\frac{(\text{Annual Premium x Claim Amount})}{\text{Total Basic Sum Insured}}\right] \text{X} \left[\frac{\text{Remaining number of days of the policy (calculated from the date of admission in the hospital)}}{365}\right]$$

   g) The reinstated basic sum insured will not be available for the following chronic disease where the initial claim under the same policy period has been lodged for :

      (i) Cancer of specified severity
      (ii) Coma Of Specified Severity
      (iii) End Stage Liver Failure
      (iv) Kidney Failure Requiring Regular Dialysis
      (v) Third Degree Burns
      (vi) Major Injuries
      (vii) Major Organ /Bone Marrow Transplant
      (viii) Motor Neurone Disease with Permanent Symptoms
      (ix) Multiple Sclerosis With Persisting Symptoms
      (x) Myocardial Infarction (First Heart Attack - Of Specified Severity)
      (xi) Open Chest CABG
      (xii) Open Heart Replacement Or Repair Of Heart Valves
      (xiii) Permanent Paralysis Of Limbs
      (xiv) Stroke Resulting In Permanent Symptoms

h) The reinstatement of sum insured will not be available for Critical illness extension and cumulative bonus.

i) The reinstatement of sum insured will not be available for Domiciliary Hospitalization and AYUSHhospitalization.

EMERGENCY ASSISTANCE SERVICES

This Policy provides You, at no additional cost, whatsoever, a host of value added Emergency Medical Assistance and Emergency Personal Services as described below .The services are provided by **Emergency Assistance Service Provider** when You are traveling within India 150 kilometers or more away from Your residential address as mentioned in the Policy Schedule for less than 90 days**. All services will be arranged by Emergency Assistance Service Provider only. No claims for reimbursement of expenses incurred for services arranged by You will be entertained.**

1. **Medical Consultation, Evaluation and Referral**: You have access to an Operations Center with multilingual medical staff on duty 24 hours a day, 365 days a year. Medical personnel are available for medical consultation, evaluation and referrals to qualified physicians.

2. **Emergency Medical Evacuation:** If You have a medical emergency and an adequate medical facility is not available (as determined by the **Emergency Assistance Service Provider**'s Physician and the Consulting Physician) proximate to where You are located, **Emergency Assistance Service Provider** will arrange an emergency evacuation, with medical supervision, by an appropriate means to the nearest medical facility capable of providing the required care.

3. **Medical Repatriation**: When medically necessary, as determined by the **Emergency Assistance Service Provider**'s Physician and the Consulting Physician, repatriation under medical supervision to Your address as mentioned in the Policy Schedule at such time as You are medically cleared for travel via commercial carrier, provided the repatriation can be accomplished without compromising Your medical condition. If the time period to receive medical clearance to travel by common carrier exceeds fourteen days from the date of discharge from the hospital, an appropriate mode of transportation may be arranged, such as an air ambulance. Medical or non-medical escorts may be provided as necessary.

4. **Transportation to Join Patient**: Provide a designated family member or personal friend with an economy, round-trip, common carrier transportation to the major airport closest to the place of hospitalization, provided You have travelled alone and You are required to be hospitalized for more than seven consecutive days. At Your request, **Emergency Assistance Service Provider** will also provide assistance with arrangements for the family member or the friend's accommodation. It is the responsibility of the family member or the friend to meet all documentary requirements for the travel and accommodation costs.

5. **Care and/or Transportation of Minor Children**: When Your minor child(ren) is left unattended as a result of Your medical situation, **Emergency Assistance Service Provider** will provide the child with transportation to home or to the home of a person designated by You living in the same city as Your address . If appropriate, an attendant will escort the child.

6. **Emergency Message Transmission**: **Emergency Assistance Service Provider** will receive and transmit emergency messages to/from home.

7. **Return of Mortal Remains**: In the event of death of Insured Person, **Emergency Assistance Service Provider** will arrange and pay for the return of mortal remains. **Emergency Assistance Service Provider** will render any assistance necessary in the transport including locating a local, Emergency Assistance funeral home, mortuary or direct disposition facility to prepare the body for transport, completing all documentation, obtaining all legal clearances, providing death certificates, purchasing the minimally necessary casket or air transport container, as well as transporting the remains, including retrieval from site of death and delivery to receiving funeral home.

8. **Emergency Cash Coordination**: **Emergency Assistance Service Provider** will assist in coordinating the transfer of emergency cash. Source of funds is solely Your responsibility

Conditions: The Emergency Assistance Services are available subject to certain limited exclusions as set forth below:

Emergency Assistance Service Provider will not provide services in the following instances:

(i) Travel undertaken specifically for securing medical treatment

(ii) Services sought outside India.
(iii) Injuries resulting from participation in acts of war or insurrection
(iv) Commission of unlawful act(s) with malafide intent.
(v) Attempt at suicide /self-inflicted injuries
(vi) Incidents involving the use of drugs, unless prescribed by a physician
(vii) Transfer of the Insured Person from one medical facility to another medical facility of similar capabilities and providing a similar level of care

Emergency Assistance Service Provider will not evacuate or repatriate an Insured Person in the following instances:

(i) Without medical authorization
(ii) With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent You from continuing Your trip or returning home
(iii) With a pregnancy term of over six months
(iv) With mental or nervous disorders unless hospitalized

Specific Exclusions:

(i) Trips exceeding 90 days from declared residence without prior notification to Emergency Assistance Service Provider.
(ii) Students at home/school campus address (as they are not considered to be in travel status)

Legal actions arising hereunder shall be barred unless written notice thereof is received by Us / **Emergency Assistance Service Provider** within one (1) year from the date of event giving rise to such legal action.

While assistance services are available all over India, transportation response time is directly related to the location/jurisdiction where an event occurs. We/ **Emergency Assistance Service Provider** are not responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond our / their control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems or where rendering of service is limited or prohibited by local law or edict.

All consulting physicians and attorneys are independent contractors and not under Our control or of **Emergency Assistance Service Provider**. We/ **Emergency Assistance Service Provider** are not responsible or liable for any malpractice committed by professionals rendering services to You.

You must reimburse **Emergency Assistance Service Provider** for any service rendered upon request, that is beyond the scope of this Policy. The liability to pay for such service and the charge applicable will be informed to You prior to provision of such service.

We shall not be held liable or responsible for any acts or omissions by **Emergency Assistance Service Provider** in connection with or arising from the rendering of services described above.

GENERAL CONDITIONS

1. **Conditions Precedent**-Where this Policy requires You/your family member(s) named in the Schedule to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim. You/your family member(s) named in the schedule will cooperate with Us at all times.

2. **Reasonable Precaution:**You shall take all reasonable precaution to prevent injury, illness, and disease in order to minimize claims.

3. **Notice:** You will give every notice and communication in writing to Our office through which this insurance is effected.

4. **Changes in Circumstances:**You must inform Us, as soon as reasonably possible of any change in information You have provided to Us about Insured Person(s) which may affect the insurance cover provided.

5. **Payment of Premium**:The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on Our official form signed by Our duly authorized official. In

similar way, no waiver of any terms, provision, conditions and endorsements of this Policy shall be valid unless made in writing and signed by Our authorized official.

6. **Increase in Sum Insured:** If You renew with Us or transfer from any other Insurer and increase the Sum Insured, then the waiting periods mentioned under Exclusion numbers 1, 2 and 3 shall apply fresh for the enhanced Sum Insured.

7. **Free Look Period**: Policy has a free look period which shall be applicable at the inception of the policy and
   i. The insured will be allowed a period of at least 15 days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable;
   ii.If the insured has not made any claim during the free look period, the insured shall be entitled to-
   a. A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
   b. Where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or ;
   c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

8. **Claim Procedure and Requirements:**
   Notification of Claim: An event which might become a claim under the Policymust be reported to Us at least 72 hours before hospitalization, except in case of emergency Hospitalizations in which case it must be reported as soon as possible, but not later than 48 hours from the time of Hospitalization in any case.
   a. A written statement of the claim will be required and a Claim Form will have to be completed.The claim must be filed along with all supporting documents within 30 days from the date of discharge from the Hospital or completion of treatment, except in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You / Insured Person or Your/his or her personal representative were placed, it was not possible for any one of You to give notice or file claim within the prescribed time limit. In such case the claim should be duly filed with Us within 90 days from the date of discharge from Hospital.

   b. Queries raised, if any on such claim submitted by You should be satisfactorily responded with supporting documents within 15 days from the date of query.

   c. You must submit all as listed below:
      i. Claim Form duly filled in and signed – As per prescribed format (Form B to be filled in and signed by the Hospital authorities under seal)
      ii. Copy of Photo ID / Proof
      iii. Discharge Summary (Photo Copy in case of claim for Pre/Post Hospitalization only)
      iv. Hospital Bill (Original Only)
      v. Hospital Receipt (Original Only)
      vi. Investigation Reports with supporting prescriptions
      vii. Investigation Bills (Original Only)
      viii. Pharmacy Bills (Original Only)with supporting prescriptions
      ix. All previous treatment papers related to Ailment of last 4 years. (In some cases, we may ask for more than 4 years record if required)
      x. Copy/Copies of previous insurance policies if required (in case not provided earlier)
      xi. Copy/Copies of previous insurance policies if not provided already
      xii. Registration Certificate of the Hospital under Clinical Establishment Act or similar state act for medical establishments. Please note registration under Shops and Establishment Act, Registration with CMO etc. are not sufficient to meet the requirements of policy.
      xiii. KYC (know your customer) form, if claim is more than 1(One) lakh
      xiv. Any other document if insured wants to furnish in support of the claim (Pl Specify)

   d. Our representative shall be allowed to carry out examination and obtain information on any alleged Injury or Disease requiring Hospitalization, if and when We may reasonably require.

   e. In case You / Insured Person does not comply with the provisions of this clause or other obligations cast upon You / Insured Person under this Policy or in any of the Policy documents, all benefit under the Policy shall be forfeited, at Our option.

9. **Fraud:**If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without Your knowledge or that of the Insured Person, all benefit(s) under this Policy shall be forfeited.

10. **Contribution:** If, when any claim arises, there is in existence any other Insurance (other than Cancer Insurance Policy) covering the same loss/liability, compensation, costs or expenses, We will pay only Our ratable proportion of the claim. The benefits under this Policy shall be in excess of the benefits available under Cancer Insurance Policy.

11. ThePolicy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to Us on or before the date of expiry of the Policy or of the subsequent renewal thereof. However, We shall not be bound to give notice that such renewal premium is due, provided however that if You apply for renewal and remits the requisite premium before the expiry of this Policy, renewal shall not normally refused,unless We have reasonable justification to do so.
The Policy has to be renewed within the expiry date or within a Grace Period of 30 days from the expiry date, beyond which the continuity benefits (relating to Pre-existing Disease Exclusion, 30 days Waiting Period, First Year Disease Exclusions and Cumulative Bonus earning) will not be available and any insurance cover thereafter will be treated as fresh cover.
In any case, We shall not be liable to pay claim occurring during the period of break in insurance.

12. **Cancellation:** We may cancel the policy on grounds of fraud, moral hazard or misrepresentation or non cooperation by the insured, by sending a 30 (thirty) days' notice by registered post to your last known address. You will then be entitled, except in case of fraud or illegality on your part, to a pro-rata refund of premium for unexpired period of this policy in respect of such insured person(s) in respect for whom no claim has arisen.

    You may cancel the Policy by sending at least 15(Fifteen) days written Notice to Us under Registered Post. We will then allow a refund on following scale provided there is no claim. Where claim is preferred, no refund will be made.

Period of Cover up to	Refund of Annual Premium Rate (%)
1 Month	75%
3 Month	50%
6 Month	25%
Exceeding Six Months	NIL

13. **Notice of Charge:** We will not be bound to take cognizance or be affected by any notice of trust, charge, lien, assignment or other dealings with or relating to this Policy. Your receipt or receipt of Insured Person shall in all cases be an effective discharge to Us.

14. **Arbitration:** If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration the same shall be referred to a panel of 3 arbitrators, comprising of 2 arbitrators, 1 to be appointed by each of the parties to the dispute/difference and the 3rd arbitrator to be appointed by 2 such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996
It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if We have disputed or not accepted liability under or in respect of this Policy. It is understood, however, that the Insured shall have the right at all times during currency of the Policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance.

15. **Policy Disputes**: The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian law. All matters arising hereunder shall be determined in accordance with the law and practice of such Court within Indian territory

16. **Disclaimer Clause** If we shall disclaim our liability for any claim and such claim shall not have been made subject matter of suit in a court of law within 12 months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

17. **Protection of Policy Holder's Interest:**- In the event of a claim, if the same is found admissible under the Policy, we shall make an offer of settlement or convey the rejection of the claim within 30 days of receipt of all relevant documents and Investigation/ Assessment Report (if required). In case the claim is admitted, the claim proceeds shall be paid within 7 days of Your acceptance of Our offer. In case of delay in payment,

we shall be liable to pay interest at a rate which is 2.0% (two percent) above the Bank rate prevalent at the beginning of financial year in which the claim is received by Us.

18. The geographical scope of this Policy will be India and all claims shall be payable in Indian currency.

19. The Emergency Assistance Services-Medical and Personal are not available on reimbursement basis.

20. The provision of the Emergency Medical or Personal Assistance Services to You during the Period of Insurance by **Emergency Assistance Service Provider**does not necessarily mean that the hospitalization claim is admissible under the Policy.

21. **Multiple Policies:** If two or more policies are taken by you/insured person(s) during a period from one or more insurers to indemnify treatment costs, you/insured person(s) shall have the right to require a settlement of claim in terms of any of your policies:
    a) In all such cases, we (insurer) who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
    b) You also have the right to prefer claims from other policy/policies for the amount disallowed under the earlier chosen policy/policies, even if the sum insured is not exhausted. Then we shall settle the claim subject to terms and conditions of the other policy/policies so chosen.
    c) If the amount to be claimed exceeds the Sum Insured under a single policy after considering the deductibles or co-pay, you/insured person(s) shall have the right to choose insurers from whom you/ insured person wants to claim the balance amount.
    d) Where you/ insured person(s) has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization cost in accordance with the terms and conditions of the chosen policy.

22. **Grievance or Complaint**:You may register a grievance or complaint by visiting our Website www.iffcotokio.co.in .You may also contact the Branches from where You have bought the policy or Grievance Officer who can be reached at our Corporate Office.

23. **Alteration of Policy Conditions**: The policy terms and conditions may undergo alteration as per the IRDA Health Regulation. However the same shall be duly notified to you at least three months prior to the date when such alteration or revision comes into effect by registered post at your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Health Regulation.

24. **Withdrawal of Policy**:This product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to you in advance as per the IRDA guidelines with details of options provided by us. If we do not receive your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and you shall have to take a new policy available with us, subject to portability conditions.

25. **Electronic Transaction**: You /Insured Person agrees to adhere to and comply with all such terms and conditions as We may prescribe from time to time and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, Electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof)or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of Us for and in respect of the Policy or its terms or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time. However the terms of the condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDA regulations for protection of policy holder's interests.

26. **No Constructive Notice**: Any knowledge or information of any circumstances or condition in connection with You / Insured Person, in possession of any of Our official shall not be the notice to or be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of the premium.

27. **Portability:** The Portability of health insurance policies shall be governed by the Health Insurance Regulation, 2016 dated 12th July, 2016. For more information please refer to the page no.41 on the following URL of the IRDA website:

    https://www.irdai.gov.in/ADMINCMS/cms/frmGeneral_Layout.aspx?page=PageNo2908&flag=1

a. Portability shall be granted only to the Insured Person/s who is/are presently covered and were continuously covered without any lapses under any other similar health insurance plan with equivalent Deductible with an Indian Non-life/Health insurer in the past.

b. In case portability is granted by us the proviso's regarding the waiting periods specified under Exclusion Nos 1,2 and 3 of the Policy stand modified as under in respect of such insured persons granted with portability.

   i. The waiting periods shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy/Policies; AND
   ii. If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall apply only to the extent of the Sum Insured under the previous health insurance policy.
   iii. The reduction in the waiting period specified above shall be only if We have received the database and claim history from the previous Indian insurance company;
   iv. We shall consider only completed years of coverage for waiver of waiting periods. Policy extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver

28. **Insurance Ombudsman**: If You are not satisfied with any issue pertaining to the insurance, You can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices is mentioned below:

Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Ashram Rd, **AHMEDABAD-380 014.** Tel.:-079-27545441/27546840 Fax : 079 27546142 Email: bimalokpal.ahmedabad@gbic.co.in	Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, **BHOPAL-462 003.** Tel.:- 0755-2769201/9202 Fax : 0755-2769203 Email: bimalokpal.bhopal@gbic.co.in
Office of the Insurance Ombudsman, 62, Forest Park, **BHUBANESHWAR-751 009.** Tel.:-0674-2596455/2596003 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Office of the Insurance Ombudsman, SCO No.101-103,2nd Floor, Batra Building, Sector 17-D, **CHANDIGARH-160 017.** Tel.:- 0172-2706468/2772101 Fax : 0172-2708274 Email: bimalokpal.chandigarh@gbic.co.in
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, **CHENNAI-600 018.** Tel.:-044-24333668/24335284 Fax : 044-24333664 Email: bimalokpal.chennai@gbic.co.in	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, **NEW DELHI-110 002.** Tel.:-011-23234057/23232037 Fax: 011-23230858 Email: bimalokpal.delhi@gbic.co.in
Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, S.S. Road, **GUWAHATI-781 001 .** Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email: bimalokpal.guwahati@gbic.co.in	Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, **HYDERABAD-500 004.** Tel : 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@gbic.co.in
Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., M.G. Road, **ERNAKULAM-682 015.** Tel : 0484-2358759/2359338 Fax : 0484-2359336 Email: bimalokpal.ernakulam@gbic.co.in	Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4th Floor, C.R.Avenue, **KOLKATA - 700072** Tel No: 033-22124339/22124346 Fax: 22124341 Email: bimalokpal.kolkata@gbic.co.in
Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road,Hazaratganj, **LUCKNOW-226 001.** Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@gbic.co.in	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), **MUMBAI-400 054.** Tel : 022-26106960/26106552 Fax : 022-26106052 Email: bimalokpal.mumbai@gbic.co.in

Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, **JAIPUR – 302005.** Tel: 0141-2740363 Email: bimalokpal.jaipur@gbic.co.in	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet **PUNE – 411030.** Tel: 020-32341320 Email: Bimalokpal.pune@gbic.co.in
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