Manipal Cigna
Health Insurance

EVERY DETAIL MATTERS TO YOUR HEALTH.

FIND THEM LISTED IN YOUR POLICY TERMS & CONDITIONS

ManipalCigna Lifestyle Protection - Accident Care

Customer Information Sheet

Title	Description Please refer to the Plan and Sum Insured You have opted to understand the available benefits under Your Plan in brief	Refer to the following Policy Section number in the Policy Wording for more details on each Cover
What am I Covered for? This section lists the benefits available on your Policy	**Identify your Plan:** **Plan A - Basic Cover** **Plan B - Enhanced Cover** **Plan C - Comprehensive Cover** **Your Sum Insured** - As specified on the Schedule to this Policy **a) Standard Covers:.**	
	I. Accidental Death - We will pay a lumpsum amount as specified in the Schedule to this Policy to the Nominee of the Insured Person in the event of the Insured's Death due to Accident.	II.1.a
	II. Permanent Total Disablement - We will pay a lumpsum amount as specified in the Schedule to this Policy in the event of Permanent Total Disablement of the Insured Person due to an Accident.	II.2.a
	III. Permanent Partial Disablement -We will pay a lumpsum amount as per the disability grid provided in the Policy in the event of Permanent Partial Disablement of the Insured Person due to an Accident.	II.3
	IV. Emergency Ambulance Cover - We will pay a lumpsum amount for expenses incurred on an Ambulance following an emergency due to an Accident as specified in the Schedule to the Policy.	II.4
	V. Orphan Benefit - If a claim has been accepted under (I) above for an Insured Person who is a Parent and while as a result of the same Accident, the spouse (who may or may not be an Insured Person) has also died, then We will pay a lumpsum amount equal to the opted Sum Insured to the Dependent Child (irrespective of whether the child is also an Insured under the Policy). Where both parents are covered with us the Sum Insured payable will be the higher among the two Insured Parents.	II.5
	VI. Loss of Employment - If a claim has been accepted for an Insured Person for (II) or (III) as specified above then a monthly pay-out will be paid to the Insured Person as specified in the Policy.	II.6
	VII. Funeral Expenses - If a claim has been accepted for an Insured Person for (I) as specified above, then We will pay a lumpsum amount as specified in the Schedule to the Policy.	II.7
	VIII. Education Fund - If a claim has been accepted for an Insured Person for (I) or (II) as specified above then We will pay 10% of Sum Insured per dependent child (upto a maximum of Rs 10,00000), provided the child is pursuing an educational course as a full time student at an accredited tertiary educational institution and doesn't have any independent source of Income.	II.8
	b) Optional Covers (applicable wherever opted)	
	IX. Temporary Total Disablement - We will pay lesser of 1% of the opted Sum Insured or Rs.25,000 per week (for a maximum of 100 weeks) for the duration of the Temporary Total Disablement of the Insured Person.	II.9
	X. Burns Benefit - We will pay a lumpsum amount as per the Grid provided in the policy in the event of the Insured Person suffering from Burns due to an Accident.	II.10
	XI. Broken Bones Benefit - We will pay a lumpsum amount as per the grid provided in the policy in the event of the Insured Person suffering from Broken Bones due to an Accident.	II.11
	XII. Coma Benefit - We will pay a lumpsum amount of 25% of the opted Sum Insured to the Nominee of the Insured Person in the event of the Insured suffering from a Coma due to an Accident.	II.12
What are the Major Exclusions in the Policy? This section provides a brief list of the major charges/ treatments which will not be covered under the Policy permanently	• Any Pre-existing Disease or Disability arising out of a Pre-existing Diseases or any complication arising therefrom. • Any payment in case of more than one claim under the Policy during any one Policy Period by which Our maximum liability in that period would exceed the Sum Insured in respect of Standard Covers. This would not apply to payments made under Optional Covers, Emergency Ambulance Cover, Orphan Benefit , Loss of Employment, Funeral Expenses , Education fund of the Policy. • Suicide, self-inflicted injury or acts of self-destruction • Certification by a Medical Practitioner who is a member of the Insured Person's Family • Death or disablement arising out of foreign invasion, warlike operations, participation in any naval, military or air-force operation • Death or disablement caused by sexually transmitted diseases • Congenital diseases, defects or anomalies or in consequence thereof. • Death or Disablement arising from Bacterial infections • Death or disablement arising from Medical or surgical treatment • Death or disablement arising from Hernia	III

Title	Description Please refer to the Plan and Sum Insured You have opted to understand the available benefits under Your Plan in brief	Refer to the following Policy Section number in the Policy Wording for more details on each Cover
	• Death or disablement caused or associated HIV/AIDS • Any change of profession after inception of the Policy if not accepted and endorsed by Us • Death or disablement arising from the Insured Person committing any breach of law • Death or disablement arising due to use, abuse or a consequence of drug, alcohol or hallucinogen. • Death or disablement resulting from pregnancy or a consequence thereof • Expense for injury of insured whilst engaging in any adventure sports • Insured Person engaging in Hazardous Activities • Death or disablement caused by ionizing radiation or contamination by radioactivity from any nuclear fuel. Please refer to the policy wording for the complete list of exclusions.	
Waiting Period	Not Applicable	
Payout Basis This section lists the manner in which the proceeds of the Policy will be paid to You	All Payments under the Policy will be made on benefit basis.	IV.8
Cost Sharing	Not Applicable	
Renewal Conditions This section lists the terms of Renewals under the Policy	a. The Policy will automatically terminate at the end of the Policy Period. b. A Grace period of 30 days for, Single and Yearly payment mode will be available to renew the policy with continuation of cover. Any claim arising during this grace period will not be payable. c. Renewals will not be denied except on grounds of misrepresentation, fraud, non-disclosure or non-co-operation by the Insured. d. Alterations in the Policy such as increase/ decrease in Sum Insured or change in plan, addition/ deletion of Insured Persons, will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the Proposal Form before the expiry of the Policy. e. Renewals beyond 70 years will be limited to a Sum Insured of maximum 10 Lac and coverage will be limited to Accidental Death & Permanent Total Disability. **Revival Period:** For instalment (Half-yearly and Quarterly) premium policies, the revival period shall be 30 days and for Monthly premium payment mode the revival period shall be 15 days from the due date of next instalment.	V.15
Renewal Benefits	Not Applicable	
Cancellation The section explains the Policy Cancellation process in brief	a. Cancellations may be intimated to Us by giving 15 days' notice wherein We shall refund the premium for the unexpired term on the short period scale as mentioned in the Policy wordings enclosed in the kit. The Premium shall only be refunded only if no claim has been made under the Policy. b. No refund will be processed for cancellation of policies with Premium Payment Mode as Half-yearly, Quarterly or Monthly. c. This Policy can be cancelled from Our side, on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by You, upon giving 15 days' notice without refund of premium.	V.14
How to Claim This section gives a brief on the procedure to make a Claim	Notify us within 10 days of occurrence of the Event. Submit the duly filled and signed claim form along with the documents mentioned in the claim form within 30 days of occurrence of the event at any of our branches or head office. For any claims related query, information or assistance, you can contact our Healthline 1800-102-4462 or visit our website www.manipalcigna.com or email us at customercare@manipalcigna.com. Please refer to the Policy wordings for complete process on claims and documents to be submitted.	IV

Legal disclaimer: The information mentioned above is illustrative and not exhaustive. Information must be read in conjunction with the product brochures and Policy document. In case of any conflict between the Prospectus and the Policy document the terms and conditions mentioned in the Policy document shall prevail.

ManipalCigna Lifestyle Protection - Accident Care

Policy Terms and Conditions

I. Preamble

This is a legal contract between You and Us subject to the receipt of full premium, Disclosure to Information Norm including the information provided by You in the Proposal Form and the terms, conditions and exclusions of this Policy.

If any claim arising as a result of an Injury solely and directly due to an Accident anywhere in the world, that occurred during the Policy Period becomes payable, then We shall pay the Benefits in accordance with terms, conditions and exclusions of the Policy.

II. Benefits under the Policy

A. Standard Covers

If an Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the Insured Person's death or disablement which is of the nature specified below within 365 days of the Accident, then We shall pay the corresponding benefits specified below to You, the Insured Person or the Nominee, as the case may be.

II. 1 Accidental Death

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the death of the Insured Person within 365 days from the date of the Accident, We will pay 100% of opted Sum Insured as specified in the Policy Schedule. Where such Death occurs while the Insured Person is a fare paying passenger on a common carrier, We will pay 200% of opted Sum Insured as specified in the Policy Schedule.

Table of Benefits	Percentage of the Sum Insured payable
a. Accidental Death	100%
b. Accidental Death (Common Carrier)	200%

Once a claim has been accepted and paid under this Benefit then this Policy will automatically terminate in respect of that Insured Person.

II. 2. Permanent Total Disablement

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the Permanent Total Disablement of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the table below. Where such Permanent Total Disablement occurs while the Insured Person is a fare paying passenger on a common carrier, We will pay 200% of opted Sum Insured as specified in the table below.

Table of Benefits	Percentage of the Sum Insured payable
a. Type of Permanent Total Disablement	
i) Total and irrecoverable loss of sight of both eyes	100%
ii) Loss by physical separation or total and permanent loss of use of both hands or both feet	100%
iii) Loss by physical separation or total and permanent loss of use of one hand and one foot	100%
iv) Total and irrecoverable loss of sight of one eye and loss of a Limb	100%
v) Total and irrecoverable loss of hearing of both ears and loss of one Limb/loss of sight of one eye	100%
vi) Total and irrecoverable loss of hearing of both ears and loss of speech	100%
vii) Total and irrecoverable loss of speech and loss of one Limb/loss of sight of one eye	100%
viii) Permanent total and absolute disablement (not falling under the above) disabling the Insured Person from engaging in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in "Loss of Independent Living"	100%
b. Permanent Total Disablement (of the nature listed under II.2.b which occurs due to an Accident while the Insured Person is a fare paying passenger on a common carrier)	200%

For the purpose of this benefit,

- **Limb** means a hand at or above the wrist or a foot above the ankle;
- **Physical separation of one hand** or **foot** means separation at or above wrist and/or at or above ankle, respectively.

The benefits as specified above will be payable provided that:

a. The Permanent Total Disablement is proved to Our satisfaction; and a disability certificate issued by a Civil Surgeon or the equivalent appointed by the District/State or Government Board; and

b. The Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement; provided that We must be satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement.

c. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however it will be payable under Accidental Death Benefit under II. 1 above provided it is payable as per the coverage under Section II. 1 and such intimation of death has been made to Us.

d. If We have admitted a claim for Permanent Total Disablement in accordance with this Benefit, then We shall not be liable to make any payment under the Policy on the death of the Insured Person, if the Insured Person subsequently dies.

e. Once a claim has been accepted and paid under this Benefit then cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

Claims in respect of Common Carrier benefit are limited to Accidental Death II.1 & Permanent Total Disability II.2 only.

II. 3 Permanent Partial Disablement

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the Permanent Partial Disablement of the Insured Person which is of the nature specified in the table below within 365 days from the date of the Accident, We will pay the amount specified in the table below.

Table of Benefits	Percentage of the Sum Insured payable
a. Permanent Partial Disablement	
i) Total and irrecoverable loss of sight of one eye	50%
ii) Loss of one hand or one foot	50%
iii) Loss of all toes - any one foot	10%
iv) Loss of toe great - any one foot	5%
v) Loss of toes other than great, if more than one toe lost, each	2%
vi) Total and irrecoverable loss of hearing in both ears	50%
vii) Total and irrecoverable loss of hearing in one ear	15%
viii) Total and irrecoverable loss of speech	50%
ix) Loss of four fingers and thumb of one hand	40%
x) Loss of four fingers	35%
xi) Loss of thumb - both phalanges	25%
xii) Loss of thumb - one phalanx	10%
xiii) Loss of index finger-three phalanges	10%
- two phalanges	8%
- one phalanx	4%
xiv) Loss of middle/ring/little finger-three phalanges	6%
- two phalanges	4%
- one phalanx	2%

The benefits specified above will be payable provided that:

a. The Permanent Partial Disablement is proved to Our satisfaction; and a disability certificate issued by a Civil Surgeon or the equivalent appointed by the District/State or Government Board;

b. The Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement; provided that We must be satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement.

c. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit;

d. In case the Insured Person suffers a loss not mentioned in the table above, then Our medical advisors will determine the degree of disablement and the amount payable, if any.

e. We will not make any payment under Permanent Partial Disability if we have already paid or accepted any claims under Permanent Total Disability, Permanent Partial Disability or Temporary Total Disability in respect of the Insured Person and the total amount paid or payable under those claims is cumulatively greater than or equal to the opted Sum Insured for that Insured Person.

f. Once a claim has been accepted and paid under this Benefit then cover under this Policy shall be reduced to the extent of payment made under Permanent Partial Disability in respect of that Insured Person.

II. 4 Emergency Ambulance Cover

If We have accepted a claim under this Policy, then We will provide a benefit towards Ambulance Expenses as specified in the table below. For the purpose of availing this benefit the Insured Person must have availed of Medically Necessary transportation through a registered Ambulance Service Provider to a Hospital immediately following the Accident.

Sum Insured	Ambulance Benefit
Up to Rs. 25 Lac	Rs. 2,000
>Rs. 25 Lac up to Rs. 50 Lac	Rs. 3,000
>Rs. 50 Lac up to Rs. 3 Cr	Rs. 5,000
Above Rs. 3 Cr	Rs. 10,000

II. 5 Orphan Benefit

If We have accepted a claim under Section II.1 for an Insured Person who is a Parent and while as a result of the same Accident, the spouse (who may or may not be an Insured Person) has also died, then in addition to any amount payable under Section II.1, We will pay an amount equal to the opted Sum Insured of the Insured Person, towards the Dependant Child irrespective of whether the Dependent child is also an Insured Person.

Where both parents are covered with us the Sum Insured payable will be the higher among the two Insured Parents.

Any Claim towards orphan benefit that becomes admissible where the Dependent child is a minor, the Orphan benefit shall be payable to the Legal Guardian.

II. 6 Loss of Employment

If We have accepted a claim under Section II.2 or II.3 that results in a condition due to which the Insured Person is totally disabled from engaging in his/her employment and loses his source of income generation through engaging in his/her primary occupation, then a monthly payout according to the below terms shall be paid by Us to the Insured Person in addition to the benefit payable under Section II.2 or II 3:

- In case of Salaried Insured Persons: A monthly income for 3 months, based on the last 3 months salary slip of the previous employer of the Insured Person. This payout is limited to base monthly net income excluding overtime, bonuses, tips, commissions or any other special compensation
- In case of Self Employed Insured Persons: A monthly income for 3 months, based on the last income tax returns filed by the Insured Person with the income tax department. This payout will consider net income from primary occupation only and does not include income of other sources.

Benefit for loss of employment shall be available in addition to the Sum Insured and only once during the lifetime of an Insured Person.

II. 7 Funeral Expenses

If We have accepted a claim under Section II.1 in respect of an Insured Person, then in addition to any amount payable under Section II.1, We will make a onetime payment as per the amount specified in the table below, towards the funeral/cremation expenses of that Insured Person.

Sum Insured Opted	Funeral Benefit
Up to Rs. 50 Lac	Rs. 5,000
Above Rs. 50 Lacs	Rs. 10,000

II.8 Education Fund

If We have accepted a claim under Sections II.1 or II.2 in respect of an Insured Person, then in addition to any amount payable under these Sections, We will make a onetime payment equal to the 10% of Sum Insured per surviving dependent child of the Insured Person, for a maximum of 2 children, subject to a maximum limit of Rs.10,00,000 per Policy.

This benefit shall be payable subject to the dependent child being up to 25 years of age as on date of occurrence of the event and provided that the dependent child is pursuing an educational course as a full time student at an accredited educational institution and does not have any independent source of income.

B. Optional Benefits

The Policy provides the following optional covers. The Policy Schedule will specify the Optional Covers that are in force for the Insured Person. Wherever opted, such Optional Covers shall apply to all Insured Persons under a single policy without any individual selection. All covers available under optional benefits are in addition to the Standard Covers opted under the respective Plan. Wherever a claim qualifies under more than one benefit we will pay for all such eligible covers opted and in force at the time of such claim under the Policy.

II. 9 Temporary Total Disablement

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the Temporary Total Disablement of the Insured Person within 365 days from the date of the Accident, We will pay an amount equal to the lesser of 1% of the Sum Insured and Rs. 25,000 per week for the duration of the Temporary Total Disablement provided that We shall not be liable to make payment under this benefit for more than a total of 100 weeks in respect of any one Injury calculated from the date of commencement of the Temporary Total Disablement, subject always to the availability of the Sum Insured. Minimum absence from work must be for 7 consecutive days, post which if the Insured Person is disabled for a part of the week, then only a proportionate part of the weekly benefit will be payable.

In case of salaried persons this weekly benefit shall in no case exceed the Insured Persons base weekly income excluding overtime, bonuses, tips, commissions or any other special compensation.

For the purpose of this benefit, Temporary Total Disablement means a disablement of an Insured Person such that he/she is totally disabled from engaging in any employment or occupation or business for remuneration or profit, of any description whatsoever on a temporary basis and a disability certificate is issued by a Civil Surgeon or the equivalent appointed by the District/State or Government Board.

II.10 Burns Benefit

If the Insured Person suffers from Burns due to an Injury solely and directly due to an Accident that occurs during the Policy Period, We will pay the amount specified in the table below to the Insured Person subject to the following:

- The Burns are not self-inflicted by the Insured Person in any way; and
- A Medical Practitioner has confirmed the diagnosis of the burn and the percentage of surface area in writing.

For the purpose of this benefit, Burns means any burns suffered by the Insured Person as specifically defined in the table below.

Table of Benefits Burns		Percentage of the Sum Insured payable
1.	**Head**	
a.	Third degree burns of 8% or more of the total head surface area	100%
b.	Second degree burns of 8% or more of the total head surface area	50%
c.	Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
d.	Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
e.	Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
f.	Second degree burns of 2% or more, but less than 5% of the total head surface area	30%
2.	**Rest of the body**	
a.	Third degree burns of 20% or more of the total body surface area	100%
b.	Second degree burns of 20% or more of the total body surface area	50%
c.	Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
d.	Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
e.	Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
f.	Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
g.	Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
h.	Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

Where a claim for 100% Sum Insured has been paid under this coverage under this benefit shall lapse and the policy will continue for the balance period for the other covers, however no further renewals will be permitted.

II.11. Broken Bones Benefit

If the Insured Person suffers from Broken Bones due to an Injury solely and directly due to an Accident that occurs during the Policy Period, We will pay percentage of Sum Insured as specified in the table below.

For the purpose of this benefit, Broken Bones means the breakage of such bones of the Insured Person evidenced by a Fracture and are specifically defined in the table below excluding any form of hair line or simple fracture.

Table of Benefits	Percentage of Sum Insured Payable
Injury to vertebral body resulting in spinal cord damage	100%
Pelvis	100%
Skull (excluding nose and teeth)	30%
Chest (all ribs and breast bone)	50%
Shoulder (collar bone and shoulder blade)	30%
Arm	25% or Rs. 5 Lacs whichever is lower
Leg	25% or Rs. 5 Lacs whichever is lower
Vertebra - vertebral arch (excluding coccyx)	30% or Rs. 5 Lacs whichever is lower
Wrist (collies or similar fractures)	10% or Rs. 5 Lacs whichever is lower
Ankle (Potts or similar fracture)	10% or Rs. 5 Lacs whichever is lower
Coccyx	5% or Rs. 1 Lacs whichever is lower
Hand	3% or Rs. 1 Lac whichever is lower
Finger	3% or Rs. 1 Lac whichever is lower
Foot	3% or Rs. 1 Lac whichever is lower
Toe	3% or Rs. 1 Lac whichever is lower
Nasal bone	3% or Rs. 1 Lac whichever is lower

For the Purpose of this benefit;

- Pelvis means all pelvic bones which shall be treated as one bone. The sacrum will be considered as part of the vertebral column.
- Skull means all skull and facial bones (excluding nasal bones and teeth) which shall be treated as one bone.
- Any Fracture caused as a result of Sickness or disease (including malignancy), or due to osteoporosis will not be payable under this benefit.
- If an Insured Person suffers a fracture not mentioned in the table above, then We will assess the fracture with Our medical advisors and determine the amount of payment to be made.
- Our maximum liability under this benefit is limited to the opted Sum Insured, irrespective of the number of fractures that the Insured Person suffers caused by the same Accident. Where a claim for 100% Sum Insured has been paid under this coverage under this benefit shall lapse and the policy will continue for the balance period for the other covers, however no further renewals will be permitted.
- If a claim in respect of any fracture of a whole bone also encompasses some or all of its parts, Our liability to make payment will be limited to the whole bone only and not any of its parts.

II.12. Coma Benefit

If the Insured Person suffers from a Coma due to an Injury solely and directly due to an Accident that occurs during the Policy Period, We will pay an amount equal to 25% of Sum Insured in respect of that Insured Person, subject to the terms below.

For the purpose of this benefit, Coma means a state of unconsciousness with no reaction or response to external stimuli or internal needs.

This diagnosis of Coma 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 of Coma has to be confirmed by a specialist Medical Practitioner in writing. Coma resulting directly from alcohol/drug abuse or due to sickness or disease is excluded under this Policy.

III. Permanent Exclusions

We shall not be liable to make any payment for any claim in respect of any Insured Person, directly or indirectly for, caused by or arising from or in any way attributable to any of the following unless otherwise stated in the Policy:

1. Any Pre-existing Disease or Disability arising out of a Pre-existing Diseases or any complication arising therefrom.
2. Any payment in case of more than one claim under the Policy during any one Policy Period by which Our maximum liability in that period would exceed the Sum Insured in respect of Standard Covers. This would not apply to payments made under Optional Covers, Emergency Ambulance Cover, Orphan Benefit , Loss of Employment, Funeral Expenses , Education fund of the Policy.
3. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane.
4. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
5. Death or disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
6. Death or disablement directly or indirectly caused by or associated with any venereal disease, sexually transmitted disease
7. Congenital internal or external diseases, defects or anomalies or in consequence thereof.
8. Benefit under Accidental Death, Permanent Total Disablement , Permanent Partial Disablement and Emergency Ambulance Cover arising from Bacterial infections (except pyogenic infection which occurs through an cut or wound due to Accident).
9. Benefit under Accidental Death, Permanent Total Disablement , Permanent Partial Disablement and Emergency Ambulance Cover arising from Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
10. Benefit under Accidental Death, Permanent Total Disablement , Permanent Partial Disablement and Emergency Ambulance Cover arising from Hernia.
11. Death or disablement directly or indirectly caused due to or associated with human T-call Lymph tropic virus type III (HTLV-III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) and its variants or mutants, Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCS) and any injury caused by and/or related to HIV.
12. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule.
13. Death or disablement arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal intent.
14. Death or disablement arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.
15. Death or disablement resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to accident;
16. Death or disablement caused by participation of 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.
17. Insured Persons whilst engaging in a 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, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation and is specifically specified in the Policy Schedule.
18. Working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.
19. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

- Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
- Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

20. Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy

IV. Claim Procedure

IV.1 Conditions Preceding

The fulfilment of the terms and conditions of this Policy (including the realization of premium by their respective due dates) in so far as they relate to anything to be done or complied with by You or any Insured Person or any person acting on their behalf, including complying with the following steps, shall be the Condition Precedent to the admissibility of a claim.

Completed claim forms and the necessary processing documents must be furnished to Us within the stipulated timelines for all claims. Failure to furnish this documentation within the time required shall not invalidate nor reduce any claim if We are satisfied that it was not reasonably possible for the required forms/documents to be submitted within such time.

The due notification, submission of necessary documents and compliance with requirements as provided under the claims process under this Section, shall be essential failing which We shall not be bound to accept a claim.

IV.2 Policyholder/Insured Person's Duty at the Time of Claim

On occurrence of an event which may lead to a claim under this Policy, the following shall be complied with:

(a) Forthwith notify, file and submit the claim in accordance to the claim procedure set out under Section IV.3 and IV.4 as mentioned below.

(b) Follow the directions, advice or guidance provided by a Medical Practitioner. We shall not be obliged to make any payment(s) that are brought about or contributed to, as a consequence of failure to follow such directions, advice or guidance.

(c) If so requested by Us, the Insured Person must submit himself/herself for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by Us.

(d) Allow the Medical Practitioner or any of Our representatives to inspect the medical and Hospitalization records, investigate the facts and examine the Insured Person as also verify the certificate of disability issued in respect of an Insured Person.

(e) Assist and not hinder or prevent Our representatives in the pursuance of their duties for ascertaining the admissibility of the claim, its circumstances and its quantum under the provisions of the Policy.

IV.3 Notification of Claim

Upon the discovery or occurrence of an Accident that may give rise to a Claim under this Policy, You / Insured Person or the Nominee as the case may be shall undertake the following:

Notify Us either at the call center or in writing, within 10 days from the date of occurrence of such Accident. The following details are to be provided to Us at the time of intimation of Claim:

- Policy Number
- Name of the Policyholder
- Name of the Insured Person in whose relation the Claim is being lodged
- Nature of Accident
- Name and address of the attending Medical Practitioner and Hospital (if admission has taken place)
- Date of Admission if applicable
- Any other information, documentation as requested by Us

IV.4 Claim Documents & Submission

The following documents are required to be submitted to Us within 30 days of the date of occurrence of the Accident to Our branch or Head Office.

Documents required for all Claims:

- Photo Identity Proof - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhar, or any other proof accepted by the KYC norms as approved by Us and which is admissible in court of law
- Duly completed and signed claim form in original as prescribed by Us.
- Copy of FIR/ Panchnama /Police Inquest Report (if conducted) duly attested by the concerned Police Station;
- Copy of Medico Legal Certificate(if conducted) duly attested by the concerned Hospital,
- Income Proof
  - Last 3 months Salary Slip/Form 16 for salaried persons
  - Last financial years ITR for self-employed persons

Section II.1 Accidental Death:

- Original Death certificate issued by the office of Registrar of Birth & Deaths;
- Death summary issued by a Hospital;
- Post Mortem Report (if conducted);
- Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to Our satisfaction for the purpose of a valid discharge in case nomination is not filed by deceased.

Claim under Sections II.2 Permanent Total Disablement & II.3. Permanent Partial Disablement as well as optional benefit under Section II. 9 Temporary Total Disablement

- Original treating Medical Practitioner's certificate describing the disablement;
- Original Discharge summary from the Hospital;
- Photograph of the Insured Person reflecting the disablement;
- Prescriptions and consultation papers of the treatment;
- Disability certificate issued by civil surgeon or equivalent appointed by the District/State or Government Board.
- Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable;

Additional documents required under Section II.9 Temporary Total Disablement

- Leave/Absence Certificate from Employer(If Employed)

Additional documents required under Section II.1 & 2 Accidental Death & Permanent Total Disablement (Common Carrier).

- Original Passenger Ticket / Boarding Pass issued in the name of the Insured Person from the Common Carrier (in case of death in a common carrier).Wherever a named ticket is not available, onus of proof of travel will be upon the Insured Person.

Additional documents for Benefits (as applicable):

Emergency Ambulance:

a. Original Bill from a certified Ambulance Service Provider or Hospital.

Orphan Benefit:

a. Birth Certificate of child or adoption papers(if adopted)
b. Any other proof to establish relationship - Passport/Education certificate establishing proof of relationship of child with parents.
c. Legal Guardian Certificate if the Child is a minor

Education Fund:

a. Proof to establish relationship - Passport/Education certificate establishing proof of relationship of child with parents/Birth Certificate or Adoption Papers(if adopted).
b. Photo Identity Proof of Child (Children)
c. Age proof of Child (Children)
d. Certificate from Educational Institution describing course details

Loss of Employment:

a. Loss of Employment/Termination Letter indicating the reason for termination.
b. Salary Slip of last 3 months (for salaried persons)
c. Last years Form 16 issued by the employer (for salaried persons)
d. Income Tax Return attested copy.(for all persons)
e. Last years Audited Statement of Account (in case of self-employed)

Broken Bones Benefits:

a. Original X-Ray/MRI/CT-Scan/Radiology Films/Reports confirming the extent of fracture.

Coma benefit:

a. Original Specialist Medical practitioner certificate confirming condition with permanent neurological deficit.
b. Other documents as specified under Section II.12 for Coma Benefit

Burns Benefit:

a. Original Specialist Medical practitioner certificate confirming degree of burns and total area involved.

The above list is indicative and We may Any other evidence as specified under the relevant Section of the Policy.

Our branch offices shall give due acknowledgement of collected documents. In case there is a delay in the submission of claim documents, then in addition to the documents mentioned above, the claimant is also required to provide Us the reason for such delay in writing. We shall condone delay on merit for delayed claims where delay is proved to be for reasons beyond the control of the Policyholder or Insured Person.

IV.5 Scrutiny of Claim Documents

a. We shall scrutinize the claim and accompanying documents. Any deficiency of documents shall be intimated to the claimant within 5 days of their receipt.
b. If the deficiency in the necessary claim documents is not met or are partially met in 10 working days of the first intimation, We shall remind the claimant of the same and every 10 (ten) days thereafter.
c. We will send a maximum of 3 (three) reminders pursuant to Section IV.5.(b). following which We will send a closure letter.

IV.6 Claim Assessment

a. We will pay fixed benefit amounts as specified in the applicable benefits in accordance with the terms of this Policy.. We are not liable to make any reimbursements of medical expenses or pay any other amounts not specified in the Policy.

b. Claim payment for policies with Monthly, Quarterly and Half-Yearly Premium Payment Mode:

   i. In case of a claim, an amount equivalent to the balance of the instalment premiums payable, in that policy year would be recoverable from the claim amount payable in respect of the Insured person.

IV.7 Claims Investigation

We may investigate claims at our Own discretion to determine the validity of a claim. Such investigation shall be concluded within 15 days from the date of assigning the claim for investigation and not later than 6 months from the date of receipt of claim intimation. Verification carried out, if any, will be done by individuals or entities authorized by Us to carry out such verification/investigation(s) and the costs for such verification/ investigation shall be borne by the Us.

IV.8 Settlement & Repudiation of a claim

We shall settle the claim within 30 days from the date of receipt of last necessary document in accordance with the provisions of Regulation 27 of IRDAI (Health Insurance) Regulations, 2016.

In the case of delay in the payment of a claim We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

However, where the circumstances of a claim warrant an investigation in Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document.

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

IV.9 Representation against Rejection

Where a rejection is communicated by Us, the claimant may if so desired within 15 days of the communication of the rejection, represent to Us for reconsideration of the decision.

IV.10 Re-opening of Claim

We may allow a closed claim to be reopened depending on the validity and the circumstances of the claim.

IV.11 Payment Terms

a. All claims will be payable in India and in Indian rupees.

b. Once a claim has been paid in respect of any of the Insured Persons for the full Sum Insured, the Policy will terminate and no further renewals will be available under this Policy.

c. Wherever the claim paid for a percentage of the Sum Insured the Policy will continue for the remaining period for the balance Sum Insured.

d. If at the time a claim arises under this Policy the Insured Person has changed his occupation without Us being notified, then Our maximum liability will be limited to the amount that would have been payable for the premium paid and the new occupation.

e. We will not be liable for any claims which are incurred from the due date of instalment till the date and time of revival of the Policy.

f. Additionally in the event of any claim being lodged under the Policy for any cause whatsoever, all subsequent premium instalments shall immediately become due and payable notwithstanding anything to the contrary contained hereinabove. We shall have the right to recover and deduct any or all the pending instalments from the claim amount due under the Policy

g. The payment will be made to You or the Insured Person as specified in the benefit Sections above. In the unfortunate event of Your death, We will pay the Nominee (as named in the Policy Schedule) and in case of no Nominee to Your legal heir who holds a succession certificate or an indemnity bond to that effect, whichever is available and whose discharge shall be treated as full and final discharge of Our liability under the Policy.

V. General terms and conditions

V.1 Duty of Disclosure

The Policy shall be null and void and We shall have no liability to make any payment of claims and the premium paid shall be forfeited to Us in the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the Proposal Form, Personal Statement, Declaration, Claim Form Declaration, Medical History on the Claim Form and connected documents, or any material information having been withheld by You/Insured Person or any one acting on their behalf or non-cooperation by You/Insured Person, under this Policy.

V.2 Material Change

Material information to be disclosed includes every matter that You are aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form and which is relevant to Us in order to accept the risk of insurance and if so on what terms. It is a condition precedent to the Company's liability under the Policy that the Policyholder or the Insured Person shall immediately notify the Company in writing of any material change in the risk on account of change in nature of occupation or business at his own expense. The Company may in its discretion adjust the scope of cover and/or the premium paid or payable, accordingly. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the Policy.

V.3 Observance of Terms and Conditions

The due observance and fulfilment of the terms and conditions of the Policy (including the realisation of premium by their respective due dates and compliance with the specified procedure on all claims) in so far as they relate to anything to be done or complied with by You/ Insured Person, shall be a Condition Precedent to Our liability under this Policy.

V.4 Reasonable Care

You/Insured Person understand and agree to take all reasonable steps in order to safeguard against any Accident or Injuries that may give rise to any claim under this Policy.

V.5 Alterations in the Policy

This Policy constitutes the complete contract of insurance between You and Us. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us.

V.6 Change of Policyholder

The policyholder may be changed only at the time of Renewal of the Policy. The new policyholder must be a member of the Insured Person's immediate family. Such change would be solely subject to Our discretion and payment of premium by You. The renewed Policy shall be treated as having been renewed without a break.

The policyholder may be changed upon request in case of his demise, his moving out of India or in case of divorce during the Policy Period.

V.7 No Constructive Notice

Any knowledge or information of any circumstance or condition in relation to You/Insured Person which is in Our possession and not specifically informed by You/Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

V.8 Geography

This Policy applies to events or occurrences taking place anywhere in the world unless limited under this Policy in a particular benefit or definition or by Us through an endorsement.

V.9 Special Provisions

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

V.10 Records to be Maintained

You or the Insured Person, as the case may be shall keep an accurate record containing all relevant medical records relevant to the Injury in respect of which a claim has been made under this Policy and shall allow Us or our representative(s) to inspect such records. Such information shall be furnished to Us as may be required by Us under this Policy at any time during the Policy Period and up to the later of three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.

V.11 Free Look period

A period of 15 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. You have the option of cancelling the Policy by stating the reasons for cancellation in writing. If there are no claims reported (paid/outstanding) under the Policy then We shall refund the full premium paid without any deduction. All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.

The free look period as provided in this Section shall not be available on the Renewal of this Policy.

V.12 Nomination

You can change the nominee to whom such payment is to be made at any time during the Policy Period, provided that such change shall only be effective when You have notified Us and We have recorded the change by an endorsement to this effect.

V.13 Loadings and Underwriting

We may apply an additional risk loading of 20% for persons above 70 years of age at the time of buying the Policy for the first time based on a Medical Examination conducted by Us, costs for which will be borne by Us. Additionally a loading 25% may be applied for persons with existing disability of more than 25%. These loadings will be applied from the Inception Date of the first Policy including subsequent Renewal(s) with Us. We will inform You about the applicable risk loading through a counter offer letter and We will only issue the Policy once We receive your consent and applicable additional premium. Maximum loading on a policy shall not increase 45% per Insured Person. There will be no loadings based on individual claims experience.

V.14 Cancellation

Request for cancellation shall be notified to Us by giving 15 days' written notice in which case We shall refund the premium for the unexpired term as per the short period scale mentioned below.

Premium shall be refunded only if no claim has been made under the Policy.

1 Year		2 years		3 years	
Policy in force upto	**Refund %**	**Policy in force upto**	**Refund %**	**Policy in force upto**	**Refund %**
1 month	75%	1 month	85%	1 month	90%
3 months	50%	3 months	75%	3 months	85%
6 months	25%	6 months	60%	6 months	75%
More than 6 months	NIL	12 months	50%	12 months	60%
		15 months	30%	15 months	50%
		18 months	20%	18 months	35%
		Above 18 months	NIL	24 months	30%
				30 months	25%
				Above 30 months	NIL

In case of Annual instalment premium policies, We will calculate the amount of premium to be retained by Us, considering the full term of the policy as per the short period scale above. Where the premium received on the policy is more than the amount to be retained then, such additional premium shall be refunded.

No refund will be processed for cancellation of policies with Premium Payment Mode as Half-yearly, Quarterly or Monthly.

Wherever such Instalment premium received as on the cancellation request date is lower than the amount to be retained by Us, the cancellation will be effected without any refund of premium.

You further understand and agree that We may cancel the Policy by giving 15 days' notice in writing by Registered Post Acknowledgment Due/ recorded delivery to Your last known address on grounds of misrepresentation, fraud, non-disclosure of material fact or for non-co-operation by You without any refund of premium.

An individual Policy with a single Insured Person shall automatically terminate in case of Your death or upon the payment of all eligible Sum Insured's in accordance with the payment of benefits under the applicable sections. In case of a Policy with multiple Insured Persons, the Policy shall continue to be in force for the remaining Insured Persons up to the expiry of current Policy Period until the death of such Insured Persons or upon the payment of the Sum Insured in accordance with Section II. The Policy may be Renewed on an application by another adult Insured Person under the Policy or any other Member who satisfies the criteria to be a Policyholder whenever such is due for Renewal. All relevant particulars in respect of such person (including his/her relationship with You) must be given to Us along with the application.

V.15 Grace Period, Revival, Renewal and Discounts

Grace Period:

The Policy may be Renewed by mutual consent for life subject to application of renewal and realization of renewal premium and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days (for Single and Annual premium payment mode) from the date of expiry of the Policy. We will not be liable to pay for any claim arising out of an Injury /Accident/condition that occurred during the Grace Period and the period between the date of expiry of previous policy and date of inception of subsequent policy. The provisions of Section 64VIB of the Insurance Act shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover.

Revival Period:

For instalment (Half-yearly and Quarterly) premium policies, the revival period shall be 30 days and for Monthly premium payment mode the revival period shall be 15 days from the due date of next instalment. We will not be liable for any claims which are incurred from the due date of instalment till the date and time of revival of the Policy.

You may pay the premium through National Automated Clearing House (NACH)/ Standing Instruction (SI) provided that:

i. NACH/Standing Instruction Mandate form is completely filled & signed by You.
ii. The Premium amount which would be auto debited & frequency of instalment is duly filled in the mandate form.
iii. New Mandate Form is required to be filled in case of any change in the Policy Terms and Conditions whether or not leading to change in Premium.
iv. You need to inform us at least 15 days prior to the due date of instalment premium if You wish to discontinue with the NACH/ Standing Instruction facility.
v. Non-payment of premium on due date as opted by You in the mandate form subject to an additional renewal/ revival period will lead to termination of the policy.

Renewal Terms:

a. The Policy will automatically terminate at the end of the Policy Period.
b. The Policy would be considered as a fresh policy if there would be break of more than 30 days for Single, Annual, Half-yearly and Quarterly payment mode and 15 days for Monthly payment mode, between the previous policy expiry date and current Policy start date.
c. Renewals will not be denied except on grounds of misrepresentation, fraud, non-disclosure or non-co-operation by You.
d. Where We have discontinued or withdrawn this product/plan You will have the option to Renew under the nearest substitute policy being issued by Us, provided however benefits payable shall be subject to the terms contained in such other policy which has been approved by IRDAI. We will notify You regarding withdrawal of this product and the options available at the time of Renewal of this Policy.
e. Insured Persons shall disclose to Us in writing of any material change in his/her health condition or Occupation at the time of seeking Renewal of this Policy, irrespective of any claim arising or made. The terms and condition of the existing policy will not be altered.
f. We may in Our sole discretion, revise the Renewal premium payable under the Policy or the terms of cover, provided that the Renewal premiums are approved by IRDAI and in accordance with the IRDAI guidelines and regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification coming into effect.
g. Alterations like increase/decrease in Sum Insured or change in plan, addition/deletion of Insured Persons, will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the proposal form before the expiry of the Policy. We reserve Our right to carry out underwriting in relation to acceptance or rejection of the request for changes on Renewal. The terms and conditions of the existing Policy will not be altered.
h. On renewal, the coverage will be limited to Accidental Death & Permanent Total Disability for Insured Persons above 70 years of age.

Discounts under the Policy

You can avail of the following discounts on the applicable premium on your policy.

i. Family Discount:
You can avail a discount of 10% for covering more than 2 family members under the same policy.
ii. Long Term policy discount:
You can avail of a long term discount of 7.5% and 10% on selecting a 2 and 3 years policy respectively. Long term policy discount will not be applicable in case of installment premium policies.
iii. Direct Policy Discount:
You can avail of a 10% discount if you buy this Policy from Us without any intermediary.
iv. Worksite Marketing Discount:
A discount of 10% will be available on polices which are sourced through worksite marketing channel. This discount and Direct Policy discount are mutually exclusive.

V.16 Premium calculation

The Premium charged on the Policy will depend on the Plan, Sum Insured, of the Insured Person and Policy Period. Premium can be paid on Single, Yearly, Half yearly, Quarterly or Monthly basis. Premium payment mode can only be selected at the inception of the Policy or at the renewal of the Policy.

In case of premium payment modes other than Single or Yearly, a loading will be applied on the premium.

Loading grid applicable for Half-yearly, Quarterly and Monthly payment mode.

Premium payment mode	% Loading on premium
Monthly	5.5%
Quarterly	3.5%
Half yearly	2.5%

If we receive any amount in excess of the required premium, we will refund the excess without paying any interest on the excess amount.

If we receive any amount lesser than the required premium, the same shall not be adjusted towards the premium and no interest shall be paid on the amount. You will not be entitled to any benefits or claims under the policy unless you pay the full premiums in time.

The premium payment mode can be changed only on a policy anniversary by sending a request at least one month in advance. Change in premium payment mode is subject to:

1. Payment of premium and loading, if any.
2. Minimum premium requirement for the requested premium payment mode, if any.
3. Availability of the requested premium payment mode on the day of implementation of request.
4. Premium rates/ tables applicable for the changed premium payment mode will be the same as the premium rates/ tables applicable on the date of commencement of policy.

V.17 Communications & Notices

Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

a. Your address as specified in Policy Schedule;

b. To Us, at the address specified in the Policy Schedule;

No insurance agents, brokers, other person or entity is authorised to receive any notice on behalf of Us unless explicitly stated in writing by Us;

c. Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

V.18 Electronic Transactions

You agree to comply with all the terms, conditions as We shall prescribe from time to time, and confirm that all transactions effected facilities for conducting remote transactions such as the internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, in respect of this Policy, or Our other products and services, shall be legally binding when done in compliance with Our terms for such facilities.

Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to You. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated/confirmed by You.

V.19 Fraudulent Claims

If any claim is found to be fraudulent, or if any false declaration is made, or if any fraudulent devices are used by You or the Insured Person or anyone acting on their behalf 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. All sums paid under this Policy shall be repaid to Us by You on behalf of all Insured Persons who shall be jointly liable for such repayment.

V.20 Limitation of Liability

If a claim is rejected and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement, the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

V.21 Complete Discharge

We will not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy. The payment made by Us to You/Insured Person or to Your Nominee/legal representative, as the case may be, of the Sum Insured under the Policy shall in all cases be complete, valid and construe as an effectual discharge in favour of Us.

V.22 Dispute Resolution

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian courts and subject to Indian law.

V.23 Grievances Redressal Procedure

We have a well-developed procedure and an effective mechanism to address complaints, if any of the customers. We are committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued from time to time in this regard.

If You/Insured Person or a claimant has a grievance that requires to be redressed, You/Insured Person or the claimant may contact Us with the details of the grievance through:

Our website: www.manipalcigna.com

E-mail: customercare@manipalcigna.com

Toll Free: 1800-102-4462

Contact No.: +91 22 61703600

Courier: Any of our Branch Office or Corporate Office during business hours.

You/Insured Person or the claimant may also approach the grievance cell at any of Our branches with the details of the grievance during Our working hours from Monday to Friday.

If You/Insured Person or the claimant are not satisfied with Our redressal of Your grievance through one of the above methods, You/Insured Person or the claimant may contact Our Head of Customer Service at the Grievance Cell, ManipalCigna Health Insurance Company Limited, 401/402, Raheja Titanium, Western Express Highway, Goregaon (East), Mumbai – 400063. or E-mail at headcustomercare@manipalcigna.com.

Further, if You/Insured Person or the claimant are not satisfied with Our redressal of Your grievance through one of the above methods, You/Insured Person or the claimant may approach the nearest insurance ombudsman for resolution of Your grievance. The contact details of ombudsman offices are attached as Annexure I to this Policy document.

You may also approach the Insurance Ombudsman if your complaint is open for more than 30 days from the date of filing the complaint.

IRDAI Integrated Grievance Management System https://igms.irda.gov.in/

VI. Definitions

1. **Accident** or **Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age** or **Aged** means the completed age (in years) of the Insured Person as on his/her last birthday.
3. **Annexure** means a document attached and marked as Annexure to this Policy.
4. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- **Internal Congenital Anomaly** - Congenital anomaly which is not in the visible and accessible parts of the body
- **External Congenital Anomaly** - Congenital anomaly which is in the visible and accessible parts of the body

5. **Condition Precedent** means a Policy term or condition upon which Our liability under the Policy is conditional upon.
6. **Common Carrier** means any land, sea or air conveyance operated under a licence issued by a government authority having jurisdiction for the transportation of fare paying passengers and which has fixed established routes only.
7. **Disclosure to Information Norm** - The Policy shall be void and all premium paid hereon shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
8. **Dependents** means only the family members listed below:

i) Your legally married spouse as long as she continues to be married to You;

ii) Your children Aged between 91 days and 25 years if they are unmarried

iii) Your natural parents or parents that have legally adopted You,

9. **Dependent Child** means a child up to the age of 25 years (naturally or legally adopted), who is financially dependent on You and does not have his independent source of income.
10. **Expiry Date** is the date on which this Policy expires as specified in the Policy Schedule.
11. **Fracture** is a break in continuity of the bone evidenced by an X-Ray and certified by the attending Medical Practitioner.
12. Family for the purpose of Section III 5. means immediate family member or blood relative.
13. **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.
14. **Hazardous Activities** means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained or not. Such sport/activity includes stunt activities of any kind, adventure racing, base

jumping, biathlon, big game hunting, black water rafting, BMX stunt/obstacle riding, bobsleighing/using skeletons, bouldering, boxing, canyoning, cavin/pot holing, cave tubing, rock limbing/trekking/ mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro - lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/time trials, triathlon, water ski jumping, weight lifting or wrestling any type.

15. **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 of 56(1) of the said Act OR complies with all minimum criteria as under:

- Has qualified nursing staff under its employment round the clock;
- Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- Has qualified Medical Practitioner(s) in charge round the clock;
- Has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
- Maintains daily records of patients and makes this accessible to the insurance company's authorized personnel.

16. **Hospitalization or Hospitalised** means admission in a Hospital for a minimum period of 24 consecutive In-patient Care hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
17. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
18. **Inception Date** means the inception date of this Policy as specified in the Policy Schedule
19. **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.
20. **Insured Person** means the person(s) named in the Policy Schedule, who is/are covered under this Policy, for whom the insurance is proposed and the appropriate premium paid.
21. **Loss of Independent Living** means that 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.

22. **Medical Advice** means any consultation or advise from a Medical Practitioner including the issue of any prescription or follow-up prescription.
23. **Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which

- Is required for the medical management of the Illness or injury suffered by the Insured Person;
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
- Must have been prescribed by a Medical Practitioner.
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

24. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
25. **Nominee** means the person named in the Policy Schedule who is nominated to receive the benefits under the Policy in accordance with the terms and conditions of the Policy, if You are deceased.
26. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognised modes of communication.
27. **Policy** means this Policy document, the Proposal Form and the Policy Schedule which form part of the Policy including endorsements, as amended from time to time which form part of the Policy and shall be read together.
28. **Policy Period** means the period between the Inception Date and the Expiry Date of the Policy as specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.
29. **Policy Year** means a period of 12 consecutive months commencing from the Inception Date.
30. **Policy Schedule** means the schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to, including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
31. **Pre-existing Disease** means any condition, ailment or injury or disease:

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

  Or
- For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

32. **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.
33. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
34. **Sum Insured** means, subject to terms, conditions and exclusions of this Policy, the amount representing Our maximum, total liability for any or all claims arising under this Policy in respect of an Insured Person and is as specified in the Policy Schedule.
35. **Surgery/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.
36. **Unproven/Experimental** Treatment means treatment, including drug experimental therapy, which is not based on established medical practice in India.
37. **We/ Our/ Us** means ManipalCigna Health Insurance Company Limited.
38. **You/Your** means the person named in the Policy Schedule as the policyholder and who has concluded this Policy with Us.

Annexure 1 : List of Ombudsmen Offices

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat , UT of Dadra and Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in
Karnataka	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in
Odisha	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in
Punjab, Haryana, Himachal Pradesh, Jammu and Kashmir, UT of Chandigarh	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in
Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in
Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in
Andhra Pradesh, Telangana and UT of Yanam – a part of the UT of Pondicherry	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in
Rajasthan	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in

Kerala, UT of (a) Lakshadweep, (b) Mahe – a part of UT of Pondicherry	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam-682015. Tel.: 0484 - 2358759/2359338 Fax: 0484-2359336 Email: bimalokpal.ernakulam@ecoi.co.in
West Bengal, UT of Andaman and Nicobar Islands, Sikkim	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in
Districts of Uttar Pradesh:Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in
State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in
Bihar, Jharkhand.	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in

ManipalCigna Critical Illness Add On Cover

Terms and Conditions

I. General Provisions

1. It is agreed and understood that the Add On Cover can only be bought along with the Underlying Plan and cannot be bought in isolation or as a separate product.
2. The Add On Cover is subject to the terms and conditions stated below and the Policy terms, conditions and applicable endorsements of the Underlying Plan.
3. The Add On Cover shall be available under your policy only if the same is specifically opted and specified in the Policy Schedule.
4. All applicable Terms and Conditions of the Underlying Policy shall apply to the Add On Cover.

II. Definitions

1. **Add On Cover** means ManipalCigna Critical Illness Add On Cover
2. **Critical Illness** means the following:

a) 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 -

1. 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
2. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
3. Malignant melanoma that has not caused invasion beyond the epidermis;
4. 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
5. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
6. Chronic lymphocytic leukaemia less than RAI stage 3
7. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification
8. 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;
9. All tumors in the presence of HIV infection.

b) Myocardial Infarction (First Heart Attack of Specific 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:

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

The following are excluded:

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

c) Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s) by coronary artery bypass grafting done via 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:

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

d) 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.

e) Coma of Specified Severity

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

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

   i. no response to external stimuli continuously for at least 96 hours;

   ii. life support measures are necessary to sustain life; and

   iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

f) 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.

g) 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 extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

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

h) Major Organ/Bone Marrow Transplant

The actual undergoing of a transplant of:

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

The following are excluded:

i. Other stem-cell transplants

ii. Where only islets of langerhans are transplanted

i) 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.

j) Motor Neuron Disease with Permanent Symptoms

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

k) Multiple Sclerosis with Persisting Symptoms

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

   1. investigations including typical MRI findings which unequivocally

confirm the diagnosis to be multiple sclerosis and;

2. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

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

3. Underlying Policy - means the Insurance Policy or any other insurance plan issued by ManipalCignaHealth Insurance including its terms and conditions, any annexure thereto and the Schedule (as amended from time to time), the statements in the proposal form or the Customer Information Sheet and the Policy wording (including endorsements, if any) and to which this Add On Cover is attached.

III. Coverage

a) We will pay a fixed lump sum amount, to the Insured Person suffering from a disease/ Illness/ Injury or medical condition which shall lead to the diagnosis of the named Critical Illnesses or the performance of any of the named Surgical Procedures listed and defined under this Add on.

i. Cancer of Specified Severity

ii. Myocardial Infarction (First Heart Attack of Specific Severity)

iii. Open Chest CABG

iv. Open Heart Replacement or Repair of Heart Valves

v. Coma of Specified Severity

vi. Kidney Failure Requiring Regular Dialysis

vii. Stroke Resulting in Permanent Symptoms

viii. Major Organ/Bone Marrow Transplant

ix. Permanent Paralysis of Limbs

x. Motor Neuron Disease with Permanent Symptoms

xi. Multiple Sclerosis with Persisting Symptoms

b) The Sum Insured will be payable once in a lifetime of an Insured subject to the following conditions:

i. The Critical Illness is specifically listed and defined in this Cover;

ii. The Critical Illness experienced by the Insured person is the first incidence of that Critical Illness;

iii. The Insured Person survives for at least 30 days following the diagnosis of Critical Illness;

iv. The Insured Person is at least 18 years of age at the time of taking the Cover.

v. Coverage will not apply to persons between the age group of 18 to 23 years who are covered as “Child”.

vi. Once a claim has been accepted and paid for a particular Critical Illness for that particular Insured, the cover shall cease in respect of that Insured Person.

In case of a floater policy, We will provide for a 100% reinstatement of Sum Insured once during the lifetime of the Policy for the other adult Insured Person in the Policy.

“Reinstatement of Sum Insured” for the purpose of this Policy means the amount reinstated in accordance with the terms and conditions as stated above under this Policy.

Discounts

1. Family Discount: Discount of 10% on the premium for covering 3 or more individuals with individual sum insured.
2. Long Term Discount: Long term discount, on the premium, of 7.5% for selecting a 2 year policy term and 10% for selecting 3 year policy term. The discount is available only with 'Single' premium payment mode.
3. Direct Policy Discount: Discount of 10% on the premium for policies issued directly without the involvement of any intermediary.
4. Worksite Marketing Discount: Discount of up to 10%, on the premium, will be available on polices sourced through worksite marketing channel.
5. Social Media Discount: Discount of 2.5%, on the premium will be available on policies sourced through online channel and policyholder opts to post the pre-defined marketing message to all contacts in his social media account.

IV. Waiting Periods

We shall not be liable to make any payment under this Add On Cover directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

a) **First 90 days Waiting Period:** Any Critical Illness or Injury which was diagnosed or existed within the first ninety (90) days of the Add On Cover start date will not be covered.

b) **Pre-existing disease Waiting period:** Any Pre-existing Critical Illness as defined in the Policy until the specified months of continuous covers have elapsed since inception of the first Policy with Us. Waiting period for the specified months as mentioned in the Schedule against this Benefit shall apply.

Pre-existing disease for the purpose of this waiting period is defined as below:

Pre-existing Disease means any condition, ailment or injury or disease:
a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

or

b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

c) Personal Waiting Period: A special Waiting Period not exceeding 48 months, may be applied to Insured Persons depending upon declarations on the proposal form and existing health conditions. Such waiting periods shall be specifically stated in the Schedule and will be applied only after receiving the Insured Person's specific consent.

V. Survival Period

The benefit payment shall be subject to survival of the Insured Person for more than 30 days post the first diagnosis of the Critical Illness/ undergoing for the first time of the Surgical Procedures/ for the first time of occurrence of medical events.

VI. Cancellations

Request for Cancellation shall be intimated to Us from Your side by giving 15 days' notice in which case We shall refund the premium for the unexpired term as per the short period scale mentioned below.

Premium shall be refunded only if no claim has been made under the Policy.

1 Year		2 years		3 years	
Policy in force upto	**Premium Refund %**	**Policy in force upto**	**Premium Refund %**	**Policy in force upto**	**Premium Refund %**
1 month	75%	1 month	87.5%	1 month	90%
3 months	50%	3 months	75%	3 months	85%
6 months	25%	6 months	62.5%	6 months	75%
More than 6 months	NIL	12 months	50%	12 months	60%
		15 months	37.50%	15 months	50%
		18 months	25%	18 months	35%
		Above 18 months	NIL	24 months	30%

You further understand and agree that We may cancel the Policy by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to Your last known address on grounds of misrepresentation, fraud, non-disclosure of material fact or for non-co-operation by You without any refund of premium.

Where the Policy has been issued for two years and a claim for Critical Illness becomes payable in the first year the cover shall cease and any premium collected for the second year in respect of a particular Insured Person will be refunded after deduction of applicable discounts and commissions (if any).

VII. Permanent Exclusions

We shall not be liable to make any payment under this Add On Cover, directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Any Illness, sickness or disease, other than specified as Critical Illness, as mentioned in the Schedule;
2. Any Critical Illness directly or indirectly caused due to or associated with human T-call Lymph tropic virus type III (HTLV-III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) and its variants or mutants, Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCS) and all diseases / illness / injury caused by and/or related to HIV;
3. Any Critical Illness arising out of use, abuse or consequence or influence

of any substance, intoxicant, drug, alcohol or hallucinogen;

4. Any Critical Illness directly or indirectly caused due to Intentional self-injury, suicide or attempted suicide.
5. Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof;
6. All expenses directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;
7. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel;
8. Congenital anomalies or any complications or conditions arising therefrom;
9. Insured Persons whilst engaging 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, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports or involving a naval military or air force operation;
10. Any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy;
11. Any Critical Illness based on Certification / Diagnosis / Treatment by a family member, or a person who stays with the Insured Person, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis or treatment that is not scientifically recognized or experimental or unproven or any kind of self-medication and its complications;
12. Cosmetic or plastic surgery or any elective surgery or cosmetic procedure that improve physical appearance, surgical and non-surgical treatment of obesity, including morbid obesity (unless certified to be life threatening) and weight control programs, or treatment of an optional nature;
13. Any critical illness arising or resulting from the Proposer or any of his family members committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion;

In the event of death of the Insured within the stipulated survival period applicable under each category.

Applicable exclusions of the Underlying Policy will apply in addition to the Add On exclusions.

VIII Claim Process:

In the event of a claim arising out of any of the listed Critical Illnesses covered under this Add on, the Insured Person shall submit the claim documents to Us within ninety (90) days of date of first diagnosis of the Illness/ date of surgical procedure or date of occurrence of the medical event, as the case may be.

Insured Person shall submit the following documents in original for assessment and upon request we will return the Original documents.

1. Claim Form Duly Filled and Signed- Part A and B
2. Original Discharge Certificate/ Card from the hospital/ Doctor
3. Original investigation test reports confirming the diagnosis, Indoor case papers if applicable
4. Any other documents as may be required by Us
5. In the cases where Critical Illness arises due to an accident, FIR copy or medico legal certificate will be required.

In the unfortunate event of the death of the Insured Person post the survival period, someone claiming on his behalf must inform Us in writing immediately.

Claim payment for policies with Monthly, Quarterly and Half-Yearly Premium Payment Mode:

In case of a claim, an amount equivalent to the balance of the instalment premiums payable, in that policy year would be recoverable from the claim amount payable in respect of the Insured person.