

### **CRITICAL ILLNESS INSURANCE POLICY**

(Individual)

This POLICY is evidence of the contract between YOU and US. The proposal along with any written statement(s), declaration(s) of YOURS for purpose of this POLICY forms part of this contract.

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

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

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

The POLICY is based on information which have been given to US about Insured Person(s) pertaining to risk insured under the policy and the truth of these information shall be condition precedent to YOUR or the Insured Person’s right to recover under this POLICY.

##### Definition of Words

1. **Proposal:** It means any signed proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to US by YOU.
2. Policy: It means the policy booklet, the Schedule and any applicable endorsement or memoranda. The policy contains details of the extent of cover available to Insured Person(s), what is excluded from the cover and the conditions on which the policy is issued.
3. Schedule: It means latest Schedule issued by US as part of the policy. It provides details of the policy of Insured Person(s), which are in force and the level of cover Insured Person(s) have.
4. Sum Insured: It means the monetary amount shown against Insured Person.
5. WE/OUR/US: It means IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.
6. YOU/YOUR: It means the person(s)/the company/the entity named as Insured in the Schedule
7. Insured Person: The person named as Insured Person(s) in the Schedule lodged with US by YOU.
8. Period of Insurance: It means the duration of this policy as shown in the Schedule.
9. **Disease:** It means an illness which Medical Practitioner or Surgeon will certify as Insured Person is suffering from and unable to feel as Normal.
10. **Critical Illness:** It means any disease as defined under Point 11 to 19 which the Insured Person is diagnosed to have suffered from.
11. **Paralytic Stroke:** It means death of a portion of the brain due to vascular causes such as:
    1. Hemorrhage (Cerebral)
    2. Thrombosis (Cerebral)
    3. Embolism (Cerebral)

From an extra cranial source causing total permanent disability of two or more limbs. Evidence of numerological deficit for atleast 3 months has to be produced.

1. **Cancer:**  It means a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue. The term ‘Cancer’ also includes leukemia and malignant disease of the lymphatic system such as Hodgkin’s disease. Any non-invasive cancer in situ and all skin cancers except invasive malignant melanoma are excluded.
2. **Renal failure:** It means the end stage renal failure as chronic irreversible failure of either of Kidneys to function, as a result of which regular renal dialysis has to be instituted.
3. **Coronary Artery Disease:** It means narrowing or blockage of coronary arteries affecting blood circulation to cardiac muscles, which requires the Insured Person to undergo open chest surgery by means of coronary artery bypass graft or angioplasty.

Angiography or any other diagnostic procedure is excluded from this definition.

1. **Major Organ Transplant:** It means human to human transplant from a donor to the Insured Person of one or more of the following organs:

a) Kidney b) Lung c) Pancreas d) Bone Marrow

The transplantation of all other organs, parts of organ or any other tissue transplant is excluded.

The Insured Person must be required to undergo actual transplantation within 6 months of the first diagnoses as certified by Medical Practitioner.

1. **End Stage Liver Disease:** It means an irreversible chronic alteration of the hepatic parenchyma or the biliary ductal system resulting in a life threatening liver dysfunction.

The above coverage is excluded if the etiology of the disease is due to chronic alcohol consumption or any self inflicted toxic or drug consumption.

1. **Major Burns:** It means aninjury due to any form of burn touching one third (33%)or more of the body area causing in loss of soft tissue resulting in impairment or loss of function of the injured organ.

1. **Coma:** It means a deep sleep like state from with an unnatural situation of reduced alertness and responsiveness which the patient cannot be aroused. Coverage of coma excludes any complication of a disease not covered in the Policy.

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1. **Multiple Sclerosis**: It means a demyelinating disease having feature of selective destruction of central nervous system sparing the peripheral nervous system, causing weakness, sensory loss, paraesthesias optic neuritis and other general symptoms, neurological as well as functional.
2. **Injuries**: It means accidental bodily injuries caused by external, violent and visible cause leading to loss of limbs i.e. physical separation or permanent and total loss of use of one or more hand, foot or eye within 12 months from the date of injury.
3. **Diagnoses:** It means diagnosis by a registered Medical Practitioner, supported by clinical, radiological,

histological and laboratory evidence, acceptable to **Us**.

22. **Surgical Operation** It means manual and/or operative procedures for correction of deformities and defects, repair

of injuries, diagnosis and cure of diseases, relief of suffering and prolonging of life.

23**. Medical Practitioner** It means a person holding a degree/diploma of a recognised institution and registered by

Medical Council of respective State of India. The term Medical Practitioner would include Physician, Surgeon and

Specialist.

24. **Qualified Nurse** Itmeans a person holding a certificate of recognised Nursing Council and who is employed on

recommendations of the attending Medical Practitioner.

25. **Pre-existing Conditions** It means an injury and /or any critical illness and/or its symptoms, which exists when the

cover incepts for the first time. Complication arising from pre-existing disease will be considered part of pre

-existing condition.

26. **Any Single Illness** Any single illness will be deemed to mean the any of the critical Illness / Injuries as defined hereunder which Insured person is diagnosed to have suffered from including its relapse.

Coverage

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| WHAT IS COVERED | WHAT IS NOT COVERED |
| If the Insured Person(s) is/are for the first time diagnosed during the period of Insurance as suffering from a critical illness, symptoms (and/or the treatment) as defined under point *11* to *19* of “*Definition of Words*” and/or received Injuries as defined under point 20 of *“Definition of Words”*, then WE will reimburse to you medical hospitalization expenses incurred in respect of Insured person(s) - as an inpatient ,or to Insured Person(s) or to his /her legal heirs upto the amount stipulated against such Insured person in the schedule. In case of availing Cashless Hospitalisation at Network Hospital no reimbursement of expenses shall be involved. | We will not pay for **1.** Such disease(s), which are in pre-existing condition.  **2.** Any critical illness as specified in the Policy, which incepts or manifest during the first 90 days of the period of insurance cover for Insured Person.  **3.** Any critical Illness which arises or is caused by any one of the following:   1. The ingestion of drugs other than those prescribed by Registered Medical practitioner. 2. Ingestion of Medicines whether prescribed or not for treatment of drug addiction and alcoholism and drug addiction and alcoholism. 3. Dry addiction ,alcoholism, smoking of more than 30 cigarettes/cigars or equivalent intake of tobacco in a day and any complication, consequences arising there from. 4. Any attempt by the Insured Person of suicide or any injury, which is self inflicted or in any manner willfully caused by or on behalf of Insured Person. 5. Any Insured person suffering from **Human T.Cell Lymphotropic Virus Type III** (HTLV-III) or **Lymphadinopathy Associated Viruses** (LAV) or **the Mutant derivatives** or Variations **Deficiency Syndrome** or any Syndrome or a condition of similar kind referred to as AIDS. The onus shall always be on Insured Person to show any event was not caused by or did not arise through AIDS or HIV.    1. Any Insured Person under 5 years or aged 60 years or more.      * 1. Circumcision except for diseases not excluded here or Injury, vaccination or Inoculation or change of life or cosmetic or aesthetic treatment of any description.   2. Convalescence, General Debility, Run Down condition or rest cure, congenital external diseases or defects or anomalies, sterility veneral diseases.   3. Any claim if a critical Illness is caused directly or indirectly or contributed to by or arising from:  1. Ionizing Radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel or nuclear weapon materials. 2. War, Invasion, Act of foreign enemy, Hostilities, Civil war, Rebellion, Revolution, Insurrection, Mutiny, Military or usurped Power, Seizure, Capture, Arrest, Restraints and Detainments of all kinds, Princes of whatever nation conditions or quality so ever. |

Special Provisions

1. Each of the above critical illness mentioned in the Policy must be confirmed by a registered Medical Practitioner and must be supported by clinical, radiological, histological and laboratory evidence acceptable to US.
2. WE will make payment to Insured Person only once in respect of treatment of any particular critical illness or injury.
3. The cover under this Policy in respect of a critical illness or injuries for any Insured Person shall cease upon the reimbursement of medical expenses incurred as inpatient /provision of Cashless hospitalization on the treatment of the critical illness or injuries.

General Conditions

1. Reasonable Precautions YOU/Insured Person shall take all reasonable precautions to prevent injury, illness, and disease in order to minimize claims.
2. Notice YOU/Insured Person will give every notice and communication in writing to OUR office through which this insurance is effected.
3. **Misdescription** The Policy shall be void and all premium paid by YOU to US be forfeited in the event of misrepresentation or concealment of any material information.
4. **Changes in Circumstances** YOU must inform US, as soon as reasonably possible of any change in information YOU have provided to US about Insured Person(s) which may affect the Insurance cover provided e.g. duty, business, occupation.
5. **Claim Procedure and Requirements** The Policy provides for Cashless facility at the network hospitals. The provision of Cashless is at the discretion of the Third Party Admnistrator keeping in mind the coverage provided under this Policy.In case of the treatment being taken at a non network hospital, the claim will be processed on a reimbursement basis**.** An event, which might become a claim under the Policy, must be reported to US as soon as possible, but not later than 14 days from the date of discharge from Hospital after treatment of the Critical Illness. A written statement of the claim will be required and a claim form will be provided and the claim must be filed within 30 days from the date of discharge from Hospital post treatment of the Critical Illness except for in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances, in which YOU, the Insured Person or his/her personal representative were placed, it was not possible for any one of YOU to give notice or file claim within the prescribed time limit.

The Insured Person must give all bills, receipts, certificates, information and evidences from a Medical Attendant or otherwise required by US in the manner and form as WE may prescribe. In such claims our representative shall be allowed to carry out examination and obtain information in case of alleged injury or disease if and when WE may reasonably require.

1. **Assignment:** This Policy may not be assigned. Compensation shall be payable only to the Insured person or the Insured Person’s legal representative whose receipt shall be effective discharge to US.

1. **Fraud** If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without YOUR knowledge or that of Insured Person, all benefit(s) under this Policy shall be forfeited.
2. **Contribution** The policy benefit if enjoyed on reimbursement basis will be subject to the Contribution Clause if applicable. However this applicability of the same shall be decided on case to case basis.
3. **Renewal** The Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to US on or before the date of expiry of the Policy or of the subsequent renewal thereof. However, WE shall not be bound to give notice that such renewal premium is due.
4. **Cancellation** WE may cancel this policy by sending 30(Thirty) days notice by registered post to YOUR last known address. YOU will then be entitled to a pro-rata refund of premium for unexpired period of this policy in respect of such insured person(s) in respect whom no claim has arisen.

YOU may cancel the policy by sending written notice to US under Regd. Post WE will then allow a refund on following scale, except for those Insured Person(s) where claim has been preferred on US under the current policy:

**Period of Cover upto** **Percentage of Premium to be Refunded**

1 Month 75%

3 Month 50%

6 Month 25%

Exceeding Six Months NIL

1. WE will not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealings with or relating to this policy. YOUR receipt or receipt of Insured Person shall in all cases be an effective discharge to US.
2. **Arbitration** Should any dispute arise between YOU and US on quantum of Amount payable (liability being admitted by US), such dispute will be referred to Arbitrator to be appointed in accordance with statutory provisions of the country in force at that time. Further, if when any dispute is referable or referred to arbitration, the making of an award by arbitration, shall be a condition precedent to any right of action by YOU against US.
3. **Disclaimer Clause** If WE shall disclaim our liability in any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.
4. No sum payable under this Policy shall carry any interest/ penalty.
5. The geographical scope of this Policy will be India**.**