



Universal Sompo General Insurance Co. Ltd.

K FAMILY CARE - HEALTH INSURANCE POLICY

This Policy is an evidence of the contract between You and Universal Sompo General Insurance Company Limited. The information furnished by You in the Proposal form and the declaration signed by You forms the basis of this contract.

The Policy, the Schedule and any Endorsement shall be read together and 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.

This Policy witnesses that in consideration of Your having paid the premium for the Policy Period stated in the Schedule or further Period of insurance for which We may accept the premium for renewal of this Policy, We undertake that if during the Period of insurance or during the continuance of this Policy by renewal You contract any disease or suffer from any illness or sustain any bodily injury through accident and if such disease or injury shall require, upon the advices of a qualified Medical Practitioner, hospitalization for medical/surgical treatment in any Nursing Home/Hospital in India as defined in the Policy, We will pay to You the amount of such expenses as may be reasonably and necessarily incurred in respect thereof as stated in the Schedule but not exceeding the Sum Insured in aggregate in any one Period of Insurance provided that all the terms, conditions and exceptions of this Policy in so far as they relate to anything to be done or complied with by You have been met.

DEFINITION:

1. **Proposal form:** The application form You sign for this insurance and any other information You give to Us or which is given to Us on Your behalf.
2. **Policy :** Policy wording, the Schedule, the Proposal form and any applicable endorsement or memoranda.
3. **Schedule:** It provides details of the 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(s) which will be Our maximum liability during the Policy Period.
5. **Period of Insurance:** The time period for which the contract of insurance is valid as shown in the Schedule
6. **We/Our/Us** It means **UNIVERSAL SOMPO GENERAL INSURANCE COMPANY LTD.**

7. **You/Your:** It means the person(s) named as Insured in the Schedule
8. **Insured Person:** The person named as Insured person(s) in the Schedule which may include You and Your family inclusive of dependent parents
9. **Accident:** Accident or Accidental means a sudden, unforeseen and involuntary event caused by external and visible means
10. **Accidental Death:** means Death resulting from bodily injury solely and independently of any other cause resulting from such injury which causes the Death of the Insured person within 12 months from the date of Accident.
11. **Injury:** It shall mean accidental bodily injury solely and directly caused by external, physical and visible cause.
12. **Disease:** It shall mean a condition affecting the general wellbeing and health of the body that first manifests itself in the Period of Insurance and which requires treatment by a Medical Practitioner.
- Disease does not include any mental disease (a mental or bodily condition marked by disorganization of personality, mind, and emotions to impair the normal psychological, social or work performance of the individual) regardless of its cause or origin.
13. **Dependent Child:** A dependent child refers to a child (natural or legally adopted), up to age 25 years , who is financially dependent on the primary insured or proposer and does not have his/her independent sources of income.
14. **Dependent Parents:** is a parent of primary insured or proposer and who do not have any independent source of income /pension and are financially dependent on the primary insured or proposer for their financial needs.
15. **Medical Practitioner:** A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State of India and is there by entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.
16. **Medically Necessary:** Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which,
- Is required for the medical management of illness or injury suffered by the Insured;
 - 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.
17. **Network:** All such hospitals, day care centers or other providers that the Insurance company/TPA have mutually agreed with, to provide services like cashless access to Policy holders. The list is available with the Insurer/TPA and subject to amendment from time to time.

18. Non Network: Any hospital, day care centre or other provider that is not part of the *Network*

19. Qualified Nurse: Qualified Nurse is Person who holds a valid registration from Nursing Council of India or the Nursing Council of any state in India.

20. Hospital/Nursing Home: It means any institution established for in-patient care and day care treatment of sickness and/or injuries and which has been registered as a hospital with the local authorities wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner and must comply with minimum criteria as under:

- has at least 10 inpatient beds in those towns having population of less than 10,00,000 and 15 inpatient beds in all other places;
- has qualified nursing staff under its employment round the clock;
- has qualified Medical Practitioner(s) in charge round the clock
- has fully equipped operation theatre of its own where surgical procedures are carried out.

The terms 'Hospital/Nursing Home' shall not include establishment which is a place of rest, a place for the aged, a place for drug addicts, a hotel or a similar place.

21. Hospitalisation: It shall mean treatment of Insured Person as inpatient in the Hospital/Nursing Home for a minimum period of 24 hours.

22. Intensive Care Unit: Intensive care unit means an identified action, ward or wing of a hospital which is under constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

23. Inpatient Care: Inpatient care means treatment for which the Insured person has to stay in a hospital for more than 24 hours for a covered event.

24. Pre-Hospitalisation expenses: Medical expenses necessarily incurred during Period up to 30 days prior to Hospitalisation on disease/illness/injury sustained ,forming part of Hospitalisation expenses claim.

25. Post Hospitalisation expenses: Medical expenses necessarily incurred during Period up to 60 days after discharge from Hospital after Hospitalisation for treatment for a covered disease/illness/injury and forming part of Hospitalisation expenses claim.

26. Day Care Treatment: Day care treatment refers to medical treatment and/or surgical procedure which is

- undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and
- which would have otherwise required a hospitalization of more than 24 hours.

Treatment taken as an outpatient is not included under the Policy .

27. Domiciliary Hospitalisation: Domiciliary hospitalization means medical treatment actually taken at home for a Period exceeding 3 days, for an illness/disease/injury which in the normal course would require care and treatment at a hospital under the following compelling circumstances, which in the normal course would require Hospitalisation of Insured Person:

a. Medical advices against shifting of the patient to an Hospital/Nursing Home due to his/her bad health condition.

OR

b. Non-availability of accommodation in the Hospital/Nursing Home.

28. Emergency Care: Emergency Care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a Medical Practitioner to prevent Death or serious long term impairment of the Insured Person's health.

29. Grace Period: 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.

30. Reasonable and Customary Charges: Reasonable 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. .

31. Pre-existing Condition: Any condition, ailment or injury or related condition(s) for which You had signs or symptoms , and/or were diagnosed ,and / or received medical advice /treatment, within 48 months prior to Your first Policy with Us.

32. Critical Illness

It means the following major disease(s), which the Insured Person is diagnosed during the Policy Period to have suffered from and for which requires Hospitalization.

i. Stroke resulting in Permanent Symptoms

Any cerebral vascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for atleast 3 months has to be produced.

The following are excluded:

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

ii. Kidney Failure requiring regular dialysis

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

iii. Open Chest Coronary Artery Bypass

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner. The following are excluded : (1) Angioplasty and/or any other intra-arterial procedures (2) any key-hole or laser surgery.

iv. Major Organ Transplant

The actual undergoing of a transplant of:

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

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

The following are excluded:

- Other stem-cell transplants
- Where only islets of langerhans are transplanted it means human to human transplant from a donor to the recipient

v. Coma of Specified Severity

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

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

- No response to external stimuli continuously for at least 96 hours;
- Life support measures are necessary to sustain life.
- Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner.

Coma resulting directly from alcohol or drug abuse is excluded.

vi. Cancer of Specified Severity

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy and confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- Tumors showing the malignant changes of carcinoma in situ and tumors which are histologically described as pre-malignant or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
- Any skin cancer other than invasive malignant melanoma
- 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.
- Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- Chronic lymphocytic leukemia less than RAI stage 3
- Micro carcinoma of the bladder
- All tumors in the presence of HIV infection.

vii. First Heart Attack of Specified Severity

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis for this will be evidenced by all of the following criteria:

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

The following are excluded:

- Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponins I or T
- Other acute Coronary Syndromes
- Any type of Angina Pectoris

viii. Open Heart Replacement or Repair of Heart Valves

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

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

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

ix. 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.

x. Multiple Sclerosis with persisting symptoms

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

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

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

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

33. Any one illness: Any One illness means continuous Period of illness including relapse, if any, within 45 days from the date of last consultation from the Hospital/Nursing Home where treatment have been taken. Occurrence of same illness after a lapse of 45 days will be considered as fresh illness for the purpose of this Policy .

34. Surgery: Surgery or Surgical procedure means manual and/or operative procedure (s) required for treatment of an illness or injury, correction of deformities or 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.

35. 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.

GENERAL CONDITIONS:

1. Notice:

Every notice and communication to the Company required by this Policy shall be in writing. Initial notification can be made by telephone

2. Mis-description:

This Policy shall be void abinitio and premium paid shall be forfeited by Us in the event of mis-representation, mis-description or non-disclosure of materials facts as sought to be declared on the Proposal Form by You. Non-disclosure shall include non-intimation of any circumstances which may affect the acceptance of the proposal and Insurance cover granted.

3. Claim Procedure :

A Health Hospitalization Claims Procedure

(i) - Reimbursement Claims Process

Upon happening of any injury/disease which may give rise to a claim under this Policy
Policy

- You shall give Us a notice at Our call centre immediately and also intimate in writing to Our Policy issuing office but not later than 7 days from the date of Hospitalization. A written statement of the claim will be required , a Claim Form will have to be completed and the claim must be filed within 30 days from the date of discharge from the Hospital or completion of treatment and in case of Post hospitalization expenses being incurred , within 90 days from the date of discharge from Hospital

- You must give all original bills, receipts, certificates, information and evidences from the attending Medical Practitioner/Hospital/Chemist/Laboratory as required by Us.

On receipt of intimation from You regarding a claim under the Policy, We are entitled to:

- Carry out examination and obtain information on any alleged Injury or Disease requiring Hospitalization if and when We may reasonably require.

(ii) - Cashless Claims Process :

Cashless service: You can avail cashless hospitalization facility at a hospital in the network of the TPA. We will provide a cashless service by making payment to the extent of Our liability direct to the Network Hospital as long as We are given notice that the Insured Person wishes to avail cashless service accompanied by full particulars at least 48 hours before any planned treatment or Hospitalisation or within 24 hours after the treatment or Hospitalisation in the case of an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily injury or occasion requiring immediate medical attention).

In case if You want to avail cashless facility in any of the network hospital You shall follow the process as mentioned below.

- Carry the Health Card/ copy of E-cards
- Obtain Pre Authorization form from the hospital counter.
- Fill up the form and submit it at the hospital counter
- Ensure that hospital faxes the pre authorization form to TPA or you can also fax the form to TPA
- Once the Form has been faxed. TPA will send the authorization to the Hospital
- On receipt of cash less approval patient need not pay the bill to the hospital for covered expenses
- For any queries, designated TPA can be contacted. Contact details of the TPA are as mentioned on the card issued to you. You can alternatively call our Call Centre for guidance and assistance .

B Personal Accident Claims Procedure

- (i) Upon happening of any accident and/or injury which may give rise to a claim under this Policy .
 - Your representative shall give the notice to Our call centre immediately and also intimate in writing to Our Policy issuing office unless reasonable cause is shown the notice be given before internment/ cremation and in any case, within one calendar month after the Death.
 - All certificates, information and evidence from a Medical Practitioner or otherwise required by Us shall be provided.
- (ii) On receipt of intimation regarding a claim under the Policy , We are entitled to carry out examination and ascertain details and in the event of Death get the post-mortem examination done in respect of deceased person.
- (iii) Following documents shall be required in the event of a Death claim.
 - b. Duly filled up claim form
 - c. Death Certificate and Original FIR

- d. Original Panchnama
- e. Post mortem report if conducted
- f. Any other document as per the merits of the case.

4. Contribution (This Clause is not applicable to Personal Accident and Critical Illness Coverage which are available on benefit basis.)

If, when any claim arises, there is in existence any other Insurance (other than Critical Illness Insurance Policy on benefit basis and Personal Accident Insurance) covering the same loss/liability, compensation, costs or expenses, We will pay only Our ratable proportion of the claim. The benefits under this Policy shall be in excess of the benefits available under any Critical Illness Insurance Policy which is available on benefit basis. If any other Critical Illness Policy is applicable on Indemnity basis, this Clause will be applicable.

5. Fraud

All benefit under this Policy shall be forfeited and the Policy shall be treated as void in case of any fraudulent claims or if any fraudulent means are used by You or anyone acting on Your behalf to obtain any benefit under this Policy .

6. Cancellation

We may cancel this Policy by sending 15 days notice in writing by recorded delivery to You at Your last known address, However this clause shall not be exercised except on grounds of fraud, misrepresentation, or suppression of any material fact either at the time of taking the Policy or any time during the currency of the Policy . In such circumstances you will not be entitled to any refund.

You may cancel this Policy by sending a written notice to Us. Retention premium for the Period We were on risk will be calculated based on following Short Period table and the balance will be refunded to You subject to the condition that no claim has been preferred on Us :

Expired Period	Premium Retained
Upto 1 month	25% of the Annual Premium
Above 1 month and upto 3 months	50% of Annual Premium
Above 3 months and upto 6 months	75% of annual premium
Above 6 months	100% of annual premium

7. Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third

arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as herein provided, if the Company has disputed or not accepted liability under or in respect of this Policy .

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

9. Disclaimer Clause

If We shall disclaim Our liability for any claim and such claim shall not have been made subject matter of suit in a court of law within 12 (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.

10. Grievance or Complaint

You may register a grievance or Complaint by visiting our website or write to us on contactus@universalsompo.com. You may also contact the Branch from where You have bought the policy or the Complaints Coordinator who can be reached at Our Registered Office.

11. Insurance Ombudsman

We shall endeavour to promptly and effectively address Your grievances. In the event You are dissatisfied with the resolution of Your grievance or complaint, You may approach the Insurance Ombudsman located nearest to You. Details of the offices across the Country are made available on Our website as well at the end of this document.

12. Geographical Limit:

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

13. Renewal

We agree to renew the Policy on payment of Premium applicable at the time of renewal. However We may exercise Our option not to renew the Policy on grounds of fraud, misrepresentation, or suppression of material fact as sought to be declared on the Proposal Form at the time of taking the Policy or any time during the currency of the earlier policies. Policy must be renewed with fifteen days of expiry to maintain the continuity of Coverage. however no coverage shall be available for expenses incurred during the period of such break.

14. Continuity

In case tie up between the Bank and Universal Sompo General Insurance Co. Ltd for this Policy is discontinued, you shall be eligible for buying the Insurance Cover under the Individual Health Policy as available at such time. You shall be eligible for waiver of 30 days and 1 year exclusions subject to renewal is done without break. Period of continuous Insurance under K Family Care – Health Policy shall be counted for the purpose of calculating the waiting Period for Pre existing diseases.

15: Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment, the We shall be liable to pay You interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is received by Us

BASIC COVERAGE

WHAT WE COVER	WHAT WE EXCLUDE
<p>Section I</p> <p style="text-align: center;">Health</p> <p>The Hospitalization expenses incurred by the insured when he/she sustains any injury or contracts any disease and is advised hospitalization by a Medical Practitioner</p> <p>We will pay Reasonable and Customary charges of the following Hospitalization expenses:</p> <ol style="list-style-type: none"> 1. Room, Boarding and Nursing Expense as incurred in the Hospital/Nursing Home subject to following limits. <ol style="list-style-type: none"> a) Sub limit per day for Normal Room expenses: 1.0% of Basic Sum Insured. b) Sub limit per day for Intensive Care/Therapeutic Unit expenses: 2% of Basic Sum Insured. c) Registration Charges of Hospital/Nursing Home : Actuals 2. Medical Practitioner/ Anesthetist, Consultant fees, Surgeons fees and similar expenses subject to a limit of 25% of Basic Sum Insured (excluding sum insured for Critical Illness). 3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organs and similar expenses subject to a limit of 40% of Basic Sum Insured . 	<p style="text-align: center;">Health</p> <ol style="list-style-type: none"> 1. Hospitalisation/Domiciliary Hospitalisation expenses arising from all Diseases/ Injuries which are in Pre-existing Condition. <ol style="list-style-type: none"> a. Any claim occurring as a result of any condition, ailment or injury or related condition(s) for which the insured had signs or symptoms, and / or was diagnosed, and / or received medical advice / treatment, within 48 months prior to the insured's first policy with the Company would not be payable until 36 months of continuous coverage have elapsed, since inception / reinstatement of the first policy with the Company. 2. Hospitalisation/Domiciliary Hospitalisation expenses for any Disease which incepts during first 30 days of commencement of this Insurance cover . 3. Hospitalisation/Domiciliary Hospitalisation expenses for any Critical Illness which incepts during first 90 days of commencement of this Insurance cover 4. Hospitalization/Domiciliary Hospitalization expenses incurred in the first year of operation of the insurance cover on treatment of the following Diseases : <ul style="list-style-type: none"> • Cataract • Benign Prostatic Hypertrophy • Myomectomy, Hysterectomy • Hernia, Hydrocele • Fistula in anus, Piles

4. Expenses on Vitamins and Tonics only if forming part of treatment as certified by the attending Medical Practitioner.
5. Expenses incurred for Domiciliary Hospitalization will be paid up to a maximum aggregate sub-limit of 20% of the Basic Sum Insured.
6. Pre-Hospitalization expenses upto 30 days and Post Hospitalization expenses upto 60 days will also be reimbursed along with the aforesaid Hospitalization expenses subject to the overall Sum Insured limit of the Insured Person. Any Nursing expenses during Pre and Post Hospitalization will be considered only if Qualified Nurse is employed on the advice of the attending Medical Practitioner for the duration specified
7. Expenses on treatment arising from or traceable to pregnancy (including ectopic pregnancy), childbirth and expenses on the treatment of the new born child up to 5% of the Basic Sum Insured, subject to such treatment not being carried out before the completion of 9 months from the commencement of the Policy

8. Additional Benefits

(a) An additional *Daily Allowance* amount equivalent to 0.1% of the Basic Sum Insured or Rs. 250/- per day whichever is less, for the duration of Hospitalization towards miscellaneous expenses. The maximum amount payable under this extension is limited to Rs 2500/- in a year

(b) *Ambulance charges* in connection with any admissible claim limited to 1.0% of the Basic Sum Insured or Rupees 1000/- whichever is less for each claim.

(c) Cost of Health Check Up: Insured Person(s) shall be entitled for reimbursement of cost of medical check-up once at the end of a block of every Three claim free Policies taken with Us. The reimbursement shall not exceed the amount equal to 1% of the average Basic Sum Insured for the

- Arthritis, Gout, Rheumatism
 - Joint replacement unless warranted due to an accident
 - Sinusitis and related disorders
 - Medical Management of tonsillitis.
 - Stone in the urinary and biliary systems
 - Dilatation and Curettage
 - Skin and all internal tumors/cysts/nodules/polyps of any kind, including breast lumps unless malignant, adenoids and hemorrhoids
 - Dialysis required for renal failure
 - Surgery on tonsils and sinuses
 - Gastric and duodenal ulcers
5. Hospitalization for only Investigations and diagnosis.
 6. Injury or Diseases directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operation (whether war be declared or not).
 7. Circumcision unless necessary for the treatment of a Disease not otherwise excluded or required as a result of accidental bodily injury; vaccination and inoculation (except as administered post-bite), cosmetic or aesthetic treatment of any description (including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease.
 8. Cost of spectacles and contact lens or hearing aids.
 9. Dental treatment or surgery of any kind
 10. Convalescence, general debility, run down condition or rest cure, external congenital disease or defects or anomalies, sterility, venereal disease, intentional self injury and use of intoxicating drugs/alcohols.
 11. Any expense on treatment related to HIV, AIDS and all related medical conditions.
 12. Expenses on Diagnostic, X-Ray, or Laboratory examinations unless related to the treatment of Disease or Injury falling within ambit of

block.

For Floater Policies, Claim by any of the Insured Person shall mean Claim under the Policy.

Note

1. The Hospitalization expenses incurred for treatment of any one illness under agreed package charges of the Hospital/Nursing Home will be restricted to maximum of Basic Sum Insured or Basic plus Critical Illness Sum Insured if package expenses relate to covered Critical Illness and Critical Illness extension has been opted for under the Policy at inception.
2. If medical expenses are incurred under two Policy Periods, Our total liability shall not exceed the Sum Insured of the Policy during which the Insured Person's medical treatment commenced and the entire claim will be considered under that Policy only. There is no carry forward of the unutilized Sum Insured on renewal, however if the covered hospitalization happens even on the last date of the Policy the expenses incurred and covered under the Policy shall be reimbursed as per the Policy limits even if the Policy is not renewed.

Geographic Applicability: India

Section II

Personal Accident (Accidental Death)

Hospitalization claim.

13. Expenses on treatment arising from any infertility, sub fertility or assisted conception treatment.
14. Expenses on Voluntary termination of pregnancy within first 12 Weeks.
15. Injury or Diseases directly or indirectly caused by or contributed to by nuclear weapons/material.
16. Any expense on treatment of Insured Person as an outpatient in a Hospital.
17. Any expense on Naturopathy, Homeopathic, Unani, non allopathic treatment and/or any treatments not approved by Indian Medical Council any expense related to Disease/Injury suffered whilst engaged in adventurous sports.
18. Any Expense of any treatment related to Human T-Cell Lymphotropic Viruses types III (III-LB-III) or Lymphadenopathy Associated Viruses (LAV) or the Mutant derivatives or Variations Deficiency Syndrome.
19. External medical equipment of any kind used at home as post hospitalization care like wheelchairs, crutches. (These expenses will be covered in case Insured Person is hospitalized due to Accident), instruments used in treatment of Sleep Apnea Syndrome (C.P.A.P) or Continuous -Peritoneal Ambulatory Dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, etc.
20. War, riots, strike, , nuclear weapon induced treatment.

Personal Accident (Accidental Death)

1. Natural Death
2. Payment of compensation in respect as a consequence of/resulting from:
 - a. Committing or attempting suicide, intentional self-injury.
 - b. Whilst under influence of intoxicating liquor or

In the event of **Accidental** Death, We will pay a lump sum amount as per the grid mentioned in the Table below subject to maximum of Basic Sum Insured as mentioned in Part I of the Schedule

Insured	% of Basic Sum Insured
Accidental Death of Principal insured	100% of the Sum Insured
Accidental Death of Spouse	50% of the Sum Insured
Accidental Death of Children	25% of the Sum Insured each

Geographic Applicability: Worldwide

- drugs.
 - c. Due to drug addiction or alcoholism. The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol.
 - d. Whilst engaged in any adventurous sports like hand gliding, mountaineering, rock climbing, sky diving, professional or amateur racing, parachuting, skiing, ice skating, ballooning, river rafting, polo playing, horse racing or sports of similar nature and/or hazardous activities like Persons working in underground mines, explosives, workers involved in electrical installations with High – tension supply, jockeys, circus Personnel or activities of similar nature
 - e. Committing any breach of law with criminal intent.
 - f. War, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint, or detainment, confiscation, or nationalization or requisition by or under the order of any government or public authority.
3. Consequential loss of any kind and/or any legal Liability.
 4. Death due to pregnancy including child birth, miscarriage, abortion or complication arising there from.
 5. Claim due to Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
 6. Venereal or sexually transmitted diseases.
 7. Claim for Dependent Parents under Personal Accident Section.

ADDITIONAL EXTENSIONS

Critical Illness Cover

In case You have opted for additional cover against Critical Illness and have paid additional premium, We will pay for the following:

Reasonable and Customary charges incurred on expenses as listed under 'What We cover' up to an additional Sum Insured limit equal to Your Basic Health Sum Insured. This coverage is applicable on indemnity basis only. Expenses for illnesses covered under this extension are also covered under the Basic Coverage. This extension provides for additional limit for hospitalization expenses for the mentioned Critical Illness.

NB: The additional Sum Insured available for Critical Illness under this Optional Extension cover will not qualify for Daily allowance, Ambulance expenses and Cost of Health Check Up.

Critical Illnesses covered under **Gold** Category:

1. Stroke resulting in Permanent symptoms
2. Kidney Failure requiring regular Dialysis
3. Open Chest CABG
4. Major Organ/Bone Marrow Transplant
5. Coma of specified severity

Critical Illness covered under **Platinum** Category:

1. Stroke resulting in Permanent symptoms
2. Kidney Failure requiring regular Dialysis
3. Open Chest CABG
4. Major Organ/Bone Marrow Transplant
5. Coma of specified severity
6. Cancer of Specified Severity
7. First Heart Attack – of specified severity
8. Open Heart replacement or repair of Heart Valves
9. Permanent Paralysis of Limbs
10. Multiple Sclerosis with persisting symptoms

This Section is subject to Exclusions as mentioned in “What we exclude”

Additional Limit under Critical illness extension is not applicable to **Silver** Category.

List of offices of Ombudsman

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

		Fax : 0172-2708274 Email ombchd@yahoo.co.in	of Chandigarh
CHENNAI	Shri V. Ramasaamy	Shri V. Ramasaamy, Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email insombud@md4.vsnl.net.in	Tamil Nadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Shri Surendra Pal Singh	Shri Surendra Pal Singh Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 Fax : 011-23230858 Email jobdelraj@rediffmail.com	Delhi & Rajashthan
GUWAHATI	Shri Sarat Chandra Sarma	Shri Sarat Chandra Sarma, Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5 th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Shri K. Chandahas	Shri K Chandahas Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam - a part of the UT of Pondicherry

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