



CRITICAL ILLNESS INSURANCE

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Preamble

HDFC ERGO General Insurance Company Limited will provide the insurance cover detailed in the Policy to the Insured Person up to the Sum Insured subject to the terms and conditions of this Policy, your payment of premium and realisation thereof by us, and your statements in the Proposal, which is incorporated into the Policy and is the basis of it.

Section A. Interpretations & Definitions

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

I. Standard Definitions

- Def. 1. Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def. 2. 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 - which is not in the visible and accessible parts of the body
 - External Congenital Anomaly - which is in the visible and accessible parts of the body
- Def. 3. Disclosure of Information Norm** means policy shall be void and all premiums paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 4. Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
- Def. 5. Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities, under the clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the schedule of section 56(1) of the said Act or complies with all minimum criteria as under:
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and 15 in-patient 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 a fully equipped operation theatre of its own where surgical procedures are carried out,
 - maintains daily records of patients and will make these accessible to the insurance Company's authorized personnel.
- Def. 6. Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical Treatment.
- Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
 - Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur.
- Def. 7. Medical Practitioner/ Physician** means a person who holds a valid registration from the medical council of any state or medical council of India or council of 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. Medical Practitioner who is sharing the same residence with the Insured person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.
- Def. 8. Notification of Claim**
- Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- Def. 9. Portability** means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.
- Def. 10. Pre-existing disease** means any condition, ailment, 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 or its reinstatement.
- Def. 11. Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and

for all waiting periods.

- Def. 12. Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or Day Care Centre by a medical practitioner.
- Def. 13. Critical Illness means any one of the following illnesses or conditions that occurs or manifests itself during the policy period as a first incidence and the insured survives the defined survival period

A. Standard Definitions

1. Cancer of specified severity:

A malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion& destruction of normal tissue. This diagnosis must be supported by histological evidence of malignancy.. The term cancer includes leukaemia, lymphoma and sarcoma. The following are excluded:

- i. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Open Chest CABG:

- I. 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.

II. The following are excluded:

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

3. Myocardial Infarction (First Heart Attack- Of Specified Severity):

- I. The first occurrence of heart attack or myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain).
 - new characteristic electrocardiogram changes
 - elevation of infarction specific enzymes, Troponins or other biochemical markers
- II. The following are excluded:
 - Other acute Coronary Syndromes
 - Any type of angina pectoris
 - A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

4. 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.

5. Major Organ Transplantation:

The actual undergoing of transplantation of:

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

The following are excluded:

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

6. Multiple Sclerosis With Persisting Symptoms:

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - a. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - b. 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. Neurological damage due to SLE is excluded.

7. 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.

8. Stroke Resulting in Permanent Symptoms:

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source.
Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded
 - Transient ischemic attacks (TIA)
 - Traumatic injury of the brain
 - Vascular disease affecting only the eye or optic nerve or vestibular functions.

9. Primary (Idiopathic) Pulmonary Hypertension:

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

10. 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 consequences of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by 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.

11. Benign Brain Tumour

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the

underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

- a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- b. Undergone surgical resection or radiation therapy to treat the brain tumor.

- III. The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

12. End Stage Liver Failure

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
 - a. Permanent jaundice; and
 - b. Ascites; and
 - c. Hepatic encephalopathy.
- II. Liver failure secondary to drug or alcohol abuse is excluded.

B. Specific Definitions

1. Surgery of Aorta :

The actual undergoing of medically necessary surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. Traumatic injury of the aorta is excluded.

2. Parkinson's Disease

- I. The occurrence of Parkinson's disease where there is an associated Neurological Deficit that results in Permanent Inability to perform independently at least three of the activities of daily living as defined below.

1. Transfer: Getting in and out of bed without requiring external physical assistance
2. Mobility: The ability to move from one room to another without requiring any external physical assistance
3. Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance
4. Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means
5. Eating: All tasks of getting food into the body once it has been prepared

- II. Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

3. Alzheimer's Disease

Clinically established diagnosis of Alzheimer's Disease (presenile dementia) resulting in a permanent inability to

perform independently three or more activities of daily living – bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months.

II. Specific Definitions

- Def. 1. **Age** or **Aged** means completed years as at the Commencement Date.
- Def. 2. **Activities of Daily Living** refer to daily self care activities within an individual's place of residence, in outdoor environment or both.
- The Activities of Daily Living are:
- I. Bathing : the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - II. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - III. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - IV. Mobility: the ability to move indoors from room to room on level surfaces;
 - V. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - VI. Feeding: the ability to feed oneself once food has been prepared and made available.
- Def. 3. **Adventurous/Hazardous Sports** means any sport or activity involving physical exertion and skill in which an Insured Person participates or competes for entertainment or as part of his Profession whether he / she is trained or not.
- Def. 4. **Bank Rate** means the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- Def. 5. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
- Def. 6. **Condition For Payment** means (i) the date of confirmed diagnosis and defined severity/event, if any; or (ii) date of undergoing specified surgery; as applicable to a particular Critical Illness.
- Def. 7. **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 5 years and 18 years .
 - iii) Your natural parents or parents that have legally adopted You, provided that the parent was below 65 years at his initial participation in the Critical Illness Policy
- Def. 8. **Dependent Child** means an unmarried dependent child ordinarily residing with the Insured Person between the ages of three (3) months and up to and including the age of eighteen (18) years, or up to

and including the age of twenty-one (21) years if in full time education at an accredited tertiary institution at the time of the Date of Loss, including legally adopted and step-children, of an Insured Person or the Spouse of an Insured Person

- Def. 9. **Insured Person** means you and the person named in the Schedule.
- Def. 10. **Material Facts** means all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
- Def. 11. **Policy** means your statements in the proposal form, this policy wording (including endorsements, if any), and the Schedule (as the same may be amended from time to time).
- Def. 12. **Policy Period** means the period commencing from Policy start date and hour as specified in the Schedule and terminating at midnight on the Policy end date as specified in of the Schedule to this Policy.
- Def. 13. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary
- Def. 14. **Sum Insured** means the sum shown in the Schedule which represents Our maximum liability for the Insured Person for any and all benefits claimed for during the Policy Period.
- Def. 15. **Survival Period** means the period after an insured event that the insured person has to survive before a claim becomes valid.
- Def. 16. **We/Our/Us** means the HDFC ERGO General Insurance Company Limited
- Def. 17. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Section B. Benefits

If the Insured Person is diagnosed as suffering from a Critical Illness during the Policy Period, then We will pay the Sum Insured as a lump sum, provided that:

- i) The Critical Illness, which the Insured Person is suffering from, occurs or manifests itself during the Policy Period as a first incidence, and
- ii) The Insured Person survives for at least 30/15 days as opted and mentioned on the Policy Schedule following such diagnosis.

Section C. Exclusions

I. Specific Exclusions

We will not make any payment for any claim in respect of the Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in this Policy:

- i) A waiting period of 90 days will apply to all claims

unless the Insured Person has been insured under this policy continuously and without any break in the previous Policy Year.

- ii) War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- iii) Any Insured Person committing or attempting any breach of the law with criminal intent or arising out of or as a result of any act of self-destruction or self-inflicted injury, attempted suicide or suicide.
- iv) Insured Person's participation or involvement in Adventure Sports.
- v) Involvement in naval, military or air force operation.
- vi) The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol unless prescribed by Medical Practitioner. Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
- vii) Any treatment arising from pregnancy (including voluntary termination), miscarriage, maternity or birth (including caesarean section), congenital external defects or anomalies

e) We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions, in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Regulation), 2002.

f) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder 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 the opinion of the Company, it 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, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

g) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Policyholder at a rate 2% above the Bank Rate from the date of receipt of last necessary document to the date of payment of claim.

iii. Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who have made that particular claim, who shall be jointly and severally liable for such repayment to the Insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/ any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer

Section D. General Terms & Clauses

I. Standard General Terms & Clauses

i. Condition precedent to admission of Liability

The terms and conditions of the Policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the Policy.

ii. Claim Settlement (Provision for Penal Interest)

- a. We shall be under no obligation to make any payment under this Policy unless We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- b. We will only make payment to or at your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of You or an Insured Person, We will make payment to the Nominee (as named in the Schedule).
- c) The payments under this Policy shall only be made in Indian Rupees within India.
- d) The policy shall terminate on the occurrence of the first critical illness and you shall receive the sum insured as per applicable guidelines and the policy shall cease with no subsequent renewals for the insured.

iv. **Renewal of Policy**

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavour to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.
- ii. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years.
- iii. Request for Renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period.
- v. No loading shall apply on renewals based on individual claims experience.

v. **Cancellation**

- i. The Policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Length of time Policy in force	Refund of premium
Upto 1 Month	75%
Upto 3 Months	50%
Upto 6 Months	25%
Exceeding 6 Months	0%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the Policy.

- ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 30 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

vi. **Free Look period**

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the Policy.

The Insured Person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the Insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Person and the stamp duty charges or

- ii. where the risk has already commenced and the option of return of the Policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

vii. **Disclosure of Information**

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

viii. **Complete Discharge**

Any payment to the Policyholder, Insured Person or his/her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

ix. **Moratorium Period**

After completion of eight continuous years under the policy, no look back to be applied. This period of eight years is called as Moratorium Period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract

x. **Portability**

The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/ Health insurer, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

xi. **Possibility of Revision of terms of the Policy including the Premium Rates**

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are effected.

xii. **Withdrawal of Policy**

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to

similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as Cumulative Bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

xiii. Nomination:

The Policyholder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the Policyholder, the Company will pay the nominee (as named in the Policy Schedule/ Policy Certificate/Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

xiv. **Grievance Redressal Procedure**

In case of any grievance the insured person may contact the company through:

- Website: www.hdfcergo.com
- Toll free: 022 6234 6234 / 0120 6234 6234
- Contact Details for Senior Citizen: 022 – 6242 – 6226 | seniorcitizen@hdfcergo.com
- E-mail: grievance@hdfcergo.com

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at cgo@hdfcergo.com

For updated details of grievance officer, kindly refer the link:

<https://www.hdfcergo.com/customer-voice/grievances>

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contacts us at	https://www.hdfcergo.com/customer-care/grievances Call: 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call: 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call: 022 6234 6234 / 0120 6234 6234
Contact Point for Senior Citizen	https://www.hdfcergo.com/customer-care/grievances Call: 022 6242 6226 Email id: seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call: 022 6242 6226 Email id: seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call: 022 6242 6226 Email id: seniorcitizen@hdfcergo.com
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
Visit us	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai - 400 078.	Chief Grievance Officer, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai - 400 078.

- i. If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

- ii. Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

Only those person named as an Insured Person in the Schedule shall be covered under this Policy.

Any eligible person may be added during the Policy Period after his application has been accepted by Us and additional premium has been received. Insurance cover for this person shall only commence once We have issued an endorsement confirming the addition of such person as an Insured Person

II. Specific Terms & Clauses

i. Insured Person

If an Insured Person dies, he will cease to be an Insured Person upon Us receiving all relevant

particulars in this regard. We will return a rateable part of the premium received for such person IF AND ONLY IF there are no claims in respect of that Insured Person under the Policy.

Any Insured Person in the policy has the option to migrate to a similar health insurance policy available with us at the time of renewal subject to underwriting with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA.

ii. **Loadings**

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured). We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 7 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 7 days, we shall cancel your application and refund the premium paid within next 7 days. Please note that We will issue Policy only after getting Your consent. We will not apply any additional loading on Your policy premium at Renewal based on claim experience in Your Policy.

iii. **Notification of Claim**

We must be informed of any event or occurrence that may give rise to a claim under this Policy within 14 days of the diagnosis of the first occurrence of the Critical Illness. You can intimate us through letter, email, fax or telephone.

iv. **Supporting Documentation & Examination [update]**

The Insured Person shall provide Us with any documentation and information We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 60 days of first diagnosis of the Critical Illness or within 10 days of the earlier of our request. Such documentation will include but is not limited to the following in English/Hindi:

- i) Our claim form, duly completed and signed for on behalf of the Insured Person.
- ii) All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, prescription, discharge summaries.

- iii) A precise diagnosis for which a claim is made.

iv) **KYC documents**

If any time period is specifically mentioned against the Critical Illness for which the claim is made, then those documents/medical reports should be submitted to Us within 45 days of the completion of such period.

The Insured Person additionally hereby consents to:

- i) The disclosure to Us of documentation and information that may be held by medical professionals and other insurers.

Being examined by any Medical Practitioner We authorise for this purpose when and so often as We may reasonably require. We will bear the reasonable cost towards performing such medical examination (at the specified location) of the insured person

v. **Alterations to the Policy**

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except Us, and any change We make will be evidenced by a written endorsement signed and stamped by Us.

vi. **Notices**

- i) Any notice, direction or instruction under this Policy shall be in writing and if it is to:

- i) Insured Person, then it shall be sent to You at Your address specified in the Schedule and You shall act for Insured Person for these purposes.
- ii) Us, it shall be delivered to Our address specified in the Schedule.
- iii) No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

Proof of delivery of such notices shall be retained by the Insured and furnished to Us as and when demanded.

vii. **Dispute Resolution Clause**

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.

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 jointly by You and Us or if we cannot agree upon a single arbitrator to be appointed

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 You and Us respectively and the third arbitrator to be appointed by the two arbitrators, which arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act , 1996, as amended from time to time and for the time being in force.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as hereinbefore provide, if We have disputed 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 arbitrators of the amount of the loss or damage shall be first obtained.

Section E. Other Terms & Conditions

I. Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents,

You can Contact us on HDFC ERGO General Insurance Co. Ltd.

Stellar IT Park, Tower-1, 5th Floor, C - 25, Noida,
Sector 62, 201301, Uttar Pradesh

Toll Free:022-62346234 / 0120-62346234

Phone (UAN):1860 2000 700 (Local charges applicable)

Email:healthclaims@hdfcergo.com

II. Contact Us

	Within India	Outside India
Claim Intimation:	Customer Service No. 022-62346234 / 0120- 62346234 Email: healthclaims@hdfcergo.com	Toll Free No: 800 08250825 Global Toll Free No : +800 08250825 (accessible from locations outside India only) Landline no (Chargeable) : 0120-4507250 Email: healthclaims@hdfcergo.com
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1, 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1, 5th Floor, C - 25, Noida, Sector 62, 201301,Uttar Pradesh

III. Ombudsman Details

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	Jurisdiction of Office Union Territory, District
AHMEDABAD - Shri Kuldip Singh 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@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL 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@cioins.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
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@cioins.co.in	States of Punjab, Haryana (excluding 4 districts viz Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh.
CHENNAI 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@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
DELHI - Shri Sudhir Krishna 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@cioins.co.in	Delhi, 4 Districts of Haryana viz. Gurugram, Faridabad, Sonapat and Bahadurgarh

GUWAHATI 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@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD 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 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	State of Andhra Pradesh, Telangana and Yanam - a part of Union Territory of Puducherry.
JAIPUR Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
KOLKATA - Shri P. K. Rath 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@cioins.co.in	States of West Bengal, Sikkim and Union Territories of Andaman & Nicobar Islands.
LUCKNOW - Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane

IRDA REGULATION NO 12: This Policy is subject to regulation 12 of IRDA (Protection of Policyholder's Interests) Regulation 2017.

Schedule of Benefits - Critical Illness

Plan	Silver	Gold	Platinum
Sum Insured	As mentioned in the Schedule		
Critical Illness covered			
1. Myocardial Infarction (First Heart Attack of specified severity)	✓	✓	✓
2. Coronary Artery Bypass Surgery	✓	✓	✓
3. Stroke resulting in permanent symptoms	✓	✓	✓
4. Cancer of specified severity	✓	✓	✓
5. Kidney Failure requiring regular dialysis	✓	✓	✓
6. Major Organ Transplantation	✓	✓	✓
7. Multiple Sclerosis	✓	✓	✓
8. Permanent Paralysis of Limbs	✓	✓	✓
9. Aorta Graft Surgery		✓	✓
10. Primary (idiopathic) Pulmonary Arterial Hypertension		✓	✓
11. Open Heart Replacement or Repair of Heart Valves		✓	✓
12. Benign Brain Tumor			✓
13. Parkinson's Disease			✓
14. Alzheimer's Disease			✓
15. End Stage Liver Disease			✓