

Appendix I: Endorsements

A. Extension/Modification of Covers Endorsements

It is hereby agreed that any and all endorsements issued with this Policy or endorsed thereon in shall be expressly subject to the terms and conditions and exclusions of this Policy, except to the extent expressly varied by the endorsement and shall become applicable only upon endorsement and after Our receipt of requisite additional premium. All other Policy terms, conditions and exclusions shall remain unchanged.

A1. Covers applicable for Section B1 – Inpatient Hospitalization Benefit

A1.1 Inclusion of Covers

i. Inclusion of Double-Inpatient Benefit- Accident

We will pay twice the specified number of EMIs/EMI amount as specified in the Policy Schedule/ Certificate of Insurance for every completed continuous hospitalization period, in the event the insured person is hospitalized as an Inpatient, due to injury resulting from an accident, during the policy period, subject to any deductible and for specified number of days as mentioned in Policy Schedule/ Certificate of Insurance.

All other policy terms, conditions and exclusions remain unaltered.

ii. Inclusion of Double-Inpatient Benefit- Critical Illness

We will pay twice the specified number of EMIs/EMI amount as specified in the Policy Schedule/ Certificate of Insurance for every completed continuous hospitalization period, in the event the insured person is hospitalized as an Inpatient due to injury/ illness/ disease only for the listed critical illnesses as specified in the Policy Schedule/Certificate of Insurance, during the policy period, subject to any deductible and for specified number of days as mentioned in Policy Schedule/ Certificate of Insurance.

For the purpose of this benefit, “Critical Illness” shall mean any one of the following critical illness with specific meaning as defined in the policy and as applicable.

1. Myocardial infarction (First Heart Attack of specific 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. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - b. New characteristic electrocardiogram changes
 - c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- ii. The following are excluded:
 - a. Other acute Coronary Syndromes
 - b. Any type of angina pectoris
 - c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

2. End stage liver failure

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

3. 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.

4. 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:
 - i. Transient ischemic attacks (TIA)
 - ii. Traumatic injury of the brain
 - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

5. Coma of specified severity

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

6. Major Head Trauma

- I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
- II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.
- III. The Activities of Daily Living are:
 - i. Washing: 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.
- IV. The following are excluded:
 - i. Spinal cord injury

7. 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.

8. Cancer of specified severity

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

iii. Inclusion of Dependents Cover – Floater

Subsequent to this endorsement, the policy covers the primary insured person and his dependents as specified in the Policy Schedule/Certificate of Insurance. Maximum number of hospitalized days would float over the insured persons covered in the policy. In the event more than one family member is hospitalized at the same time, the number of days each member has been hospitalized would be added, and the

maximum allowable for the whole family would be restricted to the number of days as specified in the Policy Schedule/ Certificate of Insurance.

iv. Joint hospitalization

Subsequent to this endorsement, We will pay twice the specified number of EMIs/EMI amount as specified in the Policy Schedule/ Certificate of Insurance for every completed continuous hospitalization period, in the event where two or more insured persons are concurrently hospitalized as an Inpatient, due to illness/disease/injury, during the policy period, subject to any deductible and for specified number of days as mentioned in Policy Schedule/ Certificate of Insurance.

All other policy terms, conditions and exclusions remain unaltered.

A1.2 Modification of covers

i. Inpatient Hospitalization Benefit only for Sickness only

Subsequent to this endorsement, base cover section -B1 – Inpatient Hospitalization Benefit is modified as below:

We will pay the number of EMIs/EMI amount as specified in the Policy Schedule/ Certificate of Insurance for every completed continuous hospitalization period, in the event the insured person is hospitalized as an Inpatient due to illness/ disease during the policy period, subject to any deductible and for specified number of days as mentioned in Policy Schedule/ Certificate of Insurance.

All other policy terms, conditions and exclusions remain unaltered.

ii. Inpatient Hospitalization Benefit only for Accidents only

Subsequent to this endorsement, base cover section -B1 – Inpatient Hospitalization Benefit is modified as below:

We will pay the specified number of EMIs/EMI amount as specified in the Policy Schedule/ Certificate of Insurance for every completed continuous hospitalization period, in the event the insured person is hospitalized as an Inpatient, due to injury resulting from an accident, during the policy period, subject to any deductible and for specified number of days as mentioned in Policy Schedule/ Certificate of Insurance.

All other policy terms, conditions and exclusions remain unaltered.

iii. Aggregate Hospitalization Cover

Subsequent to this endorsement, base cover section -B1 – Inpatient Hospitalization Benefit is modified as below:

We will pay the number of EMIs/EMI amount as specified in the Policy Schedule/ Certificate of Insurance for hospitalization period during the policy period, in the event the insured person is hospitalized as an Inpatient due to injury/ illness/ disease during the policy period, subject to any deductible and for specified number of days as mentioned in Policy Schedule/ Certificate of Insurance.

The number of days the insured person (s) is hospitalized in a year would be added and the maximum allowable for the insured person/entire family would be restricted to the number of days as specified in the Policy Schedule/ Certificate of Insurance.

A2. Covers applicable for Section B2 – Critical Illness Benefit (Category “A”)

A2.1 Inclusion of Covers

i. Inclusion of Additional Critical Illness – Category “B”

In addition to the critical illnesses mentioned under Section B2 (Critical Illness Benefit) of this policy, referred as Category A, following listed additional critical illnesses are also covered under this policy. The list of such additional critical illnesses is:

C16 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. Other causes of neurological damage such as SLE and HIV are excluded.

C17 Motor Neuron Disease with Permanent Symptoms

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and

permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

C18 Alzheimer's disease

The Unequivocal diagnosis of Alzheimer's Disease (presenile dementia) before age 65 that has to be confirmed by a specialist Medical Practitioner and evidenced by typical findings in cognitive and neuroradiological tests (e.g. CT Scan, MRI, PET of the brain). The disease must result in a permanent inability to perform independently three or more Activities of Daily Living:

- i. Bathing(ability to wash in the bath or shower),
- ii. Dressing (ability to put on, take off, secure and unfasten garments),
- iii. Personal hygiene (ability to use the lavatory and to maintain a reasonable level of hygiene),
- iv. Mobility (ability to move indoors on a level surface), continence(ability to manage bowel and bladder functions),
- v. Eating/drinking (ability to feed oneself (but not to prepare the food) or
- vi. Must result in need of supervision and the permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 90 days.

The following are excluded:

- Non-organic diseases such as neurosis and psychiatric illnesses; and
- Alcohol related brain damage.
- Any other type of irreversible organic disorder / dementia.

C19 Benign brain tumor

- 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.
 - i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - ii. 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.

C20 Major Head Trauma

- I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging,

Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

- II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.
- III. The Activities of Daily Living are:
 - vii. Washing: 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;
 - viii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - ix. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - x. Mobility: the ability to move indoors from room to room on level surfaces;
 - xi. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - xii. Feeding: the ability to feed oneself once food has been prepared and made available.
- IV. The following are excluded:
 - ii. Spinal cord injury

C21 Apallic syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a Neurologist and condition must be documented for at least one month with no hope of recovery.

C22 Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing” in both ears.

C23 Loss of speech

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This

diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

C24 Loss of limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

C25 Loss of independent existence

Confirmation by a consultant physician acceptable to the Company of the loss of independent existence due to illness or trauma, which has lasted for a minimum period of 6 months and results in a permanent inability to perform at least three (3) of the Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons). For the purpose of this benefit, the word “permanent”, shall mean beyond the hope of recovery with current medical knowledge and technology.

Activities of Daily Living are:

- Washing: 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
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances
- Transferring: the ability to move from a bed or an upright chair or wheelchair and vice versa
- Mobility: The ability to move indoors from room to room on level surfaces
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
- Feeding: the ability to feed self once food has been prepared and made available

C26 Blindness

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. The Blindness is evidenced by:
 - i. corrected visual acuity being 3/60 or less in both eyes or ;
 - ii. the field of vision being less than 10 degrees in both eyes.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

C27 Third Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

C28 Coma of specified severity

- III. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - i. no response to external stimuli continuously for at least 96 hours;
 - ii. life support measures are necessary to sustain life; and
 - iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

ii. Inclusion of Additional Critical Illness – Category "C"

In addition to the critical illnesses mentioned under Section B2 (Critical Illness Benefit) of this policy, referred as Category A, following listed additional critical illnesses are also covered under this policy. The list of such additional critical illnesses is:

C29 Creutzfeldt-Jakob disease

A Diagnosis of Creutzfeldt-Jakob disease must be made by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical loss of the ability in mental and social functioning for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required.

Social functioning is defined as the ability of the individual to interact in the normal or usual way in society.

Mental functioning would mean functions /processes such as perception, introspection, belief, imagination reasoning which we can do with our minds.

C30 Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following conditions are excluded:

- a. Localised scleroderma (linear scleroderma or morphea);
- b. Eosinophilic fascitis; and

c. CREST syndrome.

C31 Medullary Cystic Disease

A progressive hereditary disease of the kidneys characterised by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure. The diagnosis must be supported by renal biopsy.

C32 Muscular dystrophy

Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening of certain muscle groups. The diagnosis of Muscular Dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence. The disease must result in the permanent inability of the Insured Person to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living".

Activities of Daily Living are defined as:

- i. Washing: 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.

C33 Poliomyelitis

The unequivocal diagnosis of infection with the polio virus must be established by a Consultant Neurologist. The infection must result in irreversible paralysis as evidenced by impaired motor function or respiratory weakness. Expected permanence and irreversibility of the paralysis must be confirmed by a Consultant Neurologist after at least 6 months since the beginning of the event.

Following are excluded:

- Cases not involving irreversible paralysis
- Other causes of paralysis such as Guillain-Barré Syndrome

C34 Systemic lupus erythematosus with renal involvement

A multi-system, multifactorial, autoimmune disease characterized by the development of autoantibodies directed against various self-antigens. Systemic Lupus Erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a certified doctor specializing in Rheumatology and Immunology. There must be positive antinuclear antibody test.

Exclusion: Other forms, discoid lupus, and those forms with only hematological and joint involvement.

WHO Classification of Lupus Nephritis:

- Class I: Minimal change Lupus Glomerulonephritis- Negative, normal urine
- Class II: Mesangial Lupus Glomerulonephritis- Moderate Proteinuria, active sediment
- Class III: Focal Segmental Proliferative Lupus Glomerulonephritis- Proteinuria, active sediment
- Class IV: Diffuse Proliferative Lupus Glomerulonephritis- Acute nephritis with active sediment and / or nephritic syndrome
- Class V: Membranous Lupus Glomerulonephritis- Nephrotic Syndrome or severe proteinuria

C35 Myasthenia gravis

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:

Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and

The Diagnosis of Myasthenia Gravis and categorization are confirmed by a registered Medical Practitioner who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification:

- Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.
- Class II: Eye muscle weakness of any severity, mild weakness of other muscles.
- Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.
- Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.
- Class V: Intubation needed to maintain airway.

C36 Good pastures syndrome with lung or renal involvement

Goodpasture's syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage. The permanent damage should be

for continuous period of atleast 30 days. The Diagnosis must be proven by Kidney biopsy and confirmed by a Specialist Medical Practitioner (Rheumatologist).

iii. Inclusion of Multi-Pay Cover

Subsequent to this endorsement, the limitation (I) applicable to the Section B2 – Critical Illness is modified as below:

In the event of more than one claim of critical illness (es) is/are lodged under different critical illness categories (i.e. A, B, C) during the policy period , We shall pay for second claim of critical illness as listed in Category B & third claim of critical illness as listed in Category C.

All other policy terms and conditions remain unaltered.

iv. Inclusion of Double EMI benefit in case of listed critical illness

We will pay the insured person twice the number of EMIs/EMI amount as specified in the Policy Schedule/Certificate of Insurance for the listed critical illnesses as mentioned on the Policy Schedule/Certificate of Insurance.

A2.2 Modification of Covers

i. Modification of Critical Illness Benefit (Category “A”)

Subsequent to this endorsement, the critical illnesses as listed in the Section B2- Critical illness benefit (Category “A”) of the policy are reduced to cover only those as specified on the Policy Schedule/Certificate of Insurance.

All other policy terms, conditions and exclusions remain unaltered.

A3. Inclusion of Additional Covers

A3.1 Flexi Criticare Benefit Cover

We will pay the insured person the number of EMIs/EMI amount as specified in the Policy Schedule/Certificate of Insurance for below listed illnesses/procedures:

i. Coronary Angioplasty

- Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries.
- The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).
- Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

ii. Pacemaker Implant

- Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia evidenced by 24 hours Holter monitoring report which cannot be treated via other means.
- The insertion of the cardiac pacemaker must be certified to be medically necessary by a cardiac specialist/discharge summary.

iii. Transient Ischemic Attack (TIA)

- TIA shall mean episode of stroke symptoms that are attributable to a focal vascular cause wherein all the neurologic signs/symptoms resolve within 24 hours.
- The insured person needs to be hospitalized for administration of thrombolytic drugs.
- In the event, the insured person opts for cover for Stroke (as defined under Section B2 – Critical Illness – C9), then we shall only pay either for Stroke or Transient Ischemic Attack.
- This medical condition should be diagnosed by a specialist physician or a neurologist.

iv. Multi-organ failure leading to death

- Irreversible, end stage and simultaneous failure of the two or more following organs where failure duration is > 24 hours and resulting of death of the insured person:

- a. Heart
 - b. Lungs
 - c. Kidney
 - d. Liver
 - e. Neurological
- Multi-organ failure must be diagnosed and certified by the attending specialist physician.
- v. Guillain Barre Syndrome (GBS)
 - GBS is an acute, frequently severe, and fulminant polyradiculoneuropathy that is autoimmune in nature.
 - Brighton Criteria for diagnosis of GBS should be met.
 - This medical condition to be certified by a consultant neurologist or a specialist.
- vi. Early Stage Cancer

Early Stage Cancer shall mean the presence of one of the following malignant conditions:

 - i. Papillary thyroid cancer less than 1 cm in diameter and histologically described as T1N0M0
 - ii. Prostate cancer stage T1N0M0 OR Gleason score 2-6.
 - iii. Chronic lymphocytic Leukemia stage I & II (according to the RAI classification system)
 - iv. Any carcinomas of the skin (size no less than 2mm) except Malignant melanoma and metastatic carcinoma.
 - v. Hodgkin's Disease, stage 1 (according to the Ann-Arbor classification system).
 - vi. Micro carcinoma of the bladder stage Tis or pTa. The diagnosis must be based on histopathological features and confirmed by a specialist.
 - vii. Pre-malignant lesions and conditions, unless listed above, are excluded. The insured Person shall have received appropriate and necessary treatment.
- vii. Carcinoma-In-Situ (CIS)

Carcinoma-in-situ is defined as a focal autonomous new group of carcinomatous cells which has not yet resulted in the invasion of normal tissue. Invasion means an infiltration and/or active destruction of normal tissue beyond the basement membrane in any one of the following organ groups.

- Breast where the tumour is classified as Tis according to the TNM Staging method
- Corpus uteri, cervix uteri, vagina, vulva or fallopian tubes where the tumour is classified as Tis according to the TNM Staging method.
- Ovary -include borderline ovarian tumours with intact capsule, no tumour on the ovarian surface, classified as T1aN0M0,T1bN0M0 (TNM Staging) or FIGO 1A,FIGO 1B
- Colon and rectum
- Penis
- Testis
- Lung
- Liver
- Stomach, duodenum and Oesophagus
- Kidney
- Carcinoma ENT (ear, nose, throat)

For purpose of this Policy, Carcinoma-in-situ must be confirmed by a biopsy.

*FIGO refers to the staging method of the federation Internationale de Gynecologie et d'Obstetrique.

Exclusions:

- a. Pre-malignant lesions (including cervical dysplasia CIN-1,CIN-2,CIN-3) and Carcinoma-in-situ of any organ unless listed above are excluded
- b. All tumours in the presence of HIV infection are excluded

This cover has a separate benefit sum insured.

A3.2 Maternity Benefit Cover

i. Inclusion of Maternity Benefit Cover

Subsequent to this endorsement, Section 3 - General Exclusion – 2(xxi) stands modified as below:

We will pay the insured person the number of EMIs/EMI amount as specified in the Policy Schedule/Certificate of Insurance for delivery (including complicated deliveries and caesarean sections incurred during hospitalization) of a child during the policy year subject to any maternity waiting period as specified in the Policy Schedule/Certificate of Insurance.

We will not cover ectopic pregnancy under this benefit (although it shall be covered under Inpatient Hospitalization benefit (Section B1).

ii. Double Maternity Benefit Cover

We will pay the insured person twice the number of EMIs/EMI amount as specified in the Policy Schedule/Certificate of Insurance for delivery (including complicated deliveries and caesarean sections incurred during hospitalization). of a girl child during the policy period subject to any maternity waiting period as specified in the Policy Schedule/Certificate of Insurance.

iii. Maternal Complications Benefit Cover

We will pay the insured person the number of EMIs/EMI amount as specified in the Policy Schedule/Certificate of Insurance for below listed maternal complications during the policy period subject to any maternity waiting period as specified in the Policy Schedule/Certificate of Insurance:

- a. Abruptio Placentae
- b. Acute fatty liver of pregnancy
- c. Amniotic fluid embolism
- d. Disseminated intravascular coagulation
- e. Eclampsia
- f. Placenta increta or
- g. Placenta percreta
- h. Postpartum haemorrhage requiring hysterectomy
- i. Pre-Eclampsia
- j. Still birth
- k. Uterine Rupture

For the purpose of this policy, maternal complications as listed above shall mean:

- a. **Abruptio Placentae** means form of antepartum hemorrhage where the bleeding occurs due to premature separation of normally situated placenta from the wall of the uterus.

- b. **Acute fatty liver of pregnancy** means potentially fatal complication of the liver that occurs in the third trimester or early postpartum period caused by a disordered metabolism of fatty acids by mitochondria in the mother.
- c. **Amniotic fluid embolism** means an obstetric complication in which amniotic fluid, enters the blood stream of the mother to trigger a cardio respiratory arrest and/or massive bleeding.
- d. **Disseminated intravascular coagulation** means the pathological process characterized by the widespread activation of the clotting cascade that results in the formation of blood clots in the small blood vessels throughout the body.
- e. **Eclampsia** means a life threatening pregnancy complication that causes a pregnant woman, usually previously diagnosed with preeclampsia (high blood pressure and protein in the urine), to develop seizures or coma.
- f. **Placenta increta** means a condition in which a part or all of the placenta remains firmly attached and invades the muscles of the uterus.
- g. **Placenta percreta** means a condition in which a part or all of the placenta remains firmly attached and grow through the uterine wall
- h. **Postpartum haemorrhage** requiring hysterectomy wherein bleeding occurs subsequent to expulsion of placenta.
- i. **Pre-Eclampsia** means a pregnancy complication characterized by high blood pressure and signs of damage to another organ system, most often the liver and kidneys associated with proteinuria and which usually begins after 20 weeks of pregnancy in women whose blood pressure had been normal prior to the initiation of the pregnancy.
- j. **Still birth** means birth of a newborn after 28th completed weeks of gestation when the baby does not show any sign of life after delivery.
- k. **Uterine Rupture** means dissolution in the continuity of the uterine wall any time beyond 28 weeks of pregnancy.

A3.3 Surgical Benefit Cover

We will pay the insured person the number of EMI/percentage of EMI amount, as specified in the Policy Schedule/Certificate of Insurance and as per the grade of surgery, if the insured person is hospitalized as an inpatient/surgery performed on day care basis on the advice Medical Practitioner due Illness/Injury during the policy period and undergoes the listed surgical procedure.

This cover shall be subject to the terms, conditions, limitations and exclusions mentioned in this Policy.

a. Major Surgery (Grade I)

We will pay the insured person 100% of EMI amount as specified in the Policy schedule/Certificate of Insurance in the event the insured person opts this cover and undergoes any major surgery during the policy period as listed below:

System	Surgeries
Arteries and Veins	Axillo-femoral bypass
Arteries and Veins	Elective repair of aneurysm of aorta
Arteries and Veins	Bypass of carotid artery
Arteries and Veins	Carotid endarterectomy
Arteries and Veins	Open operations on cerebral artery
Arteries and Veins	Bypass of subclavian artery
Arteries and Veins	Endarterectomy of renal artery
Arteries and Veins	Reconstruction of renal artery(ies)
Arteries and Veins	Aorto-iliac, aorto-femoral, ileo-femoral bypass
Arteries and Veins	Aorto-bifemoral bypass
Arteries and Veins	Endarterectomy and patch repair of iliac artery
Arteries and Veins	Femoro-popliteal bypass graft
Arteries and Veins	Endarterectomy of femoral artery
Arteries and Veins	Repair of acquired arteriovenous fistula
Cardiovascular	Excision of cardiac tumour
Cardiovascular	Heart Valve Replacement
Cardiovascular	Heart Valve Repair
Cardiovascular	Pericardiotomy / Pericardectomy
Cardiovascular	Open/Closed valvotomy
Cardiovascular	Coronary Artery Bypass Graft
Cardiovascular	Coronary Angioplasty
Cardiovascular	Ablation of arrhythmia
Cardiovascular	Pacemaker implant
Cardiovascular	Angioplasty of other arteries (e.g. sub-clavian, tibial, femoro-popliteal)
Cardiovascular	Heart Transplant
Cardiovascular	Heart Lung Transplant

Digestive	Ileostomy
Digestive	Total excision of colon and ileorectal anastomosis
Digestive	Abdominoperineal resection of rectum and anus
Digestive	Oesophagectomy/ Oesophagogastrrectomy with anastomosis in chest
Digestive	Total oesophagectomy and Interposition of intestine
Digestive	Transabdominal repair of diaphragmatic hernia
Digestive	Gastrectomy and excision of surrounding tissue
Digestive	Ileoanal anastomosis and creation of pouch
Endocrine System and Breast	Hypophysectomy
Endocrine System and Breast	Excision of lesion of pituitary gland
Endocrine System and Breast	Excision of pineal gland
Endocrine System and Breast	Thyroidectomy
Endocrine System and Breast	Mastectomy
Eye	Reconstruction of socket with either implant or graft
Female Genital	Vulvectomy
Female Genital	Hystrectomy
Miscellaneous Operations	Exenteration of pelvis
Miscellaneous Operations	Amputation of foot
Miscellaneous Operations	Renal/Kidney Transplant
Miscellaneous Operations	Leg Amputation
Miscellaneous Operations	Above Knee amputation
Miscellaneous Operations	Hindquarter amputation
Miscellaneous Operations	Hip Amputation
Musculo-skeletal	Cranio-facial resection

Musculo-skeletal	Discectomy
Musculo-skeletal	Laminoplasty
Musculo-skeletal	Prosthetic replacement of lumbar disc
Musculo-skeletal	Excision of intramedullary tumour
Musculo-skeletal	Radical clearance of malignant tumour of soft tissue or bone (not otherwise specified)
Musculo-skeletal	Total Joint replacement Knee/Hip
Musculo-skeletal	Replacement of elbow and shoulder (single operation)
Musculo-skeletal	Ligament reconstruction of knee -ACL/PCL repair/reconstruction
Musculo-skeletal	Arthroscopic meniscectomy
Nervous	Excision of lesion of tissue of brain
Nervous	Open biopsy of lesion of tissue of brain
Nervous	Excision of lesion of cranial nerve (intracranial)
Nervous	Repair of cranial nerve (intracranial)
Nervous	Decompression of cranial nerve (craniotomy)
Nervous	Excision of cerebellopontine angle tumour
Nervous	Excision of lesion of meninges of brain
Nervous	Partial excision of spinal cord
Nervous	Excision of intradural lesion
Nervous	Cerebral angioplasty
Oro-maxillofacial surgery	Major reconstructive oro-maxillofacial surgery due to trauma or burns and not for cosmetic purpose
Other Abdominal Organs	Partial excision of liver
Other Abdominal Organs	Hemihepatectomy
Other Abdominal Organs	Resection of liver tumour
Other Abdominal Organs	Anastomosis of hepatic duct
Other Abdominal Organs	Total pancreatectomy
Other Abdominal Organs	Pancreatoduodenectomy and excision of surrounding tissue (Whipple's procedure)
Other Abdominal Organs	Liver Transplant
Respiratory Tract	Total pharyngectomy

Respiratory Tract	Total laryngectomy
Respiratory Tract	Partial excision of trachea with reconstruction
Respiratory Tract	Pneumonectomy
Respiratory Tract	Pneumonectomy
Respiratory Tract	Pulmonary lobectomy including segmental resection
Respiratory Tract	Lung resection with resection of chest wall
Respiratory Tract	Bullectomy - bilateral
Respiratory Tract	Open resection of invasive mediastinal tumour
Respiratory Tract	Lung transplant
Soft Tissue	Decortication of pleura of lung
Soft Tissue	Radical dissection of cervical lymph nodes
Urinary	Percutaneous nephrolithotomy (including cystoscopy and retrograde catheterisation)
Urinary	Laparoscopic pyeloplasty
Urinary	Ileal or colonic replacement of ureter
Urinary	Total cystectomy (with construction of intestinal conduit or bladder)

b. Intermediate Surgery (Grade II)

We will pay the insured person 50% of EMI amount as specified in the Policy schedule/Certificate of Insurance in the event the insured person opts this cover and undergoes any surgery during the policy period as listed below:

System	Surgeries
Arteries and Veins	Percutaneous transluminal balloon operations on aorta
Arteries and Veins	Transluminal operations on renal artery
Arteries and Veins	Transluminal procedures on femoral artery
Arteries and Veins	Repair of limb artery
Arteries and Veins	Arterial embolectomy
Digestive	Excision of colon
Digestive	Hartmann's procedure
Digestive	Appendectomy (appendix removal)
Digestive	Bypass of oesophagus
Digestive	Excision lesion of oesophagus
Digestive	Transthoracic repair of paraoesophageal hiatus hernia

Digestive	Transthoracic repair of diaphragmatic hernia (acquired)
Digestive	Transthoracic fundoplication & with/without gastropasty
Digestive	Partial gastrectomy
Ear	Reconstruction of ear
Ear	Reconstruction of external auditory canal
Ear	Modified radical mastoidectomy (including meatoplasty)
Ear	Exploration of facial nerve, mastoid segment
Ear	Ossiculoplasty
Ear	Tympanic neurectomy
Ear	Labyrinthectomy
Endocrine System and Breast	Cryotherapy to pituitary gland
Endocrine System and Breast	Parathyroidectomy
Eye	Keratoplasty
Eye	Iridocyclectomy
Female Genital	Reconstruction of vagina
Female Genital	Repair of rectovaginal fistula
Miscellaneous Operations	Hand Amputation
Musculo-skeletal	Osteotomy of maxilla
Musculo-skeletal	Partial maxillectomy
Musculo-skeletal	Hemi-maxillectomy
Musculo-skeletal	Reconstruction of jaw
Musculo-skeletal	Prosthetic replacement of temporomandibular joint
Musculo-skeletal	Posterior decompression (thoracic region)
Musculo-skeletal	Posterior excision of disc prolapse including microdiscectomy
Musculo-skeletal	Decompression for central spinal stenosis (1 or 2 levels)
Musculo-skeletal	Vertebroplasty
Musculo-skeletal	Endoscopic microdiscectomy
Musculo-skeletal	Endoscopic microlaminectomy
Musculo-skeletal	Endoscopic microlaminotomy
Musculo-skeletal	Soft tissue procedures on joints of hand including synovectomy
Musculo-skeletal	Total excision of trapezium
Musculo-skeletal	Excision of benign tumour of bone with bone grafting
Musculo-skeletal	Osteotomy of proximal femur

Musculo-skeletal	Open reduction/Internal fixation of fractures -long bones
Musculo-skeletal	Osteochondral grafting
Musculo-skeletal	Minimally invasive hip resurfacing
Musculo-skeletal	Prosthetic replacement of ankle joint
Musculo-skeletal	Shoulder hemiarthroplasty, as sole procedure
Musculo-skeletal	Total prosthetic replacement of wrist joint
Musculo-skeletal	Total prosthetic replacement of elbow
Musculo-skeletal	Prosthetic replacement of radial head
Nervous	Percutaneous cordotomy of spinal cord
Nervous	Rhizolysis (open)
Nervous	Graft to peripheral/major nerve
Nervous	Sympathectomy
Oro-maxillofacial surgery	Total glossectomy
Oro-maxillofacial surgery	Excision of parotid gland
Oro-maxillofacial surgery	Partial excision of parotid gland
Other Abdominal Organs	Cholecystectomy
Other Abdominal Organs	Anastomosis of gall bladder (to another viscus)
Other Abdominal Organs	Partial excision of bile duct and anastomosis of bile duct to duodenum/jejunum
Other Abdominal Organs	Repair of bile duct
Other Abdominal Organs	Anastomosis of pancreatic duct (to another viscus)
Respiratory Tract	Endoscopic exploration frontal sinus beyond frontoethmoid recess (FESS)
Respiratory Tract	Transnasal repair of leaking CSF (including endoscopic)
Respiratory Tract	Partial pharyngectomy
Respiratory Tract	Sub-total laryngectomy
Respiratory Tract	Thoracotomy and closure of bronchopleural fistula
Respiratory Tract	Thoracotomy pleurectomy/ pleurodesis +/- ligation of bullae for pneumothorax
Soft Tissue	Thoracoplasty
Soft Tissue	Open pleural biopsy
Soft Tissue	Excision of retroperitoneal tumour
Soft Tissue	Block dissection of para-aortic lymph nodes

Urinary	Nephrectomy and excision of perirenal tissue
Urinary	Nephro-ureterectomy
Urinary	Ureterolysis
Urinary	Prostatectomy

c. Minor Surgery (Grade III)

We will pay the insured person 15% of EMI amount as specified in the Policy schedule/Certificate of Insurance in the event the insured person opts this cover and undergoes any surgery during the policy period as listed below:

System	Surgeries
Arteries and Veins	Creation of arteriovenous shunt (synthetic graft)
Arteries and Veins	Ligation/stripping of long or short saphenous vein (including local excision/multiple phlebectomy)
Cardiovascular	Coronary Angiography
Dental	Dental Surgery of any kind requiring Hospitalisation due to accident
Digestive	Drainage of abscess of appendix or drainage of intra-abdominal abscess
Digestive	Excision of lesion of colon (transabdominal)
Digestive	Bypass of colon
Digestive	Closure of colostomy
Digestive	Laparoscopic colostomy and stoma formation (including revision)
Digestive	Open formation of colostomy
Digestive	Repair of faecal fistula
Digestive	Haemorrhoidectomy
Digestive	Excision of anal fissure
Digestive	Drainage through perineal region (including ischio-rectal abscess) (including sigmoidoscopy)
Digestive	Excision of pilonidal sinus and suture/skin graft
Digestive	Oesophageal/oesophagogastric myotomy
Digestive	Thorascopic oesophagogastric myotomy
Digestive	Transabdominal repair of hiatus hernia
Digestive	Gastro-jejunostomy
Digestive	Gastrostomy
Digestive	Pyloromyotomy
Digestive	Pyloroplasty

Digestive	Therapeutic gastroscopy with insertion of prosthesis, therapy for acutely bleeding ulcer or banding of varices
Digestive	Bypass of duodenum
Digestive	Excision of jejunum
Digestive	Bypass of jejunum
Digestive	Bypass of ileum
Digestive	Laparoscopic ileostomy
Ear	Total excision of pinna
Ear	Excision of preauricular sinus
Ear	Excision of lesion of pinna
Ear	Excision of lesion of external auditory canal
Ear	Radical mastoidectomy (including meatoplasty)
Ear	Simple mastoidectomy
Ear	Revision of mastoidectomy (including meatoplasty)
Ear	Myringoplasty
Ear	Tympanoplasty
Ear	Myringotomy
Ear	Stapedectomy
Ear	Middle ear tumour excision
Ear	Middle ear polypectomy
Endocrine System and Breast	Total thyroid lobectomy & isthmectomy
Endocrine System and Breast	Isthmectomy of thyroid gland
Endocrine System and Breast	Partial thyroidectomy (not elsewhere classified)
Endocrine System and Breast	Excision of thyroglossal cyst/tract
Endocrine System and Breast	Adrenalectomy
Endocrine System and Breast	Excision/biopsy of breast lump/fibroadenoma of breast
Endocrine System and Breast	Microdochotomy
Eye	Exenteration of orbit
Eye	Enucleation/evisceration of eyeball
Eye	Decompression of orbit
Eye	Excision of lesion of eyebrow
Eye	Excision of lesion of canthus
Eye	Correction of epicanthus
Eye	Correction of telecanthus
Eye	Graft of skin to canthus

Eye	Canthotomy
Eye	Excision of lesion of eyelid
Eye	Curettage/cryotherapy of lesion of eyelid
Eye	Graft of skin to eyelid
Eye	Correction of entropion
Eye	Correction of trichiasis
Eye	Surgical correction of trichiasis
Eye	Tarsorrhaphy
Eye	Correction of ptosis of eyelid - simple, including tarsomullerectomy
Eye	Correction of ptosis of eyelid
Eye	Dacryocysto-rhinostomy
Eye	Excision of lacrimal sac
Eye	Puncto-canaliculoplasty
Eye	Excision of pterygium
Eye	Mucosal graft to conjunctiva
Eye	Drainage of conjunctival cyst
Eye	Excision of lesion of cornea
Eye	Cornea Transplant
Eye	Excision of lesion of sclera
Eye	Repair of scleral laceration
Eye	Scleral graft
Eye	Surgical iridectomy
Eye	Surgical trabeculectomy or other penetrating glaucoma procedures
Eye	Laser trabeculoplasty
Eye	Goniotomy (surgical treatment of glaucoma)
Eye	Glaucoma surgery (including anti-metabolites/ insertion of seton devices)
Eye	Laser iridotomy
Eye	Repair of prolapsed iris
Eye	Ciliary body ablation
Eye	Cyclodialysis (separation of ciliary body)
Eye	Extracapsular extraction without implant – unilateral
Eye	Phakoemulsification of lens
Eye	Extracapsular extraction with implant – unilateral
Eye	Anterior vitrectomy
Eye	Laser photocoagulation/cryotherapy of lesion of retina
Female Genital	Excision of Bartholin gland
Female Genital	Simple vulvectomy
Female Genital	Excision of lesion of vulva
Female Genital	Excision of septum of vagina

Female Genital	Excision of lesion of vagina (e.g. warts and cysts)
Female Genital	Anterior +/- posterior colporrhaphy
Female Genital	Posterior colporrhaphy
Female Genital	Repair of enterocele (as sole procedure)
Female Genital	Sacrocolpopexy
Female Genital	Repair of vesicovaginal fistula
Female Genital	Repair of urethrovaginal fistula
Female Genital	Amputation of cervix uteri
Female Genital	Myomectomy (including laparoscopically)
Female Genital	Plastic reconstruction of uterus
Female Genital	Therapeutic endoscopic operations on uterus (including endometrial ablation)
Female Genital	Hysteroscopy including biopsy/dilatation and curettage
Female Genital	Endometrial biopsy or aspiration
Female Genital	Oophorectomy and salpingectomy (as sole procedure) (including bilateral)
Female Genital	Ovarian cystectomy (as sole procedure) (and bilateral)
Male Genital	Bilateral excision of testes
Male Genital	Laparoscopic orchidectomy
Male Genital	Orchidectomy and excision of spermatic cord
Male Genital	Excision of lesion of testis
Male Genital	Correction of hydrocele
Male Genital	Epididymectomy
Male Genital	Excision of epididymal cyst
Male Genital	Operation(s) on varicocele
Male Genital	Operation(s) on seminal vesicle
Male Genital	Total amputation of penis
Male Genital	Excision of lesion of penis
Male Genital	Reconstruction of penis
Male Genital	Frenuloplasty of penis
Male Genital	Preputioplasty
Male Genital	Circumcision due to illness/injury
Miscellaneous Operations	Amputation of toe
Musculo-skeletal	Open reduction of fracture of zygomatic complex of bones
Musculo-skeletal	Excision of lesion of jaw
Musculo-skeletal	Arthroplasty of temporomandibular bone joint
Musculo-skeletal	Laminectomy
Musculo-skeletal	Laminotomy

Musculo-skeletal	Total excision of cervical rib
Musculo-skeletal	Patellectomy
Musculo-skeletal	Prosthetic patello-femoral replacement (as sole procedure)
Musculo-skeletal	Total excision of sesamoid bone
Musculo-skeletal	Coccygectomy (multiple levels)
Musculo-skeletal	Excision of ectopic bone
Musculo-skeletal	Tibial osteotomy
Musculo-skeletal	Drainage/debridement of bone(s), including sequestrectomy for osteomyelitis
Musculo-skeletal	Closed reduction of fracture of long bone with external fixation
Musculo-skeletal	Plating and bone grafting for non- union of clavicle
Musculo-skeletal	Bone graft (except where part of another procedure)
Musculo-skeletal	Prosthetic replacement of head of femur
Musculo-skeletal	Excision of radial head (as sole procedure)
Musculo-skeletal	Ankle arthrodesis
Musculo-skeletal	Partial fusion of wrist
Musculo-skeletal	Total synovectomy of joint
Musculo-skeletal	Arthroscopic lateral release
Musculo-skeletal	Release of contracture of joint
Musculo-skeletal	Therapeutic arthroscopic operation on knee/shoulder joint
Musculo-skeletal	Bone Marrow biopsy
Nervous	Lumbar puncture
Nervous	Vagotomy
Nervous	Cerebral embolectomy
Nervous	Intracranial infection : burrhole
Nervous	Neurectomy (Major nerve)
Nervous	Excision of lesion of peripheral nerve (e.g. neurilemoma)
Nervous	Excision of lesion of Major nerve
Nervous	Repair of peripheral nerve
Nervous	Carpal tunnel release,including endoscopic
Nervous	Laparoscopic lumbar sympathectomy
Oro-maxillofacial surgery	Excision of lesion of lip
Oro-maxillofacial surgery	Reconstruction of lip using skin flap
Oro-maxillofacial surgery	Enucleation of cyst of jaw

Oro-maxillofacial surgery	Partial glossectomy
Oro-maxillofacial surgery	Excision/destruction of lesion of tongue
Oro-maxillofacial surgery	Frenotomy/ frenectomy of tongue
Oro-maxillofacial surgery	Excision/destruction of lesion of palate
Oro-maxillofacial surgery	Operations on uvula
Oro-maxillofacial surgery	Tonsillectomy
Oro-maxillofacial surgery	Adenotonsillectomy
Oro-maxillofacial surgery	Excision/destruction of lesion of mouth
Oro-maxillofacial surgery	Excision of submandibular gland
Oro-maxillofacial surgery	Excision of sublingual gland
Oro-maxillofacial surgery	Open extraction of calculus from parotid duct
Oro-maxillofacial surgery	Open extraction of calculus from submandibular duct
Other Abdominal Organs	Liver biopsy
Other Abdominal Organs	Open drainage of liver
Other Abdominal Organs	Excision of lesion of bile duct
Other Abdominal Organs	Anastomosis of common bile duct
Other Abdominal Organs	Therapeutic ERCP
Other Abdominal Organs	Excision of lesion of pancreas
Other Abdominal Organs	Drainage of pancreatic abscess
Other Abdominal Organs	Open splenectomy
Other Abdominal Organs	Laparoscopic splenectomy
Respiratory Tract	Total excision of nose

Respiratory Tract	Septorhinoplasty +/- graft/implant following trauma or excision of tumour
Respiratory Tract	Rhinoplasty following trauma or excision of tumour
Respiratory Tract	Submucous resection of nasal septum
Respiratory Tract	Closure of perforation of septum of nose
Respiratory Tract	Septoplasty of nose
Respiratory Tract	Reduction turbinates of nose
Respiratory Tract	Polypectomy of Internal nose
Respiratory Tract	Excision of lesion of Internal nose
Respiratory Tract	Excision of lesion of external nose
Respiratory Tract	Caldwell-Luc
Respiratory Tract	Vidian neurectomy (including endoscopic)
Respiratory Tract	Antral puncture and wash-out (and bilateral)
Respiratory Tract	Intranasal antrostomy including endoscopic (and bilateral)
Respiratory Tract	External frontoethmoidectomy
Respiratory Tract	Intranasal ethmoidectomy (and bilateral)
Respiratory Tract	Transantral ethmoidectomy (and bilateral)
Respiratory Tract	Trephining of frontal sinus
Respiratory Tract	Operation(s) on sphenoid sinus (including endoscopic)
Respiratory Tract	Lateral rhinotomy into sinuses
Respiratory Tract	Adenoidectomy
Respiratory Tract	Pharyngeal myotomy
Respiratory Tract	Therapeutic endoscopic operation on pharynx
Respiratory Tract	Vertical hemi-laryngectomy
Respiratory Tract	Partial laryngectomy
Respiratory Tract	Laryngofissure and cordectomy of vocal cord
Respiratory Tract	Glottoplasty
Respiratory Tract	Cordectomy (endoscopic)
Respiratory Tract	Laser surgery to vocal cord (including microlaryngoscopy)
Respiratory Tract	Microlaryngoscopy/laryngoscopy
Respiratory Tract	Tracheoplasty
Respiratory Tract	Tracheostomy
Respiratory Tract	Therapeutic bronchoscopy
Respiratory Tract	Lobectomy
Respiratory Tract	Wedge resection of lung
Respiratory Tract	Debridement of empyema
Respiratory Tract	Lung biopsy
Skin	Primary excision of malignant lesion - Head & Neck

Skin	Primary excision of malignant lesion - Trunk & Limbs
Skin	Debridement and primary suture of wound with involvement of deeper tissue
Skin	Debridement and primary suture of wound
Soft Tissue	Exploratory thoracotomy
Soft Tissue	Pleurodesis/pleurectomy
Soft Tissue	Thoracoscopy and drainage and chemical pleurodesis
Soft Tissue	Drainage of pleural cavity
Soft Tissue	Insertion of pleuro-peritoneal shunt
Soft Tissue	Simple excision of inguinal hernial sac (herniotomy) –unilateral
Soft Tissue	Excision of inguinal hernial sac (herniotomy)
Soft Tissue	Primary repair of inguinal hernia
Soft Tissue	Primary repair of femoral hernia
Soft Tissue	Repair of umbilical hernia
Soft Tissue	Primary repair of incisional hernia
Soft Tissue	Repair of incisional hernia
Soft Tissue	Repair of other hernia of abdominal wall
Soft Tissue	Excision of presacral tumour
Soft Tissue	Laparoscopic adhesiolysis (including biopsy)
Soft Tissue	Open adhesiolysis (including biopsy)
Soft Tissue	Dupuytren's fasciectomy palm only
Soft Tissue	Excision of ganglion
Soft Tissue	Excision of bursa
Soft Tissue	Transfer of tendon (not otherwise specified)
Soft Tissue	Repair of tendon of foot - flexor
Soft Tissue	Repair of tendon of foot - extensor
Soft Tissue	Tenosynovectomy
Soft Tissue	Release of constriction of sheath of tendon (e.g. trigger finger)
Soft Tissue	Minor release of muscle for pain or contracture (involving small joint)
Soft Tissue	Major release of muscle for pain or contracture (e.g. Quadriceps) (involving large joint)
Soft Tissue	Surgical release of humeral epicondylitis (lateral or medial) (e.g. "Tennis Elbow")
Soft Tissue	Block dissection of pelvic lymph nodes (as sole procedure)
Soft Tissue	Repair of peri-lymph fistula
Soft Tissue	Excision of cystic hygroma
Urinary	Partial excision of kidney
Urinary	Open pyeloplasty

Urinary	Open removal of calculus from kidney
Urinary	Endoscopic fragmentation of calculus of kidney
Urinary	Therapeutic endoscopic operations on kidney (include cystoscopy and retrograde catheterisation)
Urinary	Extracorporeal fragmentation of calculus of kidney (lithotripsy)
Urinary	Excision of segment of ureter
Urinary	Ureterostomy
Urinary	Open ureterolithotomy
Urinary	Ureteroscopic extraction of calculus of ureter
Urinary	Endoscopic insertion of prosthesis into ureter
Urinary	Endoscopic anti-reflux procedure (and bilateral)
Urinary	Operations on ureteric orifice (including endoscopic)
Urinary	Partial cystectomy
Urinary	Diverticulectomy of bladder
Urinary	Repair of bladder
Urinary	Cystourethroplasty
Urinary	Repair of cutaneous vesical fistula
Urinary	Cystostomy and insertion of suprapubic tube into bladder
Urinary	Open removal of calculus from bladder
Urinary	Open excision of lesion from bladder
Urinary	Endoscopic resection of lesion of bladder (including cystoscopy)
Urinary	Sphincterotomy
Urinary	Litholapaxy
Urinary	Endoscopic extraction of calculus of bladder (including cystoscopy)
Urinary	Resection of bladder neck
Urinary	Excision of urethral caruncle
Urinary	Therapeutic endoscopic operations on outlet of female bladder
Urinary	Dilatation of outlet of female bladder (with cystoscopy)
Urinary	Endoscopic incision of outlet of male bladder (with cystoscopy)
Urinary	Urethrectomy
Urinary	Closure of fistula of urethra
Urinary	Excision of diverticulum of urethra

Urinary	Dilatation of urethra (including cystoscopy)
Urinary	Internal urethrotomy (including cystoscopy)
Urinary	Meatoplasty
Urinary	External meatotomy of urethral orifice

Specific Exclusions Applicable for this Section A3.3:

Exclusions with waiting period

1. We are not liable for any claim arising due to any surgery undertaken within 90 days from policy commencement date except those incurred as a result of accident/injury. In case of renewals, this waiting period shall not be applicable to the extent of sum insured under the previous year's policy in force.
2. Specified disease/procedure waiting period:
 - a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
 - b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
 - c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
 - d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
 - e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
 - i. Illnesses:
 - a. Calculus diseases of gall bladder and urogenital system e.g. Kidney stone
 - b. Urinary Bladder Stone
 - c. Cholecystitis
 - d. Ulcer and erosion of stomach and duodenum
 - e. Cataract
 - f. Fissure/fistula in anus, Hemorrhoids, Pilonidal sinus
 - g. Internal or external tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant)
 - h. Osteoarthritis and Osteoporosis
 - i. Polycystic ovarian diseases
 - j. Dysfunctional Uterine Bleeding
 - k. Endometriosis, Fibroids (fibromyoma)
 - l. Sinusitis
 - m. Rhinitis
 - n. Tonsillitis
 - o. Benign Hyperplasia of Prostate.

- ii. Surgeries:
 - a. Adenoidectomy
 - b. Mastoidectomy
 - c. Tonsillectomy
 - d. Tympanoplasty
 - e. Hysteroscopy including biopsy/Dilatation and curettage (D&C)
 - f. Myomectomy for fibroids
 - g. Surgery on prostate; Cholecystectomy
 - h. Hernia of all types; Hysterectomy
 - i. Surgery of hydrocele
 - j. Surgery of varicose veins and varicose ulcers
3. A waiting period of 48 months from the first policy commencement date will be applicable to surgical procedures mentioned below:
 - a. Joint replacement Surgery
 - b. Surgery for Prolapsed Intervertebral disc
 - c. Surgery to correct deviated nasal septum and hypertrophied turbinates
4. Pre-existing Diseases
 - a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
 - b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
 - c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
 - d. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
5. Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
6. Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
7. Maternity:
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
8. Birth Control, Sterility and Infertility

Expenses related to Birth Control, sterility and infertility. This includes:

 - i. Any type of contraception, sterilization

- ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- iii. Gestational Surrogacy
- iv. Reversal of sterilization
- 9. Non allopathic treatment
- 10. Obesity/ Weight Control:

Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:

- 1. Surgery to be conducted is upon the advice of the Doctor
- 2. The surgery/Procedure conducted should be supported by clinical protocols
- 3. The member has to be 18 years of age or older and
- 4. Body Mass Index (BMI);
 - a. greater than or equal to 40 or
 - b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

Limitations Applicable to this Section A3.3

- If more than one surgical procedure is undertaken at the time of hospitalization, We will pay for only one surgical procedure as per the highest grade of surgery performed.
- In a policy year, if more than one surgery is performed for Any One Illness, We will pay the specified EMI benefit amount only once for the first claim under this benefit only.
- In a policy year, if more than one surgery is performed which does not fall under the definition of Any One Illness, We will pay the percentage of EMI amount as specified in the Policy Schedule/Certificate of Insurance as per the grid or balance EMI benefit amount whichever is lower.

Definition Applicable to this Section A3.3

Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

Day care treatment means medical treatment, and/or *surgical procedure* which is:

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

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

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

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*.

This cover has a separate benefit sum insured.

A3.4 Free Health Check up Cover

We will pay for expenses for a Preventive Health Check-up upto the amount as specified in the Policy Schedule/Certificate of Insurance.

The amount is the maximum per policy/certificate of insurance and more than one insured person can utilize this amount.

The eligibility of the Insured Person, frequency of health check up and dependency of health check up on claim status will be as defined in the Policy Schedule/ Certificate of Insurance.

This cover has a separate benefit sum insured.

A3.5 Second Opinion Cover

We will provide You a second opinion from Network Provider or Medical Practitioner, if an Insured Person is diagnosed with the below mentioned Illnesses during the Policy Period. The expert opinion would be directly sent to the Insured Person.

- i. Cancer

- ii. Kidney Failure
- iii. Myocardial Infarction
- iv. Angina
- v. Coronary bypass surgery
- vi. Stroke/Cerebral hemorrhage
- vii. Organ failure requiring transplant
- viii. Heart Valve replacement
- ix. Brain tumors

This benefit can be availed by an Insured Person once during a Policy Year.

A3.6 Inclusion of Income Protection Cover

A3.6.1 Loss of Income due to Disability:

We will pay the insured person the number of EMI/percentage of EMI amount, as specified in the Policy Schedule/Certificate of Insurance, if the insured person suffers loss of income during the policy period due to insured person's voluntary resignation from the employment arising out of below mentioned disability arising out of accidental bodily injury:

- i. Permanent Total Disablement
- ii. Permanent Partial Disablement
- iii. Temporary Total Disablement

Specific Exclusions applicable to this Section A3.6.1

No Claims are payable under the Policy in case of following:

1. We shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured being attributed to any dishonesty or fraud on the part of the Insured or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
2. Any Loss of Income due to Resignation for reasons other than above mentioned conditions, unless otherwise explicitly stated in the policy.
3. We shall not be liable to make any payment under this Policy in connection with or in respect of unemployment at the time of inception of the Policy period or arising within the first 90 days of inception of the policy.

4. Any unemployment from a job under which no salary or any remuneration is provided to the Insured
5. Any loss of Income due to retirement whether voluntary or otherwise
6. Any Resignation due to non-confirmation of employment after or during such period under which the Insured was under probation
7. If accidental Injury is direct or indirect result of carrying out the duties of your occupation involves;
 - i. Working above 10 meters from ground
 - ii. Working underground
 - iii. Working offshore
 - iv. Underwater diving
 - v. Working with explosives
 - vi. Employment in armed forces
8. Claims due to self-inflicted injury, being under the influence of alcohol or drugs
9. Loss of income due to Accidental Death
10. Claims due to any accidental Injury/disability or its related complications that occurred prior to Policy Period
11. Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

Specific Definitions applicable to this Section A3.6.1

1. Hazardous or Adventure Sports

Hazardous **or Adventure Sports** shall mean those sports / activities which involves speed, height, a high level of physical exertion etc and holds high degree of risk.

2. Permanent Partial Disablement or PPD

Permanent Partial Disablement means bodily injury of such nature as permanently reduces the earning capacity of the Insured Person in any employment, which he was capable of undertaking at the time of accident described as given below.

- i. Sight of one eye
- ii. One hand or One foot
- iii. Loss of toes-all
- iv. Loss of Toes Great - both phalanges
- v. Loss of Toes Great - one phalanges
- vi. Loss of Toes Other than great, if more than one toe lost, each
- vii. Loss of hearing-both ears

- viii. Loss of hearing –one ear
- ix. Loss of speech
- x. Loss of four fingers and thumb of one hand
- xi. Loss of four fingers
- xii. Loss of thumb –both phalanges
- xiii. Loss of thumb- one phalanx
- xiv. Loss of index finger-three phalanges
- xv. Loss of middle finger-three phalanges
- xvi. Loss of ring finger-three phalanges
- xvii. Loss of little finger-three phalanges
- xviii. Loss of metacarpals-first or second, third, fourth or fifth

3. Permanent Total Disablement or PTD

Permanent Total Disablement means bodily injury, which permanently, totally and absolutely prevents Insured/Insured Person from engaging in any kind of occupation whatsoever described as given below:

- Irrecoverable Loss of sight of both eyes
- Physical Separation of or the irrecoverable loss of ability to use both hands or both feet
- Physical Separation of or the irrecoverable loss of ability to use one hand and one foot
- Irrecoverable Loss of sight of one eye and the physical separation of or the irrecoverable loss of ability to use either one hand or one foot

4. Professional Sports

Professional Sports means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.

5. Temporary Total Disablement or TTD

Temporary Total Disablement means disablement, which temporarily and entirely prevents an Insured Person from engaging in or giving attention to the Insured Person's usual occupation.

- This benefit has a separate benefit Sum Insured

A3.6.2 Loss of Income due to Listed Critical Illness:

We will pay the insured person the number of EMI/percentage of EMI amount, as specified in the Policy Schedule/Certificate of Insurance, if the insured person suffers loss of income during the policy period due to insured person's voluntary resignation from the employment arising out of below mentioned critical illnesses subject to falling conditions:

- a. The claim is admissible for first time diagnosis of listed critical illnesses or undergoing the listed surgical procedures for the first time.
- b. The claim is admissible under this section if the critical illness manifest after 90 days from the first risk commencement date.
- c. Claims under this section will be admissible only if the Insured Person survives the Illness for a period as specified on the Policy Schedule/Certificate of Insurance after the date of occurrence of the listed critical illness.
- d. Pre-existing conditions or its related conditions shall be covered after a waiting period as specified on the Policy Schedule/Certificate of Insurance. The said conditions must be declared, if known, by the insured person at the time of application and must not have been explicitly excluded in the policy.
- e. Only one claim shall be payable to the insured regardless of the number of Critical Illness, incapacities or treatments suffered by him/her unless explicitly stated otherwise.
- f. Covered Critical Illness: A "Critical Illness" shall mean any one of the following critical illness with specific meaning as defined in the policy:

1. 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. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded:

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification;
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- ix. All tumors in the presence of HIV infection.

2. End Stage Renal Failure requiring 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.

3. Open chest Coronary Artery Bypass Graft

- 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

4. 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:
 - a. Transient ischemic attacks (TIA)
 - b. Traumatic injury of the brain
 - c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

5. 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.

6. Parkinson's disease

Unequivocal diagnosis of idiopathic or primary Parkinson's Disease (all other forms of Parkinsonism are excluded) before age 65 that has to be confirmed by a Consultant Neurologist.

The disease cannot be controlled with medication; objective sign of progressive impairment and the disease must result in a permanent inability to perform independently three or more Activities of Daily Living:

- i. Bathing(ability to wash in the bath or shower),
- ii. Dressing (ability to put on, take off, secure and unfasten garments),
- iii. Personal hygiene (ability to use the lavatory and to maintain a reasonable level of hygiene),
- iv. Mobility (ability to move indoors on a level surface), continence(ability to manage bowel and bladder functions),
- v. Eating/Drinking (ability to feed oneself (but not to prepare the food) or
- vi. Must result in a permanent bedridden situation and inability to get up without outside assistance.

These conditions have to be medically documented for at least 90 days. Excluded are Drug-induced or toxic causes of Parkinsonism.

7. End stage Liver Failure

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

8. Alzheimer's disease

The Unequivocal diagnosis of Alzheimer's Disease (presenile dementia) before age 65 that has to be confirmed by a specialist Medical Practitioner and evidenced by typical findings in cognitive and neuroradiological tests (e.g. CT Scan, MRI, PET of the brain).

The disease must result in a permanent inability to perform independently three or more Activities of Daily Living:

- vii. Bathing(ability to wash in the bath or shower),
- viii. Dressing (ability to put on, take off, secure and unfasten garments),
- ix. Personal hygiene (ability to use the lavatory and to maintain a reasonable level of hygiene),
- x. Mobility (ability to move indoors on a level surface), continence(ability to manage bowel and bladder functions),
- xi. Eating/drinking (ability to feed oneself (but not to prepare the food) or
- xii. Must result in need of supervision and the permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 90 days.

The following are excluded:

- Non-organic diseases such as neurosis and psychiatric illnesses; and
- Alcohol related brain damage.
- Any other type of irreversible organic disorder / dementia.

9. Motor Neuron Disease with Permanent Symptoms

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

- This benefit has a separate benefit Sum Insured
 - a. **Documents applicable only in case of Loss of Income due to Disability/Listed Critical Illness:**
 - Medical Certificate from Medical Practitioner
 - Proof of Accident/Injury/treatment papers
 - Medical Practitioner's prescription advising drugs / diagnostic tests / first consultation letter and subsequent prescriptions
 - Pathological / Radiological / Diagnostic test reports
 - First Information Report/ Final Police Report/MLC, if applicable and done
- This benefit has a separate benefit Sum Insured

A3.7 Inclusion of Family Support Benefit:

We will pay the insured person a fixed benefit amount, as specified in the Policy Schedule/Certificate of Insurance, if Your immediate family member suffers from temporary total disablement (TTD) as a result of accidental bodily injury subject to following:

- i. Initial waiting period of 90 days shall be applicable.
- ii. Disability to exists for continuous 30 days from date of injury.
- iii. In the event multiple family members are disabled at the same time, we would only pay the benefit for one member and upto the extent of benefit amount as specified in Policy Schedule/Certificate of Insurance.
- iv. This benefit can be only claimed once during the life time of the policy (including renewals).

Definitions Applicable to this Section A3.7

1. Immediate family members shall mean either Spouse, economically dependent Parents and Dependent Sister.
2. Temporary Total Disablement means disablement, which temporarily and entirely prevents a Person from engaging in the Person's usual occupation.

Specific Claim Documents Applicable to this Section A3.7

- Medical Certificate from Medical Practitioner
- Proof of Accident/Injury/treatment papers
- Pathological / Radiological / Diagnostic test reports, wherever applicable
- First Information Report/ Final Police Report/MLC, if applicable and done

Specific Exclusions Applicable to this Section A3.7

The following exclusions will be applicable in addition to the Section 3 -General Exclusions listed in this Policy:

- i. Any Pre-existing injury or disability or any complication arising from it. This exclusion shall not be applicable if the proximate cause is accident or
- ii. Any physical disability which existed prior to first risk inception date which was not disclosed, or
- iii. Intentional self- Injury, suicide,

- iv. Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
 - v. Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
 - vi. War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or
 - vii. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by You, shall return the pro rata premium for any such period of service; or
 - viii. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
 - ix. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
 - x. Caused due to act of terrorism.
 - xi. Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
 - xii. Disability based on a Diagnosis made by the Insured or his/her Immediate Family Member or anyone who is living in the same household as the Insured or by a herbalists, acupuncturist or any other non-traditional health care provider.
- This benefit has a separate benefit Sum Insured

A3.8 Inclusion of Return to Home Benefit:

We will pay the insured person a fixed benefit amount related to economy class air ticket to return to India, as specified in the Policy Schedule/Certificate of Insurance. This benefit is payable in the event insured person suffers temporary total disablement (TTD) whilst overseas as a result of accidental bodily injury and resulting in loss of overseas employment subject to following:

- i. Initial waiting period of 90 days shall be applicable.
- ii. Temporary total disablement results in loss of employment within 60 days of date of injury/accident.
- iii. The insured person returns to India within 30 days from date of loss of employment.
- iv. The disability is continuous in nature existing for 30 days from date of injury/accident.

- v. This benefit can be only claimed once during the life time of the policy (including renewals).

Definitions Applicable to this Section A3.8

Temporary Total Disablement means disablement, which temporarily and entirely prevents a Person from engaging in or giving attention to the Person's usual occupation.

Specific Claim Documents Applicable to this Section A3.8

- Medical/Disability Certificate from Medical Practitioner
- Proof of Accident/Injury/treatment papers
- Pathological / Radiological / Diagnostic test reports, wherever applicable
- First Information Report/ Final Police Report/MLC, if applicable and done
- Proof of travel – Boarding Pass

Specific Exclusions Applicable to this Section A3.8

The following exclusions will be applicable in addition to the Section 3 - General Exclusions listed in this Policy:

- i. Any Pre-existing injury or disability or any complication arising from it. This exclusion shall not be applicable if the proximate cause is accident or
- ii. Any physical disability which existed prior to first risk inception date which was not disclosed, or
- iii. Intentional self- Injury, suicide,
- iv. Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- v. Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
- vi. War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or
- vii. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by You, shall return the pro rata premium for any such period of service; or
- viii. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or

- ix. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
- x. Caused due to act of terrorism.
- xi. Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
- xii. Disability based on a Diagnosis made by the Insured or his/her Immediate Family Member or anyone who is living in the same household as the Insured or by a herbalists, acupuncturist or any other non-traditional health care provider.

This benefit has a separate benefit Sum Insured

A3.9 Inclusion of Vacation Cancellation Cover:

We will pay the insured person the specified number of EMIs/EMI amount as specified in the Policy Schedule/ Certificate of Insurance, if prior to the departure date, your vacation trip is cancelled and you are prevented from taking the vacation trip (either domestic/overseas) subject to either:

- i. Insured Person's death, serious injury or sudden sickness requiring minimum three days hospitalization in India.
- ii. Death of Insured Person's Spouse or parent or child or parents-in-laws.
- iii. Serious injury or sudden sickness requiring minimum three days hospitalization of Insured Person's Spouse or Parent or Child or Parents-in-laws in India.
- iv. Compulsory quarantine or prevention of travel by Government.
- v. Ceasing of business operations of scheduled Airline operator
- vi. The loan sanctioned solely for the purpose of said vacation.

Definitions Applicable to this Section A3.9

Vacation trip shall mean any journey undertaken within the Policy period, which starts and finishes in India and/or involves a destination (s) outside India.

Exclusions: No benefit will be available under this section after commencement of the trip.

Specific Claim Documents Applicable to this Section A3.9

Additional claim documents required for this benefit are:

- Copy of cancelled tickets
- Hotel booking receipts and cancellation confirmation
- Copy of Visa/Passport (in case of Overseas trip)

All other policy terms and conditions remain unaltered.

- This benefit has a separate benefit Sum Insured

A3.10 Inclusion of Attempted Suicide Cover:

We will pay the insured person/nominee/legal heir of the insured person, the specified number of EMIs/EMI amount and waiting period as specified in the Policy Schedule/ Certificate of Insurance in the event of attempted suicide of the insured person leading to inpatient hospitalization or Permanent Total Disability.

For the purpose of this cover, Permanent Total Disability shall mean either of the following:

- Irrecoverable Loss of sight of both eyes
- Physical Separation of or the irrecoverable loss of ability to use both hands or both feet
- Physical Separation of or the irrecoverable loss of ability to use one hand and one foot
- Irrecoverable Loss of sight of one eye and the physical separation of or the irrecoverable loss of ability to use either one hand or one foot.

Subsequent to this endorsement, Policy General Exclusion under Section 3 (3-iv) stands deleted .

B. Deletion of Covers

B1 Deletion of Inpatient Hospitalization Benefit

Subsequent to this endorsement, Section 1 –Base cover (B1) stands deleted.

All other policy terms and conditions remain unaltered.

B2 Deletion of Critical Illness Benefit (Category “A”)

Subsequent to this endorsement, Section 1 –Base cover (B2) stands deleted.

All other policy terms and conditions remain unaltered.

B3 Deletion of Personal Accident Cover

Subsequent to this endorsement, Section 1 –Base cover (B3) stands deleted.

All other policy terms and conditions remain unaltered.

B4 Deletion of Permanent Total Disability cover

Subsequent to this endorsement, Section 1 –Base cover (B3 -P3) stands deleted.

All other policy terms and conditions remain unaltered.

C. Modification of Waiting Periods Endorsements

C1 Deletion of 90 days Waiting Period – Critical Illness Benefit

Subsequent to this endorsement, waiting period as mentioned in Section (B2-b) stands deleted.

All other policy terms and conditions remain unaltered.

C2 Deletion of Waiting Period – Surgical Benefit Cover

C2.A Deletion of 90 days waiting period

Subsequent to this endorsement, waiting period as mentioned in Section (A3.3-1) stands deleted.

All other policy terms and conditions remain unaltered.

C2.B Deletion of Specified Disease waiting period

Subsequent to this endorsement, waiting period as mentioned in Section (A3.3-2) stands deleted.

All other policy terms and conditions remain unaltered.

C2.C Deletion of 48 months waiting period

Subsequent to this endorsement, waiting period as mentioned in Section (A3.3-3) stands deleted.

All other policy terms and conditions remain unaltered.

C2.D Deletion of pre-existing disease waiting period

Subsequent to this endorsement, waiting period as mentioned in Section (A3.3-4) stands deleted.

All other policy terms and conditions remain unaltered.

C2.E Reduction of pre-existing disease waiting period

Subsequent to this endorsement, waiting period, as mentioned in Section (A3.3-4), is reduced to waiting period as specified in the Policy Schedule/Certificate of Insurance.

All other policy terms and conditions remain unaltered.

C2.F Reduction of Specified disease waiting period

Subsequent to this endorsement, waiting period, as mentioned in Section (A3.3-2), is reduced to waiting period as specified in the Policy Schedule/Certificate of Insurance.

All other policy terms and conditions remain unaltered.

C3 Deletion of Waiting Period – Income Protection Cover

C3.A Deletion of waiting period – Loss of Income due to Disability

Subsequent to this endorsement, waiting period as mentioned in Section (A3.6.1-3) stands deleted.

All other policy terms and conditions remain unaltered.

C3.B Deletion of waiting period – Loss of Income due to listed Critical Illness

Subsequent to this endorsement, waiting period as mentioned in Section (A3.6.2-b) stands deleted.

All other policy terms and conditions remain unaltered.

C4 Deletion of Waiting Period – Family Support Benefit

Subsequent to this endorsement, waiting period as mentioned in Section (A3.7-i) stands deleted.

All other policy terms and conditions remain unaltered.

C5 Deletion of Waiting Period – Return to Home Benefit

Subsequent to this endorsement, waiting period as mentioned in Section (A3.8-i) stands deleted.

All other policy terms and conditions remain unaltered.

C6 Deletion of 30 days Waiting Period – Inpatient Hospitalization Benefit

Subsequent to this endorsement, waiting period as mentioned in Section 3(1-i) stands deleted.

All other policy terms and conditions remain unaltered.

C7 Deletion of Specified disease/illness/procedure Waiting Period – Inpatient Hospitalization Benefit

Subsequent to this endorsement, waiting period as mentioned in Section 3(1-ii) stands deleted.

All other policy terms and conditions remain unaltered.

C8 Deletion of Pre-existing Disease Waiting Period – Inpatient Hospitalization Benefit & Critical Illness Benefit

Subsequent to this endorsement, waiting period as mentioned in Section 3 (1-iii) stands deleted.

All other policy terms and conditions remain unaltered.

C9 Reduction of Specified disease/illness/procedure Waiting Period – Inpatient Hospitalization Benefit

Subsequent to this endorsement, waiting period as mentioned in Section 3(1-ii) stands reduced as mentioned in Policy Schedule/Certificate of Insurance

All other policy terms and conditions remain unaltered.

C10 Reduction of Pre-existing Disease Waiting Period – Inpatient Hospitalization Benefit & Critical Illness Benefit

Subsequent to this endorsement, waiting period as mentioned in Section 3 (1-iii) stands reduced as mentioned in Policy Schedule/Certificate of Insurance