

Preamble

We will provide the insurance cover detailed in the Policy to the Insured Persons up to the Sum Insured subject to:

- i. The terms, conditions and exclusions of this Policy,
- ii. Statements in the proposal/enrolment form and information disclosed to Us by You or on Your behalf and on behalf of all persons to be insured which is incorporated into the Policy and is the basis of it.

Commencement of risk cover under the policy is subject to receipt of premium by Us.

Our liability at any time shall not exceed the maximum sum insured applicable for the benefit as specified in Your policy schedule or Certificate of insurance.

In case of any other sum insured and coverage restrictions, the same shall be clearly specified in Your Policy schedule/Certificate of Insurance.

Section 1 – Definitions

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

i. Standard Definitions

1. Accident

An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. Any one illness

Any one illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

3. Break in policy

Break in policy means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

4. Congenital Anomaly:

Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a) Internal Congenital Anomaly

Congenital anomaly which is not in the visible and accessible parts of the body.

b) External Congenital Anomaly

Congenital anomaly which is in the visible and accessible parts of the body

5. Day Care Centre

A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –

- i. has qualified nursing staff under its employment;
- ii. has qualified medical practitioner/s in charge;
- iii. has fully equipped operation theatre of its own where surgical procedures are carried out;
- iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

6. Day Care Treatment

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 outpatient basis is not included in the scope of this definition

7. Grace Period

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases (PED). For single premium payment policies, coverage is not available during the period for which no premium is received. However, If the premium is paid in instalments during the policy period, coverage will be available during the grace period also. The grace

period for payment of the premium shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases (Quarterly/Half Yearly).

8. Hospital

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:

- i. has qualified nursing staff under its employment round the clock;
- ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii. has qualified medical practitioner(s) in charge round the clock;
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

9. Illness

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

(a) Acute condition

Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

(b) Chronic condition

A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

- i. it needs ongoing or long term monitoring through consultations, examinations, check-ups, and /or tests
- ii. it needs ongoing or long-term control or relief of symptoms
- iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it iv. it continues indefinitely
- v. it recurs or is likely to recur

10. Injury

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

11. Medical Advice

Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

12. Medical Practitioner

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.

13. Medically Necessary Treatment

Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

- i. is required for the medical management of the illness or injury suffered by the insured;
- ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- iii. must have been prescribed by a medical practitioner;
- iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

14. Pre-Existing Disease (PED)

Pre-existing Disease means any condition, ailment, injury or disease:

- a. That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer or its reinstatement or
- b. For which medical advice or treatment was recommended by, or received from, a

Physician not more than 36 months Prior to the effective date of commencement of the policy issued by the insurer or its reinstatement

unpaid by the Insured prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.

15. Qualified Nurse

Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

2. Insured Event

Insured Event means any event specifically mentioned as covered under this Policy and which is in accordance with the Policy Terms and Conditions.

16. Renewal

Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases (PED), time-bound exclusions and for all waiting periods.

3. Policyholder

The Policyholder shall be the Employer who has taken the group insurance policy as a service benefit for his Employees or a Group Manager of a homogeneous group of persons who assemble together for a commonality of purpose and there is a clearly evident relationship between the member and group manager for services other than insurance.

17. Surgery or Surgical Procedure

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.

4. Policy Period

Policy period means the period between the inception date and the expiry date of the Policy/Certificate of Insurance as specified in the Schedule to this Policy/Certificate of Insurance or the date of cancellation of this policy/Certificate of Insurance, whichever is earlier.

ii. Specific Definitions (Definitions other than as mentioned under Section 1 (i) above)

1. EMI or EMI Amount

EMI means and includes the amount of monthly payment required to repay the principal amount of Loan and Interest by the Insured as set forth in the amortization chart referred to in the loan agreement (or any amendments thereto) between the Bank/Financial Institution and the Insured person prior to the date of occurrence of the Insured Event under this Policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and

5. 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.

6. We/Us/Our/Company

We/Us/Our/Company means TATA AIG General Insurance Company Limited.

7. **You/Your/Yourself**

Means the Policy Holder and/or Insured Person(s) who is named in the Policy Schedule/Certificate of Insurance.

Section 2 - Benefits

A. **Critical Illness**

While this Policy is in force, We shall pay the insured person the sum insured as specified in

the Policy Schedule/Certificate of Insurance for the listed critical illnesses subject to the following conditions:

- a. The claim is admissible for first time diagnosis of listed critical illnesses or undergoing the listed surgical

Neuro/ spinal & psychiatric disease	Multiple sclerosis with persisting symptoms
	Motor neuron disease with permanent symptoms
	Permanent paralysis of limbs
	Stroke resulting in permanent symptoms
	Coma of specified severity
	Alzheimer’s disease
	Parkinson’s disease
	Apallic syndrome
	Benign brain tumor
	Creutzfeldt-jakob disease (CJD)

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;

	Major head trauma
Renal diseases	Kidney failure requiring regular dialysis
	Medullary cystic disease
Musculoskeletal diseases	Muscular dystrophy
	Poliomyelitis
Bleeding disorders	Aplastic anemia

Heart and Vascular conditions	Myocardial infarction
	Refractory heart failure
	Cardiomyopathy
Lung Conditions	End stage lung failure
	Primary (idiopathic) pulmonary hypertension

Liver conditions	End stage liver failure
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- c. Claims under this section will be admissible only if the Insured Person survives the Illness for a period of at least 30 days after the date of occurrence of the insured event;
- d. Pre-existing Diseases (PED) or its related conditions shall be covered after a waiting period of 48 months. 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. Covered Critical Illness: A "Critical Illness" shall mean any one of the following critical illness with specific meaning as defined in the policy.

Refractory heart failure must be diagnosed by a Cardiologist and optimal therapy must have been established for at least 6 months. The diagnosis of heart failure to be evidence

by at least any 4 following criteria:

C1 Heart and Vascular conditions

C1.1 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);
 - a. Class 3 of the New York Heart Association classification's of functional capacity (heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain);
 - b. Presence of third heart sound;
 - c. Jugular venous pressure above 6cms;
 - d. Rales present in both bases on auscultation;
 - e. Cardiomegaly on chest x-ray;
 - f. Grade 3, or gross ascites, associated with marked abdominal distension or peripheral oedema;

Auto immune diseases	Systemic lupus erythematosus with renal involvement
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Others	Myasthenia gravis
	Scleroderma
	Good pastures syndrome with lung or renal involvement
	Blindness
	Deafness
	Cancer of specified severity
	Third degree burns
	Loss of speech
	Loss of limbs

	Loss of independent existence
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- 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.

C1.2 Refractory heart failure

- g. 2-D echocardiography report suggestive of LVEF of 40% or less;
- h. Elevated biomarkers – B-type natriuretic peptide (BNP)/N-terminal pro-BNP(NT-proBNP). The following are excluded:
 - Heart Failure due to Auto-immune disorders;
 - Heart Failure secondary to drug or alcohol abuse.

C1.3 Cardiomyopathy

A diagnosis of cardiomyopathy by a Specialist Medical Practitioner (Cardiologist). There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities for a minimum period of 30 days to at least Class 3 of the New York Heart Association classification's of functional capacity (heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain) and LVEF of 40% or less.

The following are excluded:

- Cardiomyopathy secondary to alcohol or drug abuse.
- All other forms of heart disease, heart enlargement and myocarditis.

C2 Lung conditions

C2.1 End stage lung failure

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and;
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and;
- iv. Dyspnea at rest.

C2.2 Primary (idiopathic) pulmonary hypertension

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

drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

C3 Liver conditions

C3.1 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.

C4 Neurological conditions

C4.1 Multiple sclerosis with persisting symptoms

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Neurological damage due to SLE is excluded.

C4.2 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.

C4.3 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.

C4.4 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.

C4.5 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.

C4.6 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.

C4.7 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.

C4.8 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. **C4.9 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.

C4.10 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.

C4.11 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

C5 Renal Disease conditions C5.1 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.

C5.2 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.

C6 Musculoskeletal diseases C6.1 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 maintain an adequate level of cleanliness and personal hygiene;
- ii. Dressing: The ability to put on and take off all necessary garments, artificial limbs or other surgical appliances that are Medically Necessary;
- iii. Feeding: The ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available;
- iv. Toileting: The ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene;
- v. Mobility : The ability to move indoors from room to room on level surfaces at the normal place of residence;
- vi. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;

C6.2 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.

C7 Bleeding disorders

C7.1 Aplastic anemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation

A certified hematologist must make the diagnosis of severe irreversible aplastic anemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:

- Absolute neutrophil count of less than 500/mm³
- Platelets count less than 20,000/mm³
- Reticulocyte count of less than 20,000/mm³

Temporary or reversible Aplastic Anemia is excluded.

C8 Auto immune diseases C8.1 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;

C8.2 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.

C8.3 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.

C8.4 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).

C9 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.

C10 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.

C11 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 noninvasive, 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 TaNOM0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1NOM0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

C12 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.

C13 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.

C14 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.

C15 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;

B. Surgery

We will pay the Sum Insured as mentioned on the Policy Schedule/Certificate of Insurance, if the Insured Person is Hospitalized on the advice Medical Practitioner due Illness or Injury contracted or sustained by an Insured Person during the policy period and Insured Person undergoes a treatment for such illness or Surgery which is listed in Annexure 1 of this policy subject to the terms, conditions, limitations and exclusions mentioned in the Policy.

Specific exclusions applicable to this Section

(B):

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 policy in force.
2. A waiting period of 24 months from the first policy commencement date will be applicable to the medical and surgical treatment of illnesses, disease or surgical procedures mentioned below, unless necessitated due to cancer:
 - 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. Dilatation and curettage (D&C)
 - f. Myomectomy for fibroids
 - g. Surgery on prostate ; Cholecystectomy
 - h. Hernia of all types; Hysterectomy
 - i. Surgery of hydrocele /Rectocele

- j. Surgery of varicose veins and varicose ulcers
3. A waiting period of 36 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 shall be covered after a waiting period of 36 months. 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.
5. Aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.
6. Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or Burns.
7. Pregnancy, , voluntary termination of pregnancy, maternity or birth (including caesarean section);
8. Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services.

9. Non allopathic treatment;
10. Treatment of Obesity, Sleep Apnoea and any weight control program;

Limitations applicable to Benefits Section (A&B)

- In the event of more than one claim of critical illness (es) is/are lodged under this policy, We shall only pay for one such critical illness claim during the policy year. Upon payment of this claim, the coverage for critical illness would cease to continue till expiry of the policy. However, the coverage for surgery section shall continue till the expiry of the policy.
- We will not pay more than once for the same critical illness claim under the policy (even after renewals).
- In the event of more than one claim of surgery (es) is/are lodged under this policy during a year, We shall only pay for one such surgery claim.

Section 3 – Exclusions

This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of:

Specific Exclusions A. Medical Exclusions

- i. Any critical illness/surgery which is not listed
- ii. Sexually transmitted conditions,
- iii. External congenital anomalies/ defects (known or unknown) or any complications or conditions arising there from; or
- iv. Any Critical Illness/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.

B. Non-Medical Exclusions

- i. Intentional self- Injury, suicide,
 - ii. Arising or resulting from the insured person(s) committing any breach of law with criminal intent; or
 - iii. Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
 - iv. 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
 - v. 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
 - vi. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
 - vii. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
 - viii. Arising out of or resulting directly or indirectly caused by, resulting from or in connection with any act of terrorism.
- ix. Participation in winter sports, skydiving/ parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sport, any bodily contact sport or any other hazardous or potentially dangerous sport for which you are trained or untrained.

Section 4 – General Terms and Clauses i. Standard

General Terms and Clauses 1. Redressal of Grievance

In case of any grievance the Insured Person may contact through Website: www.tataaig.com Call us 24x7 toll free helpline 1800 266 7780 or 022-66939500>> (toll free) or Email us at customersupport@tataaig.com

Courier: Customer Support, Tata AIG General Insurance Company Limited, 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063

Visit the Servicing Branch mentioned in the policy document The insured person may also approach the grievance cell at any of the Company's branches with details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, Insured person may contact the grievance officer at manager.customersupport@tataaig.com. For

updated details of grievance officer, kindly refer the link

<https://bimabharosa.irdai.gov.in/> If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged on the Bima Bharosa Grievance Redressal Portal of IRDAI <https://bimabharosa.irdai.gov.in/>

Escalation Level 1

For lack of a response or if the resolution still does not meet Your expectations, You can write to manager.customersupport@tataaig.com. After investigating the matter internally and subsequent closure, We will send Our response within the stipulated TAT as prescribed by the Regulator from the date of receipt at this email id.

Escalation Level 2

For lack of a response or if the resolution still does not meet Your expectations, You can write to the Head - Customer Services at head.customerservices@tataaig.com Within the stipulated TAT as prescribed by the Regulator, from the date of lodging a complaint with Us, if You do not get a satisfactory response from Us and You wish to pursue other avenues for redressal of grievances, You may approach Insurance Ombudsman appointed by IRDAI under the Insurance Ombudsman Scheme.

ii. Specific terms and clauses (terms and clauses other than those mentioned under Section 4 (i) above)

1. Condition Precedent

- i. Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- ii. The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability.
- iii. The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.
- iv. No change in this Policy shall be valid unless a valid endorsement is passed in the policy.

2. Insured Person

Only those persons named as an Insured Person in the Certificate of insurance shall be covered under this Policy.

3. Entire Contract

- i. This Policy, its Schedule, endorsement(s), proposal/enrolment form constitutes the entire contract of insurance. No change in this policy shall be valid unless approved by Us and such approval be endorsed hereon.
- ii. This Policy and the policy Schedule/ Certificate of insurance shall be read

together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear such meaning wherever it may appear.

4. Fraud

- i. We will not be liable to pay under the policy if any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person.
- ii. In the event of fraud done by the insured person, the certificate of insurance shall be terminated ab initio without any premium refund.

5. Mis-representation, or non-disclosure of material facts

- i. We will not be liable to pay under the policy if any Mis-representation or non-disclosure of material facts is noted at the time of claim or otherwise, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, & policy schedule/ certificate of insurance shall be void ab-initio without any premium refund.

6. Renewal conditions

- i. The Policy is ordinarily renewable lifelong unless You or any one acting on behalf of You has acted in a fraudulent manner or any misrepresentation under or in relation to this policy or renewal of the Policy poses a moral hazard.

- ii. The Policy/Certificate of Insurance may be renewed upon payment of premium which is due and specified by Us, which premium shall be at Our premium rate in force at the time of renewal. Premium rates are subject to revision at the time of renewal depending upon overall performance of the product and / or the claim experience under the policy.
- iii. Your premium will also change if you change the plan.
- iv. Single premium payment mode Policy can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in policy. Coverage is not available during the grace period after the end of the policy period. If not renewed under the Grace Period, the Policy shall terminate at the end of the Grace period.
- v. The grace period for payment of the premium during the Policy Period, for instalment premium shall be 15 days where premium payment mode is monthly.
- vi. Coverage during such grace period (in case of instalment premium):
 - a. Within the policy period - coverage will be available from the due date of instalment premium till the date of receipt of premium by Company within the grace period.
 - b. At the end of the policy period - the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the

grace period after the end of the policy period.

vii. The insured person will get the accrued continuity benefit in respect of the Waiting Periods, Waiting Periods in the event of payment of premium within the stipulated grace Period.

viii. Unless renewed as herein provided, this Policy or Certificate of Insurance shall terminate at the expiration of the period for which premium has been paid.

ix. Any revision / modification in the product will be intimated to You at least 3 months in advance.

7. Option to Migrate

We will offer the Insured Person an option to migrate to similar health insurance Policy with Us provided that:

- i. Insured Person has been insured with Us under this Policy
- ii. This option for migration to similar health insurance policy shall be exercised by the Insured Person only when he / she is at the end of specified exit age and certainly at the time of renewal only.
- iii. Insured Person will be offered continuity of coverage & suitable credits, if any, for all the previous policy years, provided the policy has been maintained without a break.

8. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy.

- ii. You will have the option to migrate to similar health insurance product available with us at the time of renewal with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break.

9. Notices

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

- a. The Insured Person, then it shall be sent to You at Your address specified in the Schedule to this Policy
- b. Us, it shall be delivered to Our address specified in the Schedule to this Policy/Certificate of Insurance. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

10. Termination

- i. You may terminate this Policy / Certificate of Insurance at any time by giving Us written notice, and the Policy/ Certificate of Insurance shall terminate when such written notice is received.
- ii. In case of master policy, each Certificate of Insurance will get terminated on the earliest of the following dates:

- a. The date You or We cancel the Certificate of Insurance
- b. The member opts out of the scheme/group

- iii. If no claim has been made under the Policy/Certificate of Insurance, then We will refund proportionate premium for the unexpired policy period provided no claim has been reported under the Policy..
- iv. We may at any time terminate this Policy /Certificate of insurance on grounds of established fraud, misrepresentation, or non-disclosure of material facts by You or anyone acting on Your behalf or on behalf of an Insured Person by sending an endorsement to Your address shown in the Schedule to this Policy.
- v. In the event of termination of this Policy/Certificate of insurance on grounds of established fraud, mis-representation, or non-disclosure of material facts, the policy shall stand cancelled abinitio and there will be no refund of premium.
- vi. In the event the policy/Certificate of insurance is terminated on grounds of non-cooperation of the Insured Person the premium shall be refunded on pro-rata basis, upon 15 days notice by sending an endorsement to Your address shown in the Schedule provided no claim has occurred up to the date of termination. In the event a claim has occurred in which case there shall be no return of premium.

11. Free Look Period

- i. You have a period of 30 days from the date of receipt of the Policy /Certificate of Insurance, whether received electronically or otherwise, to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the

Policy/Certificate of insurance stating the reasons for cancellation.

- ii. You will be refunded the premium paid by You after adjusting the stamp duty charges and proportionate risk premium.
- iii.
- iv. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy.
- v. Free look provision is not applicable and available at the time of renewal of the Policy.

Section 5 – Claims Procedure and Claims Payment

B.

A. Intimation & Assistance

You can notify a claim by sending an SMS CLAIMS to 5616181 or by calling our 24x7 toll free helpline 1800-266-7780. Please use the Claim Intimation Form for intimation of a claim

You can even write to us at general.claims@tataaig.com and scan documents may be submitted at paclaim.support@tataaig.com to initiate claim processing

- Do keep your policy/certificate number

and also keep a set of copy of claim documents with you

- Please quote your policy/certificate number and Claim Number in all your correspondences

- Please provide the following information at the time of intimation of claim
 - Name of Insured person
 - Date & Time of Loss
 - Nature of injury /accident/illness/ surgery
 - Name of hospital / doctor where treatment taken (if applicable)
 - E-mail ID & mobile/ telephone no. of insured
- Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. The Company will examine and relax this time limit mentioned herein depending upon the merits of the case.

Claim Notification

It is a condition precedent to Our liability hereunder that written notice of claim must be given by You to Us within seven (7) days after an actual or potential loss begins or as soon as reasonably possible and in any event no later than (30) Days after an actual or potential loss begins. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if you can satisfy us that it was not reasonably possible for you to give proof within such time.

We may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the Insured Person.

- C. Supporting Documentation & Examination
- We may require documentation/ medical records and information We may request

to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days or earlier of Our request or occurrence of the insured event.

- i. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if you can satisfy us that it was not reasonably possible for you to give proof within such time.
- ii. We may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the Insured Person.
- iii. **Such documentation will include the following:**

- a. Our claim form -duly completed and signed for on behalf of the Insured Person
- b. Medical Certificate and investigation report confirming the diagnosis of Critical Illness/ Surgery
- c. Copy of complete medical records such as Hospital Discharge card/Summary, Indoor case papers along with the diagnostic Laboratory & radiological investigation reports including CT Scan, MRI & USG report with plates, wherever applicable and done
- d. A precise diagnosis of the treatment for which a claim is made
- e. Previous and subsequent consultation letter, medical records and prescriptions related to illness/surgery

- f. In the case of accident, FIR copy where registered or medico-legal certificate where carried out, will also be required
- g. Death certificate/Death summary, if applicable
- h. Post Mortem report (wherever applicable & conducted)
- i. Legal heir/succession certificate, if applicable & available
- j. KYC Documents
- k. Copy of cancelled cheque with Insured printed name or passbook first page or bank statement for NEFT payment
- l. Photo ID and address proof document like AADHAAR CARD, Pan card, Passport copy, Electricity bill.

v. For any claim related assistance, notification of claim and submission of claim related documents, insured person can contact Us through:

- Website : www.tataaig.com
- Toll Free No.: 1800 266 7780/ For Senior Citizens: 1800 22 9966
- Courier: Accident & Health Claims Department (Group CI policy), Tata AIG General Insurance Company Limited, 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063

We at our own expense, shall have the right and opportunity to examine insured persons through an Independent Medical Practitioner whose details will be notified to insured person when and as often as We may reasonably

require during the pendency of a claim hereunder.

D. Claims Payment

- i. We shall be under no obligation to make any payment under this Policy unless We have received all the premiums which are due for that policy and We have been provided with the documentation and information requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- ii. We will only make payment to You under this Policy. Your receipt shall be considered as a complete discharge of Our liability against any claim under this Policy.
- iii. In the event of Your death, We will make payment to the Nominee (as named in the Certificate of Insurance).
- iv. We shall settle or reject a claim, as may be the case, within 30 days of the receipt of the last 'necessary' document
- v. We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days from the date of receipt of last necessary document.
- vi. In the case of delay in the payment of a claim, We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. For the purpose of this clause, 'bank rate' shall mean bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

vii. All claims will be settled in accordance with the applicable regulatory guidelines, including

Master Circular on Protection of Policyholders Interests Regulation, 2024.

Annexure A NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES

Sr. No.	Centre	Address & Contact	Jurisdiction of Office Union Territory, District
1	AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
2	BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N- 19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
3	BHOPAL	Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh
4	BHUBHANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha

5	CHANDIGARH	Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
6	CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry)
7	DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh
8	GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
9	HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry

10	JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363/2740798 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan
11	KOCHI	Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
12	KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands
13	LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti,

			Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
14	MUMBAI	Office of the Insurance Ombudsman,3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/3 3 Email: bimalokpal.mumbai@cioi ns.co.in	Goa, Mumb ai Metrop olitan Region (exclud ing Navi Mumb ai & Thane
15	NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur,

			Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
16	PATNA	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
17	PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

This Policy is subject to Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024 as amended from time to time.

Annexure – I- List of Surgeries

S.No	Body System	Name Of Surgery/Surgical Procedures
1	Cardiovascular system	Aortic valve repair (Open Heart Valvuloplasty)
2	Cardiovascular system	CABG (Coronary Artery Bypass Grafting)
3	Cardiovascular system	Other vascular bypass grafts(e.g. Femoral popliteal grafts)
4	Cardiovascular system	Clipping or repair of Aneurysm(including aortic, cerebral, femoral or iliac) with or without graft
5	Cardiovascular system	Closed Heart Valvotomy (Aortic, Mitral, Pulmonary, Tricuspid Valves)
6	Cardiovascular system	Coronary Angioplasty with Stent implantation
7	Cardiovascular system	Excision of benign mediastinal lesions (evidence of thoracotomy needs to be ascertained)
8	Cardiovascular system	Heart Proximal aortic aneurysm, Aortic root transplantation with coronary artery reimplantation
9	Cardiovascular system	Heart Valve Replacement using Mechanical or BioProsthetic valves
10	Cardiovascular system	Initial implantation of permanent pacemaker/ICD/VAD device in heart
11	Cardiovascular system	Major Surgery of Aorta
12	Cardiovascular system	Major vein repair with or without grafting for traumatic & non traumatic lesions
13	Cardiovascular system	Mitral valve repair (Open Heart Valvuloplasty)
14	Cardiovascular system	Percutaneous (balloon) Valvuloplasty
15	Cardiovascular system	Pericardiotomy / Pericardectomy
16	Cardiovascular system	Pulmonary valve repair (Open Heart Valvuloplasty)
17	Cardiovascular system	Carotid endarterectomy/ Ext carotid Int. Carotid bypass/ Carotid tumour excision

18	Musculoskeletal system	Amputation of arm
19	Musculoskeletal system	Amputation of foot
20	Musculoskeletal system	Amputation of hand
21	Musculoskeletal system	Amputation of leg
22	Musculoskeletal system	Excision reconstruction of joint
23	Musculoskeletal system	Finger Trauma replantation

24	Musculoskeletal system	Implantation of prosthesis for limb
25	Musculoskeletal system	Open Reduction and Internal fixation of fracture Long bone (Humerus, Radius, ulna, Femur, Tibia, Fibula), with or without Bone grafting
26	Musculoskeletal system	Osteomyelitis - Surgical Drainage and Curettage
27	Musculoskeletal system	Other interposition reconstruction of joint
28	Musculoskeletal system	Other prosthetic replacement of articulation of other bone
29	Musculoskeletal system	Other prosthetic replacement of head of femur
30	Musculoskeletal system	Other prosthetic replacement of head of Humerus
31	Musculoskeletal system	Other reconstruction of joint
32	Musculoskeletal system	Other total prosthetic replacement of hip joint/core decompression with graft for osteonecrosis of femoral head
33	Musculoskeletal system	Other total prosthetic replacement of knee joint
34	Musculoskeletal system	Other total prosthetic replacement of other joint
35	Musculoskeletal system	Prosthetic interposition reconstruction of joint
36	Musculoskeletal system	Prosthetic replacement of head of femur not using cement

37	Musculoskeletal system	Prosthetic replacement of head of femur using Cement
38	Musculoskeletal system	Prosthetic replacement of head of Humerus not using cement
39	Musculoskeletal system	Prosthetic replacement of head of Humerus using cement
40	Musculoskeletal system	Prosthetic replacement/articulation/other bone not using cement
41	Musculoskeletal system	Prosthetic replacement/articulation/other bone using cement
42	Musculoskeletal system	Replantation of lower limb
43	Musculoskeletal system	Replantation of upper limb
44	Musculoskeletal system	Spinal Fusion (arthrodesis of spine with bone graft/ internal fixation)
45	Musculoskeletal system	Therapeutic endoscopic operations on cavity of knee joint
46	Musculoskeletal system	Therapeutic endoscopic operations on cavity of Shoulder joint
47	Musculoskeletal system	Unilateral or bilateral prosthetic replacement of hip joint not using cement

48	Musculoskeletal system	Unilateral or bilateral prosthetic replacement of hip joint using cement
49	Musculoskeletal system	Unilateral or bilateral replacement of knee joint not using cement
50	Musculoskeletal system	Unilateral or bilateral prosthetic replacement of knee joint using cement
51	Musculoskeletal system	Unilateral or bilateral prosthetic replacement of other joint not using cement
52	Musculoskeletal system	ACL/PCL repair/reconstruction
53	Nervous system	Bur-hole Drainage of Extradural, subdural or intracerebral space

54	Nervous system	Craniotomy for non malignant space occupying lesions
55	Nervous system	Craniotomy for Drainage of Extradural, subdural or intracerebral space
56	Nervous system	Craniotomy for malignant Brain tumors
57	Nervous system	Decompression surgery for Entrapment Syndrome
58	Nervous system	Embolectomy / Thrombectomy/ Endarterectomy with or without Graft
59	Nervous system	Excision of deep seated peripheral nerve tumor
60	Nervous system	Excision of pineal gland
61	Nervous system	Fixation of fracture of spine
62	Nervous system	Free Fascia Graft for Facial Nerve Paralysis
63	Nervous system	Intracranial transection of Cranial nerve
64	Nervous system	Laminectomy/Discectomy for Spinal nerve root decompression
65	Nervous system	Microvascular decompression of cranial nerves/ nervectomy
66	Nervous system	Multiple Microsurgical Repair of digital nerve
67	Nervous system	Operations on Subarachnoid space of brain
68	Nervous system	Other operations on the meninges of the Brain
69	Nervous system	Peripheral nerve Graft
70	Nervous system	Repair of Cerebral or Spinal Arterio- Venous Malformations or aneurysms
71	Nervous system	Total or Partial Excision of the pituitary gland - Any approach (Transforntal or Trans Sphenoid)
72	Organ transplant	Bone Marrow transplant (as recipient)

73	Organ transplant	Heart/Heart-Lung Transplant
74	Organ transplant	Liver Transplantation
75	Organ transplant	Lung Transplantation
76	Organ transplant	Renal transplant (recipient)
77	Oro-maxillofacial surgery	Major reconstructive oro-maxillafacial surgery due to trauma or burns and not for cosmetic purpose
78	Oro-maxillofacial surgery	Osteotomy including segmental resection with bone grafting for Mandibular and maxillary lesions
79	Others	Excision and Major Flap Repair of skin and Subcutaneous tissue due to Major Burns
80	Others	Radical Excision of malignant tumor in bones
81	Others	Major resection of tumour and reconstruction of bone
82	Others	Radical Mastectomy
83	Others	Total excision of breast/ Simple Mastectomy
84	Renal/genito urinary system	Amputation of penis
85	Renal/genito urinary system	Excision of ureter
86	Renal/genito urinary system	Kidney injury repair
87	Renal/genito urinary system	Open extirpation of lesion of kidney
88	Renal/genito urinary system	Total excision of bladder
89	Renal/genito urinary system	Total or Partial nephrectomy due to medical advice (not as a transplant donor)
90	Renal/genito urinary system	Unilateral or Bilateral excision of testes

91	Renal/genito urinary system	Urinary diversion
92	Renal/genito urinary system	Cystectomy
93	Renal/genito urinary system	Prostatectomy

94	Renal/genito urinary system	Open Hysterectomy/BSO due to cancer only
95	Renal/genito urinary system	Lap. Hysterectomy+ BSO due to cancer only
96	Respiratory system	Wide excision and Major reconstruction of malignant Oro-pharyngeal tumors with chemo
97	Respiratory system	Pneumonectomy/Lobectomy
98	Respiratory system	Pleurectomy
99	Respiratory system	Chronic bronchopleural fistula requiring a surgical procedure for closure of the fistula through an open thoracotomy
100	Digestive system	Hemicolectomy/ Colectomy/ Ileocollectomy
101	Digestive system	Total excision of stomach
102	Digestive system	Partial/ Complete Gastrectomy
103	Digestive system	Partial/ Complete Eosophagectomy
104	Digestive system	Pancreatectomy
105	Digestive system	Pancrepancreaticoduodenectomy- Whipples surgery
106	Digestive system	Partial/Complete Hepatectomy
107	Digestive system	Partial / complete splenectomy

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