

Issuing Office :

**HEALTH GUARD SILVER PLAN**

**CUSTOMER INFORMATION SHEET**

Description is illustrative and not exhaustive.

Sr no.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1.	Product Name	Health Guard	
2.	What am I covered for?	<p><b>1. In-patient Hospitalisation Treatment</b> If You are hospitalized on the advice of a Doctor, as defined under policy, because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred subject to</p> <ul style="list-style-type: none"> <li>i. Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home up to 1%of Sum Insured per day (Excluding Cumulative Bonus) or actual, whichever is lower.</li> <li>ii. If admitted in ICU, we will pay up to actual expenses provided by Hospital.</li> <li>iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.</li> <li>iv. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines &amp; Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary.</li> </ul> <p><b>Note:</b> In case of admission to a room at rates exceeding the limits as mentioned under 1.(i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of medicines, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges</p> <p><b>2. Pre-Hospitalisation</b> The Medical Expenses incurred during the 60 days immediately before you were Hospitalised, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Inpatient Hospitalisation Treatment.</p> <p><b>3. Post-Hospitalisation</b> The Medical Expenses incurred during the 90 days immediately after You were discharged post Hospitalisation provided that: Such costs are incurred in respect of the same illness/injury for which the earlier Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Inpatient Hospitalisation Treatment.</p> <p><b>4. Road Ambulance</b> We will pay the reasonable cost to a maximum of Rs 20000/- per policy year incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency.</p> <p>We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where you were admitted initially to another hospital with higher medical facilities. Claim under this section shall be payable by Us only when:</p> <ul style="list-style-type: none"> <li>i. Such life threatening emergency condition is certified by the Medical Practitioner, and</li> <li>ii. We have accepted Your Claim under "In-patient Hospitalisation Treatment" or "Day Care Procedures" section of the Policy.</li> </ul> <p>Subject otherwise to the terms, conditions and exclusions of the Policy.</p> <p>This benefit will be applicable annually for policies with term more than 1 year.</p> <p><b>5. Day Care Procedures</b> We will pay you the medical expenses as listed above under In-patient Hospitalisation Treatment for Day care procedures / Surgeries taken as an inpatient in a hospital or day care centre but not in the outpatient department. Indicative list of Day Care Procedures is given in the annexure I of Policy wordings.</p>	Policy Wordings A

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		<p><b>6. Organ Donor Expenses</b> We will pay expenses towards organ donor's treatment for harvesting of the donated organ, provided that,</p> <ol style="list-style-type: none"> <li>The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Person, and</li> <li>We have accepted an inpatient Hospitalisation claim for the insured member under In Patient Hospitalisation Treatment</li> </ol> <p><b>7. Convalescence Benefit</b> In the event of insured hospitalised for a disease/ illness/ injury for a continuous period exceeding 10 days, We will pay benefit amount of Rs. 5,000 per policy year. This benefit will be triggered provided that the hospitalization claim is accepted under In Patient Hospitalisation Treatment. This benefit will be applicable annually for policies with term more than 1 year.</p> <p><b>8. Daily Cash Benefit for Accompanying an Insured Child</b> We will pay Daily Cash Benefit of Rs. 500 per day maximum up to 10 days during each policy year for reasonable accommodation expenses in respect of one parent/legal guardian, to stay with any minor Insured Person (under the Age of 12), provided the hospitalization claim is paid under Inpatient Hospitalisation Treatment. This benefit will be applicable annually for policies with term more than 1 year.</p> <p><b>9. Sum Insured Reinstatement Benefit</b> If Inpatient Hospitalization Treatment Sum Insured and cumulative bonus (if any) is exhausted due to claims lodged during the Policy year, then it is agreed that 100% of the Sum Insured specified under Inpatient Hospitalization Treatment be reinstated for the particular Policy year provided that:</p> <ol style="list-style-type: none"> <li>The reinstated Sum Insured will be triggered only after the Inpatient Hospitalization Treatment Sum Insured inclusive of the Cumulative Bonus (If applicable) has been completely exhausted during the policy year;</li> <li>The reinstated Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Inpatient Hospitalization Treatment.</li> <li>If the claimed amount is higher than the Balance Sum Insured inclusive of the Cumulative Bonus (If applicable) under the policy, then this benefit will not be triggered for such claims</li> <li>The reinstated Sum Insured would be triggered only for subsequent claims made by the Insured Person. In case of relapse within 45 days, this benefit will not trigger</li> <li>This benefit is applicable only once during each policy year &amp; will not be carried forward to the subsequent policy year/ renewals if the benefit is not utilized.</li> <li>This benefit is applicable only once in life time of Insured Person covered under this policy for claims regarding CANCER OF SPECIFIED SEVERITY and KIDNEY FAILURE REQUIRING REGULAR DIALYSIS as defined under the policy.</li> <li>This benefit will be applicable annually for policies with term more than 1 year.</li> <li>Additional premium would not be charged for reinstatement of the Sum Insured.</li> <li>In case Family Floater policy, Reinstatement of Sum Insured will be available for all Insured Persons in the Policy.</li> </ol> <p><b>10. Preventive Health Check Up</b> At the end of block of every continuous period of 3 years during which You have held Our Health Guard policy, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured max up to Rs. 2000/- for each member in Individual policy during the block of 3 years. This benefit can be availed by proposer &amp; spouse only under Floater Sum Insured Policies. You may approach us for the arrangement of the Health Check up. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).</p>	
3.	What are the major exclusions in the policy?	<ol style="list-style-type: none"> <li>Any treatment arising from or traceable to pregnancy, child birth including cesarean section and/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth. However this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner.</li> <li>Any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury or cancer and also requiring Hospitalisation</li> <li>Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock</li> </ol>	Policy Wordings- Section C

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		<ol style="list-style-type: none"> <li>8. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not) [except for compelling the Government or any other person to do or abstain from doing any act as defined under the definition of Terrorist act], civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority. Any Medical expenses incurred due to Acts of Terrorism will be covered under the policy.</li> <li>9. Circumcision unless required for the treatment of Illness or Accidental bodily injury,</li> <li>10. Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.</li> <li>11. Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury</li> <li>12. The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for intrinsic fixtures used for orthopedic treatments such as plates and K-wires.</li> <li>13. External medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.</li> <li>14. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.</li> <li>15. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)</li> <li>16. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.</li> <li>17. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/ mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.</li> <li>18. Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations</li> <li>19. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating doctor.</li> <li>20. Any fertility, sub fertility, Infertility, sterility, erectile dysfunction, impotence, assisted conception operation or sterilization procedure.</li> <li>21. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor</li> <li>22. Experimental, unproven or non-standard treatment</li> <li>23. Treatment for any other system other than modern medicine (also known as Allopathy).</li> <li>24. Weight management services and treatment related to weight reduction programmes including treatment of obesity and treatment for arising direct or indirect complications of Obesity.</li> <li>25. Treatment for any mental illness or psychiatric illness, Parkinson’s Disease.</li> <li>26. All non-medical Items as per Annexure II of policy wordings.</li> <li>27. Any treatment received outside India is not covered under this policy.</li> </ol>	
4.	Waiting periods	<ol style="list-style-type: none"> <li>1. Benefits will not be available for Any Pre-existing condition, ailment or injury, until 36 months of continuous coverage have elapsed, after the date of inception of the first Health Guard policy, provided the preexisting disease / ailment / injury is disclosed on the proposal form. The above exclusion 1 shall cease to apply if You have maintained a Health Guard policy with Us for a continuous period of a full 36 months without break from the date of Your first Health Guard policy. In case of enhancement of Sum Insured, this exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Health Guard policy with Us without break in cover.</li> </ol>	Policy Wordings – Section C

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		<p>2. We will also not pay for claims arising out of or howsoever connected to the following for the first 24 months of Health Guard policy,</p> <table border="1" data-bbox="280 255 1278 725"> <tr> <td>1. Any types of gastric or duodenal ulcers,</td> <td>9. Cataracts,</td> </tr> <tr> <td>2. Benign prostatic hypertrophy</td> <td>10. Hernia of all types</td> </tr> <tr> <td>3. All types of sinuses</td> <td>11. Fistulae, Fissure in ano</td> </tr> <tr> <td>4. Haemorrhoids</td> <td>12. Hydrocele</td> </tr> <tr> <td>5. Dysfunctional uterine bleeding</td> <td>13. Fibromyoma</td> </tr> <tr> <td>6. Endometriosis</td> <td>14. Hysterectomy</td> </tr> <tr> <td>7. Stones in the urinary and biliary systems</td> <td>15. Surgery for any skin ailment</td> </tr> <tr> <td>8. Surgery on ears/tonsils/adenoids/paranasal sinuses</td> <td>16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.</td> </tr> </table> <p>This exclusion shall apply for a continuous period of 36 months from the date of Your Health Guard policy, if the above referred illness were present at the time of commencement of the policy and if You had declared such illness at the time of proposing the policy for the first time. In case of enhancement of Sum Insured, the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Health Guard policy with Us without break in cover.</p>	1. Any types of gastric or duodenal ulcers,	9. Cataracts,	2. Benign prostatic hypertrophy	10. Hernia of all types	3. All types of sinuses	11. Fistulae, Fissure in ano	4. Haemorrhoids	12. Hydrocele	5. Dysfunctional uterine bleeding	13. Fibromyoma	6. Endometriosis	14. Hysterectomy	7. Stones in the urinary and biliary systems	15. Surgery for any skin ailment	8. Surgery on ears/tonsils/adenoids/paranasal sinuses	16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.	
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		<p>3. Any Medical Expenses incurred during the first 36 months during which You have the benefit of a Health Guard policy with Us in connection with:</p> <ul style="list-style-type: none"> <li>• Joint replacement surgery,</li> <li>• Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident)</li> <li>• Surgery to correct deviated nasal septum</li> <li>• Hypertrophied turbinate</li> <li>• Congenital internal diseases or anomalies</li> <li>• Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons</li> </ul>																	
		<p>4. Any disease contracted and /or medical expenses incurred in respect of any disease /illness by the insured during the first 30 days from the commencement of the policy, except for accidental injuries.</p>																	
<p>5.</p>	<p>Payout basis</p>	<p><b>Indemnity Basis:</b></p> <ul style="list-style-type: none"> <li>• In-patient Hospitalisation Treatment</li> <li>• Pre-Hospitalisation</li> <li>• Post-Hospitalisation</li> <li>• Road Ambulance</li> <li>• Day Care Procedures</li> <li>• Organ Donor Expenses:</li> <li>• Sum Insured Reinstatement Benefit:</li> <li>• Preventive Health Check Up</li> </ul> <p><b>Benefit Basis:</b></p> <ul style="list-style-type: none"> <li>• Convalescence Benefit:</li> <li>• Daily Cash Benefit for Accompanying an Insured Child</li> </ul>	<p>Policy Wordings Section A</p>																
<p>6.</p>	<p>Cost sharing</p>	<p>In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits</p> <ol style="list-style-type: none"> <li>i. Room charges beyond 1% of Sum Insured</li> <li>ii. 10% or 20% of each claim under Inpatient Hospitalisation Treatment as Co-payment if voluntarily opted by the Insured</li> </ol>	<p>Policy Wordings Section D</p>																

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7.	Renewal Conditions	<p>i. Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation, fraud, or your non cooperation. (Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry)</p> <p>ii. In case of our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, any treatment availed for an Illness or Accident sustained or contracted during the break period will not be admissible under the Policy.</p> <p>iii. For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal.</p> <p>iv. For dependent children, Policy is renewable up to 35 years. After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime. However a Separate proposal form should be submitted to us at the time of renewal with the insured member as proposer. Suitable credit of continuity/ waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break</p> <p>v. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.</p>	Policy Wordings Section D 11. Renewal and Cancellation																																															
8	Renewal Benefits	<p><b>1. Cumulative Bonus:</b> If You renew Your "Health Guard" with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% of base sum insured per annum, but:</p> <p>i. The maximum cumulative increase in the Limit of Indemnity will be limited to 10 years and 100% of base sum insured of Your first "Health Guard Policy" with Us.</p> <p>ii. This clause does not alter the annual character of this insurance</p> <p>iii. If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the policy period of the subsequent "Health Guard Policy" shall be reduced by 10%, save that the limit of indemnity applicable to Your first "Health Guard Policy" with Us shall be preserved.</p> <p><b>2. Preventive Health Check Up</b> At the end of block of every continuous period of 3 years during which You have held Our Health Guard policy, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured max up to Rs. 2000/- for each member in Individual policy during the block of 3 years. This benefit can be availed by proposer &amp; spouse only under Floater Sum Insured Policies. You may approach us for the arrangement of the Health Check up. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).</p>	Policy Wordings Section D 7																																															
9	Cancellation	<p>i. We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or Your non-cooperation.</p> <p>ii. You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.</p> <table border="1" data-bbox="280 1361 1358 1888"> <thead> <tr> <th rowspan="2">Period in Risk</th> <th colspan="3">Premium Refund</th> </tr> <tr> <th>Policy Period 1 Year</th> <th>Policy Period 2 Year</th> <th>Policy Period 3 Year</th> </tr> </thead> <tbody> <tr> <td>Within 15 Days</td> <td colspan="3">Pro Rata Refund</td> </tr> <tr> <td>Exceeding 15 days but less than 3 months</td> <td>65.00%</td> <td>75.00%</td> <td>80.00%</td> </tr> <tr> <td>Exceeding 3 months but less than 6 months</td> <td>45.00%</td> <td>65.00%</td> <td>75.00%</td> </tr> <tr> <td>Exceeding 6 months but less than 12 months</td> <td>0.00%</td> <td>45.00%</td> <td>60.00%</td> </tr> <tr> <td>Exceeding 12 months but less than 15 months</td> <td></td> <td>30.00%</td> <td>50.00%</td> </tr> <tr> <td>Exceeding 15 months but less than 18 months</td> <td></td> <td>20.00%</td> <td>45.00%</td> </tr> <tr> <td>Exceeding 18 months but less than 24 months</td> <td></td> <td>0.00%</td> <td>30.00%</td> </tr> <tr> <td>Exceeding 24 months but less than 27 months</td> <td></td> <td></td> <td>20.00%</td> </tr> <tr> <td>Exceeding 27 months but less than 30 months</td> <td></td> <td></td> <td>15.00%</td> </tr> <tr> <td>Exceeding 30 months but less than 36 months</td> <td></td> <td></td> <td>0.00%</td> </tr> </tbody> </table> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>The first slab of Number of days "within 15 days" in above table is applicable only in case of new business.</li> <li>In case of renewal policies, period is risk "Exceeding 15 days but less than 3 months" should be read as "within 3 months".</li> </ul>	Period in Risk	Premium Refund			Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year	Within 15 Days	Pro Rata Refund			Exceeding 15 days but less than 3 months	65.00%	75.00%	80.00%	Exceeding 3 months but less than 6 months	45.00%	65.00%	75.00%	Exceeding 6 months but less than 12 months	0.00%	45.00%	60.00%	Exceeding 12 months but less than 15 months		30.00%	50.00%	Exceeding 15 months but less than 18 months		20.00%	45.00%	Exceeding 18 months but less than 24 months		0.00%	30.00%	Exceeding 24 months but less than 27 months			20.00%	Exceeding 27 months but less than 30 months			15.00%	Exceeding 30 months but less than 36 months			0.00%	Policy Wordings Section D 11. Renewal and Cancellation
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(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Policy Brochure/Prospectus and the policy document the terms and conditions mentioned in the policy document shall prevail.

## HEALTH GUARD GOLD PLAN

## CUSTOMER INFORMATION SHEET

Description is illustrative and not exhaustive.

Sr no.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Health Guard	
2	What am I covered for?	<p><b>1. In-patient Hospitalisation Treatment</b> If You are hospitalized on the advice of a Doctor, as defined under policy, because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred subject to</p> <ol style="list-style-type: none"> <li>Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home without any sublimit.</li> <li>If admitted in ICU, we will pay up to actual expenses provided by Hospital.</li> <li>Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.</li> <li>Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines &amp; Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary.</li> </ol> <p><b>2. Pre-Hospitalisation</b> The Medical Expenses incurred during the 60 days immediately before you were Hospitalised, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Inpatient Hospitalisation Treatment.</p> <p><b>3. Post-Hospitalisation</b> The Medical Expenses incurred during the 90 days immediately after You were discharged post Hospitalisation provided that: Such costs are incurred in respect of the same illness/injury for which the earlier Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Inpatient Hospitalisation Treatment.</p> <p><b>4. Road Ambulance</b> We will pay the reasonable cost to a maximum of Rs 20000/- per policy year incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency. We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where you were admitted initially to another hospital with higher medical facilities. Claim under this section shall be payable by Us only when:</p> <ol style="list-style-type: none"> <li>Such life threatening emergency condition is certified by the Medical Practitioner, and</li> <li>We have accepted Your Claim under "In-patient Hospitalisation Treatment" or "Day Care Procedures" section of the Policy.</li> </ol> <p>Subject otherwise to the terms, conditions and exclusions of the Policy. This benefit will be applicable annually for policies with term more than 1 year.</p> <p><b>5. Day Care Procedures</b> We will pay you the medical expenses as listed above under In-patient Hospitalisation Treatment for Day care procedures / Surgeries taken as an inpatient in a hospital or day care centre but not in the outpatient department. Indicative list of Day Care Procedures is given in the annexure I of Policy wordings.</p> <p><b>6. Organ Donor Expenses:</b> We will pay expenses towards organ donor's treatment for harvesting of the donated organ, provided that,</p> <ol style="list-style-type: none"> <li>The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Person, and</li> <li>We have accepted an inpatient Hospitalisation claim for the insured member under In Patient Hospitalisation Treatment</li> </ol> <p><b>7. Convalescence Benefit:</b> In the event of insured hospitalised for a disease/illness/injury for a continuous period exceeding 10 days, We will pay benefit amount of Rs. 5,000 for Sum Insured up to Rs. 5lacs and Rs. 7500 for Sum Insured 7.5lacs and above per policy year. This benefit will be triggered provided that the hospitalization claim is accepted under In Patient Hospitalisation Treatment. This benefit will be applicable annually for policies with term more than 1 year.</p>	Policy Wordings A 1 to 14



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	<p><b>8. Daily Cash Benefit for Accompanying an Insured Child</b> We will pay Daily Cash Benefit of Rs. 500 per day maximum up to 10 days during each policy year for reasonable accommodation expenses in respect of one parent/legal guardian, to stay with any minor Insured Person (under the Age of 12), provided the hospitalization claim is paid under Inpatient Hospitalisation Treatment. This benefit will be applicable annually for policies with term more than 1 year.</p>	
	<p><b>9. Sum Insured Reinstatement Benefit:</b> If Inpatient Hospitalization Treatment Cover Sum Insured and Cumulative Bonus (if any) is exhausted due to claims lodged during the Policy year, then it is agreed that 100% of the Sum Insured specified under Inpatient Hospitalization Treatment be reinstated for the particular Policy year provided that:</p> <ol style="list-style-type: none"> <li>1. The reinstated Sum Insured will be triggered only after the Inpatient Hospitalization Treatment Sum Insured inclusive of the Cumulative Bonus (if applicable) has been completely exhausted during the policy year;</li> <li>2. The reinstated Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Inpatient Hospitalization Treatment.</li> <li>3. If the claimed amount is higher than the Balance Sum Insured inclusive of the Cumulative Bonus (if applicable) under the policy, then this benefit will not be triggered for such claims</li> <li>4. The reinstated Sum Insured would be triggered only for subsequent claims made by the Insured Person. In case of relapse within 45 days, this benefit will not trigger</li> <li>5. This benefit is applicable only once during each policy year &amp; will not be carried forward to the subsequent policy year/ renewals if the benefit is not utilized.</li> <li>6. This benefit is applicable only once in life time of Insured Person covered under this policy for claims regarding CANCER OF SPECIFIED SEVERITY and KIDNEY FAILURE REQUIRING REGULAR DIALYSIS as defined under the policy.</li> <li>7. This benefit will be applicable annually for policies with term more than 1 year.</li> <li>8. Additional premium would not be charged for reinstatement of the Sum Insured.</li> <li>9. In case Family Floater policy, Reinstatement of Sum Insured will be available for all Insured Persons in the Policy.</li> </ol>	
	<p><b>10. Preventive Health Check Up</b> At the end of block of every continuous period of 3 policy years during which You have held Our Health Guard policy, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured max up to Rs. 5000/- for each member in Individual policy during the block of 3 years. This benefit can be availed by proposer &amp; spouse only under Floater Sum Insured Policies. You may approach us for the arrangement of the Health Checkup. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).</p>	
	<p><b>11. Ayurvedic / Homeopathic Hospitalisation Expenses</b> If You are Hospitalised for not less than 24 hrs, in an Ayurvedic / Homeopathic Hospital which is a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health on the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period then We will pay You: <u>In-patient Treatment- Medical Expenses for Ayurvedic and Homeopathic treatment:</u></p> <ul style="list-style-type: none"> <li>• Room rent, boarding expenses</li> <li>• Nursing care</li> <li>• Consultation fees</li> <li>• Medicines, drugs and consumables,</li> <li>• Ayurvedic and Homeopathic treatment procedures</li> </ul> <p>Our maximum liability maximum is up to Rs. 20000 per policy year. This benefit will be applicable annually for policies with term more than 1 year. The claim will be admissible under the policy provided that, The illness/injury requires inpatient admission and the procedure performed on the insured cannot be carried out on out-patient basis</p>	

## HEALTH GUARD GOLD PLAN

		<p><b>12. Maternity Expenses</b> We will pay the Medical Expenses for the delivery of a baby (including caesarean section) and/or expenses related to medically recommended and lawful termination of pregnancy, limited to maximum 2 deliveries or termination(s) or either, during the lifetime of the insured person, provided that,</p> <ol style="list-style-type: none"> <li>Our maximum liability per delivery or termination shall be limited to the amount specified in the policy Schedule as per Sum Insured opted.</li> <li>From Sum insured Rs. 3lacs to Rs. 7.5 lacs is restricted to Rs. 15000 for normal delivery and Rs. 25000 for caesarean section and from Sum insured Rs. 10 lacs to Rs. 50lacs is restricted to Rs. 25000 for normal delivery and Rs. 35000 for caesarean section</li> <li>We will pay the Medical Expenses of pre-natal and post-natal hospitalization per delivery or termination upto the amount stated in the policy Schedule.</li> <li>Waiting period of 72 months from the date of issuance of the first policy with us, provided that the policy has been renewed continuously renewed with us without break for you. Fresh waiting period of 72 months would apply for all the policies which are issued with continuity under portability guidelines either from our existing Health Product or any other Non-Health or Standalone Health Insurance Company.</li> <li>We will not cover Ectopic pregnancy under this benefit (although it shall be covered under In patient Hospitalisation Treatment)</li> </ol> <p>Any complications arising out of or as a consequence of maternity/child birth will be covered within the limit of Sum Insured available under this benefit.</p> <p><b>13. New Born Baby Cover</b> Coverage for new born baby will be considered subject to a valid claim being accepted under Maternity Expenses. We will pay the following expenses within the limit of the Sum Insured available under the Maternity Expenses section. We will pay for,</p> <ol style="list-style-type: none"> <li>Medical Expenses towards treatment of your new born baby while you are hospitalised as an inpatient for delivery for the hospitalisation,</li> <li>Hospitalisation charges incurred on the new born baby during post birth including any complications shall be covered up to a period of 90 days from the date of birth and within limit of the Sum Insured under Maternity Expenses without payment of any additional premium</li> <li>Mandatory Vaccinations of the new born baby up to 90 days, as recommended by the Indian Pediatric Association will be covered under the Maternity ExpensesSum Insured.</li> </ol> <p><b>14. Bariatric Surgery Cover</b> If You are hospitalized on the advice of a Doctor because of Conditions mentioned below which required you to undergo Bariatric Surgery during the Policy period, then We will pay You, Reasonable and Customary Expenses related to Bariatric Surgery Eligibility: For adults aged 18 years or older, presence of severe obesity documented in contemporaneous clinical records, defined as any of the following:</p> <p>BMI greater than and equal to 40in conjunctions with any of the following severe comorbidities:</p> <ol style="list-style-type: none"> <li>Coronary heart disease; or</li> <li>Medically refractory hypertension (blood pressure greater than 140 mm Hg systolic and/or 90 mm Hg diastolic despite concurrent use of 3 anti-hypertensive agents of different classes); or</li> <li>Type 2 diabetes mellitus</li> </ol> <p><b>Special Conditions applicable to Bariatric Surgery Cover</b></p> <ul style="list-style-type: none"> <li>This benefit is subject to a waiting period of 36 months from the date of first commencement of this policy and continuous renewal thereof with the Company. Fresh waiting period of 36 months would apply for all the policies which are issued with continuity under portability guidelines either from our existing Health Product or any other Non-Health or Standalone Health Insurance Company..</li> <li>Policies which are issued with continuity under portability guidelines either from our existing Health Product or any other Non-Health or Standalone Health Insurance Company will have to wait for 36 months from issuance of Health Guard policy to avail this benefit.</li> <li>Our maximum liability will be restricted to 50% of Sum insured maximum up to Rs. 5lac.</li> <li>Bariatric surgery performed for Cosmetic reasons is excluded.</li> <li>The indication for the procedure should be found appropriate by two qualified surgeons and the insured person shall obtain prior approval for cashless treatment from the Company.</li> </ul>	
3	What are the major exclusions in the policy?	<ol style="list-style-type: none"> <li>Any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury or cancer and also requiring Hospitalisation</li> <li>Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock</li> </ol>	Policy Word-ings- Section C



## HEALTH GUARD GOLD PLAN

		<ol style="list-style-type: none"> <li>8. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not) [except for compelling the Government or any other person to do or abstain from doing any act as defined under the definition of Terrorist act], civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority. Any Medical expenses incurred due to Acts of Terrorism will be covered under the policy.</li> <li>9. Circumcision unless required for the treatment of Illness or Accidental bodily injury,</li> <li>10. Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.</li> <li>11. Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury</li> <li>12. The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for intrinsic fixtures used for orthopedic treatments such as plates and K-wires.</li> <li>13. External medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.</li> <li>14. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.</li> <li>15. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)</li> <li>16. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.</li> <li>17. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.</li> <li>18. Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations</li> <li>19. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating doctor.</li> <li>20. Any fertility, sub fertility, Infertility, sterility, erectile dysfunction, impotence, assisted conception operation or sterilization procedure.</li> <li>21. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor</li> <li>22. Experimental, unproven or non-standard treatment</li> <li>23. Weight management services and treatment related to weight reduction programmes including treatment of obesity</li> <li>24. Treatment for any mental illness or psychiatric illness, Parkinson's Disease.</li> <li>25. All non-medical Items as per Annexure II of Policy Wordings</li> <li>26. Any treatment received outside India is not covered under this policy.</li> </ol>	
4	Waiting periods	<ol style="list-style-type: none"> <li>1. Benefits will not be available for Any Pre-existing condition, ailment or injury, until 36 months of continuous coverage have elapsed, after the date of inception of the first Health Guard policy, provided the preexisting disease / ailment / injury is disclosed on the proposal form. The above exclusion 1 shall cease to apply if You have maintained a Health Guard policy with Us for a continuous period of a full 36 months without break from the date of Your first Health Guard policy. In case of enhancement of Sum Insured, this exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Health Guard policy with Us without break in cover.</li> </ol>	Policy Wordings – Section C

**HEALTH GUARD GOLD PLAN**

		<p>2. We will also not pay for claims arising out of or howsoever connected to the following for the first 24 months of Health Guard policy,</p> <table border="1" data-bbox="300 264 1305 719"> <tr> <td>1. Any types of gastric or duodenal ulcers,</td> <td>9. Cataracts,</td> </tr> <tr> <td>2. Benign prostatic hypertrophy</td> <td>10. Hernia of all types</td> </tr> <tr> <td>3. All types of sinuses</td> <td>11. Fistulae, Fissure in ano</td> </tr> <tr> <td>4. Haemorrhoids</td> <td>12. Hydrocele</td> </tr> <tr> <td>5. Dysfunctional uterine bleeding</td> <td>13. Fibromyoma</td> </tr> <tr> <td>6. Endometriosis</td> <td>14. Hysterectomy</td> </tr> <tr> <td>7. Stones in the urinary and biliary systems</td> <td>15. Surgery for any skin ailment</td> </tr> <tr> <td>8. Surgery on ears/tonsils/adenoids/para-nasal sinuses</td> <td>16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.</td> </tr> </table> <p>This exclusion shall apply for a continuous period of 36 months from the date of Your Health Guard policy, if the above referred illness were present at the time of commencement of the policy and if You had declared such illness at the time of proposing the policy for the first time. In case of enhancement of Sum Insured, the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Health Guard policy with Us without break in cover.</p> <p>3. Any Medical Expenses incurred during the first 36 months during which You have the benefit of a Health Guard policy with Us in connection with:</p> <ul style="list-style-type: none"> <li>• Joint replacement surgery,</li> <li>• Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident)</li> <li>• Surgery to correct deviated nasal septum</li> <li>• Hypertrophied turbinate</li> <li>• Congenital internal diseases or anomalies</li> <li>• Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons.</li> <li>• Bariatric Surgery</li> </ul> <p>4. Any disease contracted and /or medical expenses incurred in respect of any disease /illness by the insured during the first 30 days from the commencement of the policy, except for accidental injuries.</p> <p>5. Any treatment arising from or traceable to pregnancy, child birth including cesarean section and/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth until 72 months continuous period has elapsed since the inception of the first Health Guard Policy with US. However this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner.</p>	1. Any types of gastric or duodenal ulcers,	9. Cataracts,	2. Benign prostatic hypertrophy	10. Hernia of all types	3. All types of sinuses	11. Fistulae, Fissure in ano	4. Haemorrhoids	12. Hydrocele	5. Dysfunctional uterine bleeding	13. Fibromyoma	6. Endometriosis	14. Hysterectomy	7. Stones in the urinary and biliary systems	15. Surgery for any skin ailment	8. Surgery on ears/tonsils/adenoids/para-nasal sinuses	16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.	
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5	Payout basis	<p>Indemnity Basis:</p> <ul style="list-style-type: none"> <li>• In-patient Hospitalisation Treatment</li> <li>• Pre-Hospitalisation</li> <li>• Post-Hospitalisation</li> <li>• Road Ambulance</li> <li>• Day Care Procedures</li> <li>• Organ Donor Expenses:</li> <li>• Sum Insured Reinstatement Benefit:</li> <li>• Preventive Health Check Up</li> <li>• Ayurvedic / Homeopathic Hospitalisation Expenses</li> <li>• Maternity Expenses</li> <li>• New Born Baby Cover</li> <li>• Bariatric Surgery Cover</li> </ul> <p>Benefit Basis:</p> <ul style="list-style-type: none"> <li>• Convalescence Benefit:</li> <li>• Daily Cash Benefit for Accompanying an Insured Child</li> </ul>	Policy Word-ings Section A																
6	Cost sharing	<p>In case of a claim, this policy requires you to share the following costs:</p> <p>i 10% or 20% of each claim under Inpatient Hospitalisation Treatment as Co-payment if voluntarily opted by the Insured</p>	Policy Word-ings Section D																

**HEALTH GUARD GOLD PLAN**

7	Renewal Con- ditions	<ul style="list-style-type: none"> <li>i. Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation, fraud, or your non-cooperation. (Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry)</li> <li>ii. In case of our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, any treatment availed for an Illness or Accident sustained or contracted during the break period will not be admissible under the Policy.</li> <li>iii. For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal.</li> <li>iv. For dependent children, Policy is renewable up to 35 years. After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime. However a Separate proposal form should be submitted to us at the time of renewal with the insured member as proposer. Suitable credit of continuity/ waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break</li> <li>v. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.</li> </ul>	Policy Word- ings Section D 11. Renewal and Cancell- ation																																															
8	Renewal Benefits	<p><b>1. Cumulative Bonus:</b></p> <p>If You renew Your " Health Guard" with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% of base sum insured per annum, but:</p> <ul style="list-style-type: none"> <li>i. The maximum cumulative increase in the Limit of Indemnity will be limited to 10 years and 100% of base sum insured of Your first "Health Guard" with Us.</li> <li>ii. This clause does not alter the annual character of this insurance</li> <li>iii. If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the policy period of the subsequent "Health Guard" shall be reduced by 10%, save that the limit of indemnity applicable to Your first " Health Guard" with Us shall be preserved.</li> </ul>	Policy Word- ings Section D 7																																															
		<p><b>2. Preventive Health Check Up</b></p> <p>At the end of block of every continuous period of 3 years during which You have held Our Health Guard policy, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured max up to Rs. 5000/- for each member in Individual policy dur- ing the block of 3 years. This benefit can be availed by proposer &amp; spouse only under Floater Sum Insured Policies.</p> <p>You may approach us for the arrangement of the Health Check up. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).</p>	Policy Wording Section A 10																																															
9	Cancellation	<p>1. We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or Your non-cooperation.</p> <p>You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.</p> <table border="1" data-bbox="300 1420 1310 1881"> <thead> <tr> <th rowspan="2">Period in Risk</th> <th colspan="3">Premium Refund</th> </tr> <tr> <th>Policy Period 1 Year</th> <th>Policy Period 2 Year</th> <th>Policy Period 3 Year</th> </tr> </thead> <tbody> <tr> <td>Within 15 Days</td> <td colspan="3">Pro Rate Refund</td> </tr> <tr> <td>Exceeding 15 days but less than 3 months</td> <td>65.00%</td> <td>75.00%</td> <td>80.00%</td> </tr> <tr> <td>Exceeding 3 months but less than 6 months</td> <td>45.00%</td> <td>65.00%</td> <td>75.00%</td> </tr> <tr> <td>Exceeding 6 months but less than 12 months</td> <td>0.00%</td> <td>45.00%</td> <td>60.00%</td> </tr> <tr> <td>Exceeding 12 months but less than 15 months</td> <td></td> <td>30.00%</td> <td>50.00%</td> </tr> <tr> <td>Exceeding 15 months but less than 18 months</td> <td></td> <td>20.00%</td> <td>45.00%</td> </tr> <tr> <td>Exceeding 18 months but less than 24 months</td> <td></td> <td>0.00%</td> <td>30.00%</td> </tr> <tr> <td>Exceeding 24 months but less than 27 months</td> <td></td> <td></td> <td>20.00%</td> </tr> <tr> <td>Exceeding 27 months but less than 30 months</td> <td></td> <td></td> <td>15.00%</td> </tr> <tr> <td>Exceeding 30 months but less than 36 months</td> <td></td> <td></td> <td>0.00%</td> </tr> </tbody> </table> <p>Note: The first slab of Number of days "within 15 days" in above table is applicable only in case of new business. In case of renewal policies, period is risk "Exceeding 15 days but less than 3 months" should be read as "within 3 months".</p>	Period in Risk	Premium Refund			Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year	Within 15 Days	Pro Rate Refund			Exceeding 15 days but less than 3 months	65.00%	75.00%	80.00%	Exceeding 3 months but less than 6 months	45.00%	65.00%	75.00%	Exceeding 6 months but less than 12 months	0.00%	45.00%	60.00%	Exceeding 12 months but less than 15 months		30.00%	50.00%	Exceeding 15 months but less than 18 months		20.00%	45.00%	Exceeding 18 months but less than 24 months		0.00%	30.00%	Exceeding 24 months but less than 27 months			20.00%	Exceeding 27 months but less than 30 months			15.00%	Exceeding 30 months but less than 36 months			0.00%	Policy Word- ings Section D 11. Renewal and Cancell- ation
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(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Policy Brochure/Prospectus and the policy document the terms and conditions mentioned in the policy document shall prevail.