Criti - Care

Policy Wordings

SECTION A) PREAMBLE

Whereas the insured described in the Policy Schedule hereto (hereinafter called the 'Insured') has made to Bajaj Allianz General Insurance Company Limited (hereinafter called the "Company" or "Insurer" or "Insurance Company") a proposal or Proposal as mentioned in the transcript of the Proposal, which shall be the basis of this Contract and is deemed to be incorporated herein, containing certain undertakings, declarations, information/particulars, statements and or answers, which is hereby agreed to be the basis of this Contract and be considered as incorporated herein, for the insurance Contract hereinafter contained and the Insured has paid the premium specified in the Policy Schedule hereto as consideration for such insurance Contract, now the Company agrees, subject always to the receipt and realization of premium specified in the Policy Schedule and the following terms, conditions, exclusions, and limitations of the Policy, to make payment as is provided in these Standard Policy Wordings:

SECTION B) DEFINITIONS- STANDARD DEFINITIONS

1. **Accident, Accidental :**
An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. **Condition Precedent:**
Condition Precedent means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

3. **Congenital Anomaly:**
Congenital Anomaly means a condition(s) 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

4. **Disclosure to information norm:**
The Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

5. **Grace Period:**
Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium
is received.

6. **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 the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1)
of the said Act OR complies with all minimum criteria as under:
   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.

7. **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 for 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.

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

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

10. **Medical Practitioner/Doctor/ Physician:**
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 or Ayurvedic and or such other authorities 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 and acceptable to Us.

11. 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.

12. Migration:

Migration means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

13. Notification of Claim:

Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

14. Portability:

Portability means the right accorded to an individual health insurance policyholder (including all members under family cover) to transfer the credit gained for pre-existing conditions and time-bound exclusions from one insurer to another.

15. Pre-Existing Disease:

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

a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement **Or**
b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

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, time-bound exclusions and for all waiting periods.

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.

SECTION B) DEFINITIONS- SPECIFIC DEFINITIONS

1. **Acquired Immune Deficiency Syndrome** means the meanings assigned to it by the World Health Organization. Acquired Immune Deficiency Syndrome shall include HIV (Human Immunodeficiency Virus), encephalopathy (dementia), HIV Wasting Syndrome, and ARC (AIDS Related Complex).

2. **Age** means completed years as at the commencement date of the Policy.

3. **Legal Heirs:** In case of death of the Insured, Legal Heirs means, unless stipulated otherwise by the Insured, the surviving legal heirs as per personal laws applicable to the Insured.

4. **Civil War-** means armed opposition, whether declared or not, between opposing masses of citizens of India where the opposing parties are of different ethnic, religious or ideological groups and they no longer obeys the Sovereign/Government and is sufficiently strong to make head against Sovereign/Government, the result of which is the normal tranquility of a civilized society is disturbed either by actual force or at least by the show and threat of it.

5. **Dependent child**
   A child is considered a dependent for insurance purposes until his 30th birthday (even if not enrolled in an educational institution) provided he is financially dependent, on the proposal.

6. **Endorsement**
   Means any writing on a Policy Schedule or Policy, in addition to its normal Policy Schedule/Policy Wording/Standard Terms and Conditions which supplements or modifies its Policy Schedule/Policy Wording/Standard Terms and Conditions. It may be added when Policy is prepared, or subsequently. Provided however any Service Level Agreement [SLA] or Agreement/MOU laying down various service levels shall not be treated as Endorsement.

7. **Family or Family Members Family includes the Insured;** his/her lawfully wedded spouse and dependent children, parents, Sister, Brother, Parents In law, Aunt, Uncle, Grandchildren.

8. **Insured/Named Insured** means the proposer who proposes for himself as sole Insured who is not younger than 18 years and older than 65 years of age at the time of commencement of the Policy.

9. **Nominee** is the person selected by the Insured, as the case may be, to receive the benefit in case of death of the Insured thus giving a valid discharge to the Insurer on settlement of claim under the Policy.

10. **Policy** means the Proposal, the Policy Schedule, declaration and any endorsements attaching to or forming part thereof either on the effective date or during the Policy Period and these Policy Wordings/Terms and Conditions.

11. **Policy Schedule** means the Criti-Care Policy schedule read with these Policy Wordings/standard Terms and Conditions and any annexure to Policy Schedule and any endorsements attaching to and/or forming part of Policy Schedule, either at the commencement or during the Policy Period.
Policies shall be construed accordingly.

12. **Policy Period** means Policy period from Risk Inception Date [RID] to Risk End Date [RED] mentioned in the Policy Schedule within/during which the insurance risk Cover for Insured and Beneficiaries is issued by the Company.

13. **Proposal and Declaration Form** - means:
    i. form to be filled in by the prospect in written or electronic or any other format as approved by the Authority and or
    ii. oral proposal the transcript whereof is enclosed with the Policy sent to Insured/Insured Repository, and or
    iii. any initial or subsequent declaration/s made by the Insured, for furnishing all material information as required by the Company in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted. Proposal shall be deemed to be attached and forms part and parcel of the Policy
    Explanation: "Material Information" shall mean all important, essential and relevant information sought by the Company in the Proposal and other connected documents to enable the Company to take informed decision in the context of underwriting the risk;

14. **Survival period**- refers to the period from the diagnosis and fulfilment of the critical illness definition which the life assured or Insured Person must survive before the claim benefit will be paid.

15. **You, Your, Yourself/ Your Family** named in the schedule means the Insured that We insure as set out in the Schedule

16. **We, Us, Our, Ours** means the Bajaj Allianz General Insurance Company Limited.

SECTION C) COVERAGE

Type and Tenure of Policy
Criti-Care is Individual Policy with Policy tenure of 1year, 2 years or 3 years.

I. OPERATIVE PARTS

COVERAGE
It is mandatory to opt for at least one of the below listed sections and below terms and conditions of respective section will be applicable for Covers which are opted by you and displayed on your Policy Schedule read with these Policy Wordings:

SECTION I: CANCER CARE (Category A & B)

SECTION II: CARDIOVASCULAR CARE (Category A & B)

SECTION III: KIDNEY CARE (Category A & B)

SECTION IV: NEURO CARE (Category A & B)

SECTION V: TRANSPLANTS CARE AND SENSORY ORGANS CARE (Category A & B)

If the Insured is diagnosed as suffering from a Critical Illness as per respective Section opted, which first occurs or manifests itself during the Cover Period, then we will pay Sum Assured as specified on the Policy Schedule, subject otherwise to all other terms, conditions, definitions and exclusions of the Policy and the insured survives the defined survival period.

Note:
1. The Insured can choose one or more Critical Illness sections. The benefits payable will be independent for each section if more than one Critical Illness sections are chosen.
2. Two claims (one from Category A conditions and another from Category B conditions) are allowed for each section.
3. Insured cannot claim under only one of opted Section(s) for two conditions listed in Category A of the same section
4. 25% Sum Assured is payable for Category A conditions and 100% Sum Assured is payable for Category B conditions for each section.
5. If a claim has already been paid for Category A condition of a section, the amount payable for Category B condition under the same section will be the remaining Sum Assured i.e. 75% Sum Assured (100% (Claim if admissible under Category B) -25% (Paid against claim under Category A) for the respective section.

SECTION I: CANCER CARE
We will pay Sum Assured as specified on the Policy Schedule if the Insured is diagnosed with any of the below listed conditions, which first occurs or manifests itself during the Cover Period subject to all other terms, conditions, definitions and exclusions and the insured survives the defined survival period.

Category A Conditions (25% Sum Assured)	Category B Conditions (100% Sum Assured)
Early Stage Cancers	Cancer of Specified Severity
Carcinoma -in-situ	

Conditions covered under Category A and Category B are defined as below:

1. **Category A - Early Stage Cancers**
Early Stage Cancer shall mean the presence of one of the following malignant conditions:
i. Prostate tumour histologically described as TNM Classification T1a or T1b or T1c or of another equivalent or lesser classification.
ii. Chronic lymphocytic leukaemia classified as RAI Stage I or II;
iii. Basal cell and squamous skin cancer that has spread to distant organs beyond the skin,
iv. Any malignant tumor of the thyroid, positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue, which is histologically classified as T1N0M0 according to the TNM classification system, or another equivalent classification. This benefit will be payable only when total thyroidectomy is performed to treat this condition.

The Diagnosis must be based on histopathological features and confirmed by a Pathologist. Pre-malignant lesions and conditions, unless listed above, are excluded.

2. **Category A - Carcinoma -in-situ**
Carcinoma-in-situ shall mean a histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any one of the following covered organ groups, and subject to any classification stated:

a. Breast, where the tumour is classified as Tis according to the TNM Staging method;
b. Corpus uteri, vagina, vulva or fallopian tubes where the tumour is classified as Tis according to the TNM Staging method ;
c. Cervix uteri, classified as Tis according to the TNM Staging method;
d. ovary –include borderline ovarian tumours with intact capsule, no tumour on the ovarian surface, classified as T1aN0M0, T1bN0M0 (TMN Staging) or FIGO 1A, FIGO 1B
e. Colon and rectum;
f. Penis;
g. Testis;
h. Lung;
i. Liver;
j. Stomach and oesophagus;
k. Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included
l. Nasopharynx

For purposes of this Policy, Carcinoma-in-situ must be confirmed by a biopsy.
Pre-malignant lesions and Carcinoma-in-situ of any organ unless listed above are excluded.

3. **Category B - CANCER OF SPECIFIED SEVERITY**
I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy.
The term cancer includes leukemia, lymphoma and sarcoma.
II. The following are excluded –

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

SECTION II: CARDIOVASCULAR CARE

We will pay Sum Assured as specified on the Policy Schedule if the Insured is diagnosed with any of the below listed conditions, which first occurs or manifests itself during the Cover Period subject to all other terms, conditions, definitions and exclusions and the insured survives the defined survival period.

Category A Conditions (25% SA)	Category B Conditions (100% SA)
Angioplasty	Myocardial Infarction (First Heart Attack – of Specific Severity)
Insertion of Pacemaker / Implantable Cardioverter Defibrillator	Open Chest CABG
Minimally Invasive surgery of Aorta	Open Heart Replacement or Repair of Heart Valves
Balloon Valvotomy or Valvuloplasty	Major Surgery of Aorta
Surgery for Cardiac Arrhythmia	Heart Transplant
Carotid Artery Surgery	Cardiomyopathy
Surgery to place Ventricular Assist Devices or total artificial hearts	

Infective Endocarditis	
Pericardiectomy	
Percutaneous Heart Valve Replacement / Repair	

Conditions covered under Category A and Category B are defined as below:

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

2. **Category A - Insertion of Pacemaker / Implantable Cardioverter Defibrillator**
   Insertion of a permanent cardiac pacemaker / permanent cardiac defibrillator that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker / cardiac defibrillator must be certified to be medically necessary by a specialist in the relevant field.

   Documentary evidence of cardiac arrhythmia must be provided.

3. **Category A - Minimally Invasive surgery of Aorta**
   The actual undergoing of minimally invasive surgical repair (i.e. via percutaneous intra-arterial route) of a diseased portion of an aorta to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

4. **Category A - Balloon Valvotomy or Valvuloplasty**
   The actual undergoing of Valvotomy or Valvuloplasty necessitated by damage of the heart valve as confirmed by a specialist in the relevant field and established by a cardiac echocardiogram or any other appropriate diagnostic test that is available. For purpose of this benefit, procedures done for treatment of Congenital Heart Disease are excluded.

5. **Category A - Surgery for Cardiac Arrhythmia**
   Procedures like Maze surgery, Radio frequency Ablation therapy or any relevant procedure/surgery deemed absolutely necessary by a cardiologist to treat life threatening arrhythmias. Diagnosis must be evidenced by monitoring through a Holter monitor, event monitor or loop recorder and should be confirmed by a consultant cardiologist.
   The following are excluded:
   i. Cardio version and any other form of non-surgical treatments
   ii. Claim arising due to Internal Congenital Anomalies

6. **Category A - Carotid Artery Surgery**
   The actual undergoing of surgery to the Carotid Artery to treat carotid artery stenosis of fifty percent (50%) and above, as proven by angiographic evidence, of one or more carotid arteries. Both criteria (a) and (b) below must be met:
   a. Either:
   i. Actual undergoing of endarterectomy to alleviate the symptoms; or
   ii. Actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms; and
   b. The Diagnosis and medical necessity of the treatment must be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.

7. **Category A - Surgery to place Ventricular Assist Devices or Total Artificial Hearts**
   The actual undergoing of open heart surgery to place a Ventricular Assist Device or Total Artificial Heart medically necessitated by severe ventricular dysfunction or severe heart failure, with cardiac echocardiographic evidence of reduced left ventricular ejection fraction of less than 30%.
   Ventricular dysfunction or Heart failure directly related to alcohol or drug abuse is excluded.

8. **Category A - Infective Endocarditis**
   Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:
   a. Positive result of the blood culture proving presence of the infectious organism(s);
   b. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
   c. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Medical Practitioner who is a cardiologist.

9. **Category A -Pericardiectomy**
   The undergoing of a pericardiectomy performed by open heart surgery or keyhole techniques as a result of pericardial disease. The surgical procedures must be certified to be medically necessary by a consultant cardiologist. Other procedures on the pericardium including pericardial biopsies, and pericardial drainage procedures by needle aspiration are excluded.

10. **Category A - Percutaneous Heart Valve Replacement / Repair**
    This benefit is payable where:
    a. The existing heart valve is replaced by the deployment of a new replacement valve by percutaneous intravascular techniques not involving a thoracotomy. Percutaneous or transcatheter based repair procedures not involving replacement with a new valve are excluded.
    b. The existing heart valve is repaired by implanting additional devices by percutaneous transcatheter techniques and not involving a thoracotomy. Balloon valvotomy or valvuloplasty are excluded.

11. Category B - First Heart Attack of specific severity

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

a. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
b. New characteristic electrocardiogram changes
c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

a. Other acute Coronary Syndromes
b. Any type of angina pectoris
c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

12. Category B - Open Chest CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded:

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

13. Category B - Open Heart Replacement Or Repair Of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded.

14. Category B - Major Surgery Of Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

15. Category B - Heart Transplant

The actual undergoing of a transplant of human heart that resulted from irreversible end stage heart failure. The undergoing of a heart transplant has to be confirmed by a specialist medical practitioner.

16. Category B - Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:

a. Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced and
b. Echocardiography findings confirming presence of cardiomyopathy and Left Ventricular Ejection Fraction (LVEF %) of 40% or less

Cardiomyopathy directly related to alcohol or drug abuse is excluded.

SECTION III: KIDNEY CARE

We will pay Sum Assured as specified on the Policy Schedule if the Insured is diagnosed with any of the below listed conditions, which first occurs or manifests itself during the Cover Period subject to all other terms, conditions, definitions and exclusions and the insured survives the defined survival period.

Category A Conditions (25% SA)	Category B Conditions (100% SA)
Removal of one Kidney	Kidney Failure Requiring Regular Dialysis
Partial Nephrectomy	Systematic lupus Eryth. with Renal Involvement
	Kidney Transplant

Conditions covered under Category A and Category B are defined as below:

1. Category A - Removal of One Kidney

The complete surgical removal of one kidney necessitated by any disease or accident of the Insured. The need for the surgical removal of the kidney must be certified to be absolutely necessary by a specialist in the relevant field.

Removal of kidney as a donor and removal of congenital kidney condition including renal agenesis and non-functioning kidney are excluded.

2. Category A- Partial Nephrectomy

Partial removal of a kidney necessitated by renal cancer or renal tumor. The need for the surgical partial removal of the kidney must be certified to be absolutely necessary by a specialist in the relevant field.

3. Category B- 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.

4. **Category B- Systemic Lupus Erythematosis with renal involvement**
A multisystem, multifactorial, autoimmune disorder characterized by the development of auto-antibodies directed against various self-antigens. In respect of this contract, systematic lupus erythematosus will be restricted to those forms of systematic lupus erythematosus which involve the kidneys (Class III to Class V Lupus nephritis, established by renal biopsy, and in accordance with the WHO classification as noted below). Other forms, discoid lupus and those forms with haematological and joint involvement are specifically excluded. The final diagnosis must be supported by a consultant physician specializing in Rheumatology and Immunology.
WHO Lupus nephritis classification

WHO Class I (minimal)	Negative, normal urine
WHO Class II (mesangial)	Moderate proteinuria, occasionally active sediment
WHO Class III (focal segmental)	Proteinuria, active sediment
WHO Class IV (diffuse)	Acute nephritis with active sediment and/ or nephrotic syndrome
WHO Class V (membranous)	Nephrotic syndrome or severe proteinuria

5. **Category B- Kidney Transplant**
The actual undergoing of a transplant of human kidney that resulted from irreversible end stage kidney failure. The undergoing of a kidney transplant has to be confirmed by a specialist medical practitioner.

SECTION IV: NEURO CARE

We will pay Sum Assured as specified on the Policy Schedule if the Insured is diagnosed with any of the below listed conditions, which first occurs or manifests itself during the Cover Period subject to all other terms, conditions, definitions and exclusions and the insured survives the defined survival period.

Category A Conditions (25% SA)	Category B Conditions (100% SA)
Cerebral Aneurysm treatment via Endovascular procedure	Stroke Resulting in Permanent Symptoms
Permanent Paralysis of one limb	Coma of Specified Severity
	Permanent Paralysis of one limb
	Motor Neurone Disease with Permanent Symptoms
	Multiple Sclerosis with Persisting Symptoms
	Benign Brain Tumour
	Brain Surgery
	Major Head Trauma

Conditions covered under Category A and Category B are defined as below:

1. **Category A- Cerebral Aneurysm Treatment via Endovascular Procedure**
Cerebral Aneurysm treatment via Endovascular procedure means the actual undergoing cerebral aneurysm repair or coiling via endovascular access. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective procedure has been carried out.

2. **Category A- Permanent Paralysis of one limb**
Total and irreversible loss of use of one 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.

3. **Category B- Stroke Resulting in Permanent Symptoms**
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.

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.

4. **Category B- Coma of Specified Severity**
A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
I. No response to external stimuli continuously for at least 96 hours;
II. Life support measures are necessary to sustain life; and

III. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

5. Category B- Permanent Paralysis of Limbs
Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

6. Category B- 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.

7. Category B- Multiple Sclerosis with Persisting Symptoms
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.
Other causes of neurological damage such as SLE and HIV are excluded.

8. Category B- Benign Brain Tumour
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.
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.

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.

9. Category B- Brain Surgery
The actual undergoing of surgery to the brain, under general anaesthesia, during which a Craniotomy is performed. Burr hole procedures, transphenoidal procedures, other minimally invasive procedures and brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out.

10. Category B- 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.
The following are excluded:
I. Spinal cord injury;

SECTION V: TRANSPLANTS CARE AND SENSORY ORGANS CARE

We will pay Sum Assured as specified on the Policy Schedule if the Insured is diagnosed with any of the below listed conditions, which first occurs or manifests itself during the Cover Period subject to all other terms, conditions, definitions and exclusions and the insured survives the defined survival period.

Category A Conditions (25% SA)	Category B Conditions (100% SA)
Blindness in one eye	Blindness in both the eyes
Deafness in one ear	Deafness in both ears
	Loss of Speech
	Lung Transplant due to End stage lung failure*
	Liver Transplant due to End Stage liver failure**
	Pancreas Transplant
	Bone Marrow Transplant

*The benefit will also be payable on End stage lung failure
** The benefit will also be payable on End stage liver failure
Conditions covered under Category A and Category B are defined as below:

1. **Category A- Blindness in one eye**
I. Total, permanent and irreversible loss of total vision in one eye as a result of illness or accident.
II. The Blindness is evidenced by:
a. corrected visual acuity being 3/60 or less in one eye or ;
b. the field of vision being less than 10 degrees in one eye.
III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

2. **Category A- Deafness in one ear**
Total and irreversible loss of hearing in one ear 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 one ear.

3. **Category B- Blindness in both the eyes**
Total, permanent and irreversible loss of total vision in both eyes as a result of illness or accident.
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.
The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure

4. **Category B- Deafness in both ears**
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.

5. **Category B- Loss of Speech**
I. 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.
II. All psychiatric related causes are excluded.

6. **Category B- Lung Transplant due to End stage lung failure**
The actual undergoing of a transplant of human lung that resulted from irreversible end stage lung disease. The undergoing of a lung transplant has to be confirmed by a specialist medical practitioner.
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.

7. **Category B- Liver Transplant due to End Stage liver failure**
The actual undergoing of a transplant of human liver that resulted from irreversible end stage liver failure. The undergoing of a liver transplant has to be confirmed by a specialist medical practitioner.
End stage liver failure is evidenced by 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
The following are excluded:
Liver failure secondary to drug or alcohol abuse is excluded.

8. **Category B- Pancreas Transplant**
The actual undergoing of a transplant of pancreas, that resulted from irreversible end-stage failure of the pancreas. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
The following are excluded:
I. Where only islets of langerhans are transplanted

9. **Category B- Bone Marrow Transplant**
The actual undergoing of a transplant of:
I. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
The following are excluded:
I. Other stem-cell transplants.

II. ADDITIONAL BENEFITS
The benefits listed under this section aid faster recovery of the insured post a critical illness being diagnosed and claim being paid by Us.

1. Cancer Reconstructive Surgery:
If claim under Category B of Section I: Cancer Care of the Insured is accepted by the Us, then We will pay the following additional benefit over and above the base Sum Insured:
The Company will make an additional payment of 10% of the Sum Insured subject to a maximum limit of INR 200,000 as specified in the Policy Schedule under Section I: Cancer Care, as a lump sum benefit amount towards Cancer Reconstructive Surgery (such as breast, head or neck) for the Insured.

2. **Cardiac Nursing:**
If claim under Category B of Section II: Cardiovascular Care of the Insured is accepted by the Us, then We will pay the following additional benefit over and above the base Sum Insured:
The Company will make an additional payment of 5% of the Sum Insured subject to a maximum limit of INR 50,000 as specified in the Policy Schedule under Section II: Cardiovascular Care, as a lump sum benefit amount towards Cardiac Nursing for the Insured.

3. **Dialysis Care:**
If claim under Category B of Section III : Kidney Care of the Insured is accepted by the Us, then We will pay the following additional benefit over and above the base Sum Insured:
The Company will make an additional payment of 10% of the Sum Insured subject to a maximum limit of INR 200,000 as specified in the Policy Schedule under Section III: Kidney Care, as a lump sum benefit amount for the Insured undergoing dialysis.

4. **Physiotherapy Care:**
If claim under Category B of Section IV : Neuro Care of the Insured is accepted by the Us, then We will pay the following additional benefit over and above the base Sum Insured:
The Company will make an additional payment of 5% of the Sum Insured subject to a maximum limit of INR 50,000 as specified in the Policy Schedule under Section IV: Neuro Care, as a lump sum benefit amount for the Insured undergoing physiotherapy.

5. **Sensory Care:**
If claim under Category B of Section V : Transplants Care And Sensory Organs Care of the Insured is accepted by the Us, then We will pay the following additional benefit over and above the base Sum Insured:
The Company will make an additional payment of 5% of the Sum Insured subject to a maximum limit of INR 50,000 as specified in the Policy Schedule under Section V : Transplants Care And Sensory Organs Care, as a lump sum benefit amount for the Insured undergoing speech therapy , hearing loss treatments such as Cochlear implants.

III. WELLNESS DISCOUNT

Insured member is eligible for 5% discount at each renewal provided he / she maintains a healthy & fit lifestyle by engaging in physical fitness activity* consistently along with submission of the below mentioned medical test reports & if all the reports are falling within normal range as specified below.

Sr. No.	Test Name	Test Result
1	ECG	Normal Sinus Rhythm
2	Fasting Blood Sugar	Less than or equal to 100 mg/dl
3	Sr. Creatinine	0.90 - 1.2 mg /dl
4	Lipid Profile	
	Cholesterol	Up to 200 mg/dl
	Triglycerides	Up to 150 mg/dl
5	BMI	Up to 27

Note:

- The wellness discount can be availed annually provided he submits the test reports conducted in well-established laboratory set up.
- Reports conducted 3 months prior to renewal due date would be considered for this benefit.
- *Physical fitness activity will be defined as minimum 15,000 steps every week or 60,000 steps every month for minimum mandatory period of 6 months from the risk inception date to be eligible for the Wellness discount.
- In case of a long term policy (2 or 3 years), the minimum mandatory period of 6 months must be completed in each policy year.
- Company's Mobile application must be downloaded within 30 days from policy risk inception date to avail this benefit. Average step count completed by an insured member would be tracked on this mobile application. We reserve the right to remove or reduce count of steps if found to be achieved in unfair manner by manipulation.

Policy Period: 1 Year

Month	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9th Month	10th Month	11th Month	12th Month
No. of Steps	65,000	60,000	55,000	70,000	50,000	65,000	60,000	70,000	65,000	45,000	55,000	50,000

In this illustration the insured is completing minimum 60,000 steps/ month for 7 out of 12 months in a year.
Therefore he/she will be eligible for wellness discount.

IV. SPECIFIC CONDITIONS AND ILLUSTRATIONS APPLICABLE FOR ALL SECTIONS:

1. Insured can opt for one or more Critical Illness Sections. The benefits payable will be independent for each section if more than one sections are chosen.
e.g If Mr. X opt for first 3 Sections (Critical Illness groups) i.e Cancer Care, Cardiovascular Care and Kidney Care, he/she can claim in any or all sections independently as per these Policy Wordings/Standard Terms and Conditions.
If Mr. X diagnosed with Carcinoma -in-situ in 8th month of Policy followed by unfortunate Major Head Trauma in 11th month, he can independently claim for-

i. 25% of Cancer Care Sum Insured (25% of Sum Insured because of Category A condition)

ii. 100% of Neuro Care Sum Insured (100% of Sum Insured because of Category B condition).

2. Two claims (one from Category A conditions and another from Category B conditions) are allowed for each Critical Illness section.
e.g. In above example if Mr. X is further diagnosed as lymphoma supported by histological evidence of malignancy in 12th Month, he can further claim for rest of his balance Sum Insured under Section 1. Here eligibility of the Insured will be 75% of Cancer Care Sum Insured Because-

- Diagnosed condition is from Category B i.e 100% Sum Assured to be payable but-
- 25% of Sum Insured is already paid in Category A condition
- Hence total claim liability will be 100% of SA – 25% of SA = 75% of SA

3. Insured cannot claim for two conditions from Category A only for one Section.
4. If we have paid 100% of the sum assured under any of the sections opted, then the coverage for the respective section shall cease for the Insured Member, however Policy shall continue for rest of Sections (if opted). However the premium for subsequent renewal/s would be calculated excluding the section for which claim has been paid.
5. After a claim from any critical illness section has been paid under Criti-Care Policy, the said Insured will not be able to opt for any new critical illness section.

SECTION D) EXCLUSIONS UNDER THE POLICY – SPECIFIC EXCLUSIONS

SPECIFIC EXCLUSIONS APPLICABLE FOR ALL SECTIONS:
We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:

I. Waiting Period

1. Any Critical Illness or its signs and symptoms diagnosed within the first 180/120 days as mentioned in the policy schedule of the date of commencement of the First Policy with us is excluded. This exclusion shall not apply to an Insured for whom coverage has been renewed by the Named Insured, without a break, for subsequent years.
2. Insured should survive for 0/ 7/15 days as mentioned in the policy schedule from the diagnosis and fulfilment of the critical illness definition before the claim benefit will be paid.

II. General Exclusions

1. Any sexually transmitted diseases
2. Treatment arising from or traceable to birth defects and congenital anomalies.
3. War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.
4. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).
5. Radioactive contamination
6. Self-inflicted injuries, suicide attempt, insanity, and deliberate participation of the Insured in an illegal or criminal act with criminal intent
7. Use or misuse of intoxicating drugs and/or alcohol, except under the direction of Medical Practitioner

SECTION E) CONDITIONS - STANDARD GENERAL TERMS AND CLAUSES

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

2. Condition Precedent to Admission of Liability
The terms and conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy

3. Premium Payment in Instalments (Wherever applicable)
If the insured person has opted for Payment of Premium on an instalment basis i.e. Annual (for long term polices only), Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

i. Grace Period of 15 days would be given to pay the instalment premium due for the policy.
ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
iii. The insured person will get the accrued continuity benefit in respect of the “Waiting Periods”, “Specific Waiting Periods” in the event of payment of premium within the stipulated grace Period.
iv. No interest will be charged If the instalment premium is not paid on due date.
v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

4. Claim Settlement. (provision for Penal interest)

i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

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

5. Possibility of Revision of Terms of the Policy Including the Premium Rates:
The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

6. Withdrawal of Policy
i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

7. Fraud
i. If any claim made by the Insured beneficiary, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured beneficiary or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.
ii. Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.
iii. For the purpose of this clause, the expression “fraud” means any of the following acts committed by the Insured beneficiary or by his agent or the hospital/ doctor/any other party acting on behalf of the Insured beneficiary, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:
a) the suggestion, as a fact of that which is not true and which the Insured beneficiary does not believe to be true;
b) the active concealment of a fact by the Insured beneficiary having knowledge or belief of the fact;
c) any other act fitted to deceive; and
d) any such actor omission as the law specially declares to be fraudulent

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

8. Free Look Period
The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.
The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.
If the insured has not made any claim during the Free Look Period, the insured shall be entitled to
i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

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

- Cancellation grid for premium received on annual basis or full premium received at policy inception are as under

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 or equal to 3 months	65.00%	75.00%	80.00%
Exceeding 3 months but less than or equal to 6 months	45.00%	65.00%	75.00%
Exceeding 6 months but less than or equal to 12 months	0.00%	45.00%	60.00%
Exceeding 12 months but less than or equal to 15 months		30.00%	50.00%
Exceeding 15 months but less than or equal to 18 months		20.00%	45.00%
Exceeding 18 months but less than or equal to 24 months		0.00%	30.00%
Exceeding 24 months but less than or equal to 27 months			20.00%
Exceeding 27 months but less than or equal to 30 months			15.00%
Exceeding 30 months but less than or equal to 36 months			0.00%

- Cancellation grid for premium received on instalment basis-The premium will be refunded as per the below table:

Period in Risk (From Latest instalment date)	% of Monthly Premium	% of Quarterly Premium	% of Half Yearly Premium
Upto 15 days from 1st Instalment Date	As per Free Look Period Condition		
Exceeding 15 days but less than or equal to 3 months	No Refund		30%
Exceeding 3 months but less than or equal to 6 months			0%

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

ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud

10. Migration
The Insured beneficiary will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.
For Detailed Guidelines on migration, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

11. Portability
The Insured beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed
Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.
For Detailed Guidelines on portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

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

13. Grievance Redressal Procedure
The company has always been known as a forward-looking customer centric organization. It takes immense pride in its approach of "Caringly Yours". To provide you with top-notch service on all fronts, the company has provided with multiple platforms via which you can always reach out to us at below mentioned touch points

1. Our toll-free number 1-800-209- 5858 or 020-30305858, say Say "Hi" on WhatsApp on +91 7507245858
2. Branches for resolution of your grievances / complaints, the Branch details can be found on our website www.bajajallianz.com/branch-locator.html
3. Register your grievances / complaints on our website www.bajajallianz.com/about-us/customer-service.html
4. E-mail

a) Level 1: Write to bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in
b) Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in
c) Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 80809 45060 OR SMS To 575758 and our care specialist will call you back

5. If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman.html

The contact details of the Ombudsman offices are mentioned in **Annexure I:**

SECTION E) CONDITIONS – SPECIFIC TERMS AND CLAUSES

14. Electronic Transactions
The Insured agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions

when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

15. Notice of charge
Subject to/Apart from Assignment clause in these Terms and Conditions, the Company shall not be bound to notice or be affected by any notice of any trust, charge, lien or other dealing with or relating to this Policy but the receipt of the Insured or his legal personal representative shall in all cases be an effectual discharge to the company.

16. Entire Contract - Changes
This Policy, together with the Proposal Form, as well as any forms, riders and endorsements and papers hereto, constitutes the entire contract of insurance.
No change in this Policy shall be valid until approved by Our authorized officer and such approval is endorsed hereon. No agent has authority to change this Policy or to waive any of the provisions of this Policy.

17. Communications
Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule.
Any communication meant for You will be sent by Us to Your address shown in the Schedule.

18. Consideration
The Policy is issued subject to payment of premium in advance. No payment shall be valid unless made under our official receipt. The cover shall not be valid prior to the date and time of receipt of premium.

19. Payment of Claims

i. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
ii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per Policy Wordings/Terms and Conditions, We shall offer within a period of 30 days a settlement of the claim to you. Upon acceptance of an offer of settlement by you, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by you. In the cases of delay in the payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
iii. However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
iv. However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
v. If We, for any reasons decide to reject the claim under the Policy, the reasons regarding the rejection shall be communicated to you in writing within 30 days of the receipt of complete set of documents. You may take recourse to the Grievance Redressal procedure.

20. Arbitration and Reconciliation and Dispute Resolution:

i. If any dispute or difference shall arise as to the quantum of claim to be paid under this Policy (liability/claim being otherwise admitted by the Insurer), such difference shall independently of all other question be referred to the decision of a sole arbitrator to be appointed mutually in writing by the Insurer and the Insured who has made claim under this Policy or if they cannot agree upon a single arbitrator within 30 days of any party [the Insurer or the and the Insured who has made claim under this Policy] invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators one to be appointed by the Insured who has made claim under this Policy and the Insurer, respectively, who are the parties to the dispute/ difference and the third arbitrator to be appointed by such two appointed arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996 as amended from time to time. The law of the arbitration will be Indian law.
ii. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided if the Insurer has disputed or not accepted/admitted the liability/claim under the Policy.
iii. It is hereby expressly stipulated and declared that it shall be a Condition Precedent to any right of action or suit read with this Policy that the award by such arbitrator/ arbitrators of the amount of the benefits shall be first obtained.
iv. It is also hereby further expressly agreed and declared that if the Insurers shall disclaim/repudiate the liability to the Insured for any claim under the Policy, and such claim shall not, within 12 calendar months from the date of such disclaimer/repudiation have been made the subject matter of a suit in a court of law, then all benefits under the Policy shall be forfeited and the rights of Insured shall stand extinguished and the liability of the Insurer shall also stand discharged.
v. The seat of the arbitration shall be Pune. This condition remains valid, should the Policy become void.
vi. In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts subject to other Terms and Conditions of this Policy.

21. Terms of Renewal

1. Under normal circumstances, lifetime renewal benefit is available under the Policy except on the grounds of fraud, misrepresentation or moral hazard or non-co-operation by the Insured or if any false statement, or declaration is made or used or Upon the occurrence of an event of Critical Illness.
2. In case of our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous. However, any accident/ injury contracted during the break period will be not be admissible under the Policy.
3. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.
4. If we have paid 100% of the sum assured under any of the sections opted then the coverage for the respective section shall cease for the insured member, however Policy shall continue for rest of Sections (if opted).
5. The section against which 100% of sum assured has been paid shall not be renewed for the insured member.
6. After a claim from any opted section, the policyholder cannot opt for new sections.

22. Insured

No person other than a person named as an Insured/Insured Person shall be covered under this Policy unless and until his name has been notified in writing to the Company. Cover under this Policy shall be withdrawn from any person named as an Insured/Insured Person immediately upon the Named Insured delivering written notice of the same to the Company. The Named Insured agrees to and shall hold the Company harmless against any and all claims, costs and expenses that may result because of the incorrect or unintentional cancellation of this insurance in relation to any Insured.

23. Governing Law And Jurisdiction Of Courts:

The Company's liability to make any admissible claim payment shall be in Indian Rupees only. The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule. The construction, interpretation, meaning and enforcement of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation. The Indian courts shall have exclusive jurisdiction over this Policy

24. Limitation Period

It being expressly agreed and declared that if the Company shall disclaim liability for any claim hereunder and such claim shall not within 12 calendar months from the date of disclaimer have been made the subject matter of a suit in court of law than the claim for all such purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

25. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by the Insured and the Company to be subject to Indian Law. Each party agrees to submit such dispute to a Court of competent jurisdiction and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

SECTION E) CONDITIONS -OTHER TERMS AND CLAUSES

26. Making a Claim:

All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.

Claim Settlement Process

In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated to the Company within thirty (30) days date of first diagnosis of the Illness, date of surgical procedure or date of occurrence of the medical event as the case may be and the Insured shall, promptly and in any event within thirty (30) days of discharge from the Hospital, arrange for submission of the

Following documents to the Company:

1. Certificate from the attending Medical Practitioner of the Insured confirming, inter alia,
   a. Name of the Insured;
   b. Name, date of occurrence and medical details of the Insured Event;
   c. Confirmation that the Insured Event does not relate to any Pre-Existing Condition; and
   d. Confirmation that the Insured Event does not relate to any Illness or Injury which existed within the first 90 days of commencement of the Policy Period

2. Duly completed claim forms;
3. Original Discharge Certificate/Card from the Hospital/Medical Practitioner;
4. Original investigation test reports, indoor case papers;

Note: In case the Insured is claiming for the same event under an indemnity based Policy of another insurer and is required to submit the original documents related to his treatment with that particular insurer, then the Insured may provide the Company with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.

In cases of suspected fraud / misrepresentation, we may call for any additional document(s) in addition to the documents listed above.

All documents related to claims should be submitted to:

Health Administration Team
Bajaj Allianz General Insurance Co. Ltd
2nd Floor, Bajaj Finserv Building
Viman Nagar, Pune 411014
Toll Free no: 1800 209 5858

Note: If the original documents are submitted with the other insurer, the Xerox copies attested by the other insurer should be submitted

Annexure I:
Contact details of the Ombudsman offices

Office Details	Jurisdiction of Office Union Territory, District
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in (mailto:bimalokpal.ahmedabad@cioins.co.in)	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in (mailto:bimalokpal.bengaluru@cioins.co.in)	Karnataka.
BHOPAL - Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in (mailto:bimalokpal.bhopal@cioins.co.in)	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in (mailto:bimalokpal.bhubaneswar@cioins.co.in)	Orissa.

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Office Details	Jurisdiction of Office Union Territory, District
CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in (mailto:bimalokpal.chandigarh@cioins.co.in)	Punjab, Haryana(excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI - Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in (mailto:bimalokpal.chennai@cioins.co.in)	Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in (mailto:bimalokpal.delhi@cioins.co.in)	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI - Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in (mailto:bimalokpal.guwahati@cioins.co.in)	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

Office Details	Jurisdiction of Office Union Territory, District
HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in (mailto:bimalokpal.hyderabad@cioins.co.in)	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR - Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in (mailto:bimalokpal.jaipur@cioins.co.in)	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in (mailto:bimalokpal.ernakulam@cioins.co.in)	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in (mailto:bimalokpal.kolkata@cioins.co.in)	West Bengal, Sikkim, Andaman & Nicobar Islands.

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Office Details	Jurisdiction of Office Union Territory, District
LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in (mailto:bimalokpal.lucknow@cioins.co.in)	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in (mailto:bimalokpal.mumbai@cioins.co.in)	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri Chandra Shekhar Prasad 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 (mailto:bimalokpal.noida@cioins.co.in)	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel. : 0612-2547068 Email: bimalokpal.patna@cioins.co.in (mailto:bimalokpal.patna@cioins.co.in)	Bihar, Jharkhand.

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Office Details	Jurisdiction of Office Union Territory, District
PUNE - Shri Vinay Sah 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.: 020-41312555 Email: bimalokpal.pune@cioins.co.in (mailto:bimalokpal.pune@cioins.co.in)	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.