Digit Supreme Care Policy

Policy Wordings

Contents

This is for IRDAI Information Only

"Some of the contents shown in policy wordings might be applicable for certain Sections and not generic, e.g. some contents are useful for "Hospitalization" only. The Company intends to use the contents dynamically based on the coverage offered to the customer; e.g. If the Insured Person doesn't opt for "Hospitalization Cover", then wording, terms and conditions related to this Specific Section will not be shown on the Policy Wordings. Similarly, general exclusions or general conditions which might not be applicable for Sections chosen by customer will not be shown. Idea of doing this is to make policy wording more apt and concise to customer need and provide relevant information to customer.

Inside:

Let's get started!

You're already awesome because you decided to opt for this Policy which will compensate in case of Your Disability, Death caused by accidents, any critical illness diagnosed or any hospitalization expenses. While you're reading this policy, you get confused or have a query, or you are referring to this policy because you have a claim to make, please call us at 1800-258-4242 or mail us at healthclaims@godigit.com.

A. PREAMBLE

Based on the declaration provided by **You** to us, **Go Digit General Insurance Limited** (hereinafter called 'the Company/DIGIT') which forms the basis of this policy contract, and having received your premium, we take pleasure in issuing this **Policy** to **You**.

Go Digit General Insurance Limited will cover You under this **Policy** up to the **Sum Insured/Limits** mentioned against each Section, during the **Policy Period** mentioned in Your **Policy Schedule / Certificate of Insurance**. Of course, like any insurance cover, it is governed by, and subject to certain terms, conditions and exclusions mentioned in this **Policy**.
The benefit under each Section will be payable provided that an event or occurrence described under the Sections/Covers occurs during the **Policy Period** mentioned in **Your Policy Schedule/Certificate of Insurance**.

Note: This Policy Wording provides detailed terms, conditions and exclusions for all Sections available under this Product. Kindly refer to the **Policy Schedule / Certificate of Insurance** to know exact details of Sections opted by **You**. Only Wordings related to Sections mentioned in your **Policy Schedule/Certificate of Insurance** are applicable.

B. DEFINITIONS

Certain words and phrases used throughout the Policy have specific meanings, and this section helps to understand them.

I. STANDARD DEFINITIONS

1. **Accident, Accidental** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Any one illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
3. **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
   a. Central or State Government AYUSH Hospital or
   b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
   c. **AYUSH Hospital**, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
      i. Having at least 5 in-patient beds;
      ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
      iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
      iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
4. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without inpatient services and must comply with all the following criterion:
   i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
   ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

   Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
5. **AYUSH treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
6. **Break in Policy** means the period of gap that occurs at the end of the existing policy term/instalment premium due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or grace period.
7. **Cashless facility** means a facility extended by the Insurer to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions, are directly made to the Network Provider by the Insurer to the extent Pre-authorization is approved.
8. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
9. **Congenital Anomaly:**
   Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
   a) Internal Congenital Anomaly: Congenital anomaly which is not in the visible and accessible parts of the body.

b) External Congenital Anomaly: Congenital anomaly which is in the visible and accessible parts of the body

10. **Co-Payment** means a cost sharing requirement under a Health Insurance Policy that provides that the Policyholder/Insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
11. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
12. **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under
    a) has qualified nursing staff under its employment;
    b) has qualified medical practitioner/s in charge;
    c) has fully equipped operation theatre of its own where surgical procedures are carried out;
    d) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
13. **Day Care Treatment** means medical treatment, and/or surgical procedure which is:
    a) undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
    b) which would have otherwise required hospitalization of more than 24 hours.

    Treatment normally taken on an out-patient basis is not included in the scope of this definition.
14. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of Hospital Cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
15. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
16. **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.
17. **Domiciliary Hospitalization:**

    Domiciliary hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
    a) the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
    b) the patient takes treatment at home on account of non-availability of room in a hospital.
18. **Emergency / Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death or serious long-term impairment of the insured person's health.
19. **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received.

    The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

    Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.
20. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said Act Or complies with all minimum criteria as under:
    a) has qualified nursing staff under its employment round the clock;
    b) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;

c) has qualified medical practitioner(s) in charge round the clock;
d) has a fully equipped operation theatre of its own where surgical procedures are carried out;
e) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

21. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
22. **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:
        1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
        2. it needs ongoing or long-term control or relief of symptoms
        3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
        4. it continues indefinitely
        5. it recurs or is likely to recur
23. **Injury/Bodily Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
24. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
25. **Intensive Care Unit (ICU)** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
26. **ICU Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
27. **Indemnity based health insurance section** means an insurance section that compensates an insured for the loss due to occurrence of an insured event as specified in the policy.
28. **Benefit based health insurance section** means an insurance section that pays fixed amount on the occurrence of an insured event as specified in the policy.
29. **Maternity expenses** means;
    a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
    b) expenses towards lawful medical termination of pregnancy during the policy period.
30. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
31. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
32. **Medical Practitioner/Dentist** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
    The registered practitioner should not be the insured or close member of the family.

33. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
    a) is required for the medical management of the illness or injury suffered by the insured;
    b) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
    c) must have been prescribed by a medical practitioner;
    d) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
34. **Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.
35. **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.
36. **New born Baby** means baby born during the Policy Period and is aged upto 90 days.
37. **Non- Network Provider** means any hospital, day care centre or other provider that is not part of the network.
38. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
39. **OPD treatment** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
40. **Pre-Existing Disease (PED)** means any condition, ailment, injury or disease:
    a) That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
    b) For which medical advice or treatment was recommended by, or received from, a physician , not more than 36 months prior to the date of commencement of the policy.
41. **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.
42. **Pre-hospitalization Medical Expenses**
    Pre-hospitalization Medical Expenses means medical expenses incurred during pre- defined number of days preceding the hospitalization of the Insured Person, provided that:
    a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
    b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
43. **Post-hospitalization Medical Expenses:**
    Post-hospitalization Medical Expenses means medical expenses incurred during pre- defined number of days immediately after the insured person is discharged from the hospital provided that:
    a. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
    b. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
44. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
45. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
46. **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.
47. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

48. **Specific waiting period** means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.
49. **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.
50. **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

II. SPECIFIC DEFINITIONS

51. **Activities of daily/independent living** means:
    a) Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
    b) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any
    braces, artificial limbs or other surgical appliances;
    c) Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
    d) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
    e) Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
    f) Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence
52. **Adventure Sports** means any sport or activity, which is potentially dangerous to the Insured Person whether he/she is trained or not in such sport or activity. Such sport/activity includes but is not limited to Insured Persons engaging in abseiling, aerial safari, ballooning , black water rafting, bouldering , bushwalking, canoeing , go karting, hiking/trekking, ice skating, jet boating , jet skiing , kayaking , mountain biking (cross country) , mountain biking on tracks and trails , parasailing , parascending (over water only) , rafting , river boarding , rock climbing, rowing / sculling , sea canoeing , sea kayaking, snorkelling , speed boating , surf boat rowing , surfing , tubing, wake skating , wakeboarding , windsurfing yachting, bungee jumping, motor biking , sandboarding , sand skiing , scuba diving, skidoos, skiing / snowboarding , snow mobiling , snow rafting, zip lining , zorbing , triathlon, gliding , hang gliding , parachuting , paragliding , parapenting, skydiving, free solo climbing, base jumping, wing suit flying, big wave surfing, cave diving, white water rafting, highlining, ice climbing, BMX racing, free fall, base jumping, free soloing, motor racing, glacier walking , motor racing including speed and trial runs.
53. **Allopathic treatment or medicine or allopathy** is a pejorative used by proponents of alternative medicine to refer to modern scientific systems of medicine, such as the use of pharmacologically active agents or physical interventions to treat or suppress symptoms or pathophysiologic processes of diseases or conditions.
54. **ATM** mean Automated Teller Machines of Banks, which have been approved by Reserve Bank of India.
55. **ATM Robbery** means Robbery of the money that was withdrawn by the Insured person from any ATM in India using his/her Card, that occurs within time as specified in the Policy Schedule/ Certificate of Insurance of the withdrawal of the money from the ATM and within distance as specified in the Policy Schedule/ Certificate of Insurance of that ATM.
56. **Break in** Policy means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.
57. **Card** means the credit card, cash card, debit card, gift card, pre-paid card, travel card and other similar cards issued to the Insured person by a Qualified Financial Institution.

58. **Card Loss means** i.) inadvertent loss of possession of the Card by the Insured person or ii.) theft of the Card from the Insured person during the Policy Period.
59. **Certificate of Insurance** means the Document issued by the Company to the Insured person under the Terms and Conditions of Master Policy/Group Policy detailing the Master Policy number, the Card details, Cover Period with the commencement date and expiry date of the cover, Insured person's name, address, coverage, benefits, Sums Assured, Deductible, condition(s), exclusions and / or endorsement(s), and the terms and conditions of the coverage.
60. **Cloning** means stealing card information by swiping the card through the device that copies the information held on the magnetic strip into memory which then copies them onto a bogus card.
61. **Contribution -** Contribution is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion of Sum Insured. This clause shall not apply to any benefit offered on a fixed benefit basis.
62. **Counterfeit** Card means card which has been embossed or printed so as to pass off as a Card issued by the financial institution which is subsequently altered or modified or tampered without consent of the financial institution.
63. **Cover Period** means the period as specified in the Certificate of Insurance issued to the respective Insurance Beneficiary during which the coverage is provided as per Terms and Conditions of the Master Policy.
64. **Digital Wallet** is an Online Wallet meant for carrying out online transactions only.
65. **Financial Institution** means Banking Company under Reserve Bank of India Act, 1934 and shall also include a Non-Banking Financial Company as defined under Reserve Bank of India Act, 1934 read with the RBI guidelines, from time to time.
66. **FIR (First Information Report)-** means the complaint filed by the Insured person and registered by the police Station within whose jurisdiction the alleged offence is committed/occurred.
67. **Common Carrier** means any civilian land or water conveyance or Scheduled Airline in each case operated under a valid license for the transportation of passengers for hire.
68. **Fracture** means a complete or incomplete break in a bone resulting from the application of excessive force.
69. **Hazardous Sports** means any sport, which is potentially dangerous to the Insured Person whether he/she is trained or not in such sport or activity. Such sport includes but not limited to Insured Persons whilst engaging in speed racing of any kind (other than on foot), professional or competitive sport, bungee jumping, parasailing, ballooning, parachuting, base jumping, skydiving, paragliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving, biathlon, big game hunting, black water rafting, bmx stunt/ obstacle riding, bobsleighing/ using skeletons, bouldering, boxing, canyoning, caving/spelunking/pot holing, cave tubing, climbing/ trekking/ walking over 4,000 meters, cycle racing, cyclo-cross, drag racing, endurance testing, hang gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, luging, marathon running, martial arts, micro - lighting, modern pentathlon, motor cycle racing, motor rallying, parapenting, piloting aircraft, polo, powerlifting, power boat racing, quad biking, river- boarding, river bugging, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting, wrestling snow and ice sports or involving a naval military or air force operation. Insured Person whilst flying or taking part in aerial activities except as a fare-paying passenger in a regular schedule airline or air charter company.
70. **Near Field Communication (NFC):** Near-Field-Communication (NFC) is a short-range wireless technology that let NFC enabled devices communicate with each other. NFC-enabled devices must be either physically touching or within a few centimetres of each other for data transfer to occur.
71. **Permanent Total Disablement** shall mean either of the following**:**
    - **i.** Total Paralysis
    - **ii.** Total and irrecoverable loss of sight of both eyes, or
    - **iii.** Total and irrecoverable physical separation of or the loss of ability to use two Limbs (both hands or both feet or one hand and one foot), or
    - **iv.** Total and irrecoverable loss of sight of one eye and physical separation of or the loss of ability to use a limb (either one hand or one foot), or

v. Total and irrecoverable loss of speech and hearing of both ears

For the purpose of this definition,

i. Total Paralysis means complete and irreversible loss of motor function leading to the total loss of function of the entire body from neck down due to an accidental injury to the spinal cord.
ii. Limb means a hand at or above the wrist or foot above the ankle.
iii. Loss of Limb means the physical separation of or the loss of ability to use a limb above the wrist and/or ankle respectively.

72. **Phishing** is the attempt to obtain sensitive information such as usernames/user ID, passwords, and Card details (and sometimes, indirectly, money), often for malicious reasons, by masquerading as a trustworthy Entity in a written electronic communication.
73. **Post-reporting period** means the number of hours after the time of the financial loss / card loss was reported by the Insured person to the card issuer/ financial institution.
74. **Pre-reporting period** means the number of hours (not falling outside the Cover Period) before the time of the financial loss/Card loss was reported by the Insured person to the card issuer/ financial institution during which any loss incurred by the Insured person will be covered.
75. **Policy** means the Proposal, the Policy Schedule / Certificate of Insurance (and any endorsement attaching to or forming part thereof) and the Policy Wordings.
76. **Policy Period** means the period between the commencement date and the expiry date specified in the Policy Schedule /Certificate of Insurance and includes both the commencement date as well as the expiry date.
77. **Policy Year -** Policy year means a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such policy period, as mentioned in the Policy Schedule / Certificate of Insurance.
78. **Professional Sports** means the sports in which the sportsperson or the athlete receives payment for their performance.
79. **Robbery :** Theft is “robbery” if, in order to the committing of the theft, or in committing the theft, or in carrying away or attempting to carry away property obtained by the theft, the offender, for that end, voluntarily causes or attempts to cause to any person death or hurt or wrongful restraint, or fear of instant death or of instant hurt, or of instant wrongful restraint.
80. **Room** means a Single Room without wall/permanent partition, dining or waiting room and with or without following amenities: an attendant cot, one television, one sofa, a telephone, refrigerator, wardrobe, computer with internet connection and microwave oven.
81. **Skimming** means an electronic method of capturing Insured Person’s card details by unauthorized means.
82. **Subrogation** means the right of the Company to assume the rights of the Insured person to recover loss/expenses paid out under the Certificate of Insurance that may be recovered from any other source.
83. **Sum Insured** means the amount as opted by You and stated in the Policy Schedule / Certificate of Insurance against the Section/Cover for each insured person including cumulative bonus (if any) for Individual Sum Insured Policy and aggregately for all insured members for a Floater Policy.
84. **Tele-phishing** is the practice of using the telephone system to gain access to private personal and financial information for purposes of identity theft.
85. **Theft** shall mean intending to take dishonestly any movable property out of the possession of any person without that person's consent with the intention of permanently depriving the Insured of such property and does not include larceny, pilferage and the like**.**
86. **Unauthorised /Fraudulent Transaction** means the transactions done through Point of Sale /ATM/Online payment gateway by someone else other than the Insured Person without his/her consent and/or impersonating the Insured Person.
87. **Vishing** the fraudulent practice of making phone calls or leaving voice messages purporting to be from reputable companies in order to induce individuals to reveal personal information, such as bank details and credit card numbers.
88. **Terrorism or act of Terrorism** means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other

related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.

89. **Tertiary Care** constitutes of Specialized Advanced Care Unit designed to care to complex medical condition involving super specialist consultant like Neurosurgeon, Neurologist, Spine Surgeons and Reconstructive Surgeons.
90. **Time Excess** means a cost sharing requirement that provides that the insurer will not be liable for a specified number of days, which will apply before any benefits are payable by the insurer.
91. **We, Us, Our, Ours, Digit, Company, Insurer** means Go Digit General Insurance Limited
92. **You, Your, Yours, Yourself, Policyholder, Insured, Insured Member (s) Insured Person(s)** means the Individual Group Members who will be treated as Insured beneficiary both Named and Unnamed as described in the Policy Schedule/Certificate of Insurance.

CRITICAL ILLNESS DEFINITIONS:

I. STANDARD DEFINITIONS:

1. 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 leukaemia, 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;

2. MYOCARDIAL INFARCTION

(First Heart Attack of specific severity)

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

i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

ii. New characteristic electrocardiogram changes

iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

i. Other acute Coronary Syndromes

ii. Any type of angina pectoris

iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

I. 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.

4. PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist

or

specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:
   i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
   ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

5. 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

6. END STAGE LUNG FAILURE

I. 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. Dyspnoea at rest.

7. END STAGE LIVER FAILURE

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
   i. Permanent jaundice; and
   ii. Ascites; and
   iii. Hepatic encephalopathy.

II. Liver failure secondary to drug or alcohol abuse is **excluded.**

8. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as aresult 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.

9. MAJOR ORGAN /BONE MARROW TRANSPLANT

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

II. **The following are excluded:**
   i. Other stem-cell transplants
   ii. Where only Islets of Langerhans are transplanted

10. BENIGN BRAIN TUMOR

I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
   i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
   ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

III. The following conditions are **excluded:**
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

11. COMA OF SPECIFIED SEVERITY

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
   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.

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

12. MAJOR HEAD TRAUMA

I. Accidental head injury resulting in permanent Neurological deficit is 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 Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

III. The Activities of Daily Living are:
   i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
   ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
   iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
   iv. Mobility: the ability to move indoors from room to room on level surfaces;
   v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
   vi. Feeding: the ability to feed oneself once food has been prepared and made available.

IV. The following are excluded:
   i. Spinal cord injury;

13. PERMANENT PARALYSIS OF LIMBS

I. 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.

14. STROKE RESULTING IN PERMANENT SYMPTOMS

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:
   i. Transient ischemic attacks (TIA)
   ii. Traumatic injury of the brain
   iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

15. MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS

I. 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.

16. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

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

II. Neurological damage due to SLE is excluded.

17. BLINDNESS

I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

II. The Blindness is evidenced by:
   a. corrected visual acuity being 3/60 or less in both eyes or;
   b. the field of vision being less than 10 degrees in both eyes.

III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

18. DEAFNESS

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

19. 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.

20. THIRD DEGREE BURNS

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

II. SPECIFIC DEFINITIONS:

21. SURGERY TO AORTA

I. 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.

22. ABDOMINAL AORTA ANEURYSM

An abdominal aortic aneurysm (AAA) is a swelling/dilatation (aneurysm) of the aorta – the main blood vessel that leads away from the heart, down through the abdomen to the rest of the body.

a. The diagnosis must be supported by a CT scans or CTA (Angiography) and requiring Endovascular aneurysm repair and the realization of surgery has to be confirmed by a cardiovascular surgeon.
b. Congenital conditions are excluded

23. CARDIOMYOPATHY

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

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

24. PULMONARY ARTERY GRAFT SURGERY:

The undergoing of surgery requiring median sternotomy on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

25. APALLIC SYNDROME

I. Universal necrosis of the brain cortex, with the brain stem intact. Diagnosis must be definitely
confirmed by a Registered Medical practitioner who is also a neurologist holding such an appointment at an approved hospital. This condition must be documented for at least one (1) month.

26. PARKINSON'S DISEASE

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist
acceptable to Us.
The diagnosis must be supported by all of the following conditions:

a. the disease cannot be controlled with medication;
b. signs of progressive impairment; and

c. inability of the Insured Person to perform at least 3 of the 6 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 a continuous period of at least 6 months.

Parkinson's Disease secondary to drug and/or alcohol abuse is excluded.

27. MUSCULAR DYSTROPHY

A group of hereditary degenerative diseases of muscle characterised by progressive and permanent
weakness and atrophy of certain muscle groups. The diagnosis of muscular dystrophy must be unequivocal and made by a Neurologist acceptable to Us, with confirmation of at least 3 of the
following four conditions:

a. Family history of muscular dystrophy;
b. Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
c. Characteristic electromyogram; or
d. Clinical suspicion confirmed by muscle biopsy.

The condition must result in the inability of the Insured Person to perform at least 3 of the 6 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 a continuous period of at least 6 months.

28. PROGRESSIVE SUPRANUCLEAR PALSY:

A diagnosis of progressive supranuclear palsy by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical impairment of eye movements and motor function for a minimum period of 30 days.

29. CREUTZFELDT-JAKOB DISEASE (CJD)

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

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

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

30. BACTERIAL MENINGITIS

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord
resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must
persist for at least 6 weeks resulting in permanent inability to perform three or more Activities for Loss of Independent Living.

This diagnosis must be confirmed by:

a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
b. A consultant neurologist certifying the diagnosis of bacterial meningitis.

Bacterial Meningitis in the presence of HIV infection is excluded.

31. ALZHEIMER'S DISEASE

Alzheimer's disease is a progressive degenerative Illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication

problems, and general impairment of mental function, which gradually worsens leading to changes in personality.

Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests,arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a specialist Medical Practitioner (Neurologist) and supported by Our Appointed Medical Practitioner, evidenced by findings in cognitive and neuro radiological tests (e.g. CT scan, MRI, PET scan of the Brain). The disease must result in a permanent inability to perform three or more Activities with Loss of Independent Living or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days.

The following conditions are however not covered:

a. non-organic diseases such as neurosis and psychiatric Illnesses;
b. alcohol related brain damage; and
c. any other type of irreversible organic disorder/dementia.

32. ENCEPHALITIS

Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 30 days, certified by a specialist Medical Practitioner (Neurologist)

The permanent deficit should result in permanent inability to perform three or more Activities for Loss of Independent Living.

Exclusions:

• Encephalitis in the presence of HIV infection is excluded.

33. LOSS OF INDEPENDENT EXISTENCE

I. Confirmation by a Consultant Physician of the loss of independent existence due to illness or

trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three (3) of Activities of Daily Living .

34. SYSTEMIC LUPUS ERYTHEMATOUS

A multi-system, multifactorial, autoimmune disorder characterized by the development of autoantibodies directed against various self-antigens. Systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V lupus nephritis, established by renal biopsy, and in accordance with the World Health Organization (WHO) classification). The final diagnosis must be confirmed by a registered Medical Practitioner specializing in Rheumatology and Immunology acceptable to Us, Other forms, discoid lupus, and those forms with only hematological and joint involvement are however not covered:

The WHO lupus classification is as follows:

a. Class I: Minimal change – Negative, normal urine.
b. Class II: Mesangial – Moderate proteinuria, active sediment.
c. Class III: Focal Segmental – Proteinuria, active sediment.
d. Class IV: Diffuse – Acute nephritis with active sediment and/or nephritic syndrome.
e. Class V: Membranous – Nephrotic Syndrome or severe proteinuria.

35. GOODPASTURE`S SYNDROME

Goodpasture's syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage. The permanent damage should be for continuous period of atleast ***30 Days***. The Diagnosis must be proven by Kidney biopsy and confirmed by a Specialist Medical Practitioner (Rheumatologist *or Nephrologist*).

36. FULMINANT HEPATITIS

A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure.

This diagnosis must be supported by all of the following:

a. Rapid decreasing of liver size;
b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
c. Rapid deterioration of liver function tests;
d. Deepening jaundice; and
e. Hepatic encephalopathy.

Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

37. PNEUMONECTOMY

The undergoing of surgery on the advice of an appropriate Medical Specialist to remove an entire lung for disease or traumatic injury suffered by the life assured.

The following conditions are excluded:

• Removal of a lobe of the lungs (lobectomy)
• Lung resection or incision

38. APLASTIC ANAEMIA

I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:

(a) Blood product transfusion;
(b) Marrow stimulating agents;
(c) Immunosuppressive agents; or
(d) Bone marrow transplantation.

The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:

- Absolute Neutrophil count of 500 per cubic millimetre or less;
- Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
- Platelet count of 20,000 per cubic millimetre or less.

Subject to terms, conditions, limitations and exclusions mentioned in the Policy.

39. MEDULLARY CYSTIC DISEASE

I. Medullary Cystic Disease where all the below criteria are met:
   i. the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
   ii. clinical manifestations of anemia, polyuria, and progressive deterioration in kidney function; and
   iii. the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

II. Isolated or benign kidney cysts are specifically excluded from this benefit.

40. INFECTIVE ENDOCARDITIS

Inflammation of the inner lining of the heart arising out of infection, where all the below criteria are met:

i. Positive result of the blood culture proving presence of the infection;
ii. Presence of valvular incompetence (regurgitant fraction of >=20%) or moderate heart valve stenosis (Mitral Valve area upto 2.5 cm^2) attributable to Infective Endocarditis; and
iii. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a qualified cardiologist.

41. DISSECTING AORTIC ANEURYSM

A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a qualified

cardiologist/Cardio Thoracic Surgeon supported by computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram etc. where surgical correction is required.

42. SYSTEMIC LUPUS ERYTHEMATOUS WITH LUPUS NEPHRITIS

I. A multi-system autoimmune disorder characterized by the development of autoantibodies directed against various self-antigens. In respect of this Cover, systemic lupus Erythematous will be restricted to those forms of systemic lupus Erythematous which involve the kidneys **(Class III to Class V** Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered Medical practitioner specializing in Rheumatology and Immunology. Class I AND II will not be covered under this coverage.

II. The WHO Classification of Lupus Nephritis:
Class I Minimal Change Lupus Glomerulonephritis
Class II Mesangial Lupus Glomerulonephritis
Class III Focal Segmental Proliferative Lupus Glomerulonephritis
Class IV Diffuse Proliferative Lupus Glomerulonephritis
Class V Membranous Lupus Glomerulonephritis.

43. CHRONIC ADRENAL INSUFFICIENCY (ADDISON'S DISEASE)

I. An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for lifelong glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a Registered Medical practitioner who is a specialist in endocrinology through one of the following:
   i. ACTH simulation tests;
   ii. insulin-induced hypoglycemia test;
   iii. plasma ACTH level measurement;
   iv. Plasma Renin Activity (PRA) level measurement

II. Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

44. PROGRESSIVE SCLERODERMA

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

II. The following are excluded:
   i. Localized scleroderma (linear scleroderma or morphea);
   ii. Eosinophilic fasciitis; and
   iii. CREST syndrome.

45. CHRONIC RELAPSING PANCREATITIS

I. An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Medical practitioner who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterized by irreversible morphological change and typically causing permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.

II. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, due to intake of alcohol or any substance abuse is excluded.

46. BRAIN SURGERY

Any brain surgery under general anesthesia involving craniotomy is covered. Keyhole surgery is also included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such

as embolization's, thrombolysis and stereotactic biopsy are all excluded. The procedure must be considered medically necessary by a qualified Neurosurgeon.

47. CROHN'S DISEASE

I. Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:
   i. Stricture formation causing intestinal obstruction requiring admission to hospital, and
   ii. Fistula formation between loops of bowel, and
   iii. At least one bowel segment resection

II. The diagnosis must be made by a Registered Medical practitioner who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

48. SEVERE RHEUMATOID ARTHRITIS

I. Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:
   i. Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
   ii. Permanent inability to perform at least two (2) "Activities of Daily Living"; as listed below:
      a. 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;
      b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
      c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
      d. Mobility: the ability to move indoors from room to room on level surfaces;
      e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
      f. Feeding: the ability to feed oneself once food has been prepared and made available.
   iii. Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
   iv. The foregoing conditions have been present for at least six (6) months from the date of diagnosis.

49. SEVERE ULCERATIVE COLITIS

I. Acute fulminant ulcerative colitis with life threatening electrolyte imbalance.

II. All of the following criteria must be met:
   i. the entire colon is affected, with severe bloody diarrhea; and
   ii. the necessary treatment is total colectomy and ileostomy; and
   iii. the diagnosis must be based on histopathological features and confirmed by a Registered Medical practitioner who is a specialist in gastroenterology.

50. MULTIPLE SYSTEM ATROPHY

A Diagnosis of multiple system atrophy by a Specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of thirty (30) days of bladder control with postural hypotension and any 2 of the following:

i. Rigidity
ii. Cerebellar Ataxia
iii. Peripheral Neuropathy

C. BENEFITS COVERED UNDER THE POLICY

I. COVERAGE

SECTION 1. ACCIDENTAL DEATH

If **You** sustain an **Accidental** Bodily Injury during the **Policy Period**, which is the sole and direct cause of **Your** Death within twelve (12) months from the date of accident, then **We** will pay 100% of the **Sum Insured**, as opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section.

Inbuilt Benefits:

Below are the inbuilt benefits under **Section 1. Accidental Death** and **We** will pay 100% of the **Sum Insured** opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section, in the below events:

a. **Disappearance: We** shall be liable to be pay under this benefit, if the Insured Member's full body cannot be located within a period of consecutive twelve (12) months, following a forced landing, stranding, sinking, or wrecking of a Common Carrier in which such Insured Member was known to have been travelling as a fare paying passenger or in any event arising as a result of Act of God Perils during the **Policy Period**, where it is reasonable to believe that such Insured Member has died as a result of an **Accidental** Injury.

b. **Drowning: We** shall be liable to be pay under this benefit, if the Insured Member's full body cannot be located within a period of consecutive twelve (12) months, on account of Drowning during the **Policy Period**, where it is reasonable to believe that such Insured Member has died as a result of drowning.

   For both (a) and (b) above, **We** will only pay, when the nominee or the legal heir provides a legally binding indemnity bond or any other document as required by **Us** which guarantees, that, if at any time, after the payment of the Accidental death benefit, it is discovered that the **Insured Person** is still alive, all payments shall be repaid in full to **Us**.

   Once a claim has been accepted under this Section, this Policy will immediately and automatically cease in respect of that Insured Person. Also, **"Section 5. Children Education Benefit", "Section 6. Marriage Expense for Children", "Section 7. Orphan Benefit for Children", "Section 8. Funeral Expenses", "Section 9. Transportation Expenses", "Section 10. Trauma Counselling"**, **"Section 16. Compassionate Visit"** wherever opted, will cease on payment of entire **Sum Insured** in respect of the **Insured Person** against whom a claim has been accepted under this Section.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the **Policy**.

SECTION 2. PERMANENT TOTAL DISABLEMENT

If this Cover has been opted and **You** sustain an **Accidental** Bodily Injury during the **Policy Period**, which is the sole and direct cause of Your **"Permanent Total Disablement"** within twelve (12) months from the Date of accident, then **We** will pay 100% of **Sum Insured**, as opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section.

Specific Conditions:

1. If the Insured Member suffers Accidental Injuries resulting in more than one of the Permanent Total Disablement, then Our maximum, total and cumulative liability under this Benefit shall be limited to the **Sum Insured** opted by **You** and mentioned against this Section.
2. Once a claim has been accepted under this Section, this Policy will immediately and automatically cease in respect of that Insured Person. Also, **"Section 5. Children Education Benefit", "Section 6. Marriage Expense for Children", "Section 10. Trauma Counselling", "Section 20. Lifestyle**

Modification Benefit", "Section 15. Expense for External Aids & Appliances", "Section 16. Compassionate Visit" wherever opted, will cease on payment of entire Sum Insured in respect of the Insured Person against whom a claim has been accepted under this Section.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the **Policy**.

SECTION 3. PERMANENT PARTIAL DISABLEMENT

If this Cover has been opted and **You** sustain an Accidental Bodily Injury during the **Policy Period**, which is the sole and direct cause of **Your** Permanent Partial Disablement within twelve (12) months from the Date of accident, then We will pay the percentage of Sum Insured, as opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section, as per the following Scale.

Permanent Partial Disablement –Table of Benefits

Nature of Injury	**% of Sum Insured**
Loss of each arm at the shoulder joint	70%
Loss of each leg above centre of the femur	70%
Loss of each arm to a point above elbow joint	65%
Loss of each leg up to a point below the femur	65%
Loss of each arm below elbow joint	60%
Loss of each hand at the wrist	55%
Complete and irrecoverable loss of sight of an eye	50%
Loss of each leg to a point below the knee	50%
Loss of each leg up the centre of tibia	45%
Loss of each foot at the ankle	40%
Loss of hearing in each ear	30%
Loss of each thumb	20%
Loss of each index finger	10%
Loss of sense of smell	10%
Loss of each other finger	5%
Loss of each big toe	5%
Loss of sense of taste	5%
Loss of each other toe	2%

For the purpose of this Cover, Loss means:

a. The physical separation of a body part, or
b. The total loss of functional use of body part or organ provided this has continued for at least 12 calendar months from the date of accident, provided that **We** must be satisfied at the expiry of the 12 calendar months that there is no reasonable medical hope for improvement.

Specific Conditions:

1. If the Insured Member suffers Accidental Injuries resulting in more than one Permanent Partial Disablement, then **Our** maximum, total and cumulative liability under this Benefit shall be limited to the **Sum Insured** opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section.
2. If the Insured Member suffers from a Permanent Partial Disablement not listed in the above table then an external medical advisor will determine the disablement percentage. For this section

External Medical Advisor refers to an independent physician/surgeon who is an expert in the subject matter and is not working as on roll or off roll/ contract basis with the Insurer.

3. On acceptance of a claim under this Benefit, the Insured Member's Cover under this Benefit and Other Benefit opted under this Policy shall continue, subject to the availability of the **Sum Insured**, terms, conditions and Exclusion of this **Policy**.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the **Policy**.

SECTION 4. LOSS OF INCOME BENEFIT

If this Cover has been opted and **You** sustain an **Accidental** Bodily Injury during the **Policy Period**, which is the sole and direct cause of a Temporary Total Disablement and which completely prevents **You** from performing each and every duty pertaining to **Your** employment or occupation on a temporary basis, then **We** will pay a weekly benefit, amount of which is mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section, provided that:

1. The Temporary Total Disablement is certified by a Medical Practitioner and submission of supporting documents/reports with respect to clinical examination, radiological scanning or imaging and/or neurological fallout testing as submitted to **US**, failing which **We** shall not be liable for any claim under this Section.
2. **We** will stop making payments when **We** are satisfied that **You** can engage in **Your** occupation again or when **We** have made payments for number of weeks as opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** for any one injury calculated from the date of commencement the temporary total disablement as certified by the treating Medical Practitioner, whichever is earlier.
3. **We** shall not be liable to make any payment under this Benefit in respect of the **Insured Person** for more than the Total Number of weeks as opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** for any and all claims arising within the **Policy Period** under this Benefit.
4. The benefit shall not be paid for the Time Excess mentioned in **Your Policy Schedule/Certificate of Insurance** i.e. for the number of days as opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** calculated from the date of commencement of Temporary Total Disablement.
5. In case the Temporary Total Disablement is for a period less than a week, the benefit payable shall be calculated on proportionate basis in relation to the weekly benefit.
6. **We** will not pay any amount in excess of the Insured Person's base weekly income net of tax and other deductions, excluding overtime, bonuses, tips, commissions, or any other special compensation.
7. In case of any dispute with respect to the duration of Temporary Total Disablement, the duration shall be finally determined by a Doctor/**Medical Practitioner** mutually appointed by the Insured and Insurer, who certifies the final date upon which the Insured recovered and fit to perform each and every duty pertaining to his / her employment or occupation.

This Cover is subject to terms, conditions, time excess, limitations and exclusions mentioned in the **Policy.**

SECTION 5. CHILDREN EDUCATION BENEFIT

If **You** have opted for this Cover and **We** have accepted a claim under "**Section 1. Accidental Death**" and/or "**Section 2. Permanent Total Disablement**"**,** then **We** will pay the **Sum Insured** as opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section, towards the cost of education of **Your** dependent child (children) irrespective of whether the child(children) is an Insured Person under the **Policy** or not and provided that:

1. The dependent child (children) is under the age of 25 years and unmarried as on date of accident.
2. The dependent child (children) pursuing an education course is a full-time student at an educational institution.
3. Irrespective of the number of Children, maximum amount is the **Sum Insured** as mentioned in **Your Policy Schedule/Certificate of Insurance**.

4. Any Claim under this Section that becomes admissible where the Dependent child (children) is a minor, shall be payable to the legal heirs.

This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the **Policy**.

SECTION 6. MARRIAGE EXPENSE FOR CHILDREN BENEFIT

If **You** have opted for this Cover and **We** have accepted a claim under "**Section 1. Accidental Death**" and/or "**Section 2. Permanent Total Disablement**"**,** then **We** will pay the **Sum Insured** as opted by **You** and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, towards the marriage expenses of **Your** dependent child (children) irrespective of whether the child(children) is an **Insured Person** under the **Policy** or not and provided that:

1. The dependent child (children) is under the age of 25 years and unmarried as on date of accident.
2. Irrespective of the number of Children, maximum amount is the **Sum Insured** as mentioned in **Your Policy Schedule/Certificate of Insurance**.
3. Any Claim under this Section that becomes admissible where the Dependent child (children) is a minor, shall be payable to the legal heirs.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the **Policy**.

SECTION 7. ORPHAN BENEFIT FOR CHILDREN

If **You** have opted for this Cover and **We** have accepted a claim under "**Section 1. Accidental Death**" for the **Insured Person** who is a parent and while as a result of same accident or separate accident occurring during the **Policy Period** the Insured Person's Spouse (who may or may not be an Insured Person) has also died, then **We** will pay the **Sum Insured** as opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section to **Your** dependent child (children) irrespective of whether the child(children) is an **Insured Person** under the **Policy** or not and provided that:

1. The dependent child (children) is under the age of 25 years and unmarried as on date of accident.
2. The dependent child (children) does not have any independent source of income.
3. Irrespective of the number of Children, maximum amount is the **Sum Insured** as mentioned in **Your Policy Schedule/Certificate of Insurance**.
4. Any Claim under this Section that becomes admissible where the Dependent child (children) is a minor, shall be payable to the legal guardian/heirs.
5. For the purposes of this Section, Child (Children) means those who has/have been born out of a marriage which is legally valid as on the date of the accident and/or those who has/have been adopted in accordance with Indian Law.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the **Policy**.

SECTION 8. FUNERAL EXPENSES

If **You** have opted for this Cover and **We** have accepted a claim under "**Section 1. Accidental Death**"**,** then We will pay the **Sum Insured** as opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section, towards funeral, cremation and/or burial of the body of the deceased Insured Person.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the **Policy**.

SECTION 9. TRANSPORTATION EXPENSES

If **You** have opted for this Cover and **We** have accepted a claim under "**Section 1. Accidental Death**", then **We** will pay the **Sum Insured** as opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section, towards the expenses of transporting the mortal remains of the **Insured Person** from the place of death to a cremation ground or burial ground or to the residence of the **Insured Person**.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the **Policy.**

SECTION 10. TRAUMA COUNSELLING

If **You** have opted for this Cover and **We** have accepted a claim under "**Section 1. Accidental Death**" and/or **"Section 2. Permanent Total Disablement"** and/or **"Section 3. Permanent Partial Disablement"**, and the treating **Medical Practitioner** advises Professional Counselling sessions for the psychological upliftment, changes in daily diet or nutrition intake, Psychotherapy or Medications, then **We** will reimburse up to the **Sum Insured** as opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section, towards the expenses incurred for the counselling session, provided that, Coverage needs to be availed within Six months from the date of incident (i.e. date of injury/ accident) covered under this Section and is applicable to:

a. Insured Person's Parents, Spouse and Children – In case of **accidental death** of the Insured Person.
b. Insured Person – In case of **Permanent Total Disablement** and/or **Permanent Partial Disablement** sustained by the **Insured** during the **Policy Period**.

This Cover is subject to terms, conditions, Co-Payment, limitations and exclusions mentioned in the **Policy**.

SECTION 11. COMA BENEFIT COVER

If **You** have opted for this Cover and **You** sustain accidental bodily injury which solely and directly results in **Your** hospitalization in an Intensive Care Unit of a Hospital in a state of Coma, within 30 days of date of accident, then **We** will pay **You** the **Sum Insured** as opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section, provided that:

1. The Coma is confirmed by a specialist **Medical Practitioner** in writing which includes:
   a. no response to external stimuli continuously for at least 96 hours; and
   b. life support systems and measures are necessary to sustain life
2. Permanent neurological deficit must be assessed at least 30 days after the onset of the coma and the reports to be submitted to **Us** for any benefit to be payable under this Section.
3. Coma resulting directly from alcohol or drug abuse or any other illness other than **Accidental Bodily Injury** is excluded.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the **Policy**.

SECTION 12. FRACTURE COVER

If **You** have opted for this Cover and **You** sustain accidental bodily injury which solely and directly results in Fracture(s) of Bone(s), then **We** will pay the percentage shown in the below table of benefits applied to the **Sum Insured** opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section.

Fracture Cover - Table of Benefits

Nature of Fracture	**% of Sum Insured**
Hip or Pelvis (excluding thigh or coccyx)	
Open Fracture of more than one bone with flail pelvis	100%
Open Fracture of more than one bone without flail pelvis	50%
Open Fracture of one bone	50%
Closed Fracture of more than one bone with flail pelvis	50%
Closed Fracture of more than one bone without flail pelvis	25%
Closed Fracture one bone	15%
Thigh	
Open Fracture of neck of Femur	60%
Open Fracture of shaft of femur	45%
Closed Fracture of neck of Femur	25%
Closed Fracture of shaft of femur	25%
Fracture of condyles /patella	15%
Lower Leg	

Open Fracture of more than one bone	60%
Open Fracture of one bone	45%
Closed Fracture of more than one bone	25%
Closed Fracture one bone	15%
Fracture Ribs	
Fracture of Multiple Ribs with Flail Chest	25%
Fracture of Multiple Ribs with without Flail Chest	20%
Fracture of Single rib / Fracture of sternum	10%
Elbows, Arm (including wrist but excluding Colles type fractures)	
Open Fracture of more than one bone	45%
Open Fracture of one bone	35%
Closed Fracture of more than one bone	20%
Closed Fracture one bone	15%
Colles type fracture of the lower arm	
Open Fracture	25%
Closed Fracture	10%
Skull	
Fracture of the skull needing surgical Intervention	60%
Fracture of the skull not needing surgical Intervention	20%
Shoulder Blade, Rib(s), Knee cap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes or heel)	
Open Fracture	30%
Closed Fracture	15%
Spinal Column (Vertebrae but excluding coccyx)	
Compression fractures of more than one vertebrae	40%
Spinous, transverse process of pedicle fractures of more than one vertebrae	40%
Permanent Spinal Cord damage	40%
Fractures of Single Vertebra	15%
Lower Jaw	
Open Fracture	25%
Closed Fracture	10%
Cheekbone, Clavicle, Coccyx, Upper Jaw, Nose, Toe(s), Finger(s), Ankle, Heel	
Open Fracture of more than one bone	15%
Open Fracture of one bone	12%
Closed Fracture of more than one bone	4%
Closed Fracture one bone	2%
Dislocations requiring surgery under anaesthesia	
Spine	35%
Back (Excluding slipped disc)	35%
Hip	25%
Knee (left or right)	20%
Wrist (left or right)	15%
Elbow (left or right)	15%
Ankle (left or right)	10%
Shoulder Blade (left or right)	10%
Collar bone	10%
Fingers (left or right hand)	5%
Toes (left or right foot)	5%
Jaw	5%
Internal Injuries	
Internal injuries resulting in open abdominal or Thoracic Surgery	25%
Intracranial haemorrhage and/ or physical brain injury	25%

Specific Conditions:

1. If **You** suffer a Fracture not specified in the below table but the fracture is due to an injury solely and directly due to an **Accident**, then **Our Medical Practitioner** will decide the amount payable, if any. For this section the Company's **Medical Practitioner** refers to the **Medical Practitioner** who is working as an off roll /contract basis with the **Insurer**.
2. A fracture which results due to any illness or disease (including malignancy) or due to osteoporosis shall not be payable under this benefit.
3. A fracture where the broken bone penetrates the skin is an Open Fracture and where the broken bone does not penetrate the skin is a Closed Fracture.
4. If the **Insured Member** suffers Accidental Injuries resulting in more than one fractures, then **Our** maximum, total and cumulative liability under this Benefit shall be limited to the **Sum Insured** opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the **Policy**.

SECTION 13. BURNS COVER

If **You** have opted for this Cover and **You** sustain Second Degree Burns or Third Degree Burns solely and directly due to an accident, then **We** will pay the percentage shown in the below table of benefits applied to the **Sum Insured** opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section.

Burns Cover - Table of Benefits

Nature of Burns	% of Sum Insured
SECOND DEGREE BURNS	
Head	
Second degree burns of 30% or more of the total head surface area	50%
Second degree burns of 20% or more, but less than 30% of the total head surface area	40%
Second degree burns of 10% or more, but less than 20% of the total head surface area	30%
Rest of the Body	
Second degree burns of 20% or more of the total body surface area	50%
Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
Second degree burns of 5% or more, but less than 10% of the total body surface area	10%
THIRD DEGREE BURNS	
Head	
Third degree burns of 30% or more of the total head surface area	100%
Third degree burns of 20% or more, but less than 30% of the total head surface area	80%
Third degree burns of 10% or more, less than 20% of the total head surface area	60%
Rest of the Body	
Third degree burns of 20% or more of the total body surface area	100%
Third degree burns of 15% or more, but less than 20% of the total body surface area	80%

Third degree burns of 10% or more, less than 15% of the total head body area	60%
Third degree burns of 5% or more, less than 10% of the total head body area	20%

For the purpose of this cover,

1. Burns means an injury caused by exposure to heat or flame including chemical and electric burns.
2. **Second Degree Burns** means Burns which involve the epidermis and part of the dermis layer of skin, causing the burn site to appear red, blistered, and may be swollen and painful.
3. **Third Degree Burns** (full thickness burns) means the burns that destroy the outer layer of the skin (epidermis) and the entire layer beneath i.e. the dermis. It also affects deeper tissues resulting in white or blackened, charred skin that may cause numbness, loss of fluid and sometimes shock.

Specific Conditions:

1. The burns that are self-inflicted by **You** in any way will not be covered under this Benefit;
2. A **Medical Practitioner** has to confirm the percentage of the surface area of the burn and the diagnosis of the burn to Us in writing.
3. If the **Insured Member** suffers Accidental Injuries resulting in more than one of the nature of burns mentioned in the above table of benefits, then **Our** maximum, total and cumulative liability under this Benefit shall be limited to the **Sum Insured** opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the **Policy**.

SECTION 14. LIFESTYLE MODIFICATION BENEFIT

If **You** have opted for this Cover and **We** have accepted a claim under "**Section 2. Permanent Total Disablement**" and/or "**Section 3. Permanent Partial Disablement**", then **We** will reimburse the Reasonable and Customary Charges/Expenses incurred for improvements to be carried out in the Insured Person's residence and/or vehicle which are certified in writing by a **Medical Practitioner** to be necessary and following the accident, up to the **Sum Insured** opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section.

This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the **Policy.**

SECTION 15. EXPENSE FOR EXTERNAL AIDS & APPLIANCES

If **You** have opted for this Cover and **We** have accepted a claim under "**Section 2. Permanent Total Disablement**" and/or "**Section 3. Permanent Partial Disablement**", then **We** will reimburse the Reasonable and Customary Charges incurred towards purchase of support items such as artificial limbs, crutches, stretcher, tricycle, wheelchairs or any other item which is prescribed by a **Medical Practitioner** following an injury sustained in the accident, up to the **Sum Insured** opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section.
This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the **Policy**.

SECTION 16. COMPASSIONATE VISIT

If **You** have opted for this Cover and **We** have accepted a claim under **"Section 1. Accident Death"** and/or **"Section 2. Permanent Total Disablement"** and/or **"Section 26.A. Accidental Hospitalization"** due to an accident in a location situated outside the City/Town of Your usual place of residence mentioned in **Your Policy Schedule/Certificate of Insurance**, then **We** will reimburse the actual cost incurred for to and fro economy class transportation by the most direct route via a **common carrier**, up to the **Sum Insured** opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section, for one of the Insured's "**Immediate Family Member"** to travel to the place of accident or the Hospital in which the **Insured Person** is hospitalized.

For the purpose of this Section, the term "**Immediate Family Member**" would mean the Insured Person's spouse, siblings, Children above age of 18 years, parents or parents in law.

Specific Conditions:

The benefit is payable under this Section subject to:

1. The **Insured Member's** treating **Medical Practitioner** has advised in writing the personal attendance of an **Immediate Family Member**.
2. The **Insured Person** is Hospitalized at a distance of at least 100 kilometres from his place of residence.

This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the **Policy.**

SECTION 17. ADVENTURE SPORTS COVER

If **You** have opted for this Cover and **You** sustain accidental bodily injury, whilst engaged in Adventure Sports listed below in a non-professional capacity and under the supervision of a trained professional, which solely and directly results in Your

a. "**Death**" and/or "**Permanent Total Disablement**" within twelve (12) months from the Date of accident; then We will pay 100% of **Sum Insured** opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section for "**Death**" and/or "**Permanent Total Disablement**";

and/or

b. "**Accidental Hospitalization**", then **We** will Pay Up to the **Sum Insured** opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section for "**Accidental Hospitalization**". **We** will pay the expenses Incurred in respect of the below items under "**Accidental Hospitalization**":

Accommodation/Room Rent	Hospital accommodation in a ward, shared or private room.
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists
Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees
Day Care Procedures	Medical Expenses incurred for Medical treatment and/or surgical procedure as an inpatient under General or Local Anaesthesia in a hospital/day care centre for a stay less than 24 hour because of technological advancement.

Depending upon the option opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance**

Option 1: a. "**Death**" and/or "**Permanent Total Disablement**" and b. "**Accidental Hospitalization**"
Option 2: a. "**Death**" and/or "**Permanent Total Disablement**"
Option 3: b. "**Accidental Hospitalization**"

List of Adventure Sports Activities Covered:

If You have opted for this Section, We will cover You against the below listed Adventure Sports only:
"abseiling, aerial safari, ballooning , black water rafting, bouldering , bushwalking up to 3,000 mts, canoeing , go karting, hiking/trekking up to 3,000 mts, ice skating (indoor only) , jet boating , jet skiing , kayaking , mountain biking (cross country) , mountain biking on tracks and trails , parasailing , parascending (over water only) , rafting , river boarding , rock climbing up to 3,000 mts, rowing / sculling , sea canoeing , sea kayaking (coastal waters only) , snorkelling , speed boating , surf boat

rowing , surfing , tubing, wake skating , wakeboarding , windsurfing (coastal waters within 3 nautical miles only), yachting (coastal waters only) , bungee jumping, motor biking , sandboarding , sand skiing , skidoos, skiing / snowboarding , snow mobiling , snow rafting, zip lining , zorbing , triathlon, gliding , hang gliding , parachuting , paragliding , parapenting, skydiving with a professional trainer, scuba diving to 50 metres, unless any of the activities are modified/added /deleted and are specifically mentioned in Your Policy Schedule/Certificate of Insurance against this Section."

Specific Conditions:

1. The cover for the **Insured Member** under this Section shall terminate immediately once a claim is admitted and paid under the Adventure Sports Cover for "**Death**" or "**Permanent Total Disablement**".
2. Our maximum, total and cumulative liability under this Benefit shall be limited to the **Sum Insured** opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section.
3. **We** will not pay any claim under this Cover, whilst **You** are Training for or Taking part in sport as a:
   - professional for which You are paid or funded by sponsorship or grant; or
   - as an amateur sportsperson; or
   - You are not performing the activity under the supervision of a trained professional

This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the **Policy**.

SECTION 18. HIV COVER

If **You** have opted for this Cover, **We** will pay **You** the **Sum Insured** as mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section, in case **You** are first diagnosed to be suffering from an HIV Infection during the **Policy Period** and provided that HIV Infection is caused by any of the reasons other than Transmission through unprotected sex (Heterosexual, Homosexual or Bisexual).

For the purpose of this cover,
"HIV Infection" means a positive HIV antibody testing (rapid or laboratory-based enzyme immunoassay). This is usually confirmed by a second HIV antibody test (rapid or laboratory-based enzyme immunoassay) relying on different antigens or of different operating characteristics.
and /or;
a positive virological test for HIV or its components (HIV-RNA or HIV-DNA or ultrasensitive HIV p24 antigen) confirmed by a second virological test obtained from a separate determination.

Special Terms and Conditions Applicable to this Section

a. Coverage under this Section shall terminate in respect of the **Insured Member** against whom a claim has been accepted. However, the coverage under the **Policy** for other Sections (if opted) for that **Insured Member** shall continue under this **Policy**.

Any Claim with respect to an HIV infection detected, diagnosed or which manifested prior to Policy Start Date or during Initial Waiting Period as opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** is excluded from the Scope of the Cover provided under this Section.

SECTION 19. CRITICAL ILLNESS BENEFIT COVER

If **You** have opted for this Cover, **We** will pay **You** the **Sum Insured** as mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section, in case **You** are diagnosed as suffering from any of the Critical Illnesses or undergoing covered **Surgical Procedures** as per the Plan Opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** as specified below Provided that,

a) This **Critical illness** or covered **surgical procedure** has happened to **You** for the first time in your life.
b) **We** will not make any payment if **You** are diagnosed as suffering from Critical Illness within the number of days (i.e. Initial Waiting Period) mentioned in **Your Policy Schedule/Certificate of Insurance** from the date of inception of first "Digit Supreme Care Policy" with Us covering Critical Illness.

c) **You** survive for a minimum period of at least 30 days from the date of diagnosis of such **Critical Illness**, unless this condition is specifically waived by **Us.**

d) The **Critical Illness** or the **Surgical Procedure** Claim is not a consequence of or arising out of any pre-existing condition/disease.

e) Once a claim has been Paid under **Critical Illness and / or Surgical Procedure**, Cover under this Section shall cease and no further payment will be made for any consequent disease or any dependent disease.

Plan wise Covered Critical Illnesses

Sr. No.	Category	Critical Illness	Plan A	Plan B	Plan C	Plan D
1	Malignancy	Cancer of Specified Severity	Covered	Covered	Covered	Covered
2	Cardiovascular system	Myocardial Infarction	Covered	Covered	Covered	Covered
3		Open Heart Replacement or Repair of Heart Valves	Covered	Covered	Covered	Covered
4		Surgery to Aorta	Covered	Covered	Covered	Covered
5		Primary (Idiopathic) Pulmonary Hypertension	Not Covered	Covered	Covered	Covered
6		Aneurysm of Abdominal Aorta	Not Covered	Not Covered	Covered	Covered
7		Cardiomyopathy	Not Covered	Not Covered	Covered	Covered
8		Pulmonary artery graft surgery	Not Covered	Not Covered	Covered	Covered
9		Open Chest CABG	Covered	Covered	Covered	Covered
10		Infective Endocarditis	Not Covered	Not Covered	Not Covered	Covered
11		Dissecting Aortic Aneurysm	Not Covered	Not Covered	Not Covered	Covered
12	Major Organ Condition/Disease	End Stage Lung Failure	Covered	Covered	Covered	Covered
13		End Stage Liver Failure	Covered	Covered	Covered	Covered
14		Kidney Failure Requiring Regular Dialysis	Covered	Covered	Covered	Covered
15		Major Organ/ Bone Marrow Transplant	Covered	Covered	Covered	Covered
16		Medullary Cystic Disease	Not Covered	Not Covered	Not Covered	Covered
17		Chronic Relapsing Pancreatitis	Not Covered	Not Covered	Not Covered	Covered
18	Nervous System	Apallic Syndrome	Not Covered	Covered	Covered	Covered
19		Benign Brain Tumour	Covered	Covered	Covered	Covered
20		Coma of Specified Severity	Covered	Covered	Covered	Covered
21		Major Head Trauma	Covered	Covered	Covered	Covered
22		Permanent Paralysis of Limbs	Covered	Covered	Covered	Covered

23		Stroke Resulting in Permanent Symptoms	Not Covered	Covered	Covered	Covered
24		Motor Neurone Disease with Permanent Symptoms	Not Covered	Covered	Covered	Covered
25		Parkinson's Disease	Not Covered	Not Covered	Covered	Covered
26		Muscular Dystrophy	Not Covered	Not Covered	Covered	Covered
27		Progressive Supranuclear Palsy	Not Covered	Not Covered	Covered	Covered
28		Creutzfeldt-Jakob disease (CJD)	Not Covered	Not Covered	Covered	Covered
29		Bacterial Meningitis	Not Covered	Not Covered	Covered	Covered
30		Alzheimer's disease	Not Covered	Not Covered	Covered	Covered
31		Encephalitis	Not Covered	Not Covered	Covered	Covered
32		Multiple Sclerosis with Persisting Symptoms	Covered	Covered	Covered	Covered
33		Brain Surgery	Not Covered	Not Covered	Not Covered	Covered
34		Multiple System Atrophy	Not Covered	Not Covered	Not Covered	Covered
35	**Auto Immune Disorder**	Systemic lupus erythematosus	Not Covered	Not Covered	Covered	Covered
36		Goodpasture's syndrome	Not Covered	Not Covered	Covered	Covered
37		Aplastic Anaemia	Not Covered	Covered	Covered	Covered
38		Systemic Lupus Erythematous with Lupus Nephritis	Not Covered	Not Covered	Not Covered	Covered
39		Progressive Scleroderma	Not Covered	Not Covered	Not Covered	Covered
40		Crohn's Disease	Not Covered	Not Covered	Not Covered	Covered
41		Severe Ulcerative Colitis	Not Covered	Not Covered	Not Covered	Covered
42	**Others**	Loss of Independent Existence	Not Covered	Covered	Covered	Covered
43		Fulminant Viral Hepatitis	Not Covered	Not Covered	Covered	Covered
44		Pneumonectomy	Not Covered	Not Covered	Covered	Covered
45		Deafness	Not Covered	Not Covered	Not Covered	Covered
46		Loss of Speech	Not Covered	Not Covered	Not Covered	Covered
47		Third Degree Burns	Not Covered	Not Covered	Not Covered	Covered
48		Chronic Adrenal Insufficiency (Addison's Disease	Not Covered	Not Covered	Not Covered	Covered
49		Blindness	Not Covered	Not Covered	Not Covered	Covered
50		Severe Rheumatoid Arthritis	Not Covered	Not Covered	Not Covered	Covered

SECTION 20. CRITICAL ILLNESS HOSPITALIZATION COVER

If **You** have opted for this Cover and **You** are diagnosed as suffering from any of the Critical Illnesses or undergoing covered **Surgical Procedures** as specified below, during the **Policy Period**, **We** will pay **You** all Reasonable and Customary Charges that are Medically Necessary and Incurred by **You** in respect of an admissible hospitalization claim, up to the **Sum Insured** mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section.

Provided that,

a) This **Critical illness** or covered surgical procedure has happened to **You** for the first time in your life.

b) **We** will not make any payment if **You** are diagnosed as suffering from **Critical Illness** and hospitalized within the number of days (i.e. Initial Waiting Period) mentioned in **Your Policy Schedule/Certificate of Insurance** from the date of inception of first policy with **Us**.

c) No Claim under this option shall be admissible if the Critical Illness or the **Surgical Procedure** is a consequence of or arising out of any pre-existing condition/disease.

Accommodation/Room Rent	Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section. Note: If You have opted for a Limit on "**Accommodation/Room Rent**" and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables.
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

Critical Illness means the following major disease, which You have been diagnosed during the Policy Period to have suffered from and which requires Hospitalisation and are specifically defined as below:

Sr. No.	Category	Critical Illness	Plan A	Plan B	Plan C	Plan D
1	**Malignancy**	Cancer of Specified Severity	Covered	Covered	Covered	Covered
2	**Cardiovascular system**	Myocardial Infarction	Covered	Covered	Covered	Covered
3		Open Heart Replacement or Repair of Heart Valves	Covered	Covered	Covered	Covered
4		Surgery to Aorta	Covered	Covered	Covered	Covered
5		Primary (Idiopathic) Pulmonary Hypertension	Not Covered	Covered	Covered	Covered
6		Aneurysm of Abdominal Aorta	Not Covered	Not Covered	Covered	Covered
7		Cardiomyopathy	Not Covered	Not Covered	Covered	Covered

8		Pulmonary artery graft surgery	Not Covered	Not Covered	Covered	Covered
9		Open Chest CABG	Covered	Covered	Covered	Covered
10		Infective Endocarditis	Not Covered	Not Covered	Not Covered	Covered
11		Dissecting Aortic Aneurysm	Not Covered	Not Covered	Not Covered	Covered
12	**Major Organ Condition/Disease**	End Stage Lung Failure	Covered	Covered	Covered	Covered
13		End Stage Liver Failure	Covered	Covered	Covered	Covered
14		Kidney Failure Requiring Regular Dialysis	Covered	Covered	Covered	Covered
15		Major Organ/ Bone Marrow Transplant	Covered	Covered	Covered	Covered
16		Medullary Cystic Disease	Not Covered	Not Covered	Not Covered	Covered
17		Chronic Relapsing Pancreatitis	Not Covered	Not Covered	Not Covered	Covered
18	**Nervous System**	Apallic Syndrome	Not Covered	Covered	Covered	Covered
19		Benign Brain Tumour	Covered	Covered	Covered	Covered
20		Coma of Specified Severity	Covered	Covered	Covered	Covered
21		Major Head Trauma	Covered	Covered	Covered	Covered
22		Permanent Paralysis of Limbs	Covered	Covered	Covered	Covered
23		Stroke Resulting in Permanent Symptoms	Not Covered	Covered	Covered	Covered
24		Motor Neurone Disease with Permanent Symptoms	Not Covered	Covered	Covered	Covered
25		Parkinson's Disease	Not Covered	Not Covered	Covered	Covered
26		Muscular Dystrophy	Not Covered	Not Covered	Covered	Covered
27		Progressive Supranuclear Palsy	Not Covered	Not Covered	Covered	Covered
28		Creutzfeldt-Jakob disease (CJD)	Not Covered	Not Covered	Covered	Covered
29		Bacterial Meningitis	Not Covered	Not Covered	Covered	Covered
30		Alzheimer's disease	Not Covered	Not Covered	Covered	Covered
31		Encephalitis	Not Covered	Not Covered	Covered	Covered
32		Multiple Sclerosis with Persisting Symptoms	Covered	Covered	Covered	Covered
33		Brain Surgery	Not Covered	Not Covered	Not Covered	Covered
34		Multiple System Atrophy	Not Covered	Not Covered	Not Covered	Covered
35		Systemic lupus erythematosus	Not Covered	Not Covered	Covered	Covered

36	**Auto Immune Disorder**	Goodpasture's syndrome	Not Covered	Not Covered	Covered	Covered
37		Aplastic Anaemia	Not Covered	Covered	Covered	Covered
38		Systemic Lupus Erythematous with Lupus Nephritis	Not Covered	Not Covered	Not Covered	Covered
39		Progressive Scleroderma	Not Covered	Not Covered	Not Covered	Covered
40		Crohn's Disease	Not Covered	Not Covered	Not Covered	Covered
41		Severe Ulcerative Colitis	Not Covered	Not Covered	Not Covered	Covered
42	**Others**	Loss of Independent Existence	Not Covered	Covered	Covered	Covered
43		Fulminant Viral Hepatitis	Not Covered	Not Covered	Covered	Covered
44		Pneumonectomy	Not Covered	Not Covered	Covered	Covered
45		Deafness	Not Covered	Not Covered	Not Covered	Covered
46		Loss of Speech	Not Covered	Not Covered	Not Covered	Covered
47		Third Degree Burns	Not Covered	Not Covered	Not Covered	Covered
48		Chronic Adrenal Insufficiency (Addison's Disease	Not Covered	Not Covered	Not Covered	Covered
49		Blindness	Not Covered	Not Covered	Not Covered	Covered
50		Severe Rheumatoid Arthritis	Not Covered	Not Covered	Not Covered	Covered

SECTION 21. CRITICAL ILLNESS HOSPITALIZATION CASH ALLOWANCE COVER

This cover protects **You** in case of **Your** Hospitalization as an inpatient due to a **Critical Illnesses** or undergoing related **Surgical Procedures** during the **Policy Period**, as per the Plan Opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance**. **We** will pay **You** as per the **Sum Insured** Basis Opted by **You** and mentioned in **Your Policy Schedule / Certificate of Insurance** against this Cover.

The above is provided that,

a) This **Critical illness** or **Covered Surgical Procedure** has happened to **You** for the first time in **Your** life.
b) The diagnosis of the **Critical Illness** or Covered **Surgical Procedure** and hospitalization should have happened after the **Critical Illness** Initial Waiting Period mentioned in **Your Policy Schedule/Certificate of Insurance** against this section.
c) No Claim under this option shall be admissible if the **Critical Illness** or the **Surgical Procedure** is a result of any pre-existing condition/disease.

Sum Insured Basis Option:

You would have chosen one among the following two 'Basis' of payment. Please check your **Policy Schedule/ Certificate of Insurance** for the chosen 'Basis':

Basis 1 - Per Day Benefit

If **You** have opted for this Basis, **We** will pay a Daily Cash Allowance, amount for this is mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section. This will be paid for each continuous and completed period of 24 hours of Hospitalisation arising out of the **Critical Illnesses** or **Surgical Procedures** mentioned in **Your** Plan, for a maximum number of days as mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section.

If **You** are hospitalised in the **Intensive Care Unit (ICU)** of a Hospital for each continuous and completed period of 24 hours, **We** will pay an amount equivalent to the percentage of the Daily Cash Allowance as opted by **You** and mentioned in the **Policy Schedule / Certificate of Insurance** against this Basis.

Basis 2 – Fixed Lump Sum Benefit

If **You** have opted for this Basis, **We** will pay a Fixed Cash Allowance, amount for this is mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section. This will be paid for each continuous and completed period of the number of days of Hospitalisation arising out arising out of the **Critical Illnesses** or **Surgical Procedures** mentioned in **Your** Plan, for a maximum number of days as mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section.

Conditions Applicable to both Basis 1 & 2:

- In case of **Individual Sum Insured basis**, maximum number of days will be Per Policy Year Per **Insured Person** and in case of Floater Policy the maximum number of days will be Per Policy Year on **Floater Sum Insured basis**.
- For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.
- Payment of claim under this benefit is subject to the time excess as opted by **You** and mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section.
    - This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the **Policy**.

Plan wise Covered Critical Illnesses

Sr. No.	Category	Critical Illness	Plan A	Plan B	Plan C
1	**Malignancy**	Cancer of Specified Severity	Covered	Covered	Covered
2	**Cardiovascular system**	Myocardial Infarction	Covered	Covered	Covered
3		Open Heart Replacement or Repair of Heart Valves	Covered	Covered	Covered
4		Surgery to Aorta	Covered	Covered	Covered
5		Primary (Idiopathic) Pulmonary Hypertension	Not Covered	Covered	Covered
6		Aneurysm of Abdominal Aorta	Not Covered	Not Covered	Covered
7		Cardiomyopathy	Not Covered	Not Covered	Covered
8		Pulmonary artery graft surgery	Not Covered	Not Covered	Covered
9		Open Chest CABG	Covered	Covered	Covered
10	**Major Organ Damage/Transplant**	End Stage Lung Failure	Covered	Covered	Covered
11		End Stage Liver Failure	Covered	Covered	Covered
12		Kidney Failure Requiring Regular Dialysis	Covered	Covered	Covered
13		Major Organ Damage or Transplant / Bone Marrow Transplant	Covered	Covered	Covered
14	**Nervous System**	Apallic Syndrome	Not Covered	Covered	Covered
15		Benign Brain Tumour	Covered	Covered	Covered
16		Coma of Specified Severity	Covered	Covered	Covered
17		Major Head Trauma	Covered	Covered	Covered
18		Permanent Paralysis of Limbs	Covered	Covered	Covered
19		Stroke Resulting in Permanent Symptoms	Not Covered	Covered	Covered
20		Motor Neurone Disease with Permanent Symptoms	Not Covered	Covered	Covered
21		Parkinson's Disease	Not Covered	Not Covered	Covered
22		Muscular Dystrophy	Not Covered	Not Covered	Covered
23		Progressive Supranuclear Palsy	Not Covered	Not Covered	Covered

24		Creutzfeldt-Jakob disease (CJD)	Not Covered	Not Covered	Covered
25		Bacterial Meningitis	Not Covered	Not Covered	Covered
26		Alzheimer's disease	Not Covered	Not Covered	Covered
27		Encephalitis	Not Covered	Not Covered	Covered
28		Multiple Sclerosis with Persisting Symptoms	Covered	Covered	Covered
29	**Others**	Loss of Independent Existence	Not Covered	Covered	Covered
30		Systemic lupus erythematosus	Not Covered	Not Covered	Covered
31		Goodpasture's syndrome	Not Covered	Not Covered	Covered
32		Fulminant Viral Hepatitis	Not Covered	Not Covered	Covered
33		Pneumonectomy	Not Covered	Not Covered	Covered
34		Aplastic Anaemia	Not Covered	Covered	Covered

SECTION 22. CANCER BENEFIT COVER

If **You** have opted for this Cover, **We** will pay **You** the **Sum Insured** as mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section, in case **You** are diagnosed as suffering from Cancer for Specified Severity for the first time in **Your** life. Provided that,

a) **We** will not make any payment if **You** are diagnosed as suffering from Cancer for Specified Severity within the number of days (i.e. Initial Waiting Period) mentioned in **Your Policy Schedule/Certificate of Insurance** from the date of inception of first policy with **Us**.
b) **You** survive for a minimum period of at least 30 days from the date of diagnosis of such **Cancer for Specified Severity**, unless this condition is specifically waived by **Us.**
c) No Claim under this option shall be admissible if the Cancer is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the **Insured** and accepted by **Us** at the time of buying the Policy with **Us**, where this benefit is opted.
d) Cover under this Section shall cease upon payment of the compensation on the happening of a **Cancer for Specified Severity** and no further payment will be made for any consequent disease or any dependent disease.

SECTION 23. CANCER HOSPITALIZATION COVER

If **You** have opted for this Cover and **You** are diagnosed as suffering from **Cancer for Specified Severity** for the first time in **Your** life during the **Policy Period** , **We** will pay **You** all Reasonable and Customary Charges that are Medically Necessary and Incurred by **You** in respect of an admissible hospitalization claim for **Cancer for Specified Severity** up to the **Sum Insured** mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section.

Provided that,

a) **We** will not make any payment if **You** are diagnosed as suffering from **Cancer for Specified Severity** and hospitalized within the number of days (i.e. Initial Waiting Period) mentioned in **Your Policy Schedule/Certificate of Insurance** from the date of inception of first policy with **Us**.
b) No Claim under this option shall be admissible if Cancer is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the **Insured** and accepted by **Us** at the time of buying the Policy with **Us**, where this benefit is opted.

Accommodation/Room Rent	Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section. Note: If You have opted for a Limit on "**Accommodation/Room Rent**" and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the

	Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables.
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

SECTION 24. EMI PROTECTION COVER

If **You** have opted for this Cover and **You** sustain accidental bodily injury which solely and directly results in Your "**Death**" or "**Permanent Total Disablement**" or **"Permanent Partial Disablement"** within twelve (12) months from the Date of accident or suffer from **"Critical Illness"** as per the cover opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section and this completely prevents You from performing each and every duty pertaining to Your employment or occupation mentioned in **Your Policy Schedule/Certificate of Insurance** for a minimum period of 1 month, **We** will pay an amount equivalent to Your contribution in EMI of **Your** Loan from a Financial Institution, up to the **Sum Insured** and Number of Months opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** against this Section, provided that:

a. Satisfactory proof is submitted confirming that "**Permanent Total Disablement**" or **"Permanent Partial Disablement" or "Critical Illness"** has completely prevented You from engaging in Your Employment or Occupation mentioned in **Your Policy Schedule/Certificate of Insurance**.
b. **We** will stop making payments when **We** are satisfied that **You** can engage in **Your** Employment or Occupation again or when **We** have made payments for a maximum period of months, as opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance**, beginning from the date **You** met with the Accidental Bodily Injury or were first Diagnosed with Critical Illness or first underwent **Surgical Procedures** mentioned under Critical Illness, whichever is earlier.
c. The EMI amount would not include any arrears/payment that are overdue and unpaid by the **Insured Person** prior to the date of accident, due to any reasons whatsoever.

For the Purpose of this Cover;

a. **"Permanent Partial Disablement"** means:
   - Loss of arm at the shoulder joint
   - Loss of leg above centre of the femur
   - Loss of arm to a point above elbow joint
   - Loss of leg up to a point below the femur
   - Loss of arm below elbow joint
   - Loss of hand at the wrist
   - Complete and irrecoverable loss of sight of an eye
   - Loss of leg to a point below the knee
   - Loss of leg up the centre of tibia
   - Loss of foot at the ankle

b. **"Critical Illness"** shall mean the below listed illnesses that **You** are diagnosed as suffering from or **Surgical Procedures** that **You** are undergoing, for the first time in **your** life.

Provided that:

1. **We** will not make any payment if **You** are diagnosed as suffering from Critical Illness within the number of days (i.e. Initial Waiting Period) mentioned in **Your Policy Schedule/Certificate of Insurance** from the date of inception of first "Digit Supreme Care Policy" with **Us** covering Critical Illness.
2. **You** survive for a minimum period of at least 30 days from the date of diagnosis of such **Critical Illness**, unless this condition is specifically waived by **Us**.
3. The **Critical Illness** or the **Surgical Procedure** Claim is not a consequence of or arising out of any pre-existing condition/disease.

Sr. No.	Category	Critical Illness
1	**Malignancy**	Cancer of Specified Severity
2	**Cardiovascular system**	Myocardial Infarction
3		Open Heart Replacement or Repair of Heart Valves
4		Surgery to Aorta
5		Primary (Idiopathic) Pulmonary Hypertension
6		Open Chest CABG
7	**Major Organ Transplant**	End Stage Lung Failure
8		End Stage Liver Failure
9		Kidney Failure Requiring Regular Dialysis
10		Major Organ/ Bone Marrow Transplant
11	**Nervous System**	Apallic Syndrome
12		Benign Brain Tumour
13		Coma of Specified Severity
14		Major Head Trauma
15		Permanent Paralysis of Limbs
16		Stroke Resulting in Permanent Symptoms
17		Motor Neurone Disease with Permanent Symptoms
18		Multiple Sclerosis with Persisting Symptoms
19	**Others**	Loss of Independent Existence
20		Aplastic Anaemia

SECTION 25. LOSS OF EMPLOYMENT

If **You** have opted for this Cover and **You** are terminated or dismissed or retrenched from **Your** Employment, by the Employer during the **Policy Period** as per the Employer's rules/regulations or executed/ implemented by the Employer in compliance of any laws for the time being in force or any directives by any Public Authority, **We** will pay on any one of the following Basis Opted by **You** at Policy Inception and mentioned in **Your Policy Schedule/Certificate of Insurance:**

Basis 1:

a. An amount equal to the EMI payable monthly as mentioned in **Your Policy Schedule/Certificate of Insurance**. Or
b. 70% of Net Monthly Salary (Take home salary) after deduction of income tax, professional tax, PF Contributions, Bonuses / One-time Variable Pay, Any other deductions, and any reimbursements from the monthly pay slips. For the calculation of Monthly Take home salary, we shall consider the last three months monthly average salary subject to all deductions mentioned above.

The Claim Payable under this Basis shall be restricted to number of months as opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** and shall be lower of Point a. and b. above. However, if the number of Outstanding EMI remaining in Your Loan Repayment Schedule, post the commencement of the claim payable under this Section is less than the number months as opted by **You**, then **We** shall be restricting our payments to the number of EMI remaining for the related loan.

Basis 2:

a. Fixed Amount Per Month as opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance**.
b. Or 70% of Net Monthly Salary (Take home salary) after deduction of income tax, professional tax, PF Contributions, Bonuses / One-time Variable Pay, Any other deductions, and any reimbursements from the monthly pay slips. For the calculation of Monthly Take home salary, we shall consider the last three months monthly average salary subject to all deductions mentioned above.

The Claim payable under this Basis shall be restricted to number of months as opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance** and shall be lower of Point a. and b. above.

Specific Exclusions Applicable to this Section

1. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his wilful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
2. The Company shall not be liable to make any payment under this Policy in connection with or in respect of:
   a. Self-employed persons;
   b. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
   c. Any voluntary unemployment;
   d. Unemployment at the time of inception of the Policy Period or arising within first three months of inception of the first policy with Us.
3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured
4. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
5. Any unemployment due to resignation, retirement whether voluntary or otherwise
6. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.
7. If the employment contract and Job Location was outside India.
8. Insured event Arising or resulting from the Insured committing any breach of the law with criminal intent.
9. Insured event Due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of terrorism.
10. Insured event Directly or indirectly caused by or contributed to by or arising out of usage, consumption or abuse of alcohol and/or drugs.
11. Any consequential or indirect loss or expenses arising out of or related to Insured Event.

Special Terms and Conditions Applicable to this Section

a) Re Employment

In the event insured gets re-employed but with reduced monthly take home salary. The Company shall pay the 70% of difference between the reduced monthly take home salary and monthly take home salary prior to the insured event, subject to the maximum of the EMI amount and shall be restricted to number of months as opted by You and mentioned in Your **Policy Schedule/Certificate of Insurance**.

The Claim payable under this policy shall continue to be paid in reduced proportion as per the calculation method above, even if reemployment takes place during the period of severance pay, or during deferred period of 30 days or even after the Claim payable has commenced.

b) Initial Waiting Period

If the Insured event triggers within 90 days of the issuance of first policy with Us, any claim shall not be Payable under this policy.

Waiting Periods before the Benefit payment starts after an Insured Event

a. If the Employer pays any severance pay Benefit, then the claim payable under this section shall start only after the time period for which severance pay is applicable. For the calculation of "Time Period" for which severance pay shall be applicable, the company shall consider the Severance pay paid by the Employer divided by the monthly take home salary to consider the amount of period for which severance pay shall be applicable.
b. In addition to the point a. above, there will be a further waiting period of one month that shall be applicable before the claim payable under this policy Commences.

In the event, if the **Insured** has started working again during the waiting periods applicable above, this claim shall only be payable as per the reduced formulae as mentioned in "Re Employment" section above.

SECTION 26: HOSPITALIZATION COVER

A. ACCIDENTAL HOSPITALIZATION COVER

If **You** have opted for this Cover and **You** suffer an **Accidental** Injury during the **Policy Period** that requires **Hospitalization** as an inpatient, we'll be there for you. We will pay You all **Reasonable and Customary Charges** that are **Medically Necessary** and Incurred by **You** in respect of an admissible claim. The claim can be made under the following benefits and up to the **Sum Insured** mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section.

Accommodation/Room Rent	Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule/ Certificate of Insurance against this Cover. Note: If You have opted for a Limit on "**Accommodation/Room Rent**" and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off by Us and mentioned in Your Policy Schedule/Certificate of Insurance.
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

A1. Day Care Procedures

If **You** suffer an Accidental Injury during the **Policy Period**, due to which **You** need to undergo medical treatment and/or surgical procedure as an inpatient under General or Local Anaesthesia in a hospital/day care centre for a stay less than 24 hour because of technological advancement, **We** will pay the Medical Expenses Incurred for such **Day Care Procedures**.

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

A2. Pre-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by **You** and mentioned in **Your Policy Schedule / Certificate of Insurance** against this Cover, prior to the date of **Your** admission in a hospital, provided that:

a) Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which **Your** Subsequent Hospitalization was required.
b) **We** have accepted an Inpatient Accidental Hospitalization Claim under **Section 26.A. Accidental Hospitalization Cover** of this **Policy.**

A3. Post-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by **You** and mentioned in **Your Policy Schedule / Certificate of Insurance** against this Cover, from the date of **Your** Discharge from the hospital, provided that:

a) The expenses are recommended by the Hospital/**Medical Practitioner** and are for the same condition for which you were hospitalized.
b) We have accepted an Inpatient Accidental Hospitalization Claim under **Section26. A. Accidental Hospitalization Cover** of this Policy.

Instead, You may also choose to opt for a onetime lumpsum benefit, which shall be a percentage of the claim amount approved under **Section 26.A. Accidental Hospitalization Cover** towards Post Hospitalization Expenses, after Your discharge from the Hospital. This percentage is mentioned in Your Policy Schedule/Certificate of Insurance.

If we have paid a lump sum amount, then You won't be eligible for any other payment under this benefit for that particular Hospitalization.

A4. Dental Treatment

We will pay for the medical expenses incurred by **You** for any necessary Dental Treatment needed after an accident. A claim here is valid if the accident resulted in an admissible inpatient Hospitalization Claim under **Section 26. A. Accidental Hospitalization Cover.**

A5. Road Ambulance

We will pay for the expenses incurred on **Your** road transportation by a Healthcare or an Ambulance Service Provider to a Hospital for treatment following an Emergency arising out of an Accident, provided that:

a) **We** have accepted a claim under **Section 26. A. Accidental Hospitalization Cover.**
b) The maximum liability per Hospitalization is restricted to the amount as mentioned in **Your Policy Schedule / Certificate of Insurance** against this Cover.
c) The Coverage also Includes **Your** cost of road Transportation from a Hospital to another nearest Hospital which is prepared to admit **You** and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where **You** are situated. Such road Transportation has to be prescribed by a **Medical Practitioner** and/or should be Medically Necessary.

A6. Second Medical Opinion

We shall arrange and bear the cost for Second Opinion from our panel of **Medical Practitioner**s. This is for times when there has been a major accidental injury that requires your hospitalisation in a tertiary care facility during the **Policy Period**, provided that:

1. **We** have received Your request to arrange for a Second Opinion.
2. **You** have the option to choose any One of Our Panel Medical Practitioners.
3. **We** will not provide more than one Opinion for the same Medical Condition within a **Policy Period**.

All the above Covers are Subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the **Policy.**

B. ACCIDENTAL & ILLNESS HOSPITALIZATION COVER

If **You** have opted for this Cover and **You** suffer an **Accidental** Injury or Illness during the **Policy Period** that requires Hospitalization as an inpatient, **We** will pay **You** all Reasonable and Customary Charges that are Medically Necessary and Incurred by **You** in respect of an admissible claim. The claim can be made under the following benefits and up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Accommodation/Room Rent	Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover. Note: If You have opted for a Limit on "**Accommodation/Room Rent**" and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off and mentioned in Your Policy Schedule/Certificate of Insurance.
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

B1. Day Care Procedures

If **You** suffer an Accidental Injury or Illness during the **Policy Period**, due to which **You** need to undergo medical treatment and/or surgical procedure as an inpatient under General or Local Anaesthesia in a hospital/day care centre for stay less than 24 hrs because of technological advancement, **We** will pay the **Medial Expenses** Incurred for such Day Care Procedure.

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

B2. Pre-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by **You** and mentioned in **Your Policy Schedule / Certificate of Insurance** against this Cover, prior to the date of Your admission in a hospital, provided that:

a) Such Expenses recommended by the **Hospital/Medical Practitioner** were in fact incurred for the same condition for which Your Subsequent Hospitalization was required.
b) We have accepted an Inpatient Hospitalization Claim under **Section 26.B. Accidental & Illness Hospitalization Cover** of this **Policy.**

B3. Post-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by **You** and mentioned in **Your Policy Schedule / Certificate of Insurance** against this Cover, from the date of Your Discharge from the hospital, provided that:

a) The expenses are recommended by the Hospital/Medical Practitioner and are for the same condition for which you were hospitalized.
b) We have accepted an Inpatient Hospitalization Claim under **Section 26.B. Accidental & Illness Hospitalization Cover** of this **Policy.**

Instead, **You** may also choose to opt for a onetime lumpsum which shall be a percentage of the claim amount approved under **Section 26.B. Accidental & Illness Hospitalization Cover** towards Post Hospitalization Expenses, after Your discharge from the Hospital. This percentage is mentioned in **Your Policy Schedule/Certificate of Insurance**.

If **We** have paid a lump sum amount, then **You** won't be eligible for any other payment under this benefit for that particular Hospitalization.

B4. Dental Treatment

We will pay for the Medical Expenses incurred in respect of any necessary Dental Treatment from a dentist provided the Dental Treatment is required as a result of an Accident that results in an admissible inpatient Hospitalization Claim under **Section 26. B. Accidental & Illness Hospitalization Cover.**

B5. Road Ambulance

We will pay for the expenses incurred on **Your** road transportation by a Healthcare or an Ambulance Service Provider to a Hospital for treatment following an Emergency, provided that:

a) **We** have accepted a claim under **Section 26. B. Accidental & Illness Hospitalization Cover.**
b) The maximum liability per Hospitalization is restricted to the amount as mentioned in **Your Policy Schedule / Certificate of Insurance** against this Cover.
c) The Coverage also Includes **Your** cost of road Transportation from a Hospital to another nearest Hospital which is prepared to admit **You** and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where **You** are situated. Such road Transportation has to be prescribed by a **Medical Practitioner** and/or should be Medically Necessary.

B6. Bariatric Surgery Cover

Therefore, if **You** are hospitalized for a Bariatric Surgery which is medically necessary, on the advice of a **Medical Practitioner**, we cover the related Medical Expenses subject to the following conditions:

a) The **Insured Person** undergoing the surgery is minimum 18 Years old.
b) The Medical Practitioner / Bariatric Surgeon confirms that Your Existing Body Mass Index (BMI) and health conditions fall within the below qualification requirements for Bariatric Surgery:
   - Class III Obesity (extreme obesity)- [Body Mass Index (BMI) ≥ 40 kg/m2)];
   - Class II Obesity- (Body Mass Index (BMI) 35-39.9 kg/m2) along with any of the following co-morbidities:
     - Uncontrolled Diabetes Mellitus
     - Cardiovascular Disease
     - History of Coronary Artery Disease with a surgical intervention such as Cardiopulmonary Bypass or Percutaneous Transluminal Coronary Angioplasty;
     - Cardiopulmonary Problems as a result of another disease process, including, though not limited to, a documented severe obstructive sleep apnea (OSA), confirmed on polysomnography.
c) A claim under this cover is acceptable *only* if it is under any of the below procedures:
   - Gastric Bypass-
     - The Roux-en-Y Gastric Bypass
     - Biliopancreatic Diversion with or without Duodenal Switch (BPD/DS) Gastric Bypass
   - Sleeve Gastrectomy
   - Laparoscopic Gastric Banding

d) This particular cover has a waiting period. Waiting period shall be as per the "**Specific Waiting Period**" Section stated in **Your Schedule / Certificate of Insurance** against this Section which shall apply from the date of inception of the first policy with **Us**, provided that the Policy has been renewed continuously with **Us** without break with Bariatric Surgery Cover as a benefit since inception of the first policy.
e) If you are porting an existing policy under Portability Guidelines, from some other General or Health Insurance Company where this cover was not there or if you are adding this cover while renewing our health policy, a fresh waiting period as opted by **You** and mentioned in **Your Policy Schedule / Certificate of Insurance** will be applied.
f) Confirmation from Medical Practitioner / Bariatric Surgeon that the Bariatric Surgery is not for a specific correctable cause for treating obesity.
g) And **We** would need a documented detailed history of your obesity-related health problems, difficulties, and treatment attempts demonstrating that a multidisciplinary approach with dietary, other lifestyle modifications (such as exercise and behavioural modification), and pharmacological therapy, if appropriate, have been unsuccessful, at least for past 6 months.
h) A prior approval should be taken from **Us** before the Bariatric Surgery is performed.
i) **Our** maximum liability under this benefit is restricted to the Limit as opted by **You** and mentioned in **Your Policy Schedule / Certificate of Insurance** against this Cover.

Bariatric surgery for the following reasons is not covered:
a) For Cosmetic/Aesthetic reasons.
b) For treating Drug-Induced Obesity, for Severe Untreated Hormonal Imbalance, Psychiatric and Eating Disorders-Induced Obesity.

B7. Psychiatric illness Cover

We will pay up to the Limit mentioned in **Your Policy Schedule / Certificate of Insurance** against this Cover for the Medical Expenses, related to Psychiatric Illness which includes, though not limited to, dementia, depression, bipolar disorder, schizophrenia, anxiety disorders and obsessive-compulsive disorders, provided that:
a) The first diagnosis and Hospitalization, as an inpatient, was during the **Policy Period**.
b) This also has a waiting period. Waiting period shall be as per the '"**Specific Waiting Period**'" Section stated in **Your Schedule / Certificate of Insurance** against this Cover which shall apply from the date of inception of the first policy with **Us,** provided that the Policy has been renewed continuously with Us without break, with Psychiatric as a benefit since inception of the first policy.
c) Hospitalization under this benefit shall be subject to prior approval from **Us**, except in cases of emergencies.

B8. Complimentary Health Check Up

If You Renew **Your** Policy with **Us** without a break, then at every Policy Renewal **We** will pay the expenses incurred towards cost of health check-up up to the Limits Per Policy (excluding any cumulative bonus) mentioned in **Your Policy Schedule/Certificate of Insurance**. This shall be paid, provided that:
a. **You** are above 18 Years of age at the time of Health Check Up.
b. **You** submit a duly filled and signed claim form along with original bills and copy of medical reports.

Please Note- Payment under this benefit won't be deducted from Your **Sum Insured**. It is additional.

B9. Second Medical Opinion

When it comes to Cancer or any major Illness and **You** are required to get hospitalized in a tertiary care facility during the Policy Period, **We** will arrange and bear the cost for a Second Opinion provided that:
1. **We** have received Your request to arrange for Second Opinion.

2. **You** have option to choose any one of Our Panel Medical Practitioners.
3. **We** will not provide more than one Opinion for the same Medical Condition within a Policy Period.

SECTION 27. ACCIDENTAL HOSPITALIZATION CASH ALLOWANCE COVER

If **You** have opted for this Cover and in case of **Your** Hospitalization as an inpatient due to an Accidental Injury during the **Policy Period**, **We** will pay **You** as per the **Sum Insured** Basis Opted by **You** and mentioned in **Your Policy Schedule / Certificate of Insurance** against this Cover.

Sum Insured Basis Option:

You would have chosen one among the following two 'Basis' of payment. Please check **Your Policy Schedule/ Certificate of Insurance** for the chosen 'Basis':

Basis 1 - Per Day Benefit

If **You** have opted for this Basis **We** will pay **You** a Daily Cash Allowance, amount for this is mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section. This will be paid for each continuous and completed period of 24 hours of Hospitalisation arising out of accidental bodily injury for a maximum number of days as mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section.

If **You** are hospitalised in the **Intensive Care Unit (ICU)** of a Hospital for each continuous and completed period of 24 hours, **We** will pay an amount equivalent to the percentage of the Daily Cash Allowance as opted by **You** and mentioned in the **Policy Schedule / Certificate of Insurance** against this Basis.

Basis 2 – Fixed Lump Sum Benefit

If **You** have opted for this Basis **We** will pay **You** a Fixed Cash Allowance, amount for this is mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section. This will be paid for each continuous and completed period of the number of days of Hospitalisation arising out of accidental bodily injury for a maximum number of days as mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section.

Conditions Applicable to both Basis 1 & 2:

- In case of Individual **Sum Insured** basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year on Floater Sum Insured basis.
- For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.
- Payment of claim under this benefit is subject to the time excess as opted by **You** and mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section.
- This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

SECTION 28. ACCIDENTAL & ILLNESS HOSPITALIZATION CASH ALLOWANCE COVER

If **You** have opted for this Cover and in case of **Your** Hospitalization as an inpatient due to an Accidental bodily Injury or Illness during the **Policy Period**. **We** will pay You as per the **Sum Insured** Basis Opted by **You** and mentioned in **Your Policy Schedule / Certificate of Insurance** against this Cover.

Sum Insured Basis Option:

You would have chosen one among the following two 'Basis' of payment. Please check your **Policy Schedule/ Certificate of Insurance** for the chosen 'Basis':

Basis 1 - Per Day Benefit

If **You** have opted for this Basis **We** will pay a Daily Cash Allowance, amount for this is mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section. This will be paid for each continuous and completed period of 24 hours of Hospitalisation arising out of accidental bodily injury or illness for a maximum number of days as mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section.

If **You** are hospitalised in the **Intensive Care Unit (ICU)** of a Hospital for each continuous and completed period of 24 hours, **We** will pay an amount equivalent to the percentage of the Daily Cash Allowance as opted by **You** and mentioned in the **Policy Schedule / Certificate of Insurance** against this Basis.

Basis 2 – Fixed Lump Sum Benefit

If **You** have opted for this Basis **We** agree to pay a Fixed Cash Allowance, amount for this is mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section. This will be paid for each continuous and completed period of the number of days of Hospitalisation arising out of accidental bodily injury or illness for a maximum number of days as mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section.

Conditions Applicable to both Basis 1 & 2:

- In case of Individual **Sum Insured** basis, maximum number of days will be Per **Policy Year** Per Insured Person and in case of Floater Policy the maximum number of days will be Per **Policy Year** on Floater Sum Insured basis.
- For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.
- Payment of claim under this benefit is subject to the time excess as opted by **You** and mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section.
- This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the **Policy**.

SECTION 29. ORGAN DONOR

If **You** have opted for this Cover, **We** will pay You for the following incurred Medical Expenses in respect of organ transplantation:

a) For the harvesting of the donated organ subject to availability of the **Sum Insured** under **Section 26.B. Accidental & Illness Hospitalization Cover.**
b) There are strict guidelines when it comes to organ transplantation, therefore the organ donor whose organ has been made available should be in accordance and in compliance with the Transplantation of Human Organs Act 1994 (as amended) and the organ is donated for Your use only.
c) **We** will pay the donor's **Pre and Post Hospitalization** expenses. This is up to 5% of the claim amount approved in respect of harvesting expenses.
d) **We** will not pay any other medical treatment for the donor consequent on the harvesting.
e) This also has a waiting period. Waiting period shall be as per the "**Specific Waiting Period**" Section stated in **Your Schedule / Certificate of Insurance** against this Section which shall apply from the date of inception of the first policy with **Us**, provided that the **Policy** has been renewed continuously with **Us** without break, with ORGAN DONOR Cover as a benefit since inception of the first policy.

Provided that, We have accepted a claim under **Section 26.B. Accidental & Illness Hospitalization Cover.**

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the **Policy**.

SECTION 30. ALTERNATE TREATMENT (AYUSH) COVER (Mandatory In-Built cover in Section-26 Hospitalization Cover)

We will pay the Medical Expenses for Your In-patient Treatment, taken under Ayurveda, Unani, Siddha or Homeopathy. This is up to the **Sum Insured** mentioned in **Your Policy Schedule / Certificate of Insurance** against **Section 26.B. Accidental & Illness Hospitalization Cover.** This is paid provided that treatment has been undergone in **Ayush Hospital**.

You should also be aware what **We** won't pay for:

a) Outpatient Medical Expenses.

b) All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary.

Specific Conditions applicable to this cover:

Claim will be payable under this section only if AYUSH Hospitals and AYUSH Day Care Centres have obtained pre-entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC)

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the **Policy**.

SECTION 31. EMERGENCY AIR AMBULANCE

If **You** have opted for this Cover, **We** will pay **You** the expenses incurred for **Your** transportation in an airplane or helicopter for emergency life threatening health conditions which requires immediate and rapid ambulance transportation to the nearest hospital.

This transportation will be from the location where the illness /accident happened the first time and subject to availability of **Sum Insured** mentioned in **Your Policy Schedule / Certificate of Insurance** against **Section 26.A. Accidental Hospitalization Cover** and/or **Section 26.B. Accidental & Illness Hospitalization Cover** and provided that such Transportation in an airplane or helicopter has been prescribed by a **Medical Practitioner** and/or is Medically Necessary**.**

Provided that, **We** have accepted a claim under **Section 26.A. Accidental Hospitalization Cover** and/or **Section 26.B. Accidental & Illness Hospitalization Cover.**

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the **Policy.**

SECTION 32. LONG HOSPITALIZATION CASH BENEFIT

If **You** are Hospitalized for a minimum number of consecutive days as Opted by **You** and mentioned in the **Policy Schedule / Certificate of Insurance** against this Section, **We** will give you a lump sum amount as mentioned in the **Policy Schedule / Certificate of Insurance**. Provided that:

a) We have accepted a claim under **Section 26.A. Accidental Hospitalization Cover** and/or **Section 26.B. Accidental & Illness Hospitalization Cover,** and
b) The benefit is payable only once to an **Insured Person** during the **Policy Period**.

For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the **Policy**.

SECTION 33. MATERNITY BENEFIT & NEWBORN BABY COVER

A. MATERNITY BENEFIT

If **You** have opted for this Cover, **We** will pay the Maternity Expenses incurred towards the delivery of a baby and/or treatment related to any complication of pregnancy or medically necessary termination. This is up to the **Sum Insured** opted by **You** and as mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section, during the **Policy Period** provided that:

a) Female **Insured Person's** legally married spouse is also covered under this **Policy,** unless specifically waived by **Us**.

   This also has a waiting period. Waiting period as opted by **You** and mentioned in **Your Policy Schedule / Certificate Of Insurance** shall apply from the date of inception of the first policy with **Us**, provided that the policy has been renewed continuously with us without break, with maternity as a benefit.

b) If **You** are porting an existing policy under Portability Guidelines, from some other General or Health insurance company where this cover was not there or if you are adding this cover

while renewing our health policy, a fresh waiting period as opted by **You** and mentioned in **Your Policy Schedule / Certificate of Insurance** will be applied.

c) The maternity benefit is limited to cover up to two living children. However, there is no restriction on the number of medically necessary and lawful termination of pregnancies.

d) If on renewal without any break in coverage, the **Sum Insured** is increased, there is a fresh waiting period as opted by **You** and mentioned in **Your Policy Schedule / Certificate of Insurance** applied to the increased part of the **Sum Insured**.

e) Any complications arising out of or as a consequence of maternity/childbirth will also be covered within the limit of **Sum Insured**, available under this benefit.

If **We** had already accepted a claim for Maternity Expenses for your first living child under this benefit, then for the subsequent Maternity Expenses i.e. for the delivery of Your Second child, **We** shall pay up to the percentage of the **Sum Insured** opted under this Section and mentioned in **Your Policy Schedule / Certificate of Insurance** provided the Policy is renewed with **Us** continuously without break with Maternity Benefit & New Born Baby Cover benefit.

We shall not pay for the following under this Section:

a) Expenses for the harvesting and storage of stem cells when carried out as a preventive measure against possible future illness.

b) Medical Expenses for Ectopic Pregnancy will be covered under **Section 26.B. In-patient Accidental & Medical Treatment** and not under the Maternity Benefit.

c) Pre-natal and Post-natal Medical Expenses are not covered unless leading to Your Hospitalization.

B. NEWBORN BABY BENEFIT

Under this cover, **we** will also pay the Medical Expenses, within the limit of the **Sum Insured** available under the **Section 33.A. Maternity Benefit Section** of the Policy, provided that We have accepted a claim under **Section 33. A. Maternity Benefit**, incurred towards:

a) The medical treatment of the Insured Person's New Born Baby while the **Insured Person** is hospitalised as an inpatient for delivery.

b) The New Born Baby's hospitalisation charges as a result of any medical complications, up to 90 Days from the date of delivery.

c) Reasonable and Customary Charges for the Vaccinations of the New Born Baby as per National Immunization Schedule as defined by Government of India, up to 90 Days from the date of delivery. However, once the New Born Baby is added as an Insured Person under the Policy, We will pay the Reasonable and Customary Charges for the Vaccinations of the New Born Baby as per National Immunization Schedule as defined by Government of India until the New Born Baby attains 5 Years of age, provided that the Policy is continuously renewed with Us without break and with **Maternity Benefit and New Born Baby Cover** as a benefit since inception of the first policy.

d) If the Policy Expires before 90 days from the date of delivery, the New Born Baby will be covered only if the Policy is Renewed with the New Born Baby as an Insured Person. This is subject to our underwriting policy and payment of any additional premium.

e) After 90 Days from the date of delivery, the New Born Baby will be covered under the existing Policy only if it is Endorsed with the New Born Baby as an Insured Person. This is subject to our underwriting policy and payment of the Pro-Rata Additional Premium, for the balance period.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the **Policy**.

SECTION 34. MATERNITY BENEFIT

If this cover is opted by **You** in case of **Your Hospitalization** as an inpatient under the Maternity Benefit, for the delivery of the Insured Person's child (including caesarean section) or for the Medically necessary and

lawful termination of pregnancy during this **Policy Period**. We will pay **You** as per the Sum Insured Basis Opted by **You** and mentioned in **Your Policy Schedule / Certificate of Insurance** against this Cover.

The above is provided that:

a. The treatment is taken as an In-patient in a Hospital
b. "Maternity Benefit Waiting Period" as mentioned in the **Policy Schedule/Certificate of Insurance** against this Section is applicable.

Sum Insured Basis Option:

You would have chosen one among the following two 'Basis' of payment. Please check your Policy Schedule/ Certificate of Insurance for the chosen 'Basis':

Basis 1 - Per Day Benefit

If **You** have opted for this Basis, **We** will pay a Daily Cash Allowance, amount for this is mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section. This will be paid for each continuous and completed period of 24 hours of Insured Person's Hospitalisation under the Maternity Benefit, for the delivery of the Insured Person's child (including caesarean section) or for the Medically necessary and lawful termination of pregnancy for a maximum number of days as mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section.

Basis 2 – Fixed Lump Sum Benefit

If **You** have opted for this Basis, **We** will pay a Fixed Cash Allowance, amount for this is mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section. This will be paid for each continuous and completed period of the number of days of Insured Person's Hospitalisation under the Maternity Benefit, for the delivery of the Insured Person's child (including caesarean section) or for the Medically necessary and lawful termination of pregnancy for a maximum number of days as mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section.

Conditions Applicable to both Basis 1 & 2:

- Permanent "**Exclusion - Sterility and Infertility: Code- Excl17 and Exclusion - Maternity: Code Excl18**" of the Policy Wordings stands partially deleted to the extent of the Coverage provided under this Section.
- For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.
- **We** shall be liable to make payment under this cover in respect of an **Insured Person** only once during the **Policy Year**, unless specifically agreed otherwise and mentioned in **Your Policy Schedule / Certificate of Insurance**.
- This benefit is applicable on an Individual **Sum Insured** basis irrespective of type of Policy (Individual/Floater).

This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the **Policy.**

SECTION 35. MISCARRIAGE DUE TO ACCIDENTAL INJURY

If **You** have opted for this Cover and **You** sustain accidental bodily injury which solely and directly results in **Miscarriage** of a Pregnant Insured Member within 15 days of such accident, then **We** will pay a lumpsum amount as opted by **You** and mentioned in **Your Policy Schedule/Certificate of Insurance**, provided that:

a. The miscarriage shall not be attributed to any natural causes and/or sickness relating to pregnancy or child birth.
b. **We** shall not be liable for voluntary termination of pregnancy.
c. This benefit is applicable only to the female Insured Member covered under this **Policy**.

For the purpose of this Cover, **Miscarriage** shall mean the spontaneous or unplanned expulsion of a foetus from the womb within the first 20 weeks of gestation.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the **Policy**.

SECTION 36. INFERTILITY TREATMENT COVER

If **You** have opted for this Cover, **We** will pay the Medical Expenses if **You** are hospitalized on the advice of the **Medical Practitioner** for Infertility/ Subfertility Treatments. This includes, though not limited to, IVF, IUI, ZIFT, ICSI. Make sure the following conditions are met:

a) A waiting period of 48 months will apply from the date of inception of the first policy with **Us,** provided that the Policy has been renewed continuously with this cover, without a break, with 'Infertility Treatment Cover' as a benefit since inception of the first policy.
b) Our maximum liability per Hospitalization shall be restricted to the amount as mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section.
c) The benefit is payable only once to an **Insured Person** during the Policy Tenure.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the **Policy**.

SECTION 37. OUT-PATIENT (OPD) BENEFIT

If **You** have opted for this Cover, **We** will pay the Reasonable and Customary Charges for below mentioned expenses incurred by **You** as an Allopathic Out-patient when treatment is taken from a Network Medical Practitioner to the extent of the **Sum Insured** opted by **You** and mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section and subject to the Co-Payment Basis Opted by **You**.

Basis 1: **Co-payment** of 25% in the First Year of this Section being Opted, 10% on First Renewal. From the Second Renewal, there will be no Co-payment, provided the Policy is renewed with **Us** continuously without a break with this benefit.

Basis 2: Nil Co-payment

What all is covered under this:

Professional Fees	Fees for Medically Necessary Consultation and Examination by Medical Practitioners to assess Your Health for any Illness.
Diagnostic	Medically Necessary Out-patient diagnostic Procedures such as x rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment from a diagnostic centre.
Surgical Treatment	Minor Surgical Procedure such as POP, Suturing, Dressings for Accidents and Animal Bite Related Outpatient Procedures Etc. Carried out by a Medical Practitioner
Medication	Drugs & Medicines prescribed by a Medical Practitioner
Out-Patient Dental Treatment	Out-patient dental treatment for the immediate relief of dental Pain; taken by You from a dentist, provided that We will pay only for X-rays, Extractions, Amalgam or composite fillings, root canal treatments and prescribed drugs for the same, teeth alignment for adolescents. We will not pay for any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for temporomandibular (jaw), or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury or cancer.
Hearing Aids	One pair of hearing aids (Excluding Batteries), provided that: ▪ These have been prescribed by an ENT specialist or Network Medical Practitioner. ▪ You have continuously renewed the Policy with Us without break for a period of 36 months with **Out-Patient (OPD) Benefit** as a benefit, since inception of the first policy.
Psychiatric Illness	Specialist Consultation, assessment, treatment and medication for Psychiatric Disorders.

This cover excludes expenses incurred towards Spectacles, Contact Lenses and Physiotherapy, Cosmetic Procedures, Ambulatory Devices like Walkers, BP Monitors, Glucometers, Thermometers, Dietician Fees, Vitamins and Supplements.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the **Policy.**

SECTION 38. HOME (DOMICILIARY) HOSPITALIZATION

If **You** have opted for this Cover, **We** will pay the Medial Expenses incurred by **You** for any illness or Injury requiring medical treatment taken at home, which would otherwise have required Hospitalization, provided that:

a) The condition of the patient is such that s/he is not in a condition to be moved to a Hospital or
b) The patient takes treatment at home on account of non-availability of room in a Hospital, and
c) The condition for which the medical treatment is required continues for at least 3 days, in which case We will pay the reasonable charge of any necessary medical treatment for the entire period
d) No Payment will be made if the condition for which You require medical treatment is due to: Asthma, Bronchitis, Tonsillitis, Upper Respiratory Tract Infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza, Arthritis, Gout and Rheumatism, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastroenteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Psychiatric or Psychosomatic Disorders of all kinds, Pyrexia of unknown Origin.
e) Subject to availability of the sum insured under **Section 26.A. Accidental Hospitalization Cover** and/or **Section 26.B. Accidental & Illness Hospitalization Cover.**

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the **Policy.**

SECTION 39. SUM INSURED REFILL BENEFIT

If **You** have opted for this Cover, **We** will refill 100% of the **Sum Insured** specified and utilized under **Section 26.A. Accidental Hospitalization Cover** and/or **Section 26.B. Accidental & Illness Hospitalization Cover** for that particular Policy Period, provided that:

a) The refilled **Sum Insured** would be triggered only if the cause of the Hospitalization is not related to /arising out of earlier Hospitalization, including its complications, for which a claim has already been availed during the same policy period for the same Insured Person, unless this condition is specifically waived by **Us** and mentioned in **Your Policy Schedule / Certificate of Insurance.**
b) If the first claim amount exceeds the **Sum Insured** under **Section 26.A. Accidental Hospitalization Cover** and/or **Section 26.B. Accidental & Illness Hospitalization Cover**, the refilled **Sum Insured** will not be applicable for the same hospitalisation.
c) After the refill, the maximum amount payable for any single claim will not exceed the Sum Insured mentioned under **Section 26.A. Accidental Hospitalization Cover** and/or **Section 26.B. Accidental & Illness Hospitalization Cover.**
d) The number of times this benefit may be availed shall be as per the limit mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section during each **Policy Period**.
e) In case of Floater Policy, the refilled **Sum Insured** will be applicable on family floater basis.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the **Policy**.

SECTION 40. WELLNESS BENEFIT PROGRAM

Our Wellness Benefit Program provides the benefits listed below and shall be available to the **Insured Person** as mentioned in the **Policy Schedule/Certificate of Insurance.** Through this Program, **We** intend to incentivize the **Insured Person**(s) for taking care of his/her health/fitness and maintaining healthy lifestyle through such preventative and wellness services.

There are total 12 services under Wellness Benefit Program. Services applicable for **Your** Policy are as shown in **Your Policy Schedule / Certificate of Insurance**. Only services mentioned in your **Policy Schedule/Certificate of Insurance** are available for **You**.

1. **Doctor on Call**
   Upon Your request, **We** will facilitate an appointment, through Our empanelled Service Provider, with a **Medical Practitioner** who can help **You** by providing round-the-clock medical helpline services through an online portal as a chat service, a call back service or a voice call service.
2. **Wellness Coach**
   In order to educate, empower and engage You to become more aware of **Your** health and proactively manage it, **We** will, through periodic communications like e-mailers, blogs and online platform provide You information on wellness coaching in areas such as:
   a) Weight Management
   b) Activity and Fitness
   c) Nutrition
   d) Tobacco Cessation
   e) Alcohol Abuse de-addiction Program
   f) Information on various diseases
   g) Dietary Plans
3. **Lab Services (Home Collection)**
   Upon **Your** request, **We** will facilitate, through Our empanelled Service Provider, Collection of test samples such as blood, urine, stool etc from Your home address for further testing and analysis.
   The cost of these tests and reports will have to be borne by **You.**
4. **Pharmacy (Home Delivery)**
   Upon **Your** request, **We** will facilitate, through Our Empanelled Service Provider, home delivery of the Medications Prescribed by a Registered Medical Practitioner from the nearby Network Pharmacy, subject to copy of prescription being shared (where ever required) and availability of the medication with the Pharmacy.
   The cost of the medication will have to be borne by **You**.
5. **Vital/Physical Activity Monitoring Services**
   Upon Your request, **We** will facilitate, through **Our** Empanelled Service Provider, the integration of **Your** Health Device(s) such as Blood-Pressure Monitors, Glucometers, Wireless Pedometers, Smart Watches etc. to an online database that will track and asses **Your** vitals as reported by the device. It can provide periodic updates and reports of your health status. The cost of the device will have to be borne by **You**.
6. **Reminder Notifications**
   Upon **Your** request, **We** will facilitate, through **Our** Empanelled Service Provider, routine notification messages via mail or a messaging portal or a follow-up call to You as a reminder to schedule **Your** medical appointments and/or take daily dosage of **Your** medicine as per the information shared by **You**.
7. **Medical Wallet**
   Upon Your request, **We** will arrange, through **Our** Empanelled Service Provider, for a medical wallet. This will be a digital cloud service which will allow **You** to store all **Your** medical reports online. It will provide easy access of Medical history and reports to the treating Medical Practitioners and to any other person with whom **You** may share the login and access codes, easing Your need to physically carry documents with **You.**
8. **Report Aggregation**
   Upon **Your** request, **We** will facilitate, through **Our** Empanelled Service Provider, for regular analysis of **Your** health status as per the medical records/reports shared by **You.** It will highlight **your** wellbeing or any areas of concern or deterioration in **Your** health, allowing **You** to take necessary calls about **Your** health.
9. **Home Care Services**
   Upon **Your** request, **We** will facilitate, through **Our** Empanelled Service Provider, Home Care Services for You in case **You a**re in need of any of the following:
   a. Home Care Nursing

b. Patient Assistant
c. Physiotherapy
d. Yoga Trainer
e. Psychologist
f. Palliative Care
g. Renting Medical equipment. For Example - Wheelchair, Patient Bed, Oxygen Cylinder etc.

The cost of the Services/Equipment will have to be borne by **You**.

10. Ambulance Arrangement Services

Upon request, **We** will facilitate, through **Our** Empanelled Service Provider, ambulance services for **Your** transportation subject to availability of ambulance in the area where such service needs to be arranged.

The cost of the transportation will have to be borne by **You**.

11. Pick-up and Drop Services for Consultation

Upon **Your** request, **We** will facilitate, through **Our** Empanelled Service Provider, Pick-up and Drop Service, for **Your** transportation to the Health Care Facility for treatment/Diagnostics subject to availability of vehicle/taxi in the area where such service needs to be arranged.

The cost of the transportation will have to be borne by **You**.

12. Prioritizing Appointments

Upon **Your** request, **We** will facilitate, through **Our** Empanelled Service Provider, prioritization of **Your** appointment, based on the urgency, with the Network Providers offering the necessary treatment/diagnostics subject to availability of the service(s).

The cost of the Consultancy/Diagnostic will have to be borne by **You**.

Terms and Conditions applicable to Wellness Benefit Program

1. Any Information provided by **You** shall be kept confidential.
2. For services which are provided through **Our** Empanelled Service Provider/Medical Experts/Centres, **We** are acting only as a facilitator, hence **We** would not be liable for any incremental costs or the services.
3. All medical services are being provided by Empanelled Service Provider/Medical Experts/Centres who are empanelled after full due diligence. **Insured Person** may however consult their Personal/Family Doctor before availing the medical services. The decisions to utilise the services will solely be at the discretion of the Insured Person.
4. **We/Company/Us** or its Group Entities, affiliates, officers, employees, agents, are not responsible for or liable for any actions, claims, demands, losses, damages, costs, charges, and expenses which an **Insured Person/You** may claim to have suffered or sustained or incurred by way of or on account of utilization of any benefits specified herein.
5. This shall not be deemed to substitute the Insured Person's visit or consultation to an Independent Medical Practitioner. The Insured Person is free to choose whether or not to undergo the same and if done whether or not to act on it.
6. **We** do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the **Medical Practitioner**.

SECTION 41. COMPANION BENEFIT COVER

If **You** have opted for this Cover**, We** will pay towards the expenses incurred on one of Your attendants, accompanying **You** at the Hospital/Nursing Home, in case of **Your** Hospitalization as an inpatient due to an Accidental bodily Injury and/or Illness during the **Policy Period. We** will pay **You** as per the **Sum Insured Basis Opted by You** and mentioned in **Your Policy Schedule / Certificate of Insurance** against this Cover.

The above is provided that:

1. Claim for Hospitalisation in respect of the **Insured Person** has been admitted;
2. Insured Person's attendant should be his/her spouse, siblings, Children above age of 18 years, parents or parents in law.

Sum Insured Basis Option:

You would have chosen one among the following two 'Basis' of payment. Please check your **Policy Schedule/ Certificate of Insurance** for the chosen 'Basis':

Basis 1 - Per Day Benefit

If **You** have opted for this Basis, **We** will pay a Daily Cash Allowance, amount for this is mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section. This will be paid for each continuous and completed period of 24 hours of Insured Person's Hospitalisation arising out of accidental bodily injury and/or illness for a maximum number of days as mentioned in Your **Policy Schedule / Certificate of Insurance** against this Section.

Basis 2 – Fixed Lump Sum Benefit

If **You** have opted for this Basis, **We** will pay a Fixed Cash Allowance, amount for this is mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section. This will be paid for each continuous and completed period of the number of days of Insured Person's Hospitalisation arising out of accidental bodily injury and/or illness for a maximum number of days as mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section.

Conditions Applicable to both Basis 1 & 2:

- In case of **Individual Sum Insured basis**, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year Per Family on **Floater Sum Insured basis**.
- For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.
- Payment of claim under this benefit is subject to the **time excess as opted by You** and mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section.
- This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the **Policy.**

SECTION 42. PARENT ACCOMODATION

If **You** have opted for this Cover**, We** will pay towards expenses incurred on accommodation of parents at the Hospital/Nursing Home, in case of **Your** Hospitalization as an inpatient due to an Accidental bodily Injury and/or Illness during the **Policy Period**. **We** will pay You as per the **Sum Insured** Basis Opted by **You** and mentioned in **Your Policy Schedule / Certificate of Insurance** against this Cover.

The above is provided that:

1. Claim for Hospitalisation in respect of the **Insured Person** has been admitted;
2. The Insured Person hospitalized is a Child aged 16 Years or below, unless specifically agreed otherwise and mentioned in **Your Policy Schedule / Certificate of Insurance**.

Sum Insured Basis Option:

You would have chosen one among the following **two 'Basis' of payment**. Please check your Policy Schedule/ Certificate of Insurance for the chosen 'Basis':

Basis 1 - Per Day Benefit

If **You** have opted for this Basis, **We** will pay a Daily Cash Allowance, amount for this is mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section. This will be paid for each continuous and completed period of 24 hours of Insured Person's Hospitalisation arising out of accidental bodily injury or illness for a maximum number of days as mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section.

Basis 2 – Fixed Lump Sum Benefit

If **You** have opted for this Basis, **We** will pay a Fixed Cash Allowance, amount for this is mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section. This will be paid for each continuous and completed period of the number of days of Insured Person's Hospitalisation arising out of accidental bodily injury or illness for a maximum number of days as mentioned in **Your Policy Schedule / Certificate of Insurance** against this Section.

Conditions Applicable to both Basis 1 & 2:

- In case of Individual Sum Insured basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year Per Family on Floater Sum Insured basis.
- For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.
- Payment of claim under this benefit is subject to the **time excess as opted by You** and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

SECTION 43: CARD COVER

If **You** have opted for this Cover, the **Company** hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to indemnify to the **Insured Person** an amount not exceeding the **Sum Insured** as specified in the **Policy Schedule/ Certificate Of Insurance** against the respective sections.

Section 43.1: Lost Card Liability

I. What We Cover

We will indemnify the **Insured Person** against the financial loss arising out of unauthorized / fraudulent transaction during the cover period from the **Insured person's** lost or stolen Card.

II. Condition applicable to Section 43.1.

The cover under this section shall be applicable only for the number of hours prior to reporting the loss of Card (pre-reporting period) and the number of hours post reporting of loss of card (post-reporting period) as specifically mentioned in the **Policy schedule / Certificate of Insurance**.

III. Exclusions applicable to section 43.1

1. Unauthorized /fraudulent transaction made on **Insured Person's** card if his/her card has not been lost or stolen;
2. The amounts refunded upon cancellation of purchases of products or services.
3. Loss incurred due to erroneous debits arising on fraudulent or other transactions, on account of system or technology related fault, for which the financial institution is liable.
4. Loss or damage on account of counterfeit cards.
5. Any loss or damage arising out of Internet based transaction.

Section 43.2: Online Transaction cover

I. What We Cover

We will indemnify the **Insured Person** against the financial loss arising out of unauthorized/ fraudulent transactions through internet during the Cover Period, using the CVV (Card Verification Value Code) or the PIN (Personal Identification Number) of the Card issued to the **Insured Person** by the financial institution.

II. Conditions applicable to section 43.2:

The cover under this section shall be applicable only for the number of hours prior to reporting the loss (pre-reporting period) and the number of hours post reporting of loss (post- reporting period) as specifically mentioned in the **Policy schedule / Certificate of Insurance**.

III. Exclusions applicable to section 43.2:

1. Any transactions not confirmed by the host website or the authorized financial institution.
2. Any errors made by the host website or the authorized financial institution.
3. Loss incurred due to erroneous debits arising on fraudulent or other transactions, on account of system or technology related fault, for which the financial institution is liable.

4. Any transactions made using a PIN that has not been introduced by the financial institution as mandated by the concerned regulatory authority.
5. For any loss arising out of a PIN based fraud:
   a. if the PIN was mentioned on the Card itself, shared with any person or
   b. if the default PIN given by financial institution had not been changed wherever it has been suggested by the financial institution.

Section 43.3: Card Liability due to unauthorized / fraudulent usage on account of including but not limited to Skimming / Phishing / Counterfeit/ Cloning/ Payment made on mirror sites

I. What We Cover

We will indemnify the **Insured Person** against the financial loss arising out of unauthorized/ fraudulent transaction using Insured Person's cards due to skimming, counterfeiting, cloning, phishing, payment made on mirror sites and other similar kind of fraud as mentioned in the **Policy schedule/ Certificate of Insurance.**

II. Condition applicable to Section 43.3:

The cover under this section shall be applicable only for certain number of hours prior to reporting the loss (pre-reporting period) and certain number of hours post reporting of loss (post- reporting period) as mentioned in the **Policy schedule / Certificate of Insurance.**

III. Exclusions applicable to section 43.3

1. Any loss or damage arising out of card transactions effected outside the notification period (as specified in the Policy Schedule/ Certificate of Insurance) prior to the first reporting of unauthorized use of the card to the financial institution.

Specific Exclusion applicable to section 43.3 which can be waived in case specifically agreed by us:

2. Any financial loss arising out of Cards lost in transit/ wrong delivery before its eventual receipt by the original Card holder.
3. Any financial loss arising out of Tele-phishing.

Section 43.4: ATM assault and robbery

What We Cover

We will reimburse the **Insured Person** against the following covers:

1. **ATM Robbery -** We will reimburse Insured Person for the money he/she withdrew from any ATM using his/her card against a robbery event that occurs within a time period from the withdrawal of the money and within a distance from ATM, as specified in the **Policy Schedule / Certificate of Insurance.**
2. **Bodily Injury -** We will reimburse Insured Person for reasonable emergency first aid charges for his/her bodily injury during a robbery that is covered under this section
3. **Transaction under Threat/ violence** - We will reimburse Insured Person for the money he/she withdrew from any ATM by forcibly using his/her card under a threat violence.

I. Exclusions applicable to section 43.4:

1. Damages or losses to anything other than the money withdrawn by the Insured Person from the ATM;
2. Charges for emergency first aid to anyone other than **Insured Person.**

Section 43.5 ATM Fraud Cover

I. What We Cover

We will reimburse **Insured Person** for the money he/she has lost due to ATM related Frauds including but not limited to manipulated ATM Machine, Card Cloning at the ATM etc.

II. Exclusions applicable to section 43.5:

Damages or losses to anything other than the money Insured Person has lost due to Fraud happening at ATM.

CONDITIONS APPLICABLE TO SECTION 43: CARD COVER

1. **Insured Person** must comply with all terms and conditions given by the financial institution.
2. The cover under this section shall be applicable only for certain number of hours prior to reporting the loss (pre-reporting period) and certain number of hours post reporting of loss (post-reporting period) as mentioned in the **Policy schedule / Certificate of Insurance**.
3. Insured Person must report the loss/ damage to the financial institution immediately but not later than 12 hours after discovering the loss event, unless specifically agreed otherwise by **Us** and mentioned in the **Policy Schedule / Certificate of Insurance**.
4. **Insured Person** must report the loss/ damage to the Police Authority immediately but not later than 24 hours after discovering the loss event, unless specifically agreed otherwise by **Us** and mentioned in the **Policy Schedule / Certificate of Insurance**. In case of ATM assault and robbery cover, the Insured Person must file the Police report within 24 hours of happening of the event robbery, unless specifically agreed otherwise by **Us**.

***Note**: There are times when You may be in such a state of hardship, that You are unable to report the loss / damage to the financial institution and / or Police Authority within the prescribed time limit. In such cases, condonation of delay may be considered by waiving conditions 2 and 3, where the reason for delay is provided to our satisfaction.*

EXCLUSIONS APPLICABLE TO SECTION 43 – CARD COVER

1. In case Geographical Location opted as India only- Any loss arising due to any unauthorised / fraudulent transaction done outside India.
2. If there was no transaction on the Card for consecutive 3 months or duration as specifically mentioned in the **Policy Schedule / Certificate of Insurance**, prior to the date of loss.
3. Any loss or damage if the Insured Person uses a Card in a way which the financial institution does not allow.
4. For any claim where "One-time Password" on registered mobile number for any transaction has been shared with any person by the Insured person.
5. If in case of cancellation of purchases of products or services, if the amount refunded is not credited to the original source of booking then the Company will not make payment for any claim arising as a consequence of this to the Insured person.
6. Loss incurred due to breach of security or failure of security mechanism of the financial institution.
7. For losses resulting from any Card issued by financial institution without Insured person making a proper application. However, this exception will not apply in respect of replacement of a Card which has been previously issued by the Insured named in the Schedule.
8. Damages and/ or liabilities to any third parties
9. Losses sustained by the Insured Person resulting directly or indirectly from any fraudulent or dishonest acts committed by the Insured Person's employee/members of household, acting alone or in collusion with others.
10. Loss of Interest, Consequential loss, loss of market, late fees, interest, and charges levied by the financial institution.
11. Loss incurred due to gross negligence on part of the Insured Person, including but not limited to insufficient measures taken by the Insured Person to keep the PIN, Password etc safe including without limitation recording of the PIN, Password in an intelligible form by the Insured Person.

Specific Exclusion applicable to Section 43 – Card Cover which can be waived in case specifically agreed by us:

12. Any loss arising out of unauthorized / fraudulent transaction due to card forgotten in ATM.
13. Any loss arising out of NFC transactions that are charged to the Insured Person's card.
14. Any loss arising out of online transactions done without the mandatory 2 factor authentication.

15. Any loss arising out of transaction due to Sim Cloning / Sim Hacking
16. In case Geographical Location opted as worldwide- Any loss arising due to any unauthorised / fraudulent transaction done outside India when the Insured Person is in India / has returned back to India.

SECTION 44: OTHER ELECTRONIC TRANSACTION COVER

What We Cover

If **You** have opted for this cover, The **Company** hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to indemnify the **Insured Person** upto the **Sum Insured** as specified in the **Policy Schedule/ Certificate of Insurance**, in respect of financial loss resulting from unauthorized / fraudulent transaction in his / her internet banking account / mobile banking account/ UPI Account or any other legitimate electronic modes.

Conditions applicable to section 44: Other Electronic Transaction Cover

1. **Insured Person** must comply with all terms and conditions given by the financial organisation.
2. The cover under this section shall be applicable only for the number of hours prior to reporting the loss (pre-reporting period) and the number of hours post reporting of loss (post-reporting period) as specifically mentioned in the **Policy schedule / Certificate of Insurance**.
3. **Insured Person** must report the loss/ damage to the financial institution immediately but not later than 12 hours after discovering the loss event, unless specifically agreed otherwise by **Us** and mentioned in the **Policy Schedule / Certificate of Insurance**.
4. **Insured Person** must report the loss/ damage to the Police Authority immediately but not later than 24 hours after discovering the loss event, unless specifically agreed otherwise by **Us** and mentioned in the **Policy Schedule / Certificate of Insurance**.
   ***Note**: There are times when **You** may be in such a state of hardship, that **You** are unable to report the loss / damage to the financial institution and / or Police Authority within the prescribed time limit. In such cases, condonation of delay may be considered by waiving conditions 2 and 3, where the reason for delay is provided to our satisfaction.*

Exclusions Applicable to section 44: Other Electronic Transaction Cover

1. Any loss due to transactions related to Card/ Digital wallet.
2. Any transactions not confirmed by the host website or the authorized financial institution.
3. Any errors made by the host website or the authorized financial institution.
4. Loss incurred due to erroneous debits arising on fraudulent or other transactions, on account of system or technology related fault, for which the financial institution is liable.
5. Loss incurred due to failure of security mechanism of the financial institution.
6. Any transactions made using a PIN / password that has not been introduced by the financial institution as mandated by the concerned regulatory authority.
7. Any transaction wherein OTP/ PIN/ Password etc. is shared with other person by the Insured Person.
8. Losses sustained by the Insured Person resulting directly or indirectly from any fraudulent or dishonest acts committed by the Insured Person's employee/members of household, acting alone or in collusion with others.
9. Loss of Interest, Consequential loss, loss of market, late fees, interest, and charges levied by the financial institution.
10. Loss incurred due to gross negligence on part of the Insured Person, including but not limited to insufficient measures taken by the Insured Person to keep the PIN, Password etc safe and recording of the PIN, Password in an intelligible form by the Insured Person.
11. In case Geographical Location opted as India only- Any loss arising due to any unauthorised / fraudulent transaction done outside India.

Specific Exclusion applicable to Section 44- Other Electronic Transaction Cover which can be waived in case specifically agreed by us:

12. Any loss arising out of transaction due to Sim Cloning / Sim Hacking
13. Any loss arising out of NFC transactions that are charged to the Insured Person's account.

14. In case Geographical Location opted as worldwide- Any loss arising due to any unauthorised / fraudulent transaction done outside India when the Insured Person is in India / has returned back to India.

SECTION 45: DIGITAL WALLET COVER

What We Cover

If **You** have opted for this cover, The **Company** hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to indemnify to the Insured Person upto the Sum **Insured** as specified in the **Policy Schedule/ Certificate of Insurance**, in respect of financial loss to Insured Person's digital wallet due to following:

i. **Loss of wallet balance due to fraudulent transaction as a result of theft, burglary or loss of mobile phone/device-** This section will indemnify the Insured Person for any loss of his/her wallet balance up to the amount as specified in the Policy Schedule/ Certificate of Insurance due to unauthorised/ fraudulent transaction as a result of theft, burglary or loss of Insured Person's mobile phone/ device.

ii. **Loss of Wallet Balance by unauthorized / fraudulent transaction-** This section will indemnify the Insured Person up to the amount as specified in the Policy Schedule/ Certificate of Insurance for any loss of his/her wallet balance due to unauthorized/ fraudulent transaction.

Conditions applicable to section 45: Digital Wallet Cover

1. **Insured Person** must comply with all terms and conditions given by the digital wallet company.
2. **Insured Person** must report the loss of wallet balance due to unauthorized/ fraudulent transaction to the digital wallet company immediately but not later than 12 hours of discovering the loss event, unless specifically agreed otherwise by **Us** and mentioned in the **Policy Schedule / Certificate of Insurance.**
3. **Insured Person** must report the loss of wallet balance due to unauthorized/ fraudulent transaction or the loss of mobile phone/ device to Police Authority immediately but not later than 24 hours of discovering the loss event, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.

   Note*: There are times when You may be in such a state of hardship, that You are unable to report the loss / damage to the financial institution and / or Police Authority within the prescribed time limit. In such cases, condonation of delay may be considered by waiving conditions 2 and 3, where the reason for delay is provided to our satisfaction.*

Exclusions Applicable to section 45: Digital Wallet Cover

1. Any loss occurring in case the user details/device were shared/misplaced/acquired due to user's negligence.
2. Any fraud due to misuse of credit card/debit card/bank account information through the digit wallet platform.
3. Any loss arising out of negligence on the part of the Insured Person (e.g. typing a wrong number to send money).
4. Any loss arising due to Insured Person not upgrading/adopting the latest security features released by digital wallet company.
5. Any loss arising due to failure of security mechanism of the digital wallet.
6. In case Geographical Location opted as India only- Any loss arising due to any unauthorised / fraudulent transaction done outside India.

Specific Exclusion applicable to Section 45 which can be waived in case specifically agreed by us:

7. Any loss arising out of transaction due to Sim Cloning / Sim Hacking
8. Any loss arising out of NFC transactions that are charged to the Insured Person's digital wallet
9. In case Geographical Location opted as worldwide- Any loss arising due to any unauthorised / fraudulent transaction done outside India when the Insured Person is in India / has returned back to India.

SECTION 46: IDENTITY THEFT

What We Cover

If **You** have opted for this cover, The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to indemnify the Insured Person up to the **Sum Insured** as specified in the **Policy Schedule/ Certificate of Insurance**, in respect of Insured Person's expenses resulting from his/her efforts to resolve Insured Person's identity theft occurring during the cover period.

For this section Identity theft shall mean obtaining the personal information of another person without his/ her consent, for the sole purpose of assuming that person's name or identity to make fraudulent and unauthorized transactions or purchases.

Following expenses shall be payable provided they are incurred during the cover period and reported within 12 months of the occurrence, unless specifically agreed otherwise by **Us** and mentioned in the **Certificate of Insurance / Policy Schedule**:

1. **Legal Expenses:** We will reimburse Insured Person for attorney and court fees incurred by him/her for:
   a. defending any suit brought against Insured Person by a creditor or collection agency or someone acting on their behalf as a result of the identity theft.
   b. removing any civil or criminal judgment against Insured Person, wrongfully charged as a result of the identity theft.

2. **Lost Wages:** We will reimburse Insured Person for time taken from work solely as a result of his/her efforts to correct his/her financial records that have been altered due to identity theft. Payment of lost wages (excluding any applicable taxes/ deductions) includes compensation for whole or partial unpaid workdays for a period not exceeding 7 working days, unless specifically agreed otherwise by Us and mentioned on the Certificate of Insurance/ Policy Schedule.
   Taking time from self-employment or workdays that will be paid by Insured Person's employer will not be considered for Lost wages payment.

3. **Miscellaneous Expenses:** We will reimburse the following:
   a. the cost of refiling application for credit accounts or banking accounts that are rejected solely because the lender received incorrect information as a result of identity theft.
   b. the cost of notarizing documents related to Insured Person's identity theft reasonably incurred as a result of Insured Person's efforts to report an identity theft or to correct his/her financial and credit records that have been altered as a result of his/her identity theft.
   c. the cost of contesting the accuracy or completeness of any information contained in Insured Person's credit report as result of his/her identity theft.
   d. the cost of a maximum of 4 (four) credit reports from an entity approved by us. The credit reports shall be requested when Insured Person makes a claim.

Conditions applicable to section 46 – Identity Theft:

1. The fraudulent account must have been opened with the Insured Person's credentials without his/her authorization.
2. Any false charge or withdrawal from the unauthorized opened account must be verified by Insured Person's financial institution.
3. The Company will be permitted to inspect Insured Person's financial records.
4. Insured Person will cooperate with us and help us to enforce any legal rights he/she or we may have in relation to his/her identity theft; this may include his/her attendance at depositions, hearings and trials and giving evidence as necessary to resolve his/her identity theft.
5. Insured Person must report the identity theft to the financial institution immediately but not later than 12 hours of discovering the identity theft, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.

6. Insured Person must report the identity theft to the card Policy Authority immediately but not later than 24 hours of discovering the identity theft, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.
   ***Note**: There are times when You may be in such a state of hardship, that You are unable to report the loss / damage to the financial institution and / or Police Authority within the prescribed time limit. In such cases, condonation of delay may be considered by waiving conditions 5 and 6, where the reason for delay is provided to our satisfaction.*

Exclusion applicable to section 46 – Identity Theft:
We will not pay for any expenses or loss for:

1. Monetary losses other than the out-of-pocket expenses related to the resolution of Insured Person's identity theft outlined in this policy.
2. Any physical injury, sickness, disease, disability, shock, mental anguish, and mental injury including required care, loss of job or death.
3. Cost incurred in credit reports before the discovery of Insured Person's identity theft.
4. Any amount paid by the Insured Person as extortion money due to his/ her identity theft
5. Any outstanding amount payable to the creditor/ financial institution due to Insured Person's identity theft

Specific Exclusion applicable to Section 46 – Identity Theft which can be waived in case specifically agreed by us:

6. Any loss of information/ data due to Sim Cloning / Sim Hacking

SECTION 47- PURCHASE PROTECTION

What We Cover
If **You** have opted for this cover, The **Company** hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to indemnify the **Insured Person** upto the Sum Insured as specified in the **Policy Schedule/ Certificate of Insurance** in respect of loss / damage to the items that **Insured Person** purchases entirely with his/her card/ bank account/ digital wallet/ any other mode of payment as specified in the **Policy Schedule/ Certificate of Insurance**, provided that the loss/ damage to the purchased item is due to the below listed covered perils and within number of days as specified in the **Policy Schedule/ Certificate of Insurance** from the date of purchase or date of confirmed delivery of the item (whichever is later).

Covered Perils

1. Fire Perils
2. Earthquake
3. Burglary

Condition Applicable to Section 47 – Purchase Protection

1. The cover under this Section shall be available only up to the number of days as mentioned in the Certificate of Insurance / Policy Schedule from the date of purchase or date of confirmed delivery of the item (whichever is later) of the tangible goods by the Insured.
2. Items given as gifts are included.
3. We will decide whether to have the item repaired or replaced, or to reimburse Insured Person (cash or credit) up to the amount charged to his/her card, and not to exceed the original purchase price.
4. Claim shall be considered subject to due depreciation of value for usage.
5. Items must be purchased entirely with Insured Person's card/ bank account / digital wallet/ any other mode of payment as specified in the Policy Schedule / Certificate of Insurance.
6. If the item is part of a pair or set, Insured Person will only receive compensation for the value of the stolen or damaged item unless the articles are unusable individually and/or cannot be replaced individually; the theft or damage of an item that is part of a pair or set will be viewed as one occurrence and the coverage limitation still applies.

7. Product rebates, discounts will be deducted from the original cost of the item.
8. Cost of the item/ amount paid as points redemptions or as loyalty points will be deducted from the original cost of the items.
9. In case of loss/ damage of the item due to burglary or housebreaking or robbery, the Insured Person must report the loss /damage to Police Authority immediately but not later than 24 hours of the loss event, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.
   ***Note**: There are times when You may be in such a state of hardship, that You are unable to report the loss / damage to the financial institution and / or Police Authority within the prescribed time limit. In such cases, condonation of delay may be considered by waiving condition 9 where the reason for delay is provided to our satisfaction.*

Exclusion Applicable to Section 47 – Purchase Protection

1. Items Insured Person has rented or leased.
2. Shipping and handling expenses or installation, assembly related costs.
3. losses that are caused by vermin, insects, termites, mold, wet or dry rot, bacteria, or rust.
4. losses due to mechanical failure, electrical failure, software failure, or data failure including, but not limited to any electrical power interruption, surge, brownout or blackout, or telecommunications or satellite systems failure.
5. items damaged due to normal wear and tear, inherent product defect or normal course of play (such as, but not limited to sporting or recreational equipment)
6. items that Insured Person damaged through alteration (including cutting, sawing, and shaping);
7. items left unattended in a place to which the general public has access.
8. Loss or damage where the Insured Person or any resident or member of the Insured Person's residential premises or his employee/s or any other person lawfully in the Insured's residential premises is involved or has colluded, in any manner, in the actual theft or damage to any of the articles or residential premises.
9. Loss of item removed or extracted from the safe within the residential premises following the use of the key to the said safe or any duplicate thereof belonging to the Insured Person, unless such key has been obtained by assault or violence or any threat.

Specific Exclusion applicable to Section 47 which can be waived in case specifically agreed by us:

10. Items that were lost or stolen from a vehicle.
11. Loss or damage to the item due to theft
12. Loss or damage to the item due to accidental damage.
13. Items Insured Person carried with him/her or acquired by him/her during a personal trip
14. Items such as Traveller's cheque(s), cash, tickets of any kind, negotiable instruments, bullion, rare or precious coins or stamps, plants, animals, consumables, perishables, art, antiques, firearms, collectable items, furs, jewellery, gems, precious stones and articles made of or containing gold (or other precious metals and/or precious stones)
15. Portable electronic items

SECTION 48- PRICE PROTECTION

What We Cover

If **You** have opted for this cover, The **Company** hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to indemnify the **Insured Person** upto the **Sum Insured** as specified in the **Policy Schedule/ Certificate of Insurance**, for the difference between the price **Insured Person** paid with his/ her card/ bank account / digital wallet/ any other mode of payment as specified in the **Policy Schedule / Certificate of Insurance** for an item and a lower printed advertised price for the same item (same brand, make, model name).

Condition Applicable to Section 48 – Price Protection

1. The lower price of the purchased item must be on a printed advertisement.
2. The printed advertisement must be published within the time period of purchase as specified in the Policy Schedule/ Certificate of Insurance.

3. The Insured Person must contact us about the claim within the time period of purchase as specified in the Policy Schedule/ Certificate of Insurance, of printed advertisement.
4. Claim payment on any claim will not include merchant's credit, discount and/or manufacturer's rebates, and shipping and handling fees.
5. In no event will we pay more than the actual amount charged for the item.

Specific Exclusion applicable to Section 48 – Price Protection:

1. Any item with an original purchase price less than Rs. 2500,
2. Traveller's cheque(s), cash, tickets of any kind, negotiable instruments, bullion, rare or precious coins or stamps, plants, animals, consumables, perishables, art, antiques, firearms, collectable items, furs, jewellery, gems, precious stones and articles made of or containing gold (or other precious metals and/or precious stones), fuel, pharmaceutical and other medical products, optical products and medical equipment;
3. Customized/personalized, unique and one-of-a-kind items;
4. Any items acquired illegally;
5. Any motor vehicles including automobiles, boats and airplanes, and any equipment and/or parts necessary for their operation and/or maintenance;
6. Land, permanent structures and fixtures (including but not limited to buildings, homes, dwellings, and building and home improvements);
7. Any services you may purchase (including but not limited to the performance or rendering of labor or maintenance, repair or installation of products, goods or property, or professional advice of any kind);
8. Products purchased by a person not resident in India and/or any product purchased from outside India;
9. Shipping and/or transportation costs or price differences due to shipping, handling costs and sales tax;
10. The price difference from an advertisement outside of India or in a Duty Free zone;
11. Used, antique, recycled, previously owned, rebuilt, refurbished or remanufactured items
12. Items advertised in or as result of "limited quantity," "going out-of-business sales," "cash only" or "close out" advertisements, items shown on price lists or price quotes, cost savings as a result of package offer, manufacturer's coupons, employees discount, or free items, or where the advertised price includes bonus or free offers, special financing, installation or rebate, or one-of-a-kind or other limited offers;
13. Any price difference found with an item sold as a special deal available only to the members of specific organizations or anywhere not open to the public, such as clubs and associations, other than those available with your payment card;
14. Items purchased for resale, professional, or commercial use;
15. Items advertised with rebate, redeemable manufacturer's coupon, or any refund of any sort, in which case your purchase price will be determined by taking into account any such rebate or refund.
16. Internet purchases or advertisements;

SECTION 49– WALLET PROTECTION (LOST WALLET COVERAGE)

What We Cover

If **You** have opted for this cover, The **Company** hereby agrees to indemnify to the **Insured Person** when Insured Person's wallet is lost or stolen, a sum not exceeding the Sum Insured as specified in the **Policy Schedule/ Certificate Of Insurance** against this section.

We will cover **Insured Person** for the following when his/her wallet is lost or stolen:

1. Replacement costs for the lost or stolen wallet;
2. Prescribed fee payable to the concerned authorities incurred to obtain a duplicate or new personal papers and /or cards.

For this section personal papers and cards shall mean Insured Person's driving licence, PAN Card, Aadhaar Card, Credit Card, Debit Card and other similar documents usually carried in a wallet.

Condition Applicable to Section 49 – Wallet Protection
File a Police report immediately but not later than 24 hours of discovering the loss / theft.

Exclusion Applicable to Section 49 – Wallet Protection
We will not cover:

1. money, cheque(s), transportation tickets, tickets of any kind, negotiable instruments, stamp or other similar items that were in the lost or stolen wallet;
2. losses that are caused by any events other than lost or stolen, such as fire, water, normal wear and tear, manufacturing defects, vermin, insects, cleaning or repairs, or similar events;
3. accidental damage to Insured Person's wallet and items inside;
4. any fraudulent/unauthorized charges on the lost or stolen cards;
5. any identity theft related costs that are caused by lost or stolen personal papers or cards.

Policy Deductible (applicable to Section 43 – Section 49)
Subject to the policy limits that apply, we will pay only that part of the total of all covered loss that exceeds the deductible amount shown in the **Policy Schedule/ Certificate of Insurance**.

Policy Limitation (applicable to Section 43 – Section 49)
For each of the coverage, we will pay up to the maximum amount per occurrence and per policy period/ cover period as shown in the Policy Schedule / Certificate of Insurance.

II. CUMULATIVE BONUS

If You've been safe and healthy and have had No Claims made under the **Section 26.A. Accidental Hospitalization Cover** and/or **Section 26.B. Accidental & Illness Hospitalization Cover** and/or **Section 20. Critical Illness Hospitalization Cover** and/or **Section 23. Cancer Hospitalization Cover** in the expiring **Policy Period**, **You** would be eligible for Cumulative Bonus at the time of renewal as mentioned in **Your Policy Schedule / Certificate of Insurance**, provided that:

1. There is an upper limit to the Cumulative Bonus You can earn. In any Policy period, the accrued Cumulative Bonus (including any carried forward Cumulative Bonuses from the previous policy) shall not exceed the limit mentioned in Your Policy Schedule / Certificate of Insurance.
2. For a Floater Policy, the Cumulative Bonus shall be available only on Floater Basis. It shall accrue only if no claim has been made for any of the Insured Members during the expiring Policy Period.
3. In the event of a claim in the expiring policy period, the Cumulative Bonus will reduce in the same way as it was accrued in the policy at the time of renewal.
4. If You discontinue the Policy or fail to renew the Policy within the Grace Period of 30 days from the due date of renewal, the entire Cumulative Bonus will be lost.
5. The Cumulative Bonus shall be applicable on an annual basis subject to continuation of the Policy with Us.
6. The Cumulative Bonus will be Calculated on the Sum Insured as opted by You under **Section 26.A. Accidental Hospitalization Cover** and/or **Section 26.B. Accidental & Illness Hospitalization Cover** and/or **Section 20. Critical Illness Hospitalization Cover** and/or **Section 23. Cancer Hospitalization Cover**.

Note: *Cumulative bonus opted at the inception of the first policy with us can't be changed during the* ***Policy Period*** *and subsequent renewals.*

D. EXCLUSIONS (Applicable to Section 1 – Section 42)

We shall not be liable to make any claim payment under this Policy arising out of any of the following unless specifically agreed and mentioned elsewhere in the Policy Schedule/Certificate of Insurance:

I. STANDARD EXCLUSIONS

1. Pre-Existing Diseases - Code- Excl01

a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of number of months, as opted by You and specified in the Policy Schedule, of continuous coverage after the date of inception of the first policy with insurer.

b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

d. Coverage under the policy after the expiry of number of months, as specified in the Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified disease/procedure waiting period- Code- Excl02

a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of number of months, as opted by You and specified in the Policy Schedule, of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.

b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.

d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage

f. List of specific diseases/procedures

1. Non-infective arthritis, Osteoarthritis and Osteoporosis (if age related), Systemic Connective Tissue disorders, Dorsopathies, Spondylopathies, Inflammatory Polyarthropathies, Arthrosis and Intervertebral disorders (unless due to accident)
2. Pancreatitis, calculus disease of gall bladder/biliary tract and urogenital system, Gastric & Duodenal erosions/ulcers, Varices of GI tract, Cirrhosis of Liver, Rectal prolapse.
3. Cataract, Glaucoma and Disorder of retina
4. Hyperplasia of Prostate, Urethral strictures, Hydrocele/Varicocele and spermatocele
5. All Abnormal Utero-vaginal bleeding, female genital Prolapse, Endometriosis/Adenomyosis, Fibroids, Ovarian Cyst, Pelvic Inflammatory disease
6. Haemorrhoids, Fissure, Fistula and pilonidal sinus/cyst and fistula.
7. Hernia of all sites,
8. Varicose veins of lower extremities,
9. Disease of middle ear and mastoid including otitis Media, Cholesteatoma, Perforation of Tympanic Membrane, Sinusitis, Tonsillitis, Adenoid hypertrophy, Nasal septum deviation, Turbinate hypertrophy, Nasal polyp, Mastoiditis, Nasal concha bullosa,
10. All internal and external benign or In Situ Neoplasms/Tumours, Cyst, Sinus, Polyp, Nodules, Swelling, Mass or Lump including breast lumps (each of any kind unless malignant),
11. Internal Congenital Anomaly. This specific waiting period will not be applicable to New Born Baby/infants.
12. Psychiatric illness and Disorders listed below:

ICD Code	Psychiatric Illness & Disorders
F20-F29	Schizophrenia, schizotypal and delusional disorders
F30-F39	Mood [affective] disorders
F40-F48	Neurotic, stress-related and somatoform disorders
F99-F99	Unspecified mental disorder

13. Neurodegenerative disorders including but not limited to Alzheimer's disease and Parkinson's disease
14. **Joint Replacement, Bariatric Surgery and Organ Transplant**
    Any Medical Expenses incurred as a result of Joint Replacement, Bariatric Surgery and Organ Transplant Surgery will be covered subject to a waiting period as opted by You and mentioned in Your Policy Schedule as long as the Insured Person has been insured continuously under the Policy without any break, unless due to an accident.
15. Chronic Kidney disease and failure,
16. Ischemic heart disease and Valvular heart diseases

3. 30-day waiting period/ Initial Waiting Period- Code- Excl03

a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

However, such waiting Period can be amended to the number of days as opted by you for any specific section and mentioned in your policy schedule.

4. Investigation & Evaluation- Code- Excl04

a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded

5. Rest Cure, rehabilitation and respite care- Code- Excl05

a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
    i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
    ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs

except to the extent covered under **Section 38 - Home (Domiciliary) Hospitalization** if opted by You.

6. Obesity/ Weight Control: Code- Excl06

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

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

Expenses related to the surgical treatment of obesity/ weight control will only be covered if You have specifically opted for **SECTION 26.B. Accidental & Illness Hospitalization Cover – B6. Bariatric Surgery Cover.**

7. Change-of-Gender treatments: Code- Excl07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. **Cosmetic or plastic Surgery: Code- Excl08**
   Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
9. **Hazardous or Adventure sports: Code- Excl09**
   Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
   However, You would be covered if you participate in a non-professional capacity for any recreational sport which may be under the supervision of a trained professional
   This exclusion will be deleted to the extent of the coverage provided under **"Section 17 – Adventure Sports Cover"**, provided this section is opted by You.
10. **Breach of law: Code- Excl10**
    Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
11. **Excluded Providers: Code- Excl11**
    Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- **Excl12**
13. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **Code- Excl13**
14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. **Code- Excl14**
15. **Refractive Error: Code- Excl15**
    Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
16. **Unproven Treatments: Code- Excl16**
    Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
17. **Sterility and Infertility: Code- Excl17**
    Expenses related to sterility and infertility. This includes:
    i. Any type of contraception, sterilization (except under **SECTION 34. MATERNITY BENEFIT** for Medical Termination of Pregnancy (MTP) as governed by MTP Act 1971)
    ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
    iii. Gestational Surrogacy
    iv. Reversal of sterilization

    This exclusion stands deleted to extent of the coverage provided under **SECTION 36. INFERTILITY TREATMENT COVER**, if opted by You.
18. **Maternity: Code Excl18**
    i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
    ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

This exclusion stands deleted to the extent of the coverage provided under **SECTION 33. MATERNITY BENEFIT & NEWBORN BABY COVER AND SECTION 34. MATERNITY BENEFIT**, if opted by You.

II. SPECIFIC EXCLUSIONS

19. Maternity Benefit Waiting Period (Applicable to Section 34 – Maternity Benefit)

Maternity Benefit in this Policy shall not be covered until the number of months of continuous coverage as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance, have elapsed since inception of the first Policy with Us.

However:

a. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then Maternity Benefit Waiting Period would be reduced by the number of Your continuous preceding years of coverage under the previous health insurance Policy.

b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

20. Artificial Life Maintenance

Artificial Life Maintenance, including life support machine used, where such treatment where such treatment is used to maintain the Insured/Patient in a vegetative state. However, expenses up to the date of confirmation by the treating doctor that the patient is in vegetative state shall be covered as per the terms and conditions of the Policy.

21. Suicide and Self-Injury

We do not cover treatment directly or indirectly arising from or contributed or aggravated or accelerated by any of the following:

a. Suicide or attempted suicide, while sane or insane, or due to use, misuse or abuse of narcotic or intoxicating drugs or alcohol or solvent

b. Intentional self-injury

c. Participation in any illegal or unlawful or criminal act

22. Cosmetic, Aesthetic and Re-Shaping Treatment & Surgeries

a. Plastic Surgery or Cosmetic Surgery or Treatments to change Your appearance, unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or burns.

b. Treatment for alopecia, baldness, wigs, or toupees and all treatment related to the same.

c. Circumcision unless necessary for the treatment of a disease or necessitated by an Accident;

d. Aesthetic or change-of-life- treatments of any description such as sex transformation operations.

23. Pre-Existing Disability

a. Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first of this Policy.

b. Any additional Hospitalization Expenses not resulting from an accidental Injury.

24. Circumcision, Aesthetic reasons

a. Circumcision unless necessary for the treatment of a disease or necessitated by an Accident;

b. Treatment for alopecia, baldness, wigs, or toupees and all treatment related to the same.

c. Aesthetic Surgeries of any description.

25. Defence Operation/Aviation Activities

We will not pay any claim under this Policy, arising out of Your

a. whilst engaging in aviation or whilst mounting into, dismounting from or traveling in any aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world and except to the extent covered under **"Section 17 – Adventure Sports Cover"**, provided this section is opted by you

b. whilst the Insured person is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines

c. Involvement in naval, military, air force operation.

26. External Congenital Anomaly

Screening, Counselling or treatment related to external Congenital Anomaly.

27.Geographical Limits

There are total 49 sections available under the product Digit Supreme Care Policy.

Section Number	Coverage Name	Geographical Limit
1	Accidental Death	Worldwide
2	Permanent Total Disability	Worldwide
3	Permanent Partial Disability	Worldwide
4	Loss of Income Benefit	Worldwide
5	Children Education Benefit	Worldwide
6	Marriage expense for children	Worldwide
7	Orphan Benefit for Children	Worldwide
8	Funeral Expenses	Worldwide
9	Transportation Expenses	Worldwide
10	Trauma Counselling	Within India
11	Coma Benefit Cover	Worldwide
12	Fracture Cover	Worldwide
13	Burns Cover	Worldwide
14	Lifestyle Modification Benefit	Worldwide
15	Expense for External Aids & Appliances	Worldwide
16	Compassionate Visit	Worldwide
17	Adventure Sports Cover	Worldwide/Within India
18	HIV Cover	Worldwide
19	Critical Illness Benefit Cover	Worldwide
20	Critical Illness Benefit Hospitalization Cover	Within India
21	Critical Illness Hospitalization Cash Allowance Cover	Within India unless specifically agreed by Insurance Company
22	Cancer Benefit Cover	Worldwide
23	Cancer Hospitalization Cover	Within India
24	EMI Protection Cover	Worldwide (Claim Payment Can be done only if loan is availed from Indian Financial Institutions in INR)
25	Loss of Employment	Within India
26	Hospitalization Cover	Within India
27	Accidental Hospitalization Cash Allowance Cover	Within India unless specifically agreed by Insurance Company
28	Accidental and Illness Hospitalization Cash Allowance Cover	Within India unless specifically agreed by Insurance Company
29	Organ Donor	Within India
30	Alternate Treatment (AYUSH) Cover (Mandatory In-Built cover in Section-26 Hospitalization Cover)	Within India
31	Emergency Air Ambulance	Within India
32	Long Hospitalization Cash Benefit	Within India
33	Maternity Benefit and New Born Baby Cover	Within India
34	Maternity Benefit	Within India

35	Miscarriage due to Accidental Injury	Within India unless specifically agreed by Insurance Company
36	Infertility Treatment Cover	Within India
37	Out-Patient (OPD) Benefit	Within India
38	Home(Domiciliary) Hospitalization	Within India
39	Sum Insured Refill Benefit	Within India
40	Wellness Benefit Program	Within India
41	Companion Benefit Cover	Within India unless specifically agreed by Insurance Company
42	Parent Accomodation	Within India unless specifically agreed by Insurance Company
43	Card Cover	Within India unless specifically agreed by Insurance Company
44	Other Electronic Transaction Cover	Within India unless specifically agreed by Insurance Company
45	Digital Wallet Cover	Within India unless specifically agreed by Insurance Company
46	Identity Theft	Within India unless specifically agreed by Insurance Company
47	Purchase Protection	Within India unless specifically agreed by Insurance Company
48	Price Protection	Within India unless specifically agreed by Insurance Company
49	Wallet Protection	Within India unless specifically agreed by Insurance Company

This Policy covers all treatments received within India and Our liability will be to make Payment Indian Rupees Only. However, on payment of additional premium, the Geographical Limits can be extended to Asia / Worldwide Excluding USA & Canada / Worldwide Including USA & Canada, subject to:

1. Additional Co-payment Opted by You and mentioned in Your Policy Schedule for treatments outside India which will be over and above the Section Wise Co-payment Opted.
2. Prior intimation should be given and approval should be taken from Us for any treatment taken Outside India.

28. Non-Medical Expenses

Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies including but not limited to charges for admission, discharge, administration, registration, documentation and filing. (Please refer Annexure B provided in the Policy Document or visit our website for complete list of non-medical items)

29. Insufficient Document

Under **"General Condition - Claims Notification and Procedure"**, We have provided Section wise list of relevant necessary documents to be submitted at the time of claim. We shall be liable to pay claims based on documents submitted to us. We shall settle or reject a claim, as may be the case, within 15 days from submission of claim.

30. Spectacles, Hearing aids & other Expenses

Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, medical supplies including elastic stockings and similar products.

31. Professional Sports

We will not pay any claim under this Policy, whilst You are under training or taking part in sport as a professional for which You are paid or funded by sponsorship or grant.

However, You would be covered if you participate in a non-professional capacity for any recreational sport which is **NOT** a **Hazardous Activity** and You are under the supervision of a trained professional.

32. Preventive Treatment

We do not cover inoculations, vaccinations or other treatment, for example drugs or Surgery, which aims to prevent a disease or Illness except:

a. For an active vaccination for dog or animal bite;
b. To the extent covered under **SECTION 33. MATERNITY BENEFIT & NEWBORN BABY COVER** if opted by You.
c. Forming part of treatment for accidental bodily Injury as prescribed by the Medical Practitioner.

33. Sexual disorder and Erectile Dysfunction

Treatment of any sexual disorder including impotence (irrespective of the cause) and sex changes or gender reassignments or erectile dysfunction.

34. Behavioural and Neurodevelopment Disorders

Medical Expenses related to Behavioural and Neurodevelopment delays and disorders such as:

a. Disorders of adult personality including gender related problems, gender change
b. Learning disability including but not limited to speech and language including stammering, dyslexia, Attention Deficit Hyperactive Disorder;
c. Neurodevelopmental disorders including but not limited to cerebral palsy, autism spectrum disorder.

35. Sexually Transmitted Infections & Disease

Screening, prevention and treatment for sexually transmitted infection or disease including but not limited to Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis is not covered.

36. Sleep Disorders and Sleep Problems

We do not cover treatment directly or indirectly related to sleep disorders and sleep problems, such as snoring, insomnia or sleep apnoea (when breathing stops temporarily during sleep) including but not limited to expense related to purchase of CPAP, BIPAP or similar instruments except as mentioned by Us and covered under **Section 26.B.6. Bariatric Surgery Cover**

37. Spectacles, Hearing aids & other Expenses

Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.

38. Stem Cell Transplant: Any stem cell transplant other than for Bone Marrow Transplant

39. Unjustified or Unwarranted Hospitalization

Admission solely for Physiotherapy, evaluation, investigations, diagnosis or observation service unless a claim is accepted under **Section26. A. Accidental Hospitalization Cover** and/or **26.B. Accidental & Illness Hospitalization Cover.**

40. Substance abuse and Addictions

a. Expenses incurred for the treatment of any Illness or accidental Injury caused due to:
   i. Use/misuse/abuse of Alcohol, opioids or nicotine or drugs (whether prescribed or not) by the Insured unless associated with Psychiatric Illness.
   ii. Withdrawal and de-addiction treatment taken by the Insured.
b. Any claim in respect of Cancer of Oral, Oropharynx and respiratory system is specifically excluded in cases where Insured is a tobacco user.

41. War and hazardous substances

We do not cover treatment directly or indirectly arising from or required as a consequence of:

a. War, invasion, acts of foreign enemy hostilities (whether or not War is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege, attempted overthrow of Government; or
b. Chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel; or

c. any acts of terrorism, unless specifically agreed by Us and mentioned in Your Policy Schedule/Certificate of Insurance.

42. Legal Liability

Any Legal Liability due to any errors or omission or representation or consequences of any action taken on the part of any Hospital or Medical Practitioner.

43. Ear, Eyesight & Optical Services

a) We do not cover treatment for:
   1. Correction of refractive errors of the eye including but not limited to short-sight or long-sight, such as glasses, contact lenses or laser eyesight correction Surgery

b) We do not cover Femto Laser Procedure and multifocal lenses.

c) Our Maximum Liability in respect of Cochlear Implant Procedure will be restricted to 50% of the Sum Insured opted under **Section 26.A. Accidental Hospitalization Cover** and/or **Section 26.B. Accidental & Illness Hospitalization Cover**

44. Prosthetics and other devices

Prosthetics and other devices NOT implanted internally by surgery.

45. Specific Treatments

We will not pay for expenses related to administration of medications or procedures including but not limited to expense related:

a. Hyaluronic acid, Remicade or similar medications
b. Intra-articular/intra thecal or cortico-steroid injections,
c. Predictive Genome testing

46. Dental Treatment

Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and Gingiva, unless requiring Hospitalisation due to Accident and except to the extent covered under **Section 37. Out-Patient (OPD) Benefit,** if opted**.**

47. Mental Disorders

Accidental **"Death"** or **"Permanent Total Disablement" or "Permanent Partial Disablement"** due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.

48. Organ Donor

The Expenses incurred by You on organ donation, except for those covered under **SECTION 29. ORGAN DONOR,** if opted by You.

49. Our Maximum Liability in respect of the following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured opted under Section **26.A. Accidental Hospitalization Cover and/or Section 26.B. Accidental & Illness Hospitalization Cover**:

A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
B. Balloon Sinuplasty
C. Deep Brain stimulation
D. Oral chemotherapy
E. Immunotherapy - Monoclonal Antibody to be given as injection
F. Intra vitreal injections
G. Robotic surgeries
H. Stereotactic radio surgeries
I. Bronchial Thermoplasty
J. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
K. IONM - (Intra Operative Neuro Monitoring)
L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

EXCLUSIONS (APPLICABLE TO SECTION 43-SECTION 49)

We will not cover the following:

1. Deductible as mentioned in the Policy Schedule/ Certificate of Insurance against the specific section for each loss.

2. Losses that do not occur within the cover period as specified in the Policy Schedule/ Certificate of Insurance
3. Losses caused by illegal acts;
4. Losses that Insured Person have intentionally caused;
5. Losses sustained by the Insured Person resulting directly or indirectly from the actions of the Insured Person's employee/members of household, relative, acting alone or in collusion with others.
6. Losses due to war, invasion, act of foreign enemy, hostilities or warlike operations (whether war has been declared or not), civil war, rebellion, revolution, insurrection, civil commotion, uprising, military or usurped power, martial law, riot or the act of any lawfully constituted authority.
7. Losses due to the order of any government, public authority, or customers' officials.
8. Losses due to ionizing radiations contamination by radio activity from any nuclear fuel or from any nuclear waste from the combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
9. Losses due to nuclear, biological, or chemical event
10. Any loss directly or indirectly caused by pandemic or epidemic as declared by WHO / Indian Government/ any Authorized Government body
11. Any legal liability, of whatsoever nature.
12. Any loss or damage which is recoverable from any other source
13. Any consequential losses of any kind (financial or otherwise), and/or any actual or alleged legal liability of the Insured
14. Loss due to Terrorism, unless specifically agreed otherwise by Us.

Terrorism Exclusion Warranty (APPLICABLE TO SECTION 43-SECTION 49)

Notwithstanding any provision to the contrary within this insurance it is agreed that this insurance excludes loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and / or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organization(s) or governments), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.

The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.

If the Company alleges that by reason of this exclusion, any loss, damage, cost, or expenses is not covered by this insurance the burden of proving the contrary shall be upon the insured.

In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

E. GENERAL TERMS AND CLAUSES

I. STANDARD GENERAL TERMS AND CLAUSES

CONDITIONS PRECEDENT TO THE CONTRACT

Digit Simplification: There are some more conditions you should be aware of that we considered before we issued you the policy.

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.
"Material facts" for the purpose of this policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to tale informed decision in the context of underwriting the risk.

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. 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.

CONDITION APPLICABLE DURING THE CONTRACT

Digit Simplification: There are some more conditions you should be aware of during the contract!

4. Special Conditions Applicable for Policies issued with premium Payment on Instalment basis

If the insured person has opted for Payment of Premium on an instalment basis i.e. 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. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
ii. During such Grace Period, Coverage will not be available from the instalment premium payment due date 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 case of any admissible claim in a Policy year.
vii. In the event of a claim, all subsequent premium instalments shall immediately become due and payable
viii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.
ix. If the claim amount is equivalent or higher than the balance of the instalment premiums payable in that Policy Year, would be recoverable from the admissible claim amount payable in respect of the Insured Person.

x. If the claim amount is lesser than the balance premium payable, then no claim would be payable till the applicable premium is recovered.

xi. Where Premium Payment is on Installment Basis, there will be no refund of premium in case of Policy Cancellation requested by You.

a) Important Note (ECS Or NACH Mode):

1. Installment can also be paid through ECS or NACH mode. In cases where monthly installment is allowed by NACH or ECS mandate, three (3) installments need to be paid at the inception of the Policy, unless this condition is specifically amended by Us.
2. We shall inform You in case of any change either in the terms and conditions of the Policy Contract or in the Premium Rate and afresh ECS authorization needs to be submitted by You.
3. You can withdraw from the ECS mode of payment at least fifteen days prior to the due date of instalment premium payable as per the ECS/NACH mandate form submitted by You, by submitting written communication to Us as well as Your Bank.

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. Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on any grounds of non-disclosure and/or misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.

8. Cancellation

A. Cancellation by You

The policyholder may cancel this policy by giving 7 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Short Period Scale

Period in Risk	Premium Refund
Within 3 months	65.00%
Exceeding 3 months but less than 6 months	45.00%
Exceeding 6 months but less than 9 months	25.00%
Exceeding 9 months	0.00%

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.

B. CANCELLATION BY US

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 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

C. IN CASE OF DEATH OF INSURED PERSON

i. Individual Policy

In case, no claim has been made, and termination takes place on account of death of the insured person, We shall refund a portion of the premium as per short term premium mentioned in 8.A, subject to the terms and conditions of the Policy. There will be no change in premium for other family members covered under the policy for the remaining duration of the policy.

ii. Family Floater Policy

In case of death of Insured Family Member, cover shall continue for the remaining family members till the end of Policy Period. Provided no claim has been made, revised premium would be calculated basis new family composition and revised premium would be calculated on short-term basis as per table mentioned in 8.A, subject to the terms and conditions of the Policy. Difference between short-term premium of new family composition with old family composition shall be considered for refund.

Note: Please note KYC documents (Photo ID card) shall be required if the premium refund to the Insured Member exceeds a threshold limit of Rs. 1 Lakhs per premium refund.

CONDITIONS APPLICABLE WHEN A CLAIM ARISES

Digit Simplification: What You should know when You are about to claim.

9. Multiple Policies

i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

ii. Indemnity based Insurance Sections:
A policyholder can file for claim settlement as per his/her choice under any policy. The Insurer of that chosen policy shall be treated as the primary Insurer. In case the available coverage under the said policy is less than the admissible claim amount, the primary Insurer shall seek the details of other available policies of the policyholder and shall coordinate with other Insurers to ensure settlement of the balance amount as per the policy conditions, without causing any hassles to the policyholder.

iii. Benefit based Insurance Sections:
On occurrence of the insured event, the policyholders can claim from all Insurers under all policies.

10.Fraud

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

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/Policyholder(s), who has made that particular claim, who shall be jointly and severely liable for such repayment to the insurer

For the purpose of this clause, the expression "Fraud" means any of the following acts committed by the insured person or by his agents or the hospital/Doctors/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

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

The company shall not repudiate the claim and/or forfeit the policy benefits on the grounds of Fraud, if the insured person/beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intension to supress the fact or that such misstatement of or suppression of such material fact are within the knowledge of the Insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

11.Claim Settlement (provision for Penal Interest)

a. The Company shall settle or reject a claim, as the case may be, within 15 days from submission of claim.
b. In case the claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment.
   "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

12.Complete Discharge

Any payment to the Policyholder, insured person or his/ her nominee or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

CONDITIONS FOR RENEWAL OF THE CONTRACT

13.Renewal

i. The policy shall ordinarily be renewable provided the product is not withdrawn except on grounds of established fraud, or non-disclosure or misrepresentation by the insured person.
ii. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
iii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
iv. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
v. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 15 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
vi. No loading shall apply on renewals based on individual claims experience.
vii. No fresh underwriting unless there is an increase in sum insured.
viii. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected and shall be applicable for both Indemnity based and Benefit based sections.

14.Portability

In case of Indemnity based Insurance sections:

a. A Policyholder has the choice to port his/ her policies from one Insurer to another. The Acquiring and the Existing Insurers shall jointly, ensure that the entire underwriting details and claim history of the Policyholders are seamlessly transferred.
b. The existing insurer shall provide the information sought by the Acquiring insurer immediately but not more than 72 hours of receipt of request through Insurance Information Bureau of India (IIB) https://iib.gov.in/ portal.
c. The Acquiring insurer shall decide and communicate on the proposal immediately but not more than 5 days of receipt of information from Existing insurer.
d. The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease , Moratorium period etc from the Existing Insurer to the Acquiring Insurer in the previous policy

15. Migration

In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy.

The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

16. Customer Grievance Redressal Policy:

In case of any grievance the insured person may contact the company through
Website: https://www.godigit.com
Toll Free: 1-800-258- 4242
Email: hello@godigit.com
Senior citizens can now contact us on 1-800-258-4242 or write to us at seniors@godigit.com
Insured person may also approach the grievance cell at any of the company's branches with the details of grievance
If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at grievance@godigit.com
For updated details of grievance officer, kindly refer the link:
https://www.godigit.com/claim/grievance-redressal-procedure

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017 as amended from time to time.
The policyholder or the claimant also has the option to register the complaint on-line at IRDAI's Bima Bharosa by visiting https://bimabharosa.irdai.gov.in/

The contact details of the Insurance Ombudsman Centres are mentioned in Annexure B.

II. SPECIFIC TERMS AND CLAUSES

CONDITIONS PRECEDENT TO THE CONTRACT

17. Notices and Alternations to the Policy:

All notices and communications in relation to this Policy are to be sent to the Company in writing or in electronic format.

18. Observance of Terms and Conditions

The due observance and fulfilment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured and the truth of the

statements and answers in the proposal shall be a condition precedent to any liability of the Company to make any payment under this Policy.

19. Admission of Liability

Unless You have obtained Our prior written consent, neither You nor any of Your Employees, agents or others acting on Your behalf may:

a. admit liability, fault, or guilt in connection with any Occurrence or
b. do anything that might be seen as an admission of liability, fault, or guilt unless permissible in law; or
c. settle any third-party Claim, even though it may be within the amount of the Deductible and Participation Percentage.

20. Contribution: (Not applicable for benefit section / Personal Accident Section)

If at the time of the happening of any loss or damage covered by this Policy there shall be existing any other insurance of any nature whatsoever covering the same, whether effected by the Insured or not, then the Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage.

21. Subrogation (Applicable to section 43 – Section 49)

You shall at Our expense do and concur in doing, and permit to be done, all such acts and things as may be necessary or reasonably required by Us for the purpose of enforcing any rights and remedies or of obtaining relief or indemnity from other parties to which We shall be or would become entitled or subrogated, upon its paying for or making good any loss or damage under this Policy, whether such acts and things shall be or become necessary or required before or after his indemnification by Us.

22. Role of Group Administrator/ Policyholder

i. The Policy holder should provide the complete list of members to Us at the time of policy issuance and renewal. Further intimation should be provided to Us on the entry and exit of the members at periodic intervals. Insurance will cease once the member leaves the group except when it is agreed in advance to continue the benefit even if the member leaves the group.
ii. In case of employer-employee policies, the employer may issue confirmation of insurance protection to the individual employees with clear reference to the Group Insurance policy and the benefits secured thereby.
iii. In case of such policies, claims of the individual employees may be processed through the employer.
iv. In case of non-employer-employee policies, We shall generally issue the Certificate of Insurance. However, We may provide the facility to the Group Administrator to issue the Certificate of Insurance to the members.
v. In case of such policies, the Group Administrator may facilitate the claims process for the members.

23. Assignment (If Opted) – It Is Hereby Declared and Agreed That:

a. from the Policy Start Date, the claim amount payable by Us to the Insured and all rights, title, benefits and interest of the Insured under this Policy stand assigned in favour of a person or an Institution or a company as named in the Policy Schedule/ Certificate of Insurance;
b. upon any claim amount becoming payable under this Policy the same shall be paid by Us to assignee as named in Policy Schedule/ Certificate of Insurance, without any reference/ notice to the Insured;
c. the receipt of such claim amount by the assignee as named in the Policy Schedule/ Certificate of Insurance and the Insured shall completely discharge Us from all liability under the Policy and shall be binding on the Insured and the heirs, executors, administrators, successors or legal representatives of the Insured, as the case may be.

24. 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 centres, 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.

25.No Constructive Notice

Any knowledge or information of any circumstance or condition in relation to the Policyholder or Insured Member which is in Our possession other than that information expressly disclosed in the Proposal Form or otherwise to Us, shall not be held to be binding or prejudicially affect Us.

26.Zone wise Classification

Based on your city of residence, we have classified you within three Zones. In case of family floater policies, a single zone shall be applied to all the members covered under the policy. The three Zones are defined below: -

Zone A Delhi/NCR, Mumbai including (Navi Mumbai, Thane and Kalyan),
Zone B Hyderabad and Secunderabad, Bangalore, Kolkata, Ahmedabad, Vadodara, Chennai, Pune and Surat.
Zone C Rest of India apart from Zone A and Zone B cities are classified as Zone C.

Zone opted by you is mentioned in your Policy Schedule.

Note:

1. If You have availed choice of Zone B at the time of Policy Inception and availing treatment in a Hospital which is situated in Zone A, 10% Co-pay would be applicable on admissible claim amount.
2. If You have availed choice of Zone C at the time of Policy Inception and availing treatment in a Hospital which is situated in Zone B, 10% Co-pay would be applicable on admissible claim amount.
3. If You have availed choice of Zone C at the time of Policy Inception and availing treatment in a Hospital which is situated in Zone A, 20% Co-pay would be applicable on admissible claim amount.
4. Zone based Co-pay as mentioned above will not be applicable in case of accidental injury.

27.Policy Period

This policy can be issued for a term of one year.

28.Insured Person

a. Only those persons named as an Insured Person in the Policy Schedule / Certificate of Insurance shall be covered under this Policy.
b. You can add more persons during the Policy Period but only after payment of an additional premium and subject to acceptance of Proposal by Us (wherever necessary) and after We have issued an endorsement confirming the addition of such person as an Insured Person.

29.Alterations to the Policy

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or edited by anyone (including an insurance agent or intermediary) except Us (subject to necessary approval from the Insurance Regulatory and Development Authority of India), and any change We make will be through a written endorsement signed and stamped by Us, only on the request from Proposer/Insured Member.

30.Non-Disclosure or Misrepresentation:

If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the
proposal form either physically or electronically or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall
be:

a) cancelled ab initio i.e. from the inception date or the renewal date (as the case may be),

b) or the Policy may be modified by Us, at Our sole discretion, upon 30 days' notice by sending an endorsement to Your address shown in the Schedule/Certificate of Insurance;
c) the claim under such Policy if any, shall be rejected/repudiated forthwith.

31.Insured Person

a. Only those persons named as an Insured Person in the Policy Schedule shall be covered under this Policy.
b. You can add more persons during the Policy Period but only after payment of an additional premium and subject to acceptance of Proposal by Us (wherever necessary) and after We have issued an endorsement confirming the addition of such person as an Insured Person.

CONDITION APPLICABLE DURING THE CONTRACT

32.MATERIAL CHANGE / CHANGE OF OCCUPATION

The Insured/ Insured Member shall immediately notify the Company in writing of any material change in the risk or change in business or occupation during the Policy Period. Insured should also at his own expense take precautions as circumstances may require ensuring safety thereby containing the circumstances that may give rise to a claim. The Company may adjust the scope of the cover and/or the premium, if necessary, accordingly.

The above notification is not mandatory when only the employer changes, but the nature of occupation does not change.

33.SPECIAL PROVISIONS

Any special provisions subject to which this policy has been entered into and endorsed in the policy or in any separate instrument shall be deemed to be part of this policy and shall have effect accordingly.

34.SPECIAL CONDITIONS RELATING TO GROUP POLICY

All group policies are subject to the following conditions:

a. The insured will maintain sufficient deposit or provide a Bank Guarantee to comply with the requirement of section 64VB.
b. New names can be added to the existing group policies by charging premium as agreed between Group Manager and Us.
c. For deletion of names from Group Policies during the Policy Period, refund of premium can be allowed only if there is no claim in respect of the particular insured Person as on date when request for deletion of name has been received.

35.ADDITION /DELETION OF INSURED PERSON(S)

a. No person other than those persons named as the Insured Person(s) or those categories of the Insured specified in the Policy Schedule/ Certificate Of Insurance shall be covered under this Policy unless and until his/her name or the category has been notified in writing to the Company, any additional premium due has been paid and the Company's agreement to extend cover has been indicated by it issuing an endorsement confirming the addition of such person or category of persons as an Insured
b. Cover under this Policy shall be withdrawn from any Insured Person(s) named or any category of persons Insured immediately upon the Policyholder delivering written notice of the same to the Company.

36.ACCUMULATION CLAUSE

The Company's maximum liability in case of losses arising out of one event is limited to accumulation limit

Mentioned in Your Policy Schedule/Certificate of Insurance. In the event of claim where the single event loss amount limit exceeds the limit mentioned in Your Policy Schedule /Certificate of Insurance, the benefits payable under this policy to each Insured person will be reduced proportionately in ratio of the overall event limit mentioned in Your Policy Schedule /Certificate of

Insurance to the total amount claimed cumulatively by all the affected Insured persons in that event.

37.LAW AND JURISDICTION

It is hereby declared and agreed that this contract of insurance and all claims thereunder shall be governed by Indian Law and any legal proceeding in respect thereof shall be raised a competent court of India. All claims shall be paid in Indian Rupees only.

CONDITIONS APPLICABLE WHEN A CLAIM ARISES

38.PHYSICAL EXAMINATION

Any medical official or other agent of the company shall be allowed to examine the Insured Person(s) in case of alleged injury or disablement when and as often as may be reasonably be required on behalf of the Company.

39.Arbitration

If we have any differences with respect to the claim amount to be paid under this policy, it will be referred to arbitration in accordance with the Indian Arbitration and conciliation act 1996, as amended. The making of an award under such arbitration proceedings shall be a condition precedent for the Company to be liable to make any payment under this policy.

40.RECORDS TO BE MAINTAINED

You shall keep an accurate record containing all relevant medical records and shall allow Us or our representative(s) to inspect such records. You or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.

41.POLICY DISPUTE

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

42.AUTOMATIC TERMINATION OF COVER FOR INSURED PERSON

The cover for the Insured person shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured mentioned in the Certificate of Insurance or in case of discovery of fraud or misrepresentation by the insured.

43.Reasonable Care:

The Insured Person shall take all reasonable precautions for safety and soundness of Insured Property and to prevent the loss in order to minimize claims. The Insured must comply with Maker's recommended actions for inspection and maintenance and shall comply all statutory requirements or other regulations and will employ only competent and honest employees and/or representative(s).

44.Duties in the Event of Occurrence of Circumstance or Claim or Suit (Applicable to Section 43 – Section 49)

1. You must notify Us/ Policyholder in writing immediately of any Occurrence which may result in a Claim. To the extent possible, notice must include –
   a. how, when and where the Occurrence took place;
   b. the names and addresses of any injured persons and witnesses; and
   c. the nature and location of any injury or damage arising out of the Occurrence.
   d. detailed statement in writing regarding loss or damage and any such information and documentation (in relation to the quantum of the Claim and otherwise)
2. Upon Our request You must

a. authorize Us to obtain records and other information,
b. cooperate with Us in the investigation, settlement or defence of the Claim or Suit; and
c. assist Us in the enforcement of any right against any person or organization which may be liable to the Insured because of Bodily Injury or Property Damage to which this insurance may also apply.

3. The Insured Person shall within 30 days deliver to the Company its completed claim form detailing the loss or damage that has occurred and an estimate of the quantum of any claim along with all documentation required to support and substantiate the amount of Indemnification sought from the Company, and
4. Forward Us every letter, writ, summons in relation to Your claim as soon as You receive it.
5. Not incur any expenditure for which a claim may be made against Us without Our prior approval.

45.Making a Claim (Applicable to Section 43 – Section 49)

Upon the happening of any event, which may give rise to a Claim under this Policy:

a) Following a Claim, the Insured Person shall immediately give written notice to the Company giving preliminary information regarding particulars about the loss. The Policyholder and Insured Person will, within a period of thirty (30) days of reporting of loss, submit full details of the Claim, supported by the following documents duly completed in all respects to the Company:
   i. Completed claim form.
   ii. Claims documents as listed below
   iii. Photo Id proof of the Insured person

b) We shall settle or reject a claim, as the case may be within 30 days of submission of last necessary documents / information. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Interest Regulation), 2017. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDAI (Protection of Policyholders Interest Regulation), 2017, we shall 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. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

c) On payment of a claim by the Company, the Sum Insured mentioned in the Certificate of Insurance will stand reduced by the amount of claim paid and cannot be reinstated. Claim amount will be paid in Indian Rupees and in a bank account in India.

d) The Policyholder and Insured Person will also make available any additional information/documents required by the Company to enable the Company to determine the admissibility of the claim. Any further / specific requirement which may be typical to the loss may also be raised by the Company, however, such requirement shall have to be raised within 7 working days from the date of receipt of documents.

e) Claim documentation: The following set of documents would be submitted by Insured/ Insured Person/ someone claiming on behalf of the Insured Person to the Insurance company:
   a. Duly filed Claim Form.
   b. Photo Id proof and address proof of the Insured Person
   c. Police Acknowledgement Letter / FIR (to be done immediately but not later than 24 hours from the time of realisation of loss (wherever applicable)

Section	Claim Documents
Section: Card Cover	1) For Card Related claims – Proof of Disabling of Card facility at core banking Proof (to be done within 24 hours from the date of realisation of loss) 2) Card Statement/ Account Statement for last 6 months indicating Fraudulent Transactions/Unauthorised Use and loss liability. 3) Card Copy / Declaration from the Bank/ financial institution 4) Internal Investigation report of the card issuer/ financial institution 5) Proof of settlement / chargeback/ other recoveries

	6) Customer complaint letter regarding fraudulent / unauthorized transaction to the bank/ financial authority/ card issuer. 7) In case of ATM Robbery, FIR must indicate the exact time of ATM Robbery and distance from the ATM from which the money was withdrawn. 8) Any other document required for the settlement of claim on case-to-case basis
Section: Other Electronic Transaction Cover	1) Account Statement for last 6 months indicating Fraudulent Transactions/Unauthorised Use or loss 2) Customer complaint letter regarding fraudulent / unauthorized transaction to the bank/ financial authority. 3) Internal Investigation report of the bank/ financial institution 4) Proof of settlement / chargeback/ other recoveries 5) Any other document required for the settlement of claim on case-to-case basis
Section: Digital Wallet Cover	1) Digital Wallet Account Statement for last 3 months indicating Fraudulent Transactions/Unauthorised Use and loss liability. 2) Internal Investigation report of the digital wallet company/ financial institution 3) Proof of settlement / chargeback/ other recoveries 4) Customer complaint letter regarding fraudulent / unauthorized transaction to the bank/ financial authority. 5) Any other document required for the settlement of claim on case-to-case basis
Section: Identity Theft	1) Document confirming identity theft of the Insured Person 2) Document / Invoices confirming attorney and court fees 3) Document confirming lost wages 4) Invoices of miscellaneous expenses 5) Any other document required for settlement of claim on case-to-case basis
Section: Purchase Protection	1) Statement of Card / bank account/ wallet confirming that the item was purchased from the Insured Person's Card 2) Invoice of the item purchased. 3) Any other document required for settlement of claim on case-to-case basis
Section: Price Protection	1) Statement of Card / bank account/ wallet confirming that the item was purchased from the Insured Person's Card 2) An original receipt of the purchased item 3) The printed advertisement proving the difference in price between your item and the same lower priced item. 4) Any other document required for settlement of claim on case-to-case basis
Section: Wallet Protection (Lost Wallet Coverage)	1) Original invoice/ proof of purchase of the lost wallet 2) Receipt of cost incurred as replacement costs for the new wallet 3) Receipts for fee payable to the concerned authorities incurred to applying for / obtain new personal papers and/ or cards. 4) Any other document required for settlement of claim

46.Claims Notification and Procedure (Applicable to section 1 – Section 42)

In the event of any accidental injury or illness or condition that may result in a claim under this policy, it is a condition precedent to Our liability under the Policy that below procedure should be followed depending on the type of claim:

A. Cashless Claim Process:

Cashless Facility can be availed from our network hospitals only. This is facilitated by our Service Provider / Third Party Administrator (TPA) and we would make a direct payment to the Network Hospital to the extent of Our Liability provided that:

1. We are given a notice at least 72 hours before any planned hospitalization or within 24 Hours of hospitalization in case of an emergency situation.
2. Request for cashless authorization shall be decided immediately but not more than one hour of receipt of request.

3. For Cashless Facility You shall follow the below Procedure:
   a. Share the Health Card/Copy of E-Cards along with ID Proof with the Hospital Authority & Obtain the Pre-Authorization Form from the Hospital.
   b. Submit Duly filled & Signed Pre-Authorization Form to the Hospital Counter.
   c. Ensure that the Hospital shares the Duly filled & Signed Pre-Authorization Form to Service Provider / Third Party Administrator (TPA) for further Processing.
   d. Service Provider / Third Party Administrator (TPA) will inform the decision and may issue authorization letter depending on the Policy Terms and Conditions to the Hospital directly.
   e. Once the request for Pre-Authorization has been granted, the treatment must take place within 15 days of the Pre-Authorization Approval Date or the Policy Expiry Date whichever is earlier and shall be valid only if all the details of the Authorised details, Hospital and Location including Dates match with the details of the Actual Treatment Received.
   f. We reserve the right to modify, add or restrict any Network Provider for Cashless Facility in Our sole discretion. Before availing Cashless Facility, please check the applicable updated list of Network Providers.
   g. For any queries designated Service Provider / Third Party Administrator (TPA) may be contacted on the contact details mentioned on the Health Card/Copy of E-Cards issued to You.

B. Reimbursement Claim Process:

Reimbursement Facility can be availed from any hospital within India of Your Choice Wherein You will have to make payment directly to the Hospital and submit the documents to Service Provider / Third Party Administrator (TPA) for processing the reimbursement of the claim amount provided that:

1. We or Our Service Provider / Third Party Administrator (TPA) should be intimated within 48 hours of date of admission.
2. For Reimbursement Claim You shall follow the below Procedure:
   a. The Company shall settle or reject a claim, as the case may be, within 15 days submission of claim.
   b. In case the claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment.
      "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

   c. In case of Your Death, We shall reimburse the claim amount to Your Nominee as named in Your Policy Schedule or Your Legal representative holding a valid succession certificate.

C. List of Claim Documents:

In addition to the Duly Completed Claim Form signed by the Insured/Insured's Nominee/Legal Heir & NEFT Details or Cancelled Cheque of the Insured/Insured's Nominee/Legal Heir, ID proof (KYC document) of insured and Nominee, address proof wherever applicable, We need to have the below documents, wherever applicable:

Section	Documents
Hospitalization Claim	• Discharge Summary • Medical Records (Optional Documents may be asked on need basis: Indoor case papers, OT notes, PAC notes etc.) • Original Hospital Main Bill • Original Hospital Bill Break Up • Original Pharmacy Bills • Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital • Consultation Papers • Investigation Reports • Digital Images/CDs of the Investigation Procedures (if required) • MLC/FIR Report (If applicable) • Original Invoice/Sticker (If applicable) • Postmortem Report (If applicable) • Disability Certificate (If applicable) • Attending Physician Certificate (If applicable) • Ante-natal Record (If applicable) • Birth discharge Summary (If applicable) • Death Certificate (If applicable) • Any other documents on case-to-case basis
Out - Patient (OPD) Claim	• Original Pharmacy Bills • Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital • Consultation Papers • Investigation Reports • Digital Images/CDs of the Investigation Procedures (if required) • Any other documents on case-to-case basis
Critical Illness/Cancer Claim	• Medical Records (Optional Documents may be asked on need basis: Indoor case papers, OT notes, PAC notes etc.) • Consultation Papers • Investigation Reports • MLC/FIR Report (If applicable) • Disability Certificate (If applicable) • Attending Physician Certificate (If applicable) • Copy of Hospital Summary • Death Certificate (If applicable) • Any other documents on case-to-case basis
Daily Hospital Cash Claim	• Discharge Summary • Any other documents on case-to-case basis
Accidental Death **Adventure Sports Cover** **Orphan Benefit For Children**	• Copy of Address Proof (Ration Card or Electricity Bill Copy). • Attested Copy of Death Certificate. • Death Summary/Certificate from the hospital authority (wherever applicable) • Burial Certificate (wherever applicable). • Attested Copy of Statement of Witness, if any lodged with police authorities. (Wherever applicable).

	• Attested Copy of FIR / Panchnama / Inquest Panchnama. (Wherever applicable). • Attested Copy of Postmortem Report (Only if conducted). • Attested Copy of Viscera report if any (Only if Postmortem is conducted). • For Adventure Sports Cover, please submit Certificate of Participation from Sports Event organizer/service provider / Pre-participation fitness certificate (wherever applicable). • Attested Copy of Passport or any other valid document which will suffice as a proof of relationship between the insured, insured's spouse and orphan child. (Applicable only for Orphan Benefit) • Any other documents on case-to-case basis
Permanent Total Disablement **Permanent Partial Disablement** **Adventure Sports Cover**	• Attested Copy of disability certificate from relevant government medical authority. • Attested copy of FIR. (If required) • All Investigation reports confirming the disability. • Complete Treatment record with follow-up documentation. • For Adventure Sports Cover, please submit Certificate of Participation from Sports Event organizer/service provider / Pre-participation fitness certificate (wherever applicable). • Disability assessment report from Digit empanelled medical specialist (if required) • Any other documents on case-to-case basis
Loss of Income Benefit	• Attested copy of FIR. (If required) • All Investigation reports confirming the disability. • For Employed persons: Certificate from HR with details of medical leave availed during the period of Injury. • Certificate from the treating doctor mentioning the extent of Injury along with the period of disability. • Certificate from Treating doctor with date of full recovery & resuming of duties. • Any other documents on case-to-case basis
Children Education Benefit	• Bonafide Certificate from School / College or Certificate from the Educational Institution • Any other documents on case-to-case basis
Marriage Expense for Children Benefit	• Proof of Relationship with the Insured Person • Photo Identity Proof of Child • Age Proof of the Dependent Child • Any other documents on case-to-case basis
Funeral Expenses	• Original Invoice of Expenses Incurred during Funeral. • Any other documents on case-to-case basis
Transportation Expenses	• Original Invoices of expenses incurred for Carriage of Dead Body/repatriation of mortal remains. • Any other documents on case-to-case basis.
Trauma Counselling	• Documents as mentioned under Section 1. Accidental Death and/or Section 2. Permanent Total Disablement and/or Section 3. Permanent Partial Disablement • Original Invoice of Expenses Incurred for Counselling. • Medical Practitioner's letter advising Counselling. • Treatment plan for Counselling from Specialist. • Any other documents on case-to-case basis.

Long Hospitalization Cash Benefit	• Discharge Summary • Original Hospital Main Bill • Original Hospital Bill Break Up of Various Expenses • Original Pharmacy Bills • Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital. • Consultation Papers • Investigation Reports • Digital Images/CDs of the Investigation Procedures (if required) • MLC/FIR Report (If applicable) • Original Invoice/Sticker (If applicable) • Postmortem Report (If applicable) • Attending Physician Certificate (If applicable) • Death Certificate (If applicable) • Any other documents on case-to-case basis.
Home (Domiciliary) Hospitalization	• Attending Physician Certificate mentioning the need for Home (Domiciliary Hospitalization) • Original Pharmacy Bills • Consultation Papers • Original Investigation bills and Reports • Original Invoices in respect of payment made to the treating Medical Practitioner. • Any other documents on case-to-case basis.
Emergency Air Ambulance	• Original bills and receipts paid for the transportation from Registered Ambulance Service Provider • Letter from Medical Practitioner indicating emergency need for such transportation and fitness for transportation. • Any other documents on case-to-case basis.
Coma Benefit Cover	• Certificate from the Treating Medical Practitioner certifying the cause and severity of Coma. • All relevant medical summary leading to Coma. • Any other documents on case-to-case basis.
Fracture Cover	• X Ray Confirming the Fracture & site of Fracture • Pre and post-operative radiological imaging reports with films confirming the extent of the fracture • Certificate from Treating Medical Practitioner with extent of Injury, Cause of injury, Site of Injury & Date of Injury. • Treatment Details • Discharge Summary (if Hospitalized) • Any other documents on case-to-case basis.
Burns cover	• Certificate from Treating Medical Practitioner with extent of Burns Injury/Cause of Burns. • Treatment Details • Medico Legal Certificate copy / First Information Report Copy (If applicable) • Discharge Summary (if Hospitalized) • Any other documents on case-to-case basis.
Lifestyle Modification	• Certification from Medical Practitioner necessitating the Modification. • Original Invoices of actual expenses incurred for the Modifications. • Any other documents on case-to-case basis.

Expense for External Aids and Appliances	• Prescription of treating Medical Practitioner for use of External Aids and Appliance. • Original Invoices of actual expenses incurred for the purchase of External Aids and Appliance • Any other documents on case-to-case basis.
Compassionate Visit	• Letter from Medical Practitioner advising presence of Immediate Family Member. • Original travel tickets / bills and receipts mentioning the actual expenses of the travel with the date of booking & date of travel • Age Proof of the Person who has visited the Insured • Any other documents on case-to-case basis.
Miscarriage Due to Accidental Injury	• Treating Medical Practitioners Certificate mentioning reason for Miscarriage and date of accidental injury. • Medical Reports & Investigations Done • Discharge Summary (if applicable) • Any other documents on case-to-case basis.
HIV Cover	• Medical Reports/ Records • Investigation Tests Report • Copy of Hospital Summary/Discharge Card • Medical Practitioner's Certificate confirming the Illness /Treatment advise / Medical Reference. • Any other documents on case-to-case basis.

EMI Protection cover	• Current Outstanding Loan Certificate from Financer.
	• Loan Disbursement Letter along with the payment record till the date of Accident or first diagnosis of Critical Illness or first underwent surgical procedure.
	• Certificate from HR with details of medical leave availed during the period of Injury.
	• Copy of Address Proof (Ration Card or Electricity Bill Copy).
	• In Case of Death
	  ○ Attested Copy of Death Certificate.
	  ○ Death Summary/Certificate from the hospital authority (wherever applicable)
	  ○ Burial Certificate (wherever applicable).
	  ○ Attested Copy of Statement of Witness, if any lodged with police authorities. (Wherever applicable).
	  ○ Attested Copy of FIR / Panchnama / Inquest Panchnama. (Wherever applicable).
	  ○ Attested Copy of Postmortem Report (Only if conducted).
	  ○ Attested Copy of Viscera report if any (Only if Postmortem is conducted).
	• In case of Permanent Total Disablement, Permanent Partial Disablement
	  ○ Attested Copy of disability certificate from relevant government medical authority.
	  ○ Attested copy of FIR. (If required)
	  ○ All Investigation reports confirming the disability.
	  ○ Complete Treatment record with follow-up documentation.
	  ○ Disability assessment report from Digit empanelled medical specialist (if required)
	Any other documents on case-to-case basis.

Loss of Employment	• Certificate from the Employer confirming the termination, dismissal, temporary suspension or retrenchment from employment of the Insured furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured with the reasons for the same. In case of temporary suspension, the period of suspension should also be mentioned in such certificate. • Appointment Letter • Latest Copy of Salary Revision, if any. • Last 3 Months Salary Slip • Form 16 • Loan Account Statements duly signed by the Financial Institution. • Contact details of Employer-Phone No. Mobile No., E-mail ID, Contact person in HR/Admin/Personnel dept. • Appointment Letter Employer if Re employed. • Age proof of Insured: Aadhar Card, Election ID Card / PAN Card/ School Leaving • Form 26AS which shows tax deducted at source. • Income tax return for relevant financial year • Self-declaration • Any other document as required by the Company /TPA to investigate the Claim or Our obligation to make payment for it, including documents related to proof that the insured has not found any job or has not started working again in family business or started his / her own venture. • Any other documents on case-to-case basis.

Note: There are times when You or any other person who could claim on Your behalf, may be in such a state of hardship, that You or Such other person is unable to give us a notice or file a claim within the prescribed time limit. In such cases, condonation of delay can be done by waiver of conditions A.1, B.1 may be considered where the reason for delay is proved to our satisfaction.

*KYC documents shall be required at the claim settlement stage where claims pay-out to the Insured Member exceeds a threshold limit of Rs. 1 Lakhs per claim.

47.Validity of Certificate of Insurance

Subject to provision relating to cancellation, the coverage under the Certificate of Insurance will terminate on the earliest of the following occurrence:

a. The expiry date of Cover Period as mentioned in the Certificate of Insurance
b. In case of loss/damage, any claim paid up to the Sum Insured as mentioned in the Certificate of Insurance

The date that the Insured person is no longer member of the group of the Insured.

48.Continuity Benefits

We will grant continuity of benefits which were available to the Insured Members under a health insurance policy which provides same coverage in the immediately preceding Cover Year provided that:

i. We shall be liable to provide continuity of only those benefits (for e.g.: Initial wait period, wait period of Specific Diseases pre-existing disease etc) which are applicable under this Policy;

ii. Any other wait period that is applicable specific to this policy but was permanently excluded in the previous policy will not be given any credit.

Annexure-A

List I – Optional Items

Sl No	Item
1.	BABY FOOD *(Not Payable)*
2.	BABY UTILITIES CHARGES *(Not Payable)*
3.	BEAUTY SERVICES *(Not Payable)*
4.	BELTS/BRACES *(PAYABLE INCASES WHERE INSURED HAS UNDERGONE SURGERY OF THORACIC OR LUMBAR SPINE)*
5.	BUDS *(Not Payable)*
6.	COLD PACK/HOT PACK *(Not Payable)*
7.	CARRY BAGS *(Not Payable)*
8.	EMAIL/ INTERNET CHARGES *(Not Payable)*
9.	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL) *(Not Payable)*
10.	LEGGINGS *(Payable in Bariatric and Varicose Vein Surgery and may be considered for at least these conditions where Surgery itself is Payable)*
11.	LAUNDRY CHARGES *(Not Payable)*
12.	MINERAL WATER *(Not Payable)*
13.	SANITARY PAD *(Not Payable)*
14.	TELEPHONE CHARGES *(Not Payable)*
15.	GUEST SERVICES *(Not Payable)*
16.	CREPE BANDAGE *(Not Payable)*
17.	DIAPER OF ANY TYPE *(Not Payable)*
18.	EYELET COLLAR *(Not Payable)*
19.	SLINGS *(Reasonable costs for one sling in case of upper arm fractures should be considered)*
20.	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES *(Part Of Cost Of Blood, Not Payable)*
21.	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22.	Television Charges *(Payable Under Room Charges Not if separately levied)*
23.	SURCHARGES *(Part of Room Charge Not Payable Separately)*
24.	ATTENDANT CHARGES *(Part of Room Charge Not Payable Separately)*
25.	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) *(Patient Diet provided by hospital is Payable)*
26.	BIRTH CERTIFICATE *(Not Payable)*
27.	CERTIFICATE CHARGES *(Not Payable)*
28.	COURIER CHARGES *(Not Payable)*
29.	CONVEYANCE CHARGES *(Not Payable)*
30.	MEDICAL CERTIFICATE *(Not Payable)*
31.	MEDICAL RECORDS *(Not Payable)*
32.	PHOTOCOPIES CHARGES *(Not Payable)*
33.	MORTUARY CHARGES *(Payable upto 24 Hours. Shifting charges not Payable)*
34.	WALKING AIDS CHARGES *(Not Payable)*
35.	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) *(Not Payable)*
36.	SPACER *(Not Payable)*
37.	SPIROMETRE *(Device Not Payable)*
38.	NEBULIZER KIT *(Not Payable)*
39.	STEAM INHALER *(Not Payable)*
40.	ARMSLING *(Not Payable)*
41.	THERMOMETER *(Not Payable)*
42.	CERVICAL COLLAR *(Not Payable)*
43.	SPLINT *(Not Payable)*
44.	DIABETIC FOOTWEAR *(Not Payable)*
45.	KNEE BRACES (LONG/ SHORT/ HINGED) *(Not Payable)*
46.	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER *(Not Payable)*

47.	LUMBO SACRAL BELT *(Payable only where Insured has undergone Surgery of Lumbar Spine)*
48.	NIMBUS BED OR WATER OR AIR BED CHARGES *(Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia / quadriplegia for any reason and at reasonable cost of approximately Rs. 200 / day*
49.	AMBULANCE COLLAR *(Not Payable)*
50.	AMBULANCE EQUIPMENT *(Not Payable)*
51.	ABDOMINAL BINDER *(Not Payable)*
52.	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES *(Post hospitalization nursing charges not Payable)*
53.	SUGAR FREE Tablets *(Payable. Sugar free variants of admissible medicines are Not excluded)*
54.	CREAMS POWDERS LOTIONS *(Toiletries are not payable, only prescribed medical pharmaceuticals payable)*
55.	ECG ELECTRODES *(Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be Payable)*
56.	GLOVES *(Sterilized Gloves Payable / Unsterilized Gloves not payable)*
57.	NEBULISATION KIT *(Payable Reasonably only if used during Hospitalization)*
58.	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, etc.]
59.	KIDNEY TRAY *(Not Payable)*
60.	MASK *(Not Payable)*
61.	OUNCE GLASS *(Not Payable)*
62.	OXYGEN MASK *(Not Payable)*
63.	PELVIC TRACTION BELT *(Not Payable)*
64.	PAN CAN *(Not Payable)*
65.	TROLLY COVER *(Not Payable)*
66.	UROMETER, URINE JUG *(Not Payable)*
67.	AMBULANCE *(Payable Reasonably only if used during Hospitalization upto sub-limit mentioned in the policy schedule)*
68.	VASOFIX SAFETY *(Not Payable)*

List II - Items that are to be subsumed into Room Charges

Sl No	**Item**
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED) *(Not Payable)*
2	HAND WASH *(Not Payable)*
3	SHOE COVER *(Not Payable)*
4	CAPS *(Not Payable)*
5	CRADLE CHARGES *(Not Payable)*
6	COMB *(Not Payable)*
7	EAU-DE-COLOGNE/ ROOM FRESHNERS *(Not Payable)*
8	FOOT COVER *(Not Payable)*
9	GOWN *(Not Payable)*
10	SLIPPERS *(Not Payable)*
11	TISSUE PAPER *(Not Payable)*
12	TOOTHPASTE *(Not Payable)*
13	TOOTHBRUSH *(Not Payable)*
14	BED PAN *(Not Payable)*
15	FACE MASK *(Not Payable)*
16	FLEXI MASK *(Not Payable)*
17	HAND HOLDER *(Not Payable)*
18	SPUTUM CUP *(Payable Under Investigation Charges, Not as Consumable)*
19	DISINFECTANT LOTIONS *(Not Payable-Part of Dressing Charges)*
20	LUXURY TAX *(Only Actual Tax Levied by Government is Payable - Part of Room Charge for Sub Limits)*
21	HVAC *(Part of Room Charge Not Payable Separately)*
22	HOUSE KEEPING CHARGES *(Part of Room Charge Not Payable Separately)*
23	AIR CONDITIONER CHARGES *(Payable Under Room Charges Not if separately levied)*

24	IM IV INJECTION CHARGES *(Part of Nursing Charges, Not Payable)*
25	CLEAN SHEET *(Part of Laundry/housekeeping Not Payable Separately)*
26	BLANKET/WARMER BLANKET *(Not Payable- Part of Room Charges)*
27	ADMISSION KIT *(Not Payable)*
28	DIABETIC CHART CHARGES *(Not Payable)*
29	DOCUMENTATION CHARGES/ ADMINISTRATIVE EXPENSES *(Not Payable)*
30	DISCHARGE PROCEDURE CHARGES *(Not Payable)*
31	DAILY CHART CHARGES *(Not Payable)*
32	ENTRANCE PASS/ VISITORS PASS CHARGES *(Not Payable)*
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE *(To be Claimed by Patient under Post - Hospitalization where admissible)*
34	FILE OPENING CHARGES *(Not Payable)*
35	INCIDENTAL EXPENSES/ MISC. CHARGES (NOT EXPLAINED) *(Not Payable)*
36	PATIENT IDENTIFICATION BAND/ NAME TAG *(Not Payable)*
37	PULSEOXYMETER CHARGES *(Not Payable)*
38	Nursing, DMO/ RMO charges included in room rent under associated medical expenses *(Not Payable)*

List III - Items that are to be subsumed into Procedure Charges

Sl No.	Item
1	HAIR REMOVAL CREAM *(Not Payable)*
2	DISPOSABLES RAZORS CHARGES (for site preparations) *(Payable for site preparations)*
3	EYE PAD *(Not Payable)*
4	EYE SHIELD *(Not Payable)*
5	CAMERA COVER *(Not Payable)*
6	DVD, CD CHARGES *(Payable only if CD is specifically sought by Insurer/TPA)*
7	GAUSE SOFT *(Not Payable)*
8	GAUZE *(Not Payable)*
9	WARD AND THEATRE BOOKING CHARGE *(Payable Under OT Charges, Not Payable Separately)*
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS *(Rental Charged By The Hospital Payable. Purchase of Instruments Not Payable.)*
11	MICROSCOPE COVER *(Payable Under OT Charges, Not Payable Separately)*
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER *(Payable Under OT Charges, Not Payable Separately)*
13	SURGICAL DRILL *(Payable Under OT Charges, Not Payable Separately)*
14	EYE KIT *(Payable Under OT Charges, Not Payable Separately)*
15	EYE DRAPE *(Payable Under OT Charges, Not Payable Separately)*
16	X-RAY FILM *(Payable Under Radiology Charges, Not as Consumable)*
17	BOYLES APPARATUS CHARGES *(Part Of OT Charges, Not Separately)*
18	COTTON *(Not Payable-Part of Dressing Charges)*
19	COTTON BANDAGE *(Not Payable-Part of Dressing Charges)*
20	SURGICAL TAPE *(Not Payable-payable by the Patient when Prescribed, otherwise included as Dressing Charges)*
21	APRON *(Not Payable -Part of Hospital Services/Disposable Linen to be Part of OT/ICU Charges)*
22	TORNIQUET *Not payable (service is charged by hospital, consumables cannot be separately charged.*
23	ORTHOBUNDLE, GYNAEC BUNDLE (Part of Dressing Charges)

List IV - Items that are to be subsumed into costs of treatment

Sl No.	Item

1	ADMISSION/REGISTRATION CHARGES *(Not Payable)*
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE *Unless A Claim Is Accepted Under Section1 - A. Accidental Hospitalization Cover And/Or B. Accidental & Illness Hospitalization Cover*
3	URINE CONTAINER *(Not Payable)*
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES *(Not Payable)*
5	BIPAP MACHINE *(Not Payable)*
6	CPAP/ CAPD EQUIPMENTS *(Device Not Payable)*
7	INFUSION PUMP- COST *(Device Not Payable)*
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC (May be Payable when prescribed for patient, not Payable for hospital use in OT or ward or for dressings in hospital)
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES *(Patient diet provided by hospital is payable)*
10	HIV KIT *(Payable Only as Pre-Operative Screening)*
11	ANTISEPTIC MOUTHWASH *(Payable when prescribed)*
12	LOZENGES *(Payable when prescribed)*
13	MOUTH PAINT *(Payable when prescribed)*
14	VACCINATION CHARGES *(Except to the extent covered under SECTION 32. MATERNITY BENEFIT & NEW BORN BABY COVER if opted & For dog or animal bite)*
15	ALCOHOL SWABES *(Not Payable. Part of hospital's own internal cost)*
16	SCRUB SOLUTIONISTERILLIUM *(Not Payable. Part of hospital's own internal cost)*
17	Glucometer& Strips *(Not Payable pre hospitalization or post hospitalization / Reports and Charts required/ Device not payable)*
18	URINE BAG *(Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs)*

List V – Additional Non-Payable Items

Sr. No	List of Expenses Generally Excluded ("Non-medical")
1.	BRUSH
2.	COSY TOWEL
3.	MOISTURISER PASTE BRUSH
4.	POWDER
5.	BARBER CHARGES
6.	OIL CHARGES
7.	BED UNDER PAD CHARGES
8.	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS, ETC.,
9.	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION
10.	HOME VISIT CHARGES
11.	DONOR SCREENING CHARGES
12.	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES
13.	BLADE
14.	MAINTENANCE CHARGES
15.	PREPARATION CHARGES
16.	WASHING CHARGES
17.	MEDICINE BOX
18.	COMMODE
19.	DIGESTION GELS
20.	NOVARAPID
21.	VOLINI GEL/ ANALGESIC GEL
22.	ZYTEE GEL
23.	AHD (ANCILLARY AND HOSPITAL DISINFECTION (EG.,BIOMEDICAL WASTE DISPOSAL/MANAGEMENT, SANITATION, SANITIZATION/FUMIGATION CHARGES ETC.)
24.	VISCO BELT CHARGES
25.	EXAMINATION GLOVES

26.	OUTSTATION CONSULTANT'S/ SURGEON'S FEES
27.	PAPER GLOVES
28.	REFERRAL DOCTOR'S FEES
29.	SOFNET
30.	SOFTOVAC
31.	STOCKINGS

Annexure B

Address and contact number of Council For Insurance Ombudsman

Sl. No.	Office of Insurance Ombudsman	Address	Email	Landline NOs.
1	AHMEDABAD	Jeevan Prakash 6th floor Near S.V. College Relief Road Tilak Marg Ahmedabad- 380 001. Gujarat	E-mail: oio.ahmedabad@cioins.co.in	079-25501201, 079-25501202
2	BENGALURU	Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor. No. 19/19 24th Main Rd. 1st Phase J.P. Nagar Bengaluru- 560 078.	Email: oio.bengaluru@cioins.co.in	080-26652048, 080-26652049
3	BHOPAL	UC of India Zonal Office Blda. 1st Floor, South Wing, Jeevan Shikha, Opp. Gayatri Mandir 60-B Hoshangabad Road Bhopal-462 011	Email: oio.bhopal@cioins.ca.in	0755-2769201, 0755-2769202, 0755-2769203, 0755-2769200
4	BHUBANESWAR	62 Forest Park, Bhubaneswar PIN -751 009.	Email: oio.bhubaneswar@cioins.co.in	0674-2596455, 0674-2596429, 0674-2596003, 0674-2596461
5	CHANDIGARH	Jeevan Deep, Ground Floor LIC of India Bldg, SCO 20-27 Sector 17-A. Chandigarh -160017	E-mail: oio.chandigarh@cioins.co.in	0172-2706468, 0172-2773101, 0172-2990938, 0172-2706196, 0172-2707468, 0172-2772101, 0172-2990942
6	CHENNAI	Fatima Akhtar Court, 4th fir 453 (old 312), Anna Salai Tevnampet. Chennai 600018	E-mail: oio.chennai@cioins.co.in	044-24333668, 044-24333678
7	DELHI	2/2 A 1st Floor. Universal Ins. Buildina. Asaf Ali Road New Delhi- 110002.	Email : oio.delhi@cioins.co.in	011-46013992
8	GUWAHATI	Jeevan Nivesh Bldg. 5th Floor Near Pan Bazar S.S. Road Guwahati-781001	E-mail: oio.auwahati@cioins.co.in	0361-2631307, 0361-2632204 0361-2732937, 0361-2632205
9	HYDERABAD	6-2-46 1st Floor Moin Court Lane Opp. Hyundai Showroom A. C. Guards. Lakdi-ka-pool, Hyderabad 500004	E-mail: oio.hvderabad@cioins.co.in	040-23376991, 040-23312122 040-23376S99, 040-23328709
10	JAIPUR	Jeevan Nidhi II, Ground Floor Bhawani Singh Road Ambedkar Circle Jaipur - 302005.	E-mail: oio.jaipur@cioins.co.in	0141-2740363
11	KOCHI	10th Floor LIC Bldg, Jeevan Prakash OPP Maharai College Ground M.G. Road, Ernakulam Kochi- 682011	E-mail: oio.ernakulam@cioins.co.in	0484-2358759, 0484-2358734, 0484-23S8336
12	KOLKATA	7th Floor of Hindustan Building (Annex). 4 CR Avenue Kolkata-700072	E-mail: oio.kolkata@cioins.co.in	033-22124339, 033-22124341
13	LUCKNOW	Jeevan Bhavan Phase II, 6th Floor Nawal Kishore Road, Hazratgani, Lucknow- 226001,	E-mail: oio.lucknow@cioins.co.in	0522-4002082
14	MUMBAI	3rd Floor, Jeevan Seva Annexe, S.V.Road Santacruz West Mumbai-400 054.	E-mail: oio.mumbai@cioins.co.in	022-69038800, 022-69038827 /8829, 022-69038831/8832
15	NOIDA	Bhagwan Sahai Palace 4th fir, Main Road Nava Bans Sector 15 Noida-201301	E-mail: oio.noida@cioins.co.in	0120- 2514252, 0120-2514253, 0120-4027589
16	PATNA	2nd Floor Lalit Bhawan Bailey Road. Patna- 800001	E-mail: oio.patna@cioins.co.in	061-22547067, 061-22547068
17	PUNE	3rd Floor Jeevan Darshan -LIC of India Bldg N.C. Kelkar Road Narayan Peth	Email: oio.pune@cioins.co.in	020-24471175

		Pune- 411030.		
18	THANE	2nd Floor Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West), Thane - 400604	Email: oio.thane@cioins.co.in	022-20812868, 022-20812869

Note: COUNCIL FOR INSURANCE OMBUDSMAN ,3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.Tel.: 022 – 69038801/03/04/05/06/07/08/09 Email: inscoun@cioins.co.in

For updated details of Ombudsman details, request to please check Council of Insurance Ombudsmen website available on https://www.cioins.co.in/Ombudsman