



my:Health Critical Illness Add on

Policy Wordings

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Insuring Clause

In consideration of payment of **Premium** by You **and realized by Us**, **We** will provide insurance cover to the **Insured Person(s)** under this Policy up to **Sum Insured** mentioned on the Schedule of Coverage in the Policy Schedule.

This **Policy** is subject to Your statements in respect of all the Insured Persons in Proposal form, declaration and/or medical reports, payment of premium and the terms and conditions of this **Policy**.

Definitions

Certain words used in the Coverage description have specific meanings which are mentioned in Definitions and which impacts the Coverage. All such words, where ever mentioned in this document are mentioned in Bold to enable you to identify that particular word has a specific meaning for which You need to refer Section – D, Definitions.

Section A: Coverage

1. A. Critical Illness Cover

Insured event: For the purpose of this Section and the determination of the Company’s liability under it, the Insured Event in relation to the **Insured Person**, shall mean any **illness**, medical event or surgical procedure as specifically defined under Section C, whose diagnosis and/or manifestation first commence/occurs more than 90 days after the commencement of first Policy with **Us** and shall only include Major Medical Illnesses and Procedures covered as per the Plan below as opted by the Insured Person and mentioned in Schedule of Coverage in the Policy Schedule

Sr No	Conditions	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7
1	Cancer of specified severity	√	√	√	√	√	√	√
2	Open Chest CABG	√	√	√	√	√	√	√
3	Kidney failure requiring regular dialysis	√	√	√	√	√	√	√
4	Myocardial Infarction (First Heart Attack of specified severity)	√	√	√	√	√	√	√
5	Open Heart Replacement or Repair of Heart Valves	√	√	√	√	√	√	√
6	Major Organ/Bone Marrow Transplantation	√	√	√	√	√	√	√
7	Multiple Sclerosis with persisting symptoms	√	√	√	√	√	√	√



8	Permanent Paralysis of Limbs	√	√	√	√	√	√	√
9	Stroke resulting in permanent symptoms	√	√	√	√	√	√	√
10	Benign Brain Tumour		√	√	√	√	√	√
11	Coma of specified severity		√	√	√	√	√	√
12	Parkinson's Disease		√	√	√	√	√	√
13	Alzheimer's Disease			√	√	√	√	√
14	Surgery of Aorta			√	√	√	√	√
15	End Stage Liver Failure			√	√	√	√	√
16	Deafness				√	√	√	√
17	Loss of Speech				√	√	√	√
18	Third Degree Burns				√	√	√	√
19	Medullary Cystic Disease					√	√	√
20	Motor Neurone Disease with permanent symptoms					√	√	√
21	Muscular Dystrophy					√	√	√
22	Infective Endocarditis					√	√	√
23	Primary (Idiopathic) Pulmonary Hypertension					√	√	√
24	Dissecting Aortic Aneurysm					√	√	√
25	Systemic Lupus Erythematosus with Lupus Nephritis					√	√	√
26	Apallic Syndrome						√	√
27	Aplastic Anaemia						√	√
28	Bacterial Meningitis						√	√
29	Cardiomyopathy						√	√
30	Other serious coronary artery disease						√	√
31	Creutzfeldt-Jakob Disease (CJD)						√	√
32	Encephalitis						√	√
33	End Stage Lung Failure						√	√
34	Fulminant Hepatitis						√	√
35	Eisenmenger's Syndrome						√	√
36	Major Head Trauma						√	√



37	Chronic Adrenal Insufficiency (Addison's Disease)						√	√
38	Progressive Scleroderma						√	√
39	Progressive Supranuclear Palsy						√	√
40	Blindness						√	√
41	Chronic Relapsing Pancreatitis							√
42	Elephantiasis							√
43	Brain Surgery							√
44	HIV due to blood transfusion and occupationally acquired HIV							√
45	Terminal Illness							√
46	Myelofibrosis							√
47	Pheochromocytoma							√
48	Crohn's Disease							√
49	Severe Rheumatoid Arthritis							√
50	Severe Ulcerative Colitis							√
B*	Angioplasty							√

***B - Angioplasty**

We will pay 25% of **Sum Insured** subject to maximum of INR 500,000 if Insured Person undergoes Angioplasty as specifically defined in Section C whose diagnosis and/or manifestation first commence/occurs more than 180 days after the commencement of first Period of Insurance with **Us**.

Survival Period applicable to all Plans

Company shall not be liable to make any payment arising out of any claim under Section A 1 for any Insured event if the Insured Person does not survive a period of at least 7 days after the date of commencement/occurrence of the Insured Event.

2. Second Opinion for Critical Illnesses



Insured person has the option to avail an expert second opinion from Our Network Provider in respect of any of Critical Illness under Section A1 provided that;

- It shall neither not be construed as a **Medical Advice** nor should it be used as a substitute to medical professional advice or visit or call consultation of your choice and any reliance on any opinion, advice, statement, memorandum, or information available on the second opinion, otherwise, shall be at **Your** sole risk and responsibility.
- Assessment of **Medical Practitioner** basis information shared by You is independent **You and We** do not warrant the accuracy or completeness of the information, materials, services or reliability and will be provided directly to the **Insured Person** by the **Network Provider**.

Section B -my: Health Active

1. my: Health Active

A. Fitness discount @ Renewal

Insured Person can avail discount on **Renewal** Premium by accumulating Healthy Weeks as per table given below.

One Healthy Week can be accumulated by;

- Recording minimum 50,000 steps in a week subject to maximum 15,000 steps per day, tracked through **Your** wearable device linked to **Ourmy: health mobile app** and **YourPolicy** number
OR
- burning total of 900 calories up to maximum of 300 calories in one exercise session per day, tracked **Your** wearable device linked to **Ourmy: health mobile app** and **YourPolicy** number
- Fitness discount @ Renewal is applicable for Adult Insured Persons only. Any Person covered as Child Dependent, irrespective of the Age is excluded.

Healthy Weeks Discounts



No. of Healthy Weeks Accumulated	Discount on Renewal Premium
1-4	0.50%
5-8	1.00%
9-12	2.00%
13-16	3.00%
17-26	6.00%
27-36	7.50%
Above 36	10.00%

Steps to accumulate Healthy Weeks

Step 1 - The **my: Health App** must be downloaded on the mobile.

Step 2 - **You** can start accumulating Healthy Weeks by tracking physical activity through the Wearable device linked to **my: Health App**

We encourage and recognize all types of exercise/fitness activities by making use of wearable devices to track and record the activities **Insured Person** engages in.

Application of Fitness discount @ Renewal

- **Annual Policy:** Discount amount accrued based on Number of accumulated Healthy Weeks during the expiring **Policy** year will be applied on the **Renewal** Premium for expiring **Policy Sum Insured**.
- **Multi Year Policy:**
 - Fitness discount earned on yearly basis will be accumulated till Policy End date.
 - On **Renewal** of the Policy, total discount amount accrued each year will be applied on **Renewal** Premium of subsequent year.
- For Policies covering more than one **Insured Person**, Healthy Weeks for each **Insured Person** will be tracked and accumulated. Such discount will be applicable on individual **Renewal** Premium for Individual Policies.
- Premium will be discounted to the extent applicable to coverage corresponding to expiring **Policy**.
- In case of Increase in Sum Insured at **Renewal**, discount amount will be applied on the **Sum Insured** applicable under expiring Policy.
- Fitness discount @ Renewal will be applied only on **Renewal of Policy with Us**.



B. Wellness services:

The services listed below are available to all **Insured Person** through **Our Network Provider** on **Ourmy: health mobile app**. Availing of services under this Section will not impact the Sum Insured or the eligibility for **Cumulative Bonus**.

i. Health Coach:

An **Insured Person** will have access to Health Coaching services in areas such as:

- Disease management
- Activity and fitness
- Nutrition
- Weight management.

These services will be available through **Our my: health mobile app** as a chat service or as a call back facility.

ii. Wellness services

- **Discounts:** on OPD, Pharmaceuticals, pharmacy, diagnostic centers etc.
- **Customer Engagement:** Monthly newsletters, Diet consultation, health tips
- **Specialized programs:** like stress management, Pregnancy Care, Work life balance management etc.

These services will be available through **Our my: health mobile app**

Disclaimer applicable to my: health Mobile app and associated services

It is agreed and understood that Our my:health mobile app and Wellness services are not providing and shall not be deemed to be providing any **Medical Advice**, they shall only provide a suggestion for the Insured Person's consideration and it is the Insured Person's sole and absolute choice to follow the suggestion for any health related advice. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations suggested under this benefit.

Section C - Critical Illness Definitions applicable to Policy

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 leukemia, lymphoma and sarcoma.
- II. The following are excluded:
 - a. 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.
 - b. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;



- c. Malignant melanoma that has not caused invasion beyond the epidermis;
- d. 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
- e. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- f. Chronic lymphocytic leukemia less than RAI stage 3
- g. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- h. 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;
- i. All tumors in the presence of HIV infection.

2. 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:
 - a. Angioplasty and/or any other intra-arterial procedures

3. Kidney Failure requiring regular dialysis

- I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

4. Myocardial Infarction

(First Heart Attack of specific severity)

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - a. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - b. New characteristic electrocardiogram changes
 - c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
 - a. Other acute Coronary Syndromes
 - b. Any type of angina pectoris
 - c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

5. 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.



6. Major Organ/Bone Marrow Transplantation

- I. The actual undergoing of a transplant of:
 - a. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ,
 - b. 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:
 - a. Other stem-cell transplants
 - b. Where only islets of langerhans are transplanted

7. Multiple Sclerosis with persisting symptoms

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

8. 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.

9. Stroke resulting in permanent symptoms

- I. Any cerebrovascular incident producing permanent neurological sequelae.
 - a. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source.
 - b. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:
 - a. Transient ischemic attacks (TIA)
 - b. Traumatic injury of the brain
 - c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

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.
 - a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - b. 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:
 - a. no response to external stimuli continuously for at least 96 hours;
 - b. life support measures are necessary to sustain life; and
 - c. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- II. The condition has to be confirmed by a specialist medical practitioner.
 - a. Coma resulting directly from alcohol or drug abuse is excluded.

12. Parkinson's Disease

- I. The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in Permanent Inability to perform independently atleast three of the activities of daily living as defined below.
 - a. Transfer: Getting in and out of bed without requiring external physical assistance
 - b. Mobility: The ability to move from one room to another without requiring any external physical assistance
 - c. Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance
 - d. Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means
 - e. Eating: All tasks of getting food into the body once it has been prepared
- II. Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

13. Alzheimer's Disease

- I. Clinically established diagnosis of Alzheimer's Disease (presenile dementia) resulting in a permanent inability to perform independently three or more activities of daily living – bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months.

14. Surgery of Aorta



- I. The actual undergoing of medically necessary surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. Traumatic injury of the aorta is excluded.

15. End Stage Liver Failure

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

16. Deafness

- I. 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.

17. Loss of Speech

- I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.
- II. All psychiatric related causes are excluded.

18. Third Degree Burns

- I. 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.

19. Medullary Cystic Disease

- I. Medullary Cystic Disease where the following criteria are met:
 - a. the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
 - b. clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
 - c. the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.
- II. Isolated or benign kidney cysts are specifically excluded from this benefit.

20. 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.



21. Muscular Dystrophy

- I. A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered Medical practitioner who is a consultant neurologist. The condition must result in the inability of the Insured to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.

Activities of daily living:

- 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. iToileting: 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

22. Infective Endocarditis

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

23. Primary (Idiopathic) Pulmonary Hypertension

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - a. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - b. 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.



24. Dissecting Aortic Aneurysm

- I. 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 Registered Medical practitioner who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.

25. Systemic Lupus Erythematosus with Lupus Nephritis

- I. A multi-system autoimmune disorder characterized by the development of autoantibodies directed against various self-antigens. In respect of this Add on Cover, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered Medical practitioner specializing in Rheumatology and Immunology.
- 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

26. Apallic Syndrome

- I. Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist and the condition must be documented for at least one month.

27. Aplastic Anaemia

- I. Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
 - a. Blood product transfusion;
 - b. Marrow stimulating agents;
 - c. Immunosuppressive agents; or
 - d. Bone marrow transplantation.
- II. The diagnosis must be confirmed by a hematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:
 - a. Absolute neutrophil count of less than 500/mm³ or less
 - b. Platelets count less than 20,000/mm³ or less
 - c. Reticulocyte count of less than 20,000/mm³ or less
- III. Temporary or reversible Aplastic Anaemia is excluded.

28. Bacterial Meningitis



- I. Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal chord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:
 - a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
 - b. A consultant neurologist.
- II. Bacterial Meningitis in the presence of HIV infection is excluded.

29. Cardiomyopathy

- I. An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association Classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:
Class IV – inability to carry out an activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.
- II. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance.
- III. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

30. Other Serious Coronary Artery Disease

- I. Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded).
- II. For purposes of this definition, “major coronary artery” refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).

31. Creutzfeldt-Jacob Disease (CJD)

- I. Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A Registered Medical practitioner who is a neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.

32. Encephalitis

- I. Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a Registered Medical practitioner who is a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.
- II. Encephalitis caused by HIV infection is excluded.

33. End Stage Lung Failure



- I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
 - a. FEV1 test results consistently less than 1 liter measured on 3 occasions 3 months apart; and
 - b. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 - c. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($\text{PaO}_2 < 5\text{mmHg}$); and
 - d. Dyspnea at rest.

34. Fulminant Hepatitis

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

35. Eisenmenger's Syndrome

- I. Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a Registered Medical practitioner who is a specialist with echocardiography and cardiac catheterisation and supported by the following criteria:
 - a. Mean pulmonary artery pressure > 40 mm Hg;
 - b. Pulmonary vascular resistance $> 3\text{mm/L/min}$ (Wood units); and
 - c. Normal pulmonary wedge pressure < 15 mm Hg.

36. Major Head Trauma

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

- IV. The following are excluded:
- a. Spinal cord injury;

37. Chronic Adrenal Insufficiency (Addison's Disease)

- I. An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long 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:
 - a. ACTH simulation tests;
 - b. insulin-induced hypoglycemia test;
 - c. plasma ACTH level measurement;
 - d. Plasma Renin Activity (PRA) level measurement.
- II. Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

38. 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:
 - a. Localised scleroderma (linear scleroderma or morphea);
 - b. Eosinophilic fasciitis; and
 - c. CREST syndrome.

39. Progressive Supranuclear Palsy

- I. Confirmed by a Registered Medical practitioner who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

40. 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.

41. 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 characterised by irreversible morphological change and typically causing pain and/or 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, by alcohol is excluded.

42. Elephantiasis

- I. Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal diagnosis of elephantiasis must be confirmed by a Registered Medical practitioner who is a specialist physician. There must be clinical evidence of permanent massive swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection.
- II. Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

43. Brain Surgery

- I. The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is 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 embolizations, thrombolysis and stereotactic biopsy are all excluded. Brain surgery as a result of an Accident is also excluded. The procedure must be considered medically necessary by a Registered Medical practitioner who is a qualified specialist.

44. HIV Due to Blood Transfusion and Occupationally Acquired HIV

- I. Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:
 - a. The blood transfusion was medically necessary or given as part of a medical treatment;
 - b. The blood transfusion was received in India after the Policy Date, Date of endorsement, whichever is the later;
 - c. The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and
 - d. The Insured does not suffer from Thalassaemia Major or Haemophilia.
- II. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an Accident occurring after the Policy Date, date of endorsement or date of reinstatement, whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in India, provided that all of the following are proven to the Company's satisfaction:
 - a. Proof that the Accident involved a definite source of the HIV infected fluids;
 - b. Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented Accident. This proof must include a negative HIV antibody test conducted within 5 days of the Accident; and
 - c. HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.
- III. Occupationally Acquired HIV This benefit is only payable when the occupation of the Insured is a Registered Medical practitioner, housemen, medical student, registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic in



India. This benefit will not apply under either section I or II where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

45. Terminal illness

- I. The conclusive diagnosis of an illness, which in the opinion of a Registered Medical practitioner who is an attending Consultant and agreed by our appointed Registered Medical practitioner, life expectancy is no greater than twelve (12) months from the date of notification of claim, regardless of any treatment that might be undertaken.

46. Myelofibrosis

- I. A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anaemia, low levels of white blood cells and platelets and enlargement of the spleen. The condition must have progressed to the point that it is permanent and the severity is such that the Insured requires a blood transfusion at least monthly. The diagnosis of myelofibrosis must be supported by bone marrow biopsy and confirmed by a Registered Medical practitioner who is a specialist.

47. Pheochromocytoma

- I. Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour.
- II. The Diagnosis of Pheochromocytoma must be confirmed by a Registered Medical practitioner who is an endocrinologist.

48. 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:
 - a. Stricture formation causing intestinal obstruction requiring admission to hospital, and
 - b. Fistula formation between loops of bowel, and
 - c. 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.

49. Severe Rheumatoid Arthritis

- I. Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:
 - a. Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
 - b. Permanent inability to perform at least two (2) "Activities of Daily Living"; as listed below
 - 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.
- c. 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
 - d. The foregoing conditions have been present for at least six (6) months.

50. Severe Ulcerative Colitis

- I. Acute fulminant ulcerative colitis with life threatening electrolyte disturbances.
- II. All of the following criteria must be met:
 - a. the entire colon is affected, with severe bloody diarrhoea; and
 - b. the necessary treatment is total colectomy and ileostomy; and
 - c. the diagnosis must be based on histopathological features and confirmed by a Registered Medical practitioner who is a specialist in gastroenterology.

51. Angioplasty

Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

- I. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- II. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

Benefit payable on undergoing Angioplasty is restricted to lower of 25% of total Sum Insured or INR 500,000. A 180-days waiting period will be applicable for Angioplasty.

Section D - Other Definitions applicable to the Policy

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

- Def. 2. **Accident** or **Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def. 3. **Age** or **Aged** means completed years as at the Policy Commencement Date.
- Def. 4. **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
- Def. 5. **Alternative treatments** means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context



- Def. 6. **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.
- Def. 7. **Commencement Date** means the commencement date of the Policy as specified in the Policy Schedule.
- Def. 8. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon
- Def. 9. **Congenital Anomaly** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- a) Internal **Congenital Anomaly**: **Congenital Anomaly** which is not in the visible and accessible parts of the body.
- b) External **Congenital Anomaly**: **Congenital Anomaly** which is in the visible and accessible parts of the body
- Def. 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
- Def. 11. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
- Def. 12. **Day care Centre** means any institution established for **Day Care Treatment of Illness** and / or injuries or a medical set -up with a **Hospital** and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-
- I. has qualified nursing staff under its employment;
 - II. has qualified medical practitioner/s in charge;
 - III. has fully equipped operation theatre of its own where surgical procedures are carried out;
 - IV. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
- Def. 13. **Day Care Treatment/ Procedures** means those medical treatment, and/or surgical procedure which is
- i) undertaken under General or Local Anaesthesia in a **Hospital/Day Care Centre** in less than 24 hours because of technological advancement, and
 - ii) which would have otherwise required **Hospitalization** of more than 24 hours,
- Treatment normally taken on an Out-patient basis is not included in the scope of this definition
- Def. 14. **Dependents** means only the family members listed below:
- a) Your legally married spouse as long as she continues to be married to You
 - b) Your natural parents or parents that have legally adopted You, and Your parent in laws
- Def. 15. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 16. **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:
- I. the condition of the patient is such that he/she is not in a condition to be removed to a **Hospital**, or
 - II. the patient takes treatment at home on account of non-availability of room in a **Hospital**



- Def. 17. **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.
- Def. 18. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre –existing diseases. Coverage is not available for the period for which no premium is received.
- Def. 19. **Hospital** means any institution established for In-patient Care and **Day Care Treatment of Illness** and/or injuries and which has been registered as a **Hospital** with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
 - has qualified nursing staff under its employment round the clock,
 - has qualified Medical Practitioner(s) in charge round the clock,
 - has a fully equipped operation theatre of its own where surgical procedures are carried out,
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- Def. 20. **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.
- Def. 21. **Illness/ Illnesses** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period 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. 5. it recurs or is likely to recur
- Def. 22. **Injury** means **Accidental** physical bodily harm excluding **Illness** or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- Def. 23. **In-patient Care** means treatment for which the Insured Person has to stay in a **Hospital** for more than 24 hours for a covered event.
- Def. 24. **Insured Person** means You and the persons named in the Policy Schedule who are above age 18 years.



- Def. 25. **Intensive Care Unit** 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.
- Def. 26. **ICU (Intensive Care Unit)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 intensive charges
- Def. 27. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
- Def. 28. **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 Medical practitioners in the same locality would have charged for the same medical treatment.
- Def. 29. **Medically Necessary treatment** means any treatment, test, medication, or stay in **Hospital** or part of stay in **Hospital** which
- Is required for the medical management of the **Illness** or **Injury** suffered by the Insured Person;
 - Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
 - Must have been prescribed by a Medical Practitioner.
 - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- Def. 30. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Medical Practitioner who is sharing the same residence with the Insured person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.

Medical practitioner for mental illnesses means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognised by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognised by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, or recognised by the Medical Council of India, constituted under the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act;

Medical Practitioner (Definition applicable for the treatment taken outside India)



Means a licensed medical practitioner acting within the scope of his license and who holds a degree of a recognized institution and is registered by the Authorized Medical Council of the respective country.

- Def. 31. **Mental illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by subnormality of intelligence;
- Def. 32. **Mental health establishment** means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental **Illness**, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental **Illness** are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general **Hospital** or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental **Illness** resides with his relatives or friends;
- Def. 33. **my: Health App** is proprietary App of HDFC ERGO General Insurance Company. With my: Health App you can:
- Access **Your** Policy Details
 - Manage **Your** policy, download **Your** policy schedule and access to **Your** e-card will always be at **Your** fingertips, 24 x 7.
 - Policy Endorsement made easy
 - By submitting a request to us through my:Health App, you can make any modifications in **Your** policy, for e.g. change in spelling of the name, contact number etc.
 - Effortless Claims Management
 - Now you can Submit **Your** claims from the app for faster processing and track the status at **Your** fingertips. You can also intimate a claim using the app. You can also view Network hospitals in **Your** area with directions.
 - Stay Active – Short Walks, Big Benefits
 - The App tracks **Your** steps, fitness session and lets you earn incentive on renewal discount on **Your** policy.
- Def. 34. **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**.
- Def. 35. **Non Network** means any **Hospital, Day Care Centre** or other provider that is not part of the Network
- Def. 36. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication



- Def. 37. **Portability** means transfer by an individual health insurance policy holder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another.
- Def. 38. **Pre Existing Disease** means any condition, ailment or **Injury** or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which **Medical Advice** / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter
- Def. 39. **Policy** means **Your** statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), and the Policy Schedule (as the same may be amended from time to time).
- Def. 40. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Policy Schedule
- Def. 41. **Policy Schedule** means Schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to (Schedule of coverage), including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
- Def. 42. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 43. **Pre-hospitalization Medical Expenses** means **Medical Expenses** incurred during pre-defined number of days preceding the **Hospitalization** of the Insured Person , provided that:
- i. Such **Medical Expenses** are incurred for the same condition for which the Insured Person's **Hospitalization** was required, and
 - ii. The In-patient **Hospitalization** claim for such **Hospitalization** is admissible by the Insurance Company
- Def. 44. **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:
- i. Such **Medical Expenses** are for the same condition for which the insured person's **Hospitalization** was required, and
 - ii. The inpatient **Hospitalization** claim for such **Hospitalization** is admissible by the insurance company.
- Def. 45. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India
- Def. 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
- Def. 47. **Sum Insured** means the sum shown in the Policy Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Year, -
- Def. 48. **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.



Def. 49. **Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.

Def. 50. **We/Our/Us** means the HDFC ERGO General Insurance Company Limited

Def. 51. **You/Your/Policyholder** means the person named in the Policy Schedule who has concluded this Policy with Us.

Section D - Exclusions

1. Waiting periods:

- i. 90 days waiting period shall apply from the commencement of the policy period to all claims under the policy

2. General Exclusions

- i. A waiting period of 48 months shall apply for all Pre-existing Conditions declared and/or accepted at the time of applying first policy with us..
- ii. Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- iii. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.
- iv. Participation or involvement of an **Insured Person** in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing in a professional or semi professional nature
- v. Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies
- vi. -
- vii. Any treatment arising from pregnancy (including voluntary termination), miscarriage, maternity or birth (including caesarean section)

Section E - Claims process



On the occurrence of any **Illness** that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed.

<p>Claim Intimation</p>	<p>You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website</p>
<p>Claim Intimation Timelines</p>	<p>Within 14 days of the diagnosis of Critical Illness</p>
<p>Particulars to be provided to Us for Claim notification</p>	<p>a. Policy Number, Name of the Insured Person(s) named in the Policy schedule availing treatment, c. Nature of disease/illness/injury, d. Name and address of the attending Medical Practitioner/Hospital e. Date of admission & probable date of discharge</p>
<p>Claims documents for Critical Illness</p>	<p>a. Claim Form duly signed by the Insured Person; b. Copy of Discharge Summary / Discharge Certificate; c. First consultation letter from treating Medical Practitioner d. Medical certificate confirming diagnosis, and the treatment of Critical Illness from Medical Practitioner e. certificate from treating Medical Practitioner, specifying the duration and etiology f. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable g. All pathological and radiological Investigation Reports We may require the Insured Person to undergo medical examination by Medical Practitioner authorized by Us to obtain an independent medical opinion for the processing of the claim. Any cost towards such a medical examination will be borne by Us. h. NEFT details & cancelled cheque</p>



<p>Claims documents and process for Second Opinion for Critical Illnesses</p>	<p>a. Duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any)</p> <p>b. Select Our network Medical Practitioner from whom you would prefer to take the second opinion. (Please refer our Website or call at 24X 7 toll free line to obtain the list of Our panel doctors).</p> <p>c. On receipt of the complete set of documents, We will forward the same to the concerned doctor.</p> <p>d. The Second Opinion shall be forwarded to the member within 15 working days of receipt of the complete set of documents.</p>
<p>Condonation of delay</p>	<p>If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control</p>

Section E : General Conditions

1. Fraudulent claim

- If any claim made under the policy is found to be fraudulent, or is supported by any fraudulent means or devices or software by **Insured Person** or anyone acting on their behalf to obtain any benefit under this Policy then The policy shall be cancelled ab-initio from the inception date or the renewal date (as the case may be),
- All benefits payable, if any, under such Policy shall be forfeited with respect to such claim

2. Geography

This Policy only covers medical treatment taken within India, except under the policies with Global Health Cover as may be specified in the **Policy Schedule**.

3. Free Look period

You have a period of 15 days from the date of receipt of the first policy to review the terms and conditions of this Policy. If **You** have any objections to any of the terms and conditions, **You** have the option of cancelling the Policy stating the reasons for cancellation. If **you** have not made any claim during the Free look period, **you** shall be entitled to refund of premium subject to,

- a deduction of the expenses incurred by **Us** on **Your** medical examination, stamp duty charges, if the risk has not commenced,
- a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced



- a deduction of such proportionate risk premium commensurating with the risk covered during such period ,where only a part of risk has commenced
- Free Look period is not applicable for renewed policies

4. *Grace Period*

- i. A grace period of 30 days for Renewals is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, any treatment availed for an Illness contracted during the grace period will not be admissible under the Policy.
- ii. For **Renewal** received after completion of 30 days grace period, the policy would be considered as a fresh policy. All the discounts, modifications of loading earned on the previous policies shall not be extended in the fresh policy.
- iii. All eligible claims reported in the installment grace period would be payable if otherwise admissible as per terms and conditions of the policy

5. *Renewal:*

- i. The policy is ordinarily renewable for life except on grounds of fraud, moral hazard or non-disclosure of any material facts or misrepresentation or non-cooperation by the insured Person (Subject to policy is renewed annually with us within the Grace period of 30 days from the date of Expiry)
- ii. For dependent children, policy is renewable up to 25 years. After the completion of maximum renewal age of dependent children, a Separate proposal form should be submitted to us at the time of renewal with the **Insured Person** member as proposer.
- iii. The policy shall cease to exist for the respective **Insured Person**, upon acceptance of the claim under any **Critical Illness**. However the other **Insured Persons** will continue to be covered in the Policy
- iv. Premium payable on renewal and on subsequent continuation of cover are subject to the provisions under condition 10.

6. *Portability*

An **Insured Person** can avail Health Insurance portability under this policy, if

- i. The proposed **Insured Person** was continuously covered under any similar health insurance policy with any other Insurance company
- ii. The proposed **Insured Person** was insured continuously and without a break under another Similar retail or Group health insurance policy with **Us**, it is understood and agreed that

Procedure to avail Portability:

- a. The **Portability** benefit, can be availed of by applying to **Us** with the completed Proposal form and portability annexure along with previous policy documents and renewal notice of existing policy, at least 45 days before, but not earlier than 60 days, from the expiry of the existing health insurance policy.
- b. This benefit is available only at the time of **Renewal** of the existing health insurance policy.



- c. If the proposed **Sum Insured** is higher than the **Sum insured** under the expiring policy, then all waiting periods would be applied on the increased **Sum Insured**.
- d. Waiting period credits shall be extended to **Pre-Existing Diseases** and time bound exclusions/waiting periods.
- e. **We** will process **Portability** application within 15 days of receiving the complete proposal form and Portability Form.

7. Endorsements

The following endorsements are permissible during the **Policy Period**:

1.1 Non-Financial Endorsements – which do not affect the premium

- a. Minor rectification/correction in name of the Proposer / Insured Person (and not the complete name change)
- b. Rectification in gender of the Insured Person (if this does not impact the premium)*
- c. Rectification in relationship of the Insured Person with the Proposer
- d. Rectification of date of birth of the Insured Person (if this does not impact the premium)*
- e. Change in the correspondence address of the Proposer
- f. Change in Nominee Details
- g. Change in Height, weight, marital status (if this does not impact the premium) *
- h. Change in bank details
- i. Any other non-financial endorsement

1.2 Financial Endorsements – which result in alteration in premium

- a. Change in Age/date of birth
- b. Change in Height, weight
- c. Addition of Insured Person (newly wedded spouse)
- d. Deletion of Insured Person on death or Marital separation
- e. Any other financial endorsement

- Endorsements, a and b above shall be effective from the date of receipt of premium with **Us**. d and e shall be effective from Date of Commencement of the policy
 - The Policyholder should provide a fresh application in a proposal form along with birth Certificate / marriage certificate as the case may be for addition of Insured person.

8. Cancellation

- i. **You** may terminate this Policy at any time by giving **Us** written notice. The cancellation shall be from the date of receipt of such written notice. In case of any claim made during **Policy Year**, no premium will be refunded on cancellation. If no claim has been made under the Policy, then **We** will refund premium in accordance with the table below:



Month	1 Year	2 Year	3 Year
Up to 1 Month	85.0%	92.5%	95.0%
Up to 3 Month	70.0%	85.0%	90.0%
Up to 6 Month	45.0%	70.0%	80.0%
Up to 12 Month	0.0%	45.0%	60.0%
Up to 15 Month	NA	30.0%	50.0%
Up to 18 Month	NA	20.0%	45.0%
Up to 24 Month	NA	0.0%	30.0%
Up to 27 Month	NA	NA	20.0%
Up to 30 Month	NA	NA	12.5%
Up to 36 Month	NA	NA	0.0%

- ii. **We** may cancel on grounds of misrepresentation, fraud, non-disclosure of material facts as sought to be in proposal form or noncooperation by any **Insured Person**. Cancelled ab initio from the inception date or the renewal date (as the case may be), at our sole discretion upon giving 30 days' notice

9. Premium Payment Option

- i. **Insured Person** shall have the option to pay policy premium in total at the inception of policy or in installments as per options as below

Options	Installment Option	Premium
Option 1	Yearly	
Option 2	Half Yearly	
Option 3	Quarterly	
Option 4	Monthly	

- ii. No Additional charges, on the existing premium are applicable irrespective of the Installment Option selected.
- iii. **Grace Period** of 15 days in case of Monthly premium payment option and 30 days for half yearly and Quarterly premium payment option shall be applicable.
- iv. If case of non-receipt of Installment Premium on the Installment due date or before expiry of the grace period, the policy stands cancelled and the Premium for unexpired period will be refund as below
- v. **Cancellation**
 - a. When yearly payment option is chosen, cancellation grid as per 1 Year Tenure policies will be applicable
 - b. For all other Premium Payment options, 50% of current installment premium will be refunded when the current period is less than 6 months in to the policy year. For installment after 6 months, no refund will be payable.
 - c. No refund of any premium in case of any claim during policy year



10. Revision/ Modification of the product

We may revise the **Renewal** premium payable under the Policy or the terms of cover, with the prior approval from Insurance Regulatory and Development Authority of India. **We** will intimate You of any such changes at least 3 months prior to date of such revision or modification.

11. Withdrawal of the Product

- i. **We** may withdraw this product with the prior approval from Insurance Regulatory and Development Authority of India.
- ii. **We** will intimate **You** of any such changes at least 3 months prior to date of such revision or modification.
- iii. In such an event of withdrawal of this product, **You** can choose to renew this policy under Our available similar and closely similar Health insurance products.
- iv. However benefits payable shall be subject to the terms contained in such other Policy which has been approved by Insurance Regulatory and Development Authority of India
- v. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break.

12. Payment of Claim

- i. If there are any deficiencies in the necessary claim documents which are not met or are partially met, **We** will send a maximum of 3 (three) reminders following which **We** will send a closure letter or make a part-payment if **We** have not received the deficiency documents after 45 days from the date of the initial request for such documents
- ii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, **We** shall offer within a period of 30 days a settlement of the claim to the Insured person.
- iii. Upon acceptance of an offer of settlement by the **Insured person**, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the **Insured Person**. In the cases of delay in the payment **We** shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
- iv. However, where the circumstances of a claim warrant an investigation, **We** will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, **We** will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- v. If **We**, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to **You** in writing within 30 days of the receipt of documents.
- vi. If requested by **Us** and at **Our** cost, the **Insured Person** must submit to medical examination by **Our Medical Practitioner** as often as **We** consider reasonable and necessary and **We/Our** representatives must be permitted to inspect the medical and Hospitalization records pertaining to the treatment of **Insured Person** and to investigate the circumstances pertaining to the claim.
- vii. **We** and **Our** representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim



13. Contact Us

	within India	Outside India
Claim Intimation:	Toll Free :1800 2001 999 Phone (UAN) :1860 2000 700 (Local charges applicable) Fax (UAN) : 1860 2000 600 (Local charges applicable) Email: healthclaims@hdfcergo.com	Toll Free No: 800 08250825 Global Toll Free No : +800 08250825 (accessible from locations outside India only) Landline no (Chargeable) : 0120- 4507250 Email: travelclaims@hdfcergo.com
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Sector 62 Noida – 0120 398 8360	HDFC ERGO General Insurance Co Ltd 6th Floor, Leela Business Park, AndheriKurla Road, Andheri East, Mumbai-400059, Ph-022 66383600

14. Grievance Redressal Procedure

- i. If You have a grievance that You wish Us to redress, You may contact Us with the details of **Your** grievance as given below

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contacts us at	https://www.hdfcergo.com/customer-care/grievances Call - 1800-2700-700	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - 1800-2700-700	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - 1800-2700-700
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd 6th Floor, Leela Business Park, AndheriKurla Road, Andheri , Mumbai – 400059	The Compliance Officer, Registered & Corporate Office: HDFC House, 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai - 400020



- ii. If You are not satisfied with **Ourredressal** of **Your** grievance through one of the above methods, You may approach the nearest Insurance Ombudsman for resolution of **Your** grievance. The contact details of Ombudsman offices are mentioned below.

List of Ombudsman

GUJARAT,DADRA & NAGAR HAVELI,DAMAN AND DIU	KARNATAKA.
AHMEDABAD - Shri/Smt.....	BENGALURU - Smt. Neerja Shah
Office of the Insurance Ombudsman,	Office of the Insurance Ombudsman,
JeevanPrakash Building, 6th floor,	JeevanSoudhaBuilding,PID No. 57-27-N-19
TilakMarg,	Ground Floor, 19/19, 24th Main Road,
Relief Road,	JP Nagar, 1st Phase,
Ahmedabad – 380 001.	Bengaluru – 560 078.
Tel.: 079 - 25501201/02/05/06	Tel.: 080 - 26652048 / 26652049
Email: bimalokpal.ahmedabad@ecoi.co.in	Email: bimalokpal.bengaluru@ecoi.co.in

MADHYA PRADESH, CHATTISGARH	ORISSA
BHOPAL - Shri Guru Saran Shrivastava	BHUBANESHWAR - Shri/Smt.....
Office of the Insurance Ombudsman,	Office of the Insurance Ombudsman,
JanakVihar Complex, 2nd Floor,	62, Forest park,
6, Malviya Nagar, Opp. Airtel Office,	Bhubneshwar – 751 009.
Near New Market,	
Bhopal – 462 003.	
Tel.: 0755 - 2769201 / 2769202	Tel.: 0674 - 2596461 /2596455
Fax: 0755 – 2769203	Fax: 0674 – 2596429
Email: bimalokpal.bhopal@ecoi.co.in	Email: bimalokpal.bhubaneswar@ecoi.co.in

PUNJAB,HARYANA,HIMACHAL PRADESH,JAMMU & KASHMIR,CHANDIGARH	TAMIL NADU,PONDICHERRY TOWN AND KARAIKAL (WHICH ARE PART OF PONDICHERRY).
CHANDIGARH - Dr. Dinesh Kumar Verma	CHENNAI - Shri M. Vasantha Krishna
Office of the Insurance Ombudsman,	Office of the Insurance Ombudsman,
S.C.O. No. 101, 102 & 103, 2nd Floor,	Fatima Akhtar Court, 4th Floor, 453,
Batra Building, Sector 17 – D,	Anna Salai, Teynampet,
Chandigarh – 160 017.	CHENNAI – 600 018.
Tel.: 0172 - 2706196 / 2706468	Tel.: 044 - 24333668 / 24335284
Fax: 0172 – 2708274	Fax: 044 – 24333664
Email: bimalokpal.chandigarh@ecoi.co.in	Email: bimalokpal.chennai@ecoi.co.in

HDFC ERGO General Insurance



DELHI.	ASSAM,MEGHALAYA,MANIPUR,MIZORAM, ARUNACHAL PRADESH, NAGALAND AND TRIPURA
DELHI - Shri/Smt.....	GUWAHATI - ShriKiriti .B. Saha
Office of the Insurance Ombudsman,	Office of the Insurance Ombudsman,
2/2 A, Universal Insurance Building,	JeevanNivesh, 5th Floor,
Asaf Ali Road,	Nr. Panbazar over bridge, S.S. Road,
New Delhi – 110 002.	Guwahati – 781001(ASSAM).
Tel.: 011 - 23232481/23213504	Tel.: 0361 - 2632204 / 2602205
Email: bimalokpal.delhi@ecoi.co.in	Email: bimalokpal.guwahati@ecoi.co.in

ANDHRA PRADESH,TELANGANA,YANAM AND PART OF TERRITORY OF PONDICHERRY.	RAJASTHAN.
HYDERABAD - Shri I. Suresh Babu	JAIPUR - Smt. SandhyaBaliga
Office of the Insurance Ombudsman,	Office of the Insurance Ombudsman,
6-2-46, 1st floor, "Moin Court",	JeevanNidhi – II Bldg.,
Lane Opp. Saleem Function Palace,	Ground Floor,
A. C. Guards, Lakdi-Ka-Pool,	Bhawani Singh Marg,
Hyderabad - 500 004.	Jaipur - 302 005.
Tel.: 040 - 67504123 / 23312122	Tel.: 0141 – 2740363
Fax: 040 – 23376599	
Email: bimalokpal.hyderabad@ecoi.co.in	Email: Bimalokpal.jaipur@ecoi.co.in

KERALA, LAKSHADWEEP,MAHE-A PART OF PONDICHERRY.	WEST BENGAL,SIKKIM,ANDAMAN & NICOBAR ISLANDS
ERNAKULAM - Shri/Smt.....	KOLKATA - Shri/Smt.....
Office of the Insurance Ombudsman,	Office of the Insurance Ombudsman,
2nd Floor, Pulinat Bldg.,	Hindustan Bldg. Annexe, 4th Floor,
Opp. Cochin Shipyard, M. G. Road,	4, C.R. Avenue,
Ernakulam - 682 015.	KOLKATA - 700 072.
Tel.: 0484 - 2358759 / 2359338	Tel.: 033 - 22124339 / 22124340
Fax: 0484 – 2359336	Fax : 033 – 22124341
Email: bimalokpal.ernakulam@ecoi.co.in	Email: bimalokpal.kolkata@ecoi.co.in

LUCKNOW -Shri/Smt.....	NOIDA - Shri/Smt.....
Office of the Insurance Ombudsman,	Office of the Insurance Ombudsman,
6th Floor, JeevanBhawan, Phase-II,	BhagwanSahai Palace
Nawal Kishore Road,	4th Floor, Main Road,
Hazratganj,	Naya Bans, Sector 15,

HDFC ERGO General Insurance



Lucknow - 226 001.	Distt: GautamBuddh Nagar,
Tel.: 0522 - 2231330 / 2231331	U.P-201301.
Fax: 0522 – 2231310	Tel.: 0120-2514250 / 2514252 / 2514253
Email: bimalokpal.lucknow@ecoi.co.in	Email: bimalokpal.noida@ecoi.co.in
Districts of Uttar Pradesh :	State of Uttaranchal and the following Districts of Uttar Pradesh:
Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

GOA, MUMBAI METROPOLITAN REGION, EXCLUDING NAVI MUMBAI & THANE	BIHAR, JHARKHAND
MUMBAI - ShriMilind A. Kharat	PATNA
Office of the Insurance Ombudsman,	Office of the Insurance Ombudsman,
3rd Floor, JeevanSeva Annexe,	1st Floor, Kalpana Arcade Building,,
S. V. Road, Santacruz (W),	Bazar Samiti Road,
Mumbai - 400 054.	Bahadurpur,
Tel.: 022 - 26106552 / 26106960	Patna 800 006.
Fax: 022 – 26106052	Tel.: 0612-2680952
Email: bimalokpal.mumbai@ecoi.co.in	Email: bimalokpal.patna@ecoi.co.in

MAHARASHTRA, AREA OF NAVI MUMBAI AND THANE, EXCLUDING MUMBAI METROPOLITAN REGION.
PUNE
Office of the Insurance Ombudsman,
JeevanDarshan Bldg., 3rd Floor,
C.T.S. No.s. 195 to 198,
N.C. Kelkar Road, Narayan Peth,
Pune – 411 030.
Tel.: 020-41312555
Email: bimalokpal.pune@ecoi.co.in