

CRITICAL ILLNESS INSURANCE - CSC

HDFC ERGO General Insurance Company Limited will provide the insurance cover detailed in the Policy to the Insured Person up to the Sum Insured subject to the terms and conditions of this Policy, your payment of premium and realisation thereof by us, and your statements in the Proposal, which is incorporated into the Policy and is the basis of it.

SECTION. 1 BENEFITS

If the Insured Person is diagnosed as suffering from a Critical Illness during the Policy Period, then We will pay the Sum Insured as a lump sum, provided that:

- i. The Critical Illness, which the Insured Person is suffering from, occurs or manifests itself during the Policy Period as a first incidence, and
- ii. The Insured Person survives for at least 30/15 days following such diagnosis.

SECTION. 2 EXCLUSIONS

We will not make any payment for any claim in respect of the Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

- i. A waiting period of 90 days will apply to all claims unless the Insured Person has been insured under this policy continuously and without any break in the previous Policy Year.
- ii. 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 defense, 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 any breach of the law with criminal intent or arising out of or as a result of any act of self-destruction or self inflicted injury, attempted suicide or suicide.
- iv. Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, bungee jumping, hang-gliding, rock or mountain climbing.
- v. The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
- vi. Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
- vii. Any treatment arising from pregnancy (including voluntary termination), miscarriage, maternity or birth (including caesarean section), congenital internal and external diseases, defects or anomalies.
- viii. Any exclusion mentioned in the Schedule or the breach of any specific condition mentioned in the Schedule.

SECTION. 3 SPECIAL TERMS & CONDITIONS

If you are insured continuously and without interruption under a plan issued by an Indian general insurer and you want to shift to us on renewal, Critical Illness policy offers you transfer of most of the accrued benefits and make due allowances for waiting period setc.

a. Reduction in waiting periods

1. If the proposed Insured Person is presently covered and has been continuously covered without any lapses under:
 - a. any health insurance plan with an Indian general insurer, as per guidelines on portability issued by the insurance regulator, OR
 - b. any other similar health insurance plan from Us,Then:
 - i. The waiting periods specified in Section 2 i) of the Policy stand deleted; AND:
 - ii. The waiting periods specified in the Section 2 i) shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; AND
 - iii. If the proposed coverage for a proposed Insured Person is more than the coverage applicable under the previous health insurance

policy, then the reduced waiting period shall only apply to the extent of the coverage under the previous health insurance policy.

All Terms & Conditions of Portability Guidelines issued by IRDA on 9th September 2011 via circular number IRDA/ HLT/ MISC/ CJR/ 209/09/2011 shall apply.

2. The reduction in the waiting period specified above shall be applied subject to the following:
 - a. We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian non life insurance company (if applicable);
 - b. We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if you have submitted to us all documentation and information.
 - c. We will retain the right to underwrite the proposal as per our underwriting guidelines.
 - d. We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver.

SECTION. 4 GENERAL CONDITIONS

a. Condition Precedent

The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by You or the Insured Person shall be conditions precedent to Our liability.

b. Insured Person

Only those person named as an Insured Person in the Schedule shall be covered under this Policy. Any eligible person may be added during the Policy Period after his application has been accepted by Us and additional premium has been received. Insurance cover for this person shall only commence once We have issued an endorsement confirming the addition of such person as an Insured Person.

If an Insured Person dies, he will cease to be an Insured Person upon Us receiving all relevant particulars in this regard. We will return a rateable part of the premium received for such person IF AND ONLY IF there are no claims in respect of that Insured Person under the Policy.

Any Insured Person in the policy has the option to migrate to a similar health insurance policy available with us at the time of renewal subject to underwriting with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA.

c. Loadings

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis/ medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).

We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 7 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 7 days, we shall cancel your application and refund the premium paid within next 7 days.

Please note that We will issue Policy only after getting Your consent.

d. Notification of Claim

We must be informed of any event or occurrence that may give rise to a claim under this Policy within 14 days of the diagnosis of the first occurrence of the Critical Illness. You can intimate us through letter, email, fax or telephone.

e. Supporting Documentation & Examination [update]

The Insured Person shall provide Us with any documentation and information We may request to establish the circumstances of the claim, its quantum or

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Our liability for the claim within 60 days of first diagnosis of the Critical Illness or within 10 days of the earlier of our request. Such documentation will include but is not limited to the following in English/Hindi:

- i. Our claim form, duly completed and signed for on behalf of the Insured Person.
- ii. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, prescription, discharge summaries.
- iii. A precise diagnosis for which a claim is made.
- vi. KYC documents

If any time period is specifically mentioned against the Critical Illness for which the claim is made, then those documents/ medical reports should be submitted to Us within 45 days of the completion of such period.

f. The Insured Person additionally hereby consents to:

- i. The disclosure to Us of documentation and information that may be held by medical professionals and other insurers.
- ii. Being examined by any Medical Practitioner We authorise for this purpose when and so often as We may reasonably require. We will bear the reasonable cost towards performing such medical examination (at the specified location) of the insured person.

g. Claims Payment

We shall be under no obligation to make any payment under this Policy unless We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.

We will only make payment to or at your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of You or an Insured Person, We will make payment to the Nominee (as named in the Schedule).

The payments under this Policy shall only be made in Indian Rupees within India.

The policy shall terminate on the occurrence of the first critical illness and you shall receive the sum insured as per applicable guidelines and the policy shall cease with no subsequent renewals for the insured.

We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions, in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Regulation), 2002. 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 IRDA (Protection of Policyholders Regulation), 2002, 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 Us. 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.

h. Fraud

If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or the Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be void and all benefits paid under it shall be forfeited.

i. Subrogation

You and/or the Insured Person shall at Your own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither You nor the Insured Person shall prejudice these subrogation rights in any manner and shall at Your own expense provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and our costs and expenses of effecting a recovery, where after We shall pay any balance remaining to You.

j. Alterations to the Policy

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except Us, and any change We make will be evidenced by a written endorsement signed and stamped by Us.

k. Renewal

This Policy is renewable for life unless the Insured Person or anyone acting on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or there has been any misrepresentation under or in relation to this Policy or the renewal of the Policy poses a moral hazard.

We are NOT under any obligation to:

- i. Send renewal notice or reminders.
- ii. Renew it on same terms or premium as the expiring Policy. Any change in benefits or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar indemnity health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA.
- iii. We will not apply any additional loading on your policy premium at renewal based on claim experience.

We shall be entitled to call for any information or documentation before agreeing to renew the Policy. Your Policy terms may be altered based on the information received.

All applications for renewal of the Policy must be received by Us before the end of the Policy Period. A grace period of 30 days for renewing the Policy is available under this Policy. Any disease/condition contracted during the Grace Period will not be covered and will be treated as a Pre-existing Condition.

Sum insured can be enhanced only at the time of renewal. In case of increase in sum insured all waiting periods will apply afresh in relation to the amount by which the sum insured has been increased. In case of a claim during the applied waiting periods, the claim payout would be as per the basic sum insured and the policy would terminate.

l. Notices

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

- i. Insured Person, then it shall be sent to You at Your address specified in the Schedule and You shall act for Insured Person for these purposes.
- ii. Us, it shall be delivered to Our address specified in the Schedule.
- iii. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

Proof of delivery of such notices shall be retained by the Insured and furnished to Us as and when demanded.

m. Dispute Resolution Clause

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

If any dispute or difference shall arise as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing jointly by You and Us or if we cannot agree upon a single arbitrator to be appointed within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by You and Us respectively and the third arbitrator to be appointed by the two arbitrators, which arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996, as amended from time to time and for the time being in force.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as hereinbefore provide, if We have disputed liability under or in respect of this Policy.

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It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the award by such arbitrators of the amount of the loss or damage shall be first obtained.

n. Termination

You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium.

If We believe that You or the Insured Person or anyone acting on Your behalf or on behalf of an Insured Person has acted in a dishonest or fraudulent manner under or in relation to this Policy or the continuance of the Policy poses a moral hazard then We may terminate this Policy upon 30 days notice by sending an endorsement to Your address shown in the Schedule without refund of premium.

The Policy shall automatically terminate upon the occurrence of Critical Illness, without prejudice of Our obligation to make payment, with reference to that Insured Person.

o. Free Lookperiod

You have a period of 15 days from the date of receipt of the Policy document 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 and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

p. Condonation of delay

The Company may condone delay in claim intimation/ document submission on merit, where it is proved that delay in reporting of claim or submission of claim documents, is due to reasons beyond the control of the insured.

Notwithstanding the above, delay in claim intimation or submission of claim documents due to reasons beyond the control of the insured shall not be condoned where such claims would have otherwise been rejected even if reported in time."

SECTION. 5 INTERPRETATIONS & DEFINITIONS

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. 1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Def. 2. **Age or Aged** means completed years as at the Commencement Date.

Def. 3. **Activities of Daily Living** refer to daily self care activities within an individual's place of residence, in outdoor environment or both.

The Activities of Daily Living are:

- i. **Bathing:** 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.

Def. 4. **Commencement Date** means the commencement date of this Policy

as specified in the Schedule.

Def. 5. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- a. **Internal Congenital Anomaly-** which is not in the visible and accessible parts of the body.
- b. **External Congenital Anomaly-** which is in the visible and accessible parts of the body.

Def. 6. **Condition For Payment** means (i) the date of confirmed diagnosis and defined severity/ event, if any; or (ii) date of undergoing specified surgery; as applicable to a particular Critical Illness.

Def. 7. **Critical Illness** means any one of the following illnesses or conditions that occurs or manifests itself during the policy period as a first incidence and the insured survives the defined survival period

- i. **Cancer of specified severity:**
A malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion & destruction of normal tissue. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer also includes leukaemia, lymphoma and sarcoma.

The following are excluded:

- Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as pre-malignant or non invasive, including but not limited to: Carcinoma in situ of breasts, cervical dysplasia CIN-1, CIN -2 & CIN-3.
- Any skin cancer other than invasive malignant melanoma.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- Papillary micro- carcinoma of the thyroid less than 1 cm in diameter.
- Chronic lymphocytic leukaemia less than RA1 stage 3.
- Microcarcinoma of the bladder.
- All tumours in the presence of HIV infection.

- ii. **Open Chest CABG:**
The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a f coronary angiography and the realisation of the surgery has to be confirmed by a specialist Medical Practitioner.

Excluded are:

- Angioplasty and/or any other intra-arterial procedures.
- Any key-hole or laser surgery.

- iii. **First Heart Attack- Of Specified Severity):**
The first occurrence of 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 this will be evidenced by all of the following criteria:

- A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain), new characteristic electrocardiogram changes.
- Elevation of infarction specific enzymes, Troponins or other biochemical markers.

The following are excluded:

- Non-ST-segment elevation myocardial infarction (NSTEMI) with only elevation of Troponin I or T.
- Other acute Coronary Syndromes.
- Any type of angina pectoris.

- iv. **Kidney Failure Requiring Regular Dialysis (End Stage Renal Disease):**
End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist Medical Practitioner.

- v. **Major Organ/Bone Marrow Transplantation:**
The actual undergoing of transplantation of:
 - One of the following human organs: heart, lung, liver, pancreas, kidney, that resulted from irreversible end stage failure of the relevant organ or
 - Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist

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Medical Practitioner.

The following are excluded:

- Other stem cell transplants.
- Where only islets of langerhans are transplanted.

vi. Multiple Sclerosis With Persisting Symptoms:

The definite occurrence of Multiple Sclerosis. The diagnosis must be supported by all of the following

- Investigation including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple Sclerosis.
- There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of atleast 6 months.
- Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast 1 month apart.

Other causes of neurological damage such as SLE and HIV are excluded.

vii. Permanent Paralysis Of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist Medical Practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

viii. Stroke Resulting in Permanent Symptoms:

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source.

Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- Transient ischemic attacks (TIA).
- Traumatic injury of the brain.
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

ix. Aorta Graft Surgery:

The actual undergoing of surgery 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.

Realisation of the aortic surgery has to be confirmed by a specialist Medical Practitioner.

x. Primary Pulmonary Arterial Hypertension:

An increase in the blood pressure in the pulmonary arteries, caused by either an increase in pulmonary capillary pressure, increased pulmonary blood flow or increased pulmonary vascular resistance.

Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by cardiac catheterization showing a mean pulmonary artery pressure during rest of at least 20 mmHg.

Furthermore right ventricular hypertrophy or dilatation have to be medically documented for at least 90 days.

xi. Heart Valve Replacement:

The actual undergoing of Open heart valve surgery to replace or repair one or more heart valves, as consequences of defects in, abnormalities of, or disease affected heart valve(s). The diagnosis of the valve abnormality must be supported by 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.

xii. Benign Brain Tumour [resulting in permanent neurological symptoms]

Removal of a non-cancerous growth of tissue in the brain under general anaesthesia leading to a permanent neurological deficit or if inoperable also leading to a permanent neurological deficit.

Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical findings in CT Scan or MRI of the brain.

Permanent neurological deficit means the condition has to be medically documented for at least 90 days.

The following conditions are excluded: All cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine.

xiii. Primary Parkinson's Disease

Unequivocal diagnosis of idiopathic or primary Parkinson's Disease (all other forms of Parkinsonism are excluded) before age 65 that has to be confirmed by a specialist Medical Practitioner.

The disease must result in a permanent inability to perform independently three or more Activities of Daily Living - bathing (ability to wash in the bath or shower), dressing (ability to put on, take off, secure and unfasten garments), personal hygiene (ability to use the lavatory and to maintain a reasonable level of hygiene), mobility (ability to move indoors on a level surface), continence (ability to manage bowel and bladder functions), eating/drinking (ability to feed oneself (but not to prepare the food) or must result in a permanent bedridden situation and inability to get up without outside assistance.

These conditions have to be medically documented for at least 90 days.

xiv. Alzheimer's Disease

The Unequivocal diagnosis of Alzheimer's Disease (presenile dementia) before age 65 that has to be confirmed by a specialist Medical Practitioner and evidenced by typical findings in cognitive and neuroradiological tests (e.g. CT Scan, MRI, PET of the brain).

The disease must result in a permanent inability to perform independently three or more Activities of Daily Living - bathing (ability to wash in the bath or shower), dressing (ability to put on, take off, secure and unfasten garments), personal hygiene (ability to use the lavatory and to maintain a reasonable level of hygiene), mobility (ability to move indoors on a level surface), continence (ability to manage bowel and bladder functions), eating/drinking (ability to feed oneself (but not to prepare the food) or must result in need of supervision and the permanent presence of care staff due to the disease.

These conditions have to be medically documented for at least 90 days.

xv. End Stage Liver Disease

A Severely advanced liver disease resulting in cirrhosis which has to be confirmed by a specialist Medical Practitioner and evidenced by a Child-Pugh-Stage B or Child-Pugh-Stage C with regard to the following criteria:

- Permanent jaundice (bilirubin > 2micromol/l)
- Moderate ascites
- Albumin < 3.5 g/dl
- Prothrombin time < 70% of the normal for the age & gender
- Hepatic encephalopathy

Excluded are:

- Child-Pugh-Stage A
- Liver disease secondary to alcohol or drug misuse

Def. 8. **Dependents** means only the family members listed below:

- i. Your legally married spouse as long as she continues to be married to You;
- ii. Your children Aged between 5 years and 18 years To be confirmed by HDFC.
- iii. Your natural parents or parents that have legally adopted You, provided that the parent was below 65 years at his initial participation in the Critical Illness Policy.

Def. 9. **Disclosure of Information Norm** means 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. 10. **Grace Period** means the specified period of time immediately following

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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. 11. **Insured Person** means you and the person named in the Schedule.
- Def. 12. **Illness** 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.
- 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.
 - Chronic Condition means a disease, illness, or injury that has one or more of the following characteristics: - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/ or tests—it needs ongoing or long-term control or relief of symptoms—it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.
- Def. 13. **Medical Practitioner/ Physician** means a person who holds a valid registration from the medical council of any state or medical council of India or council of 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 his license, other than an Insured Person under this Policy;
- an Insured Person's employer or business partner;
 - an Immediate Family of the Insured Person. For purposes of this definition only, the term Immediate Family Member shall not be limited to natural persons resident in the same country as the Insured Person.
- Def. 14. **Notification of Claim** means the process of notifying a claim to the insurer by specifying the timeliness as well as the address/ telephone number to which it should be notified.
- Def. 15. **Policy** means your statements in the proposal form, this policy wording (including endorsements, if any), and the Schedule (as the same may be amended from time to time).
- Def. 16. **Policy Period** means the period commencing from Policy start date and hour as specified in the Schedule and terminating at midnight on the Policy end date as specified in of the Schedule to this Policy.
- Def. 17. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 18. **Portability** means the right accorded to an individual health insurance policy holder (including family cover) to transfer the credit gained by the insured for pre-existing conditions and time bound exclusions if the policyholder chooses to switch from one insurer to another insurer or from one plan to another plan of the same insurer, provided the previous policy has been maintained without any break.
- Def. 19. **Pre-existing Disease** means any condition, ailment or injury or related condition(s) for which Insured Person had signs or symptoms, and/ or were diagnosed, and/ or received medical advice/ treatment, within 48 months prior to the first Policy issued by the insurer.
- Def. 20. **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 all waiting period.
- Def. 21. **Sum Insured** means the sum shown in the Schedule which represents Our maximum liability for the Insured Person for any and all benefits claimed for during the Policy Period.
- Def. 22. **Survival Period** means the period after an insured event that the insured person has to survive before a claim becomes valid.
- Def. 23. **We/ Our/ Us** means the HDFC ERGO General Insurance Company Limited.
- Def. 24. **You/ Your/ Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

SECTION. 6 CLAIM RELATED INFORMATION

For any claim related query, intimation of claim and submission of claim related documents,

You can Contact us at

HDFC ERGO General Insurance Company Limited
Stellar IT Park Tower - 1, 5th Floor, C - 25,
Sector - 62, Noida - 201 301, Uttar Pradesh.

Toll Free : 1800 2 700 700 (Accessible from India only)
Phone (UAN): 1860 2000 700 (Local charges applicable)
Fax (UAN): 1860 2000 600 (Local charges applicable)
Email: healthclaims@hdfcergo.com

SECTION. 7 GRIEVANCE REDRESSAL PROCEDURE

At HDFC ERGO General Insurance, we are committed to serve our customers to their satisfaction by providing fast, fair and friendly services at all times.

However, should a customer feel that our services need improvement and wish to lodge your feedback / complaint, you may:

- Call our 24X7 Toll free number 1800-2700-700 from any Landline & Mobile or 1800-226-226 from MTNL or BSNL Phone.
- For lodging a complaint online, email us to our customer service desk at care@hdfcergo.com.

After investigating the matter internally, we will send our response within a period of 10 days.

In case the resolution is likely to take longer time, we will inform you of the same through an interim reply.

Escalation Level 1
For lack of a response or if the response provided does not meet your expectation, you can write to: grievance@hdfcergo.com

After examining the matter, final response would be conveyed within a period of 15 days from the date of receipt of your complaint on this e-mail id.

Escalation Level 2
In case, you are not satisfied with the decision/resolution of the above office, or have not received any response within 15 days, you may write to: cgo@hdfcergo.com

Escalation Level 3
If after following Escalation Level 1 and 2 as stated above your issue remains unresolved, you may approach the Insurance Ombudsman for Redressal.

Contact Details of Insurance Ombudsman

Names of Ombudsman and Addresses of Ombudsmen Centres
Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, AHMEDABAD - 380 014. Tel.: 079 - 25501201 / 02 / 05 / 06 Email: bimalokpal.ahmedabad@gbic.co.in
Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR - 751 009. Tel.: 0674-2596455/2596003 Fax: 0674-2596429 Email: bimalokpal.bhubaneswar@gbic.co.in
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044-24333668 /24335284 Fax: 044-24333664 Email: bimalokpal.chennai@gbic.co.in
Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S. S. Road, GUWAHATI - 781 001 (ASSAM). Tel.: 0361-2132204/5 Fax: 0361-2732937 Email: bimalokpal.guwahati@gbic.co.in

CRITICAL ILLNESS INSURANCE - CSC

Names of Ombudsman and Addresses of Ombudsmen Centres
Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C. U. Shah College, Ashram Road, AHMEDABAD - 380 014. Tel.: 079 - 27545441 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@gbic.co.in
Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR - 751 009. Tel.: 0674 - 2596455 / 2596003 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in
Office of the Insurance Ombudsman, Fatima Akhtar Court, 4 th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in
Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5 th Floor, Near Panbazar Overbridge, S. S. Road, GUWAHATI - 781 001 (ASSAM). Tel.: 0361 - 2132204 / 5 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in
Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.) - 462 003. Tel.: 0755 - 2769201 / 9202 Fax : 0755 - 2769203 Email: bimalokpal.bhopal@gbic.co.in
Office of the Insurance Ombudsman, S.C.O. No.101-103, 2 nd Floor, Batra Building, Sector 17 - D, CHANDIGARH - 160 017. Tel.: 0172 - 2706468 / 2705861 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@gbic.co.in
Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, NEW DELHI - 110 002. Tel.: 011 - 23237539 / 23232481 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in
Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD - 500 004. Tel : 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in
Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, ERNAKULAM - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@gbic.co.in
Office of the Insurance Ombudsman, Jeevan Bhawan, Phase - 2, 6 th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW - 226 001. Tel : 0522 - 2231331 / 2231330 Fax : 0522 - 2231310 Email: bimalokpal.lucknow@gbic.co.in
Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, JAIPUR - 302 005 Tel : 0141 - 2740363 Email: bimalokpal.jaipur@gbic.co.in
Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg. JP Nagar, 1 st Phase, BENGALURU - 560 025. Tel No: 080 - 22222049 / 22222048 Email: bimalokpal.bengaluru@gbic.co.in

Office of the Insurance Ombudsman, Hindustan Building, Annexe, 4 th Floor, C. R. Avenue, KOLKATA - 700 072. Tel : 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@gbic.co.in
Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz (W), MUMBAI - 400 054. Tel : 022 - 26106928 / 26106552 Fax : 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in
Office of the Insurance Ombudsman, 2nd Floor, Jeevan Darshan, N. C. Kelkar Road, Narayanpet, PUNE - 411 030. Tel: 020 - 32341320 Email: bimalokpal.pune@gbic.co.in
Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4 th Floor, Main Road, Naya Bans, Sector 15, Dist. Gautam Buddh Nagar, NOIDA (U.P) - 201 301. Tel.: 0120 - 2514250 / 2514251 / 2514253 Email: bimalokpal.noida@gbic.co.in
Office of the Insurance Ombudsman, 1 st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, PATNA - 800 006. Email: bimalokpal.patna@gbic.co.in
OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL Smt. Ramma Bhasin, Secretary General, Shri Y.R. Raigar, Secretary, 3 rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), MUMBAI - 400 054 Tel : 022 - 26106889 / 6671 Fax : 022 - 26106949 Email- inscoun@gbic.co.in

IRDAI REGULATION NO 5: This Policy is subject to regulation 5 of IRDAI (Protection of Policyholder's Interests) Regulation.

SCHEDULE OF BENEFITS - CRITICAL ILLNESS

Plan	Silver	Gold	Platinum
Sum Insured	As mentioned in the Schedule		
Critical Illness covered	✓	✓	✓
1. Heart Attack (Myocardial Infarction)	✓	✓	✓
2. Coronary Artery Bypass Surgery	✓	✓	✓
3. Stroke	✓	✓	✓
4. Cancer	✓	✓	✓
5. Kidney Failure	✓	✓	✓
6. Major Organ Transplantation	✓	✓	✓
7. Multiple Sclerosis	✓	✓	✓
8. Paralysis	✓	✓	✓
9. Aorta Graft Surgery		✓	✓
10. Primary Pulmonary Arterial Hypertension		✓	✓
11. Heart Valve Replacement		✓	✓
12. Benign Brain Tumor			✓
13. Parkinson's Disease			✓
14. Alzheimer's Disease			✓
15. End Stage Liver Disease			✓

*Critical Illness benefit is payable only Once during the lifetime of the policy