

Critical Connect Policy Wordings

It is important that you read your entire policy carefully so you understand how this insurance works. Please retain these Policy Wordings for current and future use. Any change to the contract wordings at the time of renewal, after approval from the Regulator, will be updated and available on our website: www.libertyinsurance.in



i) Conditions precedent to the contract

Insuring Agreement

In consideration of your application for insurance and of the payment of premiums when due, we have issued this policy to you. In this policy, “you”, “your”, or “yourself” means the Insured Person(s) in the Policy Schedule. “We”, “our” or “us” means Liberty General Insurance Limited. To help you understand the insurance terms used in this policy, please refer to the explanations in Section 4.



We agree to pay the benefits in this policy, subject to all of its terms, conditions, definitions and exclusions described here. We will cover you under this Policy up to the Sum Insured amount mentioned in the Policy Schedule.

Right to Examine Policy for 15 days

You are allowed 15 days from the date you receive this policy to review it and return it to us if you do not find it satisfactory. If you return it to us within this period, the policy will be cancelled as if it had never been in effect, and any premium paid will be refunded to you less the amount of any medical check-ups, stamp duty charges and proportionate risk premium for the period on cover. For specifics, please see Section 4, Part E.

Section 1: Definitions and Interpretations

Part A: What are the General Terms Used in this Policy?

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **AIDS** means Acquired Immune Deficiency Syndrome, a condition characterised by a combination of signs and symptoms, caused by Human Immunodeficiency Virus, which attacks and weakens the body's immune system making the HIV-positive person susceptible to life threatening conditions or other conditions
3. **Age** means your completed age as of your last birthday
4. **Activities of daily living are:**
 - i. **Washing:** the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - ii. **Dressing:** the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii. **Transferring:** the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - iv. **Mobility:** the ability to move indoors from room to room on level surfaces;
 - v. **Toileting:** the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - vi. **Feeding:** the ability to feed oneself once food has been prepared and made available.
5. **Bank** means a banking Company which transacts the business of banking in India.

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6. **Commencement/Inception Date** means the commencement/inception date of this Policy as specified in the Schedule.
7. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
8. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - “Internal Congenital Anomaly” means congenital anomaly which is not in the visible and accessible parts of the body
 - “External Congenital Anomaly” means congenital anomaly which is in the visible and accessible parts of the body
9. **Day Care Centre** means any institution established for day care treatment of illness and /or injuries or a medical set up within 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-
 - a) has qualified nursing staff under its employment;
 - b) has qualified medical practitioner/s in charge;
 - c) has a fully equipped operation theater of its own where surgical procedures are carried out;
 - d) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
10. **Disclosure to information norm** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
11. **EMI or EMI Amount** means the fixed payment amount required to repay the principal amount of Loan and Interest by the Insured at a specified date each calendar month, as set forth in the amortization chart referred to in the Loan agreement (or any amendments thereto) between the Bank/Financial Institution and the Insured prior to the date of occurrence of the Insured Event under this Policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.
12. **Endorsement** means written evidence of change to the Policy, increase or decrease in the period, extent and nature of the cover agreed by Us in writing.
13. **Expiry Date** means the date on which this Policy expires as specified in the Policy Schedule.
14. **Family/Family Member** means the Primary Insured Person whose name forms the first Insured Person, his/her lawful spouse, child/children, parents/ parent-in-laws, Son-in-law, Daughter-in-law, grandchildren, grandparents, siblings who are specifically mentioned in the Schedule to this Policy.

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15. **Financial Institution** shall have the same meaning assigned to the term under section 45 I of the Reserve Bank of India Act, 1934 and shall include a Non-Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934.
16. **Grace Period** is 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.
17. **HIV** means Human Immunodeficiency Virus
18. **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 qualified nursing staff under its employment round the clock;
 - has at least 10 inpatient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - 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 makes these accessible to the Insurance company's authorized personnel.
19. **Illness means** a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- 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.
 - Chronic Condition** - A chronic condition is defined as 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 for the patient or for the patient to be specially trained to cope with it.
 - it continues indefinitely.
 - it recurs or is likely to recur.
20. **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.
21. **Insured/ Policyholder/You/ Your/ Yourself** means an individual, who has proposed for Insurance and on whose name the Policy is issued
22. **Insured Person/s** means the person/s named in the Schedule to the Policy, for whom the insurance is also proposed and appropriate premium paid.

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23. **Insured Condition / Critical Illness** means any one of the illnesses, medical events, or procedures specified in Section 1, Part B; the condition must occur itself during the policy period as a first incidence of diagnosis and/or undergoing the procedure for the first time as per the terms and conditions specified thereon.
24. **IRDAI** means the Insurance Regulatory and Development Authority of India
25. **Loan** means the sum of money lent at interest or otherwise to the Insured Person/s by any Bank/Financial Institution as identified by the Loan Account Number.
26. **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 his license provided that this person is not a member of the Insured Person's family.
27. **Network Provider** means hospital enlisted by an Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured by a cashless facility.
28. **Neurological deficit** means symptoms of dysfunction in the nervous system that is present on clinical examination and expected to last throughout your life. Symptoms that are covered include numbness, increased sensitivity, paralysis, localized weakness, difficulty with speech, inability to speak, difficulty in swallowing, visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma.
29. **Nominee** means the person named in the proposal or schedule to whom the benefits under the Policy is nominated by the Insured Person.
30. **Notification of Claim** is the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication
31. **"Policy"** means this document of Policy describing the terms and conditions of this contract of insurance including the Company's covering letter to the Insured if any, the Schedule attached to and forming part of this Policy, the Insured's Proposal form and any applicable endorsement attaching to and forming part thereof either at inception or during the period of insurance.
32. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule or the date of cancellation of this Policy, whichever is earlier.
33. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
34. **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.

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35. **Pre-Existing** 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.
36. **Principal Outstanding** means the principal amount of the Loan outstanding as on the date of occurrence of Insured Event less the portion of principal component included in the EMIs payable but not paid from the date of the loan agreement till the date of the Insured Event/s. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the Bank prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured Person/s.
37. **Proposal and Declaration Form** means any initial or subsequent declaration made by the Insured/ Insured Person/s and is deemed to be attached and forming part of this Policy.
38. **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.
39. **Schedule** means Schedule attached to and forming part of this Policy mentioning the details of the Insured/ Insured Persons, the Sum Insured in respect of each Insured Person (s), the period, Coverage and the limits to which benefits under the Policy are subject to.
40. **Sum Insured** means the sum shown in the Schedule which represents our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period.
41. **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.
42. **Survival Period** is the period after an insured event that you have to survive before a claim becomes valid following the first diagnosis of the Critical Illness/undergoing the Surgical Procedure for the first time. For this policy it is limited to 30 days.
43. **Third Party Administrator or TPA** means a company registered with the Authority, and engaged by an insurer, for a fee or remuneration, by whatever name called and as may be mentioned in the agreement, for providing health services as mentioned under 'Third Party Administrators - Health Services' Regulation 2016 of Insurance Regulatory and Development Authority of India.
44. **Unproven/Experimental treatment** means the Treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
45. **We/Our/Us** means the Liberty General Insurance Limited.

Part B: *Descriptions of Critical Illnesses / Insured Conditions*

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1. Angioplasty (for Plan B: Heart Protect)

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

2. Alzheimer's Disease

- Alzheimer's disease is a progressive degenerative illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes.
- The Unequivocal diagnosis of Alzheimer's disease (presenile dementia) before age 60 that has to be confirmed by a specialist Medical Practitioner (Neurologist) and evidenced by typical findings in cognitive and neuroradiological tests (e.g. CT Scan, MRI, PET of the brain).
- The disease must also result in a permanent inability to perform independently three or more Activities of Daily Living or must result in need of supervision and the permanent presence of care staff due to the disease.
- These conditions must be medically documented for at least 90 days.

The following conditions are however not covered:

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

3. Apallic Syndrome

- A persistent vegetative state with severe brain damage (universal necrosis of the brain cortex with the brainstem remaining intact), are in a state of partial arousal rather than true awareness. The Diagnosis must be confirmed by a Specialist Medical Practitioner (Neurologist) and condition must be documented for at least 30 days.

4. Aplastic Anemia

- A Chronic persistent bone marrow failure which results in total aplasia of the bone marrow and requires treatment with at least one of the following:
 - i) Regular blood product transfusion
 - ii) Marrow stimulating agents
 - iii) Immunosuppressive agents
 - iv) Bone marrow transplantation
- The diagnosis and suggested line of treatment must be confirmed by a Haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by two out of the following three values:
 - i) Absolute Neutrophil count of 500 per cubic millimetre or less;
 - ii) Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and

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- iii) Platelet count of 20,000 per cubic millimetre or less.

5. Bacterial Meningitis

- Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit lasting for a minimum period of 30 days. It should result in a permanent inability to perform at least three of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons
- This diagnosis must be confirmed by
 - i) The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
 - ii) A consultant neurologist certifying the diagnosis of bacterial meningitis.
- The following are excluded:
 - Bacterial Meningitis in the presence of HIV infection is excluded

6. Balloon Valvotomy or Valvuloplasty (for Plan B: Heart Protect)

- The actual undergoing of Valvotomy or Valvuloplasty necessitated by damage of the heart valve as confirmed by a consultant Cardiologist where the procedure is performed totally via intravascular catheter based techniques.
- The diagnosis of heart valve abnormality must be supported by cardiac catheterization or Echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.
- The following are excluded:
 - Procedures done for treatment of Congenital Heart Disease

7. Benign Brain Tumor

- Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- This brain tumor must result in at least one of the following and must be confirmed by the Neurologist.
 - i) Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - ii) Undergone surgical resection or radiation therapy to treat the brain tumor.
- The following conditions are excluded:
 - Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

8. Blindness

- Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident
- The Blindness is evidenced by:
 - i) corrected visual acuity being 3/60 or less in both eyes or;
 - ii) the field of vision being less than 10 degrees in both eyes.
- The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

9. Brain Surgery

- The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy is performed.

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- The procedure must be considered necessary by a qualified specialist.
- The following are excluded:
 - Minimally invasive treatment where no surgical incision is performed to expose the target, irradiation by gamma knife or endovascular neuroradiological interventions, embolizations, thrombolysis and stereotactic biopsy are excluded. Burr hole Surgery or Brain surgery as a result of an accident are also excluded.

10. Cancer of Specified Severity

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

11. Carcinoma in-Situ (for Plan B: Cancer Protect)

- Carcinoma-in-situ means a histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any one of the following covered organ groups, and subject to any classification stated:
 - i) Breast, where the tumour is classified as Tis according to the TNM Staging method;
 - ii) Corpus Uteri, vagina, vulva or fallopian tubes where the tumour is classified as Tis according to the TNM Staging method or FIGO* Stage 0;
 - iii) Cervix Uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or as Tis according to the TNM Staging method or FIGO* Stage 0;
 - iv) Ovary include borderline ovarian tumours with intact capsule, no tumour on the ovarian surface, classified as T1aN0M0, T1bN0M0 (TMN Staging) or FIGO 1A, FIGO 1B
 - v) Colon and rectum;
 - vi) Penis;
 - vii) Testis;
 - viii) Lung;
 - ix) Liver;

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- x) Stomach and Esophagus;
- xi) Urinary Tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included
- xii) Nasopharynx
- For this policy, Carcinoma-in-situ must be confirmed by a biopsy.
- *FIGO refers to the staging method of the Federation Internationale de Gynecologie et d'Obstetrique.
- Pre-malignant lesions and Carcinoma-in-situ of any organ unless listed above are excluded.

12. Cardiomyopathy

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

13. Carotid Artery Surgery (for Plan B: Heart Protect)

- The actual undergoing of surgery to the Carotid Artery to treat carotid artery stenosis of fifty percent (50%) and above, as proven by angiographic evidence, of one (1) or more carotid arteries. Both criteria below must be met:
 - o Either:
 - Actual undergoing of endarterectomy to alleviate the symptoms; or
 - Actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms; and
- The Diagnosis and medical necessity of the treatment must be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.
- Endarterectomy of blood vessels other than the carotid artery is specifically excluded.

14. Coma of Specified Severity

- A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - i) No response to external stimuli continuously for at least 96 hours;
 - ii) Life support measures are necessary to sustain life; and
 - iii) Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- The condition has to be confirmed by a specialist medical practitioner
- Coma resulting from alcohol or drug abuse is excluded.

15. Creutzfeldt-Jakob Disease (CJD)

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

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- Social functioning is defined as the ability of the individual to interact in the normal or usual way in society.
- Mental functioning would mean functions /processes such as perception, introspection, belief, imagination reasoning which we can do with our minds.

16. Deafness

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

17. Early-Stage Cancers (for Plan B: Cancer Protect)

- Early Stage Cancer shall mean first ever diagnosis with the presence of one of the following malignant conditions:
 - i) Any malignant tumor of the thyroid, positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue, which is histologically classified as T1N0M0 according to the TNM classification system, or another equivalent classification
 - ii) Prostate tumor should be histologically described as TNM Classification T1a or T1b or T1c are of another equivalent classification.
 - iii) Chronic lymphocytic leukemia classified as RAI Stage I or II;
 - iv) Hodgkin’s lymphoma Stage I by the Cotswold’s classification staging system.
 - v) All tumors of the urinary bladder histologically classified as T1N0M0 (TNM Classification)
 - vi) Basal cell and squamous skin cancer that has spread to distant organs beyond the skin
- The Diagnosis must be based on histopathological features and confirmed by a specialist consultant (Oncologist).
- Pre-malignant lesions and conditions, unless listed above, are excluded.

18. Encephalitis

- It is a severe inflammation of brain tissue, resulting in permanent neurological deficit lasting for a minimum period of 30 days. This must be certified by a Specialist Medical Practitioner (Neurologist). The permanent deficit must result in an inability to perform at least three of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.
- The following condition is excluded:
 - i) Encephalitis as a result of HIV infection

19. End-Stage Liver Failure

- Permanent and irreversible failure of liver function that has resulted in all three of the following:
 - i) Permanent jaundice; and
 - ii) Ascites; and
 - iii) Hepatic encephalopathy.
- Liver failure secondary to drug or alcohol abuse is excluded.

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20. End-Stage Lung Failure

- End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
 - i) FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
 - ii) Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 - iii) Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and
 - iv) Dyspnea at rest.

21. Fulminant Viral Hepatitis

- A sub-massive to massive necrosis of the liver by a Hepatitis virus, leading precipitously to liver failure where the following criteria are met:
 - i) Rapid decrease in liver size associated with necrosis involving entire lobules;
 - ii) Rapid degeneration of liver enzymes;
 - iii) Deepening jaundice; and
 - iv) Hepatic encephalopathy
- Hepatitis infection or carrier status alone, does not meet the diagnostic criteria.

22. Goodpasture's Syndrome

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

23. Heart Transplant (for Plan B: Heart Protect)

- The actual undergoing of a transplant of heart that resulted from irreversible end-stage failure of the heart. The undergoing of a heart transplant has to be confirmed by a specialist medical practitioner (Cardiologist).
- Stem cell Transplants are excluded.

24. Implantable Cardioverter Defibrillator (for Plan B: Heart Protect)

- Actual undergoing of insertion of an implantable cardiac defibrillator to correct serious cardiac arrhythmia which cannot be treated via other methods or the insertion of permanent cardiac defibrillator to correct sudden loss of heart function with cessation of blood circulation around the body resulting in unconsciousness
- Insertion of Cardiac Defibrillator means surgical implantation of either Implantable Cardioverter Defibrillator (ICD), or Cardiac Resynchronization Therapy with Defibrillator (CRT-D)
- The insertion of a permanent Cardioverter-Defibrillator (ICD) must be certified to be absolutely necessary by a specialist in the relevant field.
- Cardiac arrest secondary to alcohol or drug misuse will be excluded.

25. Implantation of Pacemaker of Heart (for Plan B: Heart Protect)

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- Actual undergoing of Insertion of a permanent cardiac pacemaker to correct serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be medically necessary by a specialist in the relevant field.
- Cardiac arrest secondary to alcohol or drug misuse will be excluded.

26. Infective Endocarditis (for Plan B: Heart Protect)

- Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:
 - Positive result of the blood culture proving presence of the infectious organism(s)
 - Presence of at least moderate heart valve incompetence (meaning regurgitate fraction of twenty percent (20%) or above) or moderate heart valve stenosis (resulting in heart valve area of thirty percent (30%) or less of normal value) attributable to Infective Endocarditis; and
 - Infective Endocarditis and the severity of valvular impairment are confirmed by a consultant cardiologist.

27. Kidney Failure Requiring Regular Dialysis

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

28. Kidney Transplant (for Plan B: Kidney & Liver)

The actual undergoing of a transplant of the kidney, that resulted from irreversible end-stage failure of that organ.

29. Liver Transplant (for Plan B: Kidney & Liver)

- The actual undergoing of a transplant of the liver, that resulted from irreversible end-stage failure of that organ.

30. Loss of Speech

- 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.
- All psychiatric related causes are excluded.

31. Loss of Limbs

- The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction.
- Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

32. Major Head Trauma

- 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

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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 within the Policy period.

- The Accidental Head injury must result in an inability to perform at least three (3) of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.
- The following are excluded: Spinal cord injury

33. Major Organ / Bone Marrow Transplant

- The actual undergoing of a transplant of:
 - i) One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - ii) Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- The following are excluded:
 - i) Other stem-cell transplants
 - ii) Where only islets of langerhans are transplanted

34. Medullary Cystic Disease

- A progressive hereditary disease of the kidneys characterized by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anemia, polyuria and renal loss of sodium, progressing to chronic renal failure.
- The diagnosis must be supported by renal biopsy.

35. Minimally Invasive Surgery of Aorta (for Plan B: Heart Protect)

- The actual undergoing of minimally invasive surgical repair (i.e. via percutaneous intra-arterial route) of a diseased portion of an aorta to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta with a graft. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.
- Procedures done for treatment of Congenital heart disease are excluded.

36. Motor Neuron Disease with Permanent Symptoms

- Motor neuron disease diagnosed by a specialist medical practitioner (Neurologist) 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.

37. Multiple Sclerosis With Persisting Symptoms

- The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i) investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

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- ii) there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- Other causes of neurological damage such as SLE and HIV are excluded.

38. Multiple System Atrophy

- A diagnosis of multiple system atrophy by a Specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of 30 days of either:
 - i) motor function with associated rigidity of movement; or
 - ii) The ability to coordinate muscle movement; or
 - iii) Bladder control and postural hypotension.

39. Muscular Dystrophy

- Muscular Dystrophy is a group of hereditary degenerative diseases of muscle characterised by progressive and permanent weakness and atrophy of certain muscle groups. The diagnosis of muscular dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence.
- The disease must result in the permanent inability of the insured to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living".

40. Myocardial Infarction (First Heart Attack of Specified Severity)

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

41. Open Chest CABG / Coronary Artery Bypass Surgery

- 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.
- The following are excluded:
 - i) Angioplasty and/or any other intra-arterial procedures.

42. Open Heart Replacement or Repair of Heart Valves

- The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the

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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.

43. Parkinson's Disease

- The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:
 - i) The disease cannot be controlled with medication; and
 - ii) There are objective signs of progressive deterioration; and
 - iii) There is an inability of the Life Assured to perform (whether aided or unaided) at least three of the five "Activities of Daily Living" for a continuous period of at least 6 months:
- Drug-induced or toxic causes of Parkinsonism are excluded.

44. Pericardiectomy (for Plan B: Heart Protect)

- The undergoing of a pericardiectomy performed by open heart surgery or keyhole techniques as a result of pericardial disease. The surgical procedures must be certified to be medically necessary by a consultant cardiologist. Other procedures on the pericardium including pericardial biopsies, and pericardial drainage procedures by needle aspiration are excluded.
- The actual undergoing of pericardiectomy secondary to chronic constrictive pericarditis.
- The following are specifically excluded:
 - Chronic constrictive pericarditis related to alcohol or drug abuse or HIV
 - Acute pericarditis due to any reason

45. 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.

46. Pneumonectomy

- The undergoing of surgery on the advice of an appropriate Medical Specialist to remove an entire lung for disease or traumatic injury suffered by the Insured person.
- The following conditions are excluded:
 - i) Removal of a lobe of the lungs (lobectomy)
 - ii) Lung resection or incision

47. Primary (Idiopathic) Pulmonary Hypertension

- 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.
- The NYHA Classification of Cardiac Impairment are as follows:
 - i) Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

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ii) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

- 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.

48. Progressive Scleroderma

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

49. Progressive Supranuclear Palsy

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

50. Pulmonary Artery Graft Surgery

- The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.
- The following conditions are excluded:
 - Pulmonary artery graft surgery necessitated as a result of CABG
 - Pulmonary artery graft surgery necessitated as a result of Post trauma

51. Pulmonary Thromboembolism (for Plan B: Heart Protect)

- Acute Pulmonary Thromboembolism: means the blockage of an artery in the lung by a clot or other tissue from another part of the body. The Pulmonary Embolus must be unequivocally diagnosed by a specialist (Cardiologist) on either a V/Q scan (the isotope investigation which shows the ventilation and perfusion of the lungs), angiography or echocardiography, with evidence of right ventricular dysfunction and requiring medical or surgical treatment on an inpatient basis.

52. Pulmonary-Renal Syndrome

- Diagnosis of pulmonary renal syndrome, in which a combination of diffuse alveolar hemorrhage (DAH) and a rapid progressive glomerulonephritis (RPGN) occurs.

53. Severe Rheumatoid Arthritis

- The unequivocal diagnosis of Rheumatoid Arthritis must be made by a certified medical consultant based on clinically accepted criteria with all of the following criteria are met:
 - There must be imaging evidence of erosions with widespread joint destruction in three or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet.
 - There must also be typical rheumatoid joint deformities.

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- Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
- Permanent inability to perform at least two (2) “Activities of Daily Living”
- The foregoing conditions have been present for at least six (6) months.
- Elevated levels of Creactive protein (CRP), or erythrocyte sedimentation rate (ESR)
- Degenerative osteoarthritis and all other forms of arthritis are excluded.
- There must be history of treatment or current treatment with disease-modifying anti-rheumatic drugs, or DMARDs. Non-steroidal anti-inflammatory drugs such as acetylsalicylic acid are not considered a DMARD drug under this definition.

54. Stroke Resulting In Permanent Symptoms

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

55. Surgery to Aorta / Aorta Graft Surgery

- The actual undergoing of major surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. Undergoing of a laparotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aortic artery.
- For the purpose of this definition, aorta means the thoracic and abdominal aorta but not its branches.
- Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded. Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures are excluded.

56. Surgery for Cardiac Arrhythmia (for Plan B: Heart Protect)

- Ablative Procedure is defined as catheter ablation procedures using radiofrequency or cryothermal energy for treatment of a recurrent or persistent symptomatic arrhythmia refractory to antiarrhythmic drug therapy. Ablation procedures should immediately follow the diagnostic electrophysiology study. The ablative procedure must be certified to be absolutely necessary by a consultant cardiologist (electrophysiologist).
- Preprocedural evaluation prior to ablation procedures and ablation procedures as below should be completely documented:
 - Strips from ambulatory Holter monitoring in documenting the arrhythmia.
 - Electrocardiographic and electrophysiologic recording, cardiac mapping and localization of the arrhythmia during the ablative procedure.

57. Surgery to Place Ventricular Assist Devices or Total Artificial Hearts (for Plan B: Heart Protect)

- This is an open chest procedure for implantation of Left Ventricular Assist Device/Ventricular Assist Device as bridges to cardiac transplantation or destination therapy for long term use for the Refractory

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Heart Failure with reduced ejection fraction as defined below: NYHA Class IV symptoms who failed to respond to optimal medical management for ≥ 45 of the past 60 days, or have been intra-aortic balloon pump dependent for 7 days, or IV inotrope dependent for 14 days.

- The following are excluded:
 - Ventricular dysfunction or Heart failure directly related to alcohol or drug abuse is excluded.

58. Systemic Lupus Erythematosus

- Systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V lupus nephritis, established by renal biopsy, and in accordance with the World Health Organization (WHO) classification). A diagnosis of systemic lupus erythematosus by a Rheumatologist resulting in either of the following:
 - i) Permanent neurological deficit with persisting clinical symptoms for a continuous period of 30 days; or
 - ii) The permanent impairment of kidney function tests as follows; Glomerular Filtration Rate (GFR) below 30 ml/min.
- iii) Other forms, discoid lupus, and those forms with only haematological and joint involvement are however not excluded.

The WHO lupus classification is as follows:

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

59. Third-Degree Burns (Major Burns)

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

Part C: “Related” Conditions not Covered by Continuation Feature

On payment of the insured condition, the following are a list of “Related” conditions that we will not provide continuous coverage over the lifetime of the Insured person/s. Thus, the product offers renewal of the policy excluding the conditions which are ‘Related’ as given in the below Table, in case of a claim which is reported and paid to the Insured. However, all other listed Critical illnesses would be treated as ‘Un-related’ and will be covered in the policy. For the ease of understanding purpose, the ‘Related’ insured conditions/critical illnesses are categorized as specified below:

We will pay only once for the same Critical illness over a lifetime

Important note: Below Table is applicable only for ‘Plan A’ providing feature of ‘Continuation for Second and Third Events’ as mentioned under Section 2.B.

Sr. No.	Category	“Related” Conditions Not Covered under Continuation
1.	HEART	a) Cardiomyopathy

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		<ul style="list-style-type: none"> b) Heart Transplant c) Open Chest CABG d) Open Heart Replacement or Repair of Heart Valves e) Myocardial Infraction (First Heart Attack of Specified Severity) f) Primary (Idiopathic) Pulmonary Hypertension g) Pulmonary Artery Graft Surgery h) Surgery to Aorta / Aorta Graft Surgery i) Angioplasty j) Balloon Valvotomy or Valvuloplasty k) Carotid Artery Surgery l) Implantable Cardioverter Defibrillator m) Implantation of Pacemaker of Heart n) Infective Endocarditis o) Minimally Invasive Surgery of Aorta p) Pericardiectomy q) Pulmonary Thromboembolism r) Surgery for Cardiac Arrhythmia s) Surgery to Place Ventricular Assist Devices or Total Artificial Hearts t) Primary (Idiopathic) Pulmonary Hypertension
2.	CANCER	<ul style="list-style-type: none"> a) Cancer of Specified Severity b) Early-Stage Cancers c) Carcinoma in-Situ d) Related Major organ transplant e) Related End stage organ failure (Lung/Liver/Kidney)
3.	BRAIN	<ul style="list-style-type: none"> a) Apallic Syndrome b) Benign Brain Tumor c) Brain Surgery d) Coma of Specified Severity e) Creutzfeldt-Jakob disease (CJD) f) Encephalitis g) Stroke Resulting In Permanent Symptoms
4.	LUNG	<ul style="list-style-type: none"> a) Pneumonectomy b) Pulmonary Artery Graft Surgery c) Pulmonary-Renal Syndrome d) End-Stage Lung Failure
5.	LIVER	<ul style="list-style-type: none"> a) End-Stage Liver Failure b) Liver transplant c) Fulminant Viral Hepatitis
6.	KIDNEY	<ul style="list-style-type: none"> a) Kidney Failure Requiring Regular Dialysis b) Kidney transplant c) Goodpasture's Syndrome d) Pulmonary-Renal Syndrome e) Medullary Cystic Disease

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7.	TRAUMA	<ul style="list-style-type: none"> a) Major Head Trauma b) Loss of Speech arising due to Trauma c) Loss of Limbs arising due to Trauma d) Blindness arising due to Trauma e) Deafness arising due to Trauma f) Stroke Resulting In Permanent Symptoms arising due to Trauma g) Permanent Paralysis of Limbs due to Trauma
8.	BURNS	<ul style="list-style-type: none"> a) Third-Degree Burns (Major Burns) b) Deafness due to Burn c) Blindness due to Burn d) Loss of Speech due to Burn
9.	ANEMIA	<ul style="list-style-type: none"> a) Aplastic Anaemia b) Major Organ / Bone Marrow Transplant
10.	OTHER DISORDERS	<ul style="list-style-type: none"> a) Progressive Scleroderma b) Systemic Lupus Erythematosus c) Parkinson's Disease d) Alzheimer's Disease e) Severe Rheumatoid Arthritis
11.	HIV/AIDS	<p>Critical illnesses resulting from complications of HIV/AIDS:</p> <ul style="list-style-type: none"> a) Tumors b) Encephalitis c) SLE d) Chronic constrictive pericarditis e) Cancer f) Pulmonary Hypertension g) Pulmonary renal syndrome h) Organ Transplant i) Related conditions as specified above under 'Lung', 'Liver', & 'Kidney' <p>The Policy shall be ordinarily renewable for the 'Related' critical illnesses mentioned under HIV/AIDS unlike other Related Critical illnesses specified in this Table.</p>

ii) Conditions applicable during the contract

Section 2: What Benefits are Provided by this Policy?

This policy provides you with the following insurance coverage and additional benefits:

- A. Payment of the Benefit Amount for an Insured Condition
- B. Continuation for Second and Third Events (for Plan A)
- C. Multiple Claims up to Sum Insured Amount (for Plan B)
- D. Second Medical Opinion / Tele-Consult
- E. Health Checkups Every 2 Years
- F. Health 360°
- G. Critical Illnesses Related to HIV/AIDS

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Optional Covers

- a) Loan Protector Cover
- b) Option to Waive 30-Day Survival Period

A) Payment of the Benefit Amount for an Insured Condition

We will pay you a lump sum amount for one of the conditions in the Benefit Schedule, as long as it occurs itself during the policy period as a first incidence and you survive the defined Survival Period.

The compensation under more than one event as stated below, for the same Policy year shall not exceed the Sum Insured as mentioned in the Policy schedule.

For Plan A, the lump sum amount will be 100% of the Sum Insured in your Policy Schedule. Depending on which cover you have chosen, please refer to the following Benefit Schedule for a list of insured conditions (illnesses, medical events, and surgical procedures).



Benefit Schedule for Plan A: Critical Illness Bundles

(Sum Insured amounts: 1 lac, 2, 3, 4, 5, 7.5, 10, 15, 20, 25, 30, 40, 50, or 75 lacs, 1 crore)

9 Cover	25 Cover	43 Cover
1. Cancer of Specified Severity	1. Alzheimer's Disease	1. Alzheimer's Disease
2. Kidney Failure Requiring Regular Dialysis	2. Benign Brain Tumor	2. Apallic Syndrome
3. Open Chest CABG	3. Cancer of Specified Severity	3. Aplastic Anemia
4. Major Organ / Bone Marrow Transplant	4. Coma of Specified Severity	4. Bacterial Meningitis
5. Multiple Sclerosis With Persisting Symptoms	5. Deafness	5. Benign Brain Tumor
6. Myocardial Infraction (First Heart Attack of Specified Severity)	6. End Stage Liver Failure	6. Blindness
7. Permanent Paralysis of Limbs	7. Kidney Failure Requiring Regular Dialysis	7. Brain Surgery
8. Stroke Resulting In Permanent Symptoms	8. Loss of Speech	8. Cancer of Specified Severity
	9. Major Organ / Bone Marrow Transplant	9. Cardiomyopathy
	10. Medullary Cystic Disease	10. Coma of Specified Severity
	11. Motor Neuron Disease with Permanent Symptoms	11. Creutzfeldt-Jakob Disease (CJD)
	12. Multiple Sclerosis with Persisting Symptoms	12. Deafness
	13. Muscular Dystrophy	13. Encephalitis
	14. Myocardial Infraction (First Heart Attack of Specified Severity)	14. End-Stage Liver Failure
	15. Open Chest CABG	15. End-Stage Lung Failure
	16. Open Heart Replacement or Repair of Heart Valves	16. Fulminant Viral Hepatitis
	17. Parkinson's Disease	17. Goodpasture's Syndrome
	18. Permanent Paralysis of Limbs	18. Kidney Failure Requiring Regular Dialysis
	19. Pneumonectomy	19. Loss of Speech
		20. Loss of Limbs
		21. Major Head Trauma
		22. Major Organ / Bone Marrow Transplant
		23. Medullary Cystic Disease
		24. Motor Neuron Disease with Permanent Symptoms

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<p>9. Surgery to Aorta / Aorta Graft Surgery</p>	<p>20. Primary (Idiopathic) Pulmonary Hypertension 21. Pulmonary Artery Graft Surgery 22. Stroke Resulting In Permanent Symptoms 23. Surgery to Aorta / Aorta Graft Surgery 24. Systemic Lupus Erythematosus 25. Third-Degree Burns (Major Burns)</p>	<p>25. Multiple Sclerosis with Persisting Symptoms 26. Multiple System Atrophy 27. Muscular Dystrophy 28. Myocardial Infarction (First Heart Attack of Specified Severity) 29. Open Chest CABG / Coronary Artery Bypass Surgery 30. Open Heart Replacement or Repair of Heart Valves 31. Parkinson's Disease 32. Permanent Paralysis of Limbs 33. Pneumonectomy 34. Primary (Idiopathic) Pulmonary Hypertension 35. Progressive Supranuclear Palsy 36. Progressive Scleroderma 37. Pulmonary Artery Graft Surgery 38. Pulmonary-Renal Syndrome 39. Severe Rheumatoid Arthritis 40. Stroke Resulting In Permanent Symptoms 41. Surgery to Aorta / Aorta Graft Surgery 42. Systemic Lupus Erythematosus 43. Third-Degree Burns (Major Burns)</p>
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For Plan B, we will pay you a lump sum amount that is a percentage of Sum Insured, based on whether a condition is a "Major Condition" or "Minor Condition":



1. For Major Conditions, the policy pays out 100% of the Sum Insured.
2. For Minor Conditions, the policy pays out 25% of the Sum Insured and continues until the policy term. If, during the policy term, you are diagnosed with one of the Major Conditions in that same cover, we will pay out the remaining 75% of the Sum Insured to you.
3. With the Heart and Cancer Protect cover, you can raise multiple claims under each cover until the total payout for that cover is exhausted. In any case, the total payout in the policy cannot exceed 100% of the Sum Insured.
4. Plan 'B' has an option to choose one or more from the given '*Disease-specific Bundles*' with a Sum Insured applicable to each selected '*Disease-specific Bundle*'.

Please refer to the following Benefit Schedule for a list of insured conditions (illnesses, medical events, and surgical procedures).



Benefit Schedule for Plan B: Disease-Specific Bundles

(Sum Insured amounts: 1 lac, 2, 3, 4, 5, 7.5, 10, 15, 20, 25, 30, 40, 50, or 75 lacs, 1 crore)

Heart Protect	Cancer Protect	RenoLiv Protect	Brain Protect
Major Conditions:	Major Conditions:	Major Conditions:	Major Conditions:

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<ol style="list-style-type: none"> 1. Cardiomyopathy 2. Heart Transplant 3. Open Chest CABG 4. Open Heart Replacement or Repair of Heart Valves 5. Myocardial Infraction (First Heart Attack of Specified Severity) 6. Primary (Idiopathic) Pulmonary Hypertension 7. Pulmonary Artery Graft Surgery 8. Surgery to Aorta / Aorta Graft Surgery 	<ol style="list-style-type: none"> 1. Cancer of Specified Severity 	<ol style="list-style-type: none"> 1. End-Stage Liver failure 2. Kidney Failure Requiring Regular Dialysis 3. Kidney Transplant 4. Liver Transplant 5. Medullary Cystic Disease 6. Pulmonary-Renal Syndrome 	<ol style="list-style-type: none"> 1. Apallic Syndrome 2. Bacterial Meningitis 3. Benign Brain Tumor 4. Brain Surgery 5. Coma of Specified Severity 6. Creutzfeldt-Jakob disease (CJD) 7. Encephalitis 8. Stroke Resulting In Permanent Symptoms 9. Motor Neuron Disease With Permanent Symptoms 10. Multiple Sclerosis With Persisting Symptoms 11. Progressive Supranuclear Palsy 12. Permanent Paralysis of Limbs
<p>Minor Conditions:</p> <ol style="list-style-type: none"> 9. Angioplasty 10. Balloon Valvotomy or Valvuloplasty 11. Carotid Artery Surgery 12. Implantable Cardioverter Defibrillator 13. Implantation of Pacemaker of Heart 14. Infective Endocarditis 15. Minimally Invasive Surgery of Aorta 16. Pericardiectomy 17. Pulmonary Thromboembolism 18. Surgery for Cardiac Arrhythmia 19. Surgery to Place Ventricular Assist Devices or Total Artificial Hearts 	<p>Minor Conditions:</p> <ol style="list-style-type: none"> 2. Early-Stage Cancers 3. Carcinoma in-Situ 		

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Please refer to Section 1 for the terms used in this policy, and for the descriptions of these insured conditions that result in a benefit payment. The Survival Period refers to the period after an insured event that you have to survive before a claim is payable.

B) Continuation for Second and Third Events (for Plan A)

If you have one of the covers in Plan A, we will pay a lump sum benefit for any condition in the Benefit Schedule (corresponding to your cover), provided it occurs itself as a first incidence and you survive the defined Survival Period. After one claim is paid, we will continue to provide coverage, subject to the following:

1. Coverage shall be given for a second and third insured condition, or maximum of 3 conditions over a lifetime
2. 24-month waiting period shall apply between the occurrences of each condition (i.e. between the first and second insured condition, or between the second and third condition)
3. You have maintained or renewed the policy and the second or third event occurs during the policy period
4. Coverage shall not be given for a second or third insured condition that is “Related” to the previous event. For a full list of “Related” conditions that we will not provide continuous coverage for, please see Section 1 (Part C)

C) Multiple Claims up to Sum Insured Amount (for Plan B)

We will pay you a lump sum amount that is a percentage of Sum Insured, based on whether a condition is a “Major Condition” or “Minor Condition” as listed in the Benefit Schedule.

1. For Major Conditions, the policy pays out 100% of the Sum Insured.
2. For Minor Conditions, the policy pays out 25% of the Sum Insured and continues until the policy term. If, during the policy term or on renewal of the Policy with same benefits, you are diagnosed with one of the Major Conditions in that same cover, we will pay out the remaining 75% of the Sum Insured to you.
3. With the Heart and Cancer Protect, you can raise multiple claims under each cover until the total payout for that cover is exhausted.
4. In any case, the total payout in the policy cannot exceed 100% of the Sum Insured.

D) Second Medical Opinion / Tele-Consult



We will arrange and pay for a second opinion through our empaneled network providers. This is on the condition that you suffer one of the insured conditions during the Policy Period, and decide to avail this benefit. The medical specialist will directly send you the e-opinion. Please note that this benefit can be claimed only once in a policy year.

The Second Opinion shall not be construed as medical advice. Second Opinion should not 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. Second Opinion from a Medical professional on our panel shall be that person’s independent assessment of information that you share. We do not warrant the accuracy or completeness of the information, materials, services or the reliability of any Second Opinion. We and our affiliates, subsidiaries, employees, officers, directors and agents, expressly disclaim any liability for or arising out of any deficiency in the Second Opinion obtained by you.

E) Health Checkups Every 2 Years

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The Insured Person/s above 18 years of age is/are entitled to a health check-up on cashless basis for the list of investigations given below at a Network provider specified by the Company after a block of every 2 claim free Policy years with Us. This is available for the Insured Person/s who was insured with Us for the above specified period and continue to be insured in the subsequent Policy Year.

If the Health checkup reports are abnormal and the Insured Person/s succeeds to bring it to normal, he/she can earn Wellness Rewards as mentioned under Section 2(F) 'Health 360°-Table 1 'Wellness Reward'.

Sum Insured	List of Investigation
1 Lac to 1 Crore	Complete blood Count, Fasting Blood Sugar, S. Cholesterol, S. Creatinine, ECG

F) Health 360°

The Company covers below listed benefits to ensure the Insured person/s Health & Wellness under this Policy by offering services & incentivizing rewards as mentioned below

A. Delight Healthcare

The Insured Person/s can avail discounts on outpatient consultation, pharmaceuticals and Diagnostic tests through our empaneled Network Providers. The list of such Network Providers will be updated from time to time and can be obtained from Our website, mobile application or by calling Our call centre. We will assist in scheduling appointments for consultation and diagnostic tests at a time convenient to the Insured Person. Alternatively the Insured Person may also schedule his/her own appointment themselves by contacting the Network Provider or through the mobile application. The Insured Person/s can avail these facilities as many number of times as wishes to avail.

In all cases the medical professional suggested by the Company shall act in a medical or legal capacity on behalf of You only. The Company assumes no responsibility for any medical advice given by the medical professional. You shall not have any recourse to the Company by reason of its suggestion of a medical professional or due to any legal or other determination resulting therefrom.

The services are on arrangement basis and utilizing these services from the Company's empaneled network provider would be at the discretion of the Insured member. You are responsible for the cost of services arranged by the Company on behalf of You or a covered Immediate Family member.

1. OPD consultation-

The Company arranges family physician as well as specialist consultations at discounted rates from the Network Providers. The Insured Person/s can also store the prescription letters and bills in the electronic health portal system.

2. Diagnostic services-

The Company arranges diagnostic facilities at discounted rates from the Network Providers. The insured person can avail this facility as many number of times as the person wishes to avail. The insured person can also store these medical test reports and bills in the electronic Health portal system.

3. Pharmacies

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If the Insured Person/s wants to obtain medicines and consumables prescribed by a Medical practitioners, he/she can avail home delivery facilities through our web portal or mobile application. These medicines and consumables are available at discounted rates subject to a valid prescription.

B. Concierge Healthcare-



The Company offers integrated healthcare services inculcating the advancement in technology and with a member centric approach. The Insured Person/s is provided individual access to our health portal which will be available at Company's website and Mobile application where he/she can perform various healthcare activities.

1. Health Risk Assessment (HRA)

Step 1 - Health questionnaire-

Once the Profile of the Insured Persons is created on the Health Portal or Mobile application, this questionnaire will be available for doing own Health Risk assessment. We will aid the Insured Person/s to complete the questionnaire whenever required.

Step 2- Electronic Health records-

Insured Person/s can store the medical tests reports, prescriptions and other consultation papers in the personalized portal and which gets digitalized to help create a complete health profile of the Insured person/s. These medical test reports along with HRA as specified above, will provide a health score to depict the health status of the Insured Person/s.

The Health score will be driven basis the information provided in areas of Medical history, stress, diet and lifestyle which ranges from 1 to 100 enabling us to identify the need of Step 3 as mentioned hereunder.

Step 3 -Health Screening-

If the health scores depicts healthy status, there will be no trigger for medical screening. But if the score depicts unhealthy status, medical screening is advised to the Insured Person/s which he will have to get it done at his own cost or focus on 'Target Risk Assessment' post identification of the risk factor for improving his/hers overall well-being.

"Targeted Risk Assessment", which basically takes a deep dive in the identified risk areas to establish the focus points in that particular risk area. This is based on the Health screening done subsequently after the HRA. It's a specific tracking if the client suffers from any of the Non Communicable Diseases like Diabetes, Blood Pressure, Thyroid or any other diseases which in turn call for a Health coach who will prompt for the next steps which is a 'Targeted Risk Assessment.

Step 4- Disease management program-

The Insured Person/s also gets further triggers for disease management program as specified hereunder pertaining to the current health status if required.

2. Disease Management Program-

Those who get detected or get assessed as high risk in the health risk assessment or are already suffering from chronic diseases, the Company offers variety of disease management programs. This service aims to help the

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Insured Person/s cope with their disease and to show them ways of dealing with them in everyday life. The Disease management Program aim to improve the Insured Person/s quality of life.

Following are the names of Disease Management programs.

- Asthma Management
- Pre-Diabetes / Diabetes Management
- Hypertension
- Heart Related Management
- Maternity Management
- Tropical Disease Management

Based on the Disease Management Program identified, we will assign a Health Coach for online Diet consultation & tracking mechanism, indulging the Insured Person/s into physical activities, encouraging for meditation & breathing techniques at home or online counselling through our health portal/mobile application.

Health coach-

The Insured Person/s will be assigned a dedicated health coach who will take care of the complete wellbeing of the Insured person. This service will offer immediate and complete assistance to the person looking after his/her day-to- day health care. Post the complete profile building of the Insured Person/s done on online portal, health coach will interact with the Insured Person/s as per health requirements.

3. Dedicated Health Professional

The Company offers 24/7 live Health Chat via online Health portal and telephonic call service to discuss health and other various lifestyle related issues from expert panel of empaneled doctors and health professionals. The below services may be availed anytime during the policy period and there are no restrictions on the number of times the facility can be utilized.

- Ask Doctor – for basic health related conditions and medications
- Ask Nutritionist – for diet and nutrition considerations depending on lifestyle
- Ask Counselor – confidential counseling by professionals, crisis intervention etc.

4. Wellness Rewards :

The Company has kept a provision to Earn & Burn Rewards individually by way of 'Wellness Reward Program'. The Rewards can be earned by performing various activities as listed below 'Table 1. Wellness Reward' upto the maximum limits as specified under every category during every continuous Policy year and Burn it whenever required without any waiting period against array of our facilities provided as mentioned hereunder which would help you to improve your overall Health status whilst using the Rewards earned by you as follow.

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- a. The earning of Wellness Rewards shall be considered upto the maximum limits as specified under every category or sum of all Rewards earned by you maximum upto 10% of premium paid in the current Policy Period whichever less.
- b. We will specify the Wellness Rewards-Earn & Burn categories as well as Earned but non-utilized Rewards in the Policy Schedule. The details of Wellness Reward also would be available at our Health portal or Mobile application using personalized security access.
- c. All Rewards earned under this Section of the Policy are valid upto four Policy years of renewal of this Policy including the Grace Period applicable to the preceding Policy and would not be carried forwarded thereafter. However, in case the policy gets lapsed or ceased, the earned rewards can be utilized for maximum up to 3 months of the policy expiry date.
- d. Each Reward earned by the Insured Person will be equivalent to 0.50 INR.
- e. The Wellness Reward can be Earned in the following ways as mentioned under Table 1. Wellness Reward: Earn.

Table 1 Wellness Reward: Earn

Sr. No.	Activities for Earning Wellness Rewards		Rewards/ unit earned by Individual	Max Rewards earned by Individual Per Policy Year	
I	Solution to Sedentary Lifestyle	HRA outcome without any adverse report	Cover 2.5 to 3.5 lakhs steps in a month	100/month	500
		HRA Outcome of having Large waist size (> 40 inches)	Cover minimum 2 lakhs steps in a month	100/month	500
			Cover above 2 lakh steps in a month	150/month	1000
		Blood pressure for a known case of Hypertension	Blood Pressure is below or equal to - SBP:120-140 mm/Hg DBP: 80-90 mm/Hg SBP- Systolic Blood Pressure; DBP – Diastolic Blood Pressure	150/month	500
		Blood sugar levels for a known case of Diabetes	HBA1C within normal limits ≤ 5.6	150/quarterly	500
		Lipid profile Level for a known case of Dyslipidemia	Lipid level are normal within range as applicable to the Laboratory	150/quarterly	500

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		Body Mass Index (BMI) for a known case of High BMI Insured Person /s >=30 optimum BMI	BMI between 31 to 35 and reduce your BMI to the Optimum range	100/quarterly	200
			BMI between 35 to 39 and reduce your BMI to the optimum range	150/quarterly	300
			BMI between 40 to 42 and reduce your BMI to the optimum range	250/quarterly	500
II	Get active Rewards: Participate in professional sport events like Marathon/Cyclothon/Swimathon and Earn the Rewards by providing medal/trophies/BIB number (as applicable) from the respective facility provider.			100 /event	500
III	Online Screening: On completion of HRA on Health Portal/Mobile application within a month from Policy Inception Date			200	200
IV	Prophylactic Screening	The Insured person (s) can earn wellness reward by undergoing the below listed medical tests at his own cost, irrespective of the results of screen tests performed.			
		Heart Related Monitoring	a. ECG	50/quarterly	100
			b. 2D echo/ TMT	100/ quarterly	200
		Blood Sugar Monitoring	a. FBS & PPBS	50/ quarterly	100
			b. HbA1C	75/ quarterly	200
		Thyroid/Lipid Monitoring	a. TFT (Thyroid Function Test)	100/ quarterly	200
			b. Lipid Profile	100/ quarterly	200
		Tests for Female Insured Person	a. PAP Smear	200/ quarterly	300
			b. USG Abdomen & Pelvis	150/ quarterly	300
			c. Mammogram	250/ quarterly	500
Test For Male	a. Prostate Specific Antigen (PSA)	150/ quarterly	300		
	b. Any other test as suggested in Health Screening by Us.	150/ quarterly	300		
V	Family Rewards	Fit Kid (Age: 5-18 years): It is an additional criteria of earning	a. School level	20/sport	50

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	Reward available for a child participating in the Sports at multiple levels. Can be availed by providing Sports Certificate provided by the School/State/National Sports authorities.	b. State level	50/sport	100
		c. National level	100/sport	200

- f. The Insured Person can Burn these accumulated Rewards without any Waiting period against categories as mentioned in Table 2 Wellness Reward: Burn.

Table 2 Wellness Reward: Burn

Sr. No	Categories to Burn the Rewards
a.	The Insured Person (s) may redeem the reward points (as available) while paying the applicable discounted rates to the Network Provider for the facilities as mentioned under 'Health 360°: Delight Healthcare'.
b.	Dental Care except cosmetic treatment
c.	Cost of Vaccinations
d.	Cost of Spectacle Lenses
e.	Laser surgery for correction of refractory errors
f.	You can also redeem your Rewards against Claim of yours/your Family member/s who are insured with Us under any retail Health Indemnity product against any Non admissible expenses.
g.	Discount on premium while renewing your Policy. For more details, please refer clause Health 360° (B) (4)(a).

G) Critical Illnesses Related to HIV/AIDS:

Any insured condition or critical illness resulting due to HIV infection and / or AIDS is payable under the policy subject to following conditions:

- i) The payout will be limited to 10% of the Sum Insured for a Policy year up to 100% of the Sum Insured in a lifetime for a Critical illness related to HIV/AIDS as specified in the Table, *Part C: "Related" Conditions not Covered by Continuation Feature'*
- ii) 24-months waiting period shall apply between the occurrences of the Insured condition i.e. between the first and second insured condition, or between the second and third Insured condition and so on Related to HIV/ AIDS until 100% of the Sum Insured fully exhausted in a lifetime.
- iii) 48-months Waiting Period shall apply for the Insured condition Related to HIV / AIDS and its complications, from policy commencement date.

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- iv) In case of occurrence of the Insured condition which is not related to HIV/ AIDS, the claim shall be payable up to the Sum Insured as specified in the Policy Schedule less the amount paid during a Policy year.
- v) Total payout in a policy year cannot exceed 100% of the Sum Insured.
- vi) 'Maximum 3 no. of claims in a lifetime' as mentioned under Section 2.B. **Continuation for Second and Third Events (for Plan A)** is not applicable for a valid claim related to HIV/AIDS.

The diagnosis of HIV/AIDS must be supported by evidence of the following conditions and confirmed by a specialist medical practitioner.

1. enzyme-linked immunosorbent assay (ELISA) testing is repeatedly ELISA reactive Or
2. Western blot testing is reactive

Sr. No.	Category	Critical illnesses resulting from complications of HIV/AIDS
1	HIV/AIDS	<ul style="list-style-type: none"> j) Tumors k) Encephalitis l) SLE m) Chronic constrictive pericarditis n) Cancer o) Pulmonary Hypertension p) Pulmonary renal syndrome q) Organ Transplant r) Related conditions as specified in the Table Part C with coverage of <u>"Related" Conditions</u> under 'Lung', 'Liver', & 'Kidney' <p>The Policy shall be ordinarily renewable for the critical illnesses mentioned above</p>

Optional Cover(s)

The Optional Covers as stated below shall be available only if the same is specifically mentioned in the Policy Schedule and available on payment of additional premium as applicable.

a) Loan Protector Cover

After the first diagnosis of one of the conditions in the Benefit Schedule, we will pay once during the Policy period, the lower of either:

- i. the Equated Monthly Installment (EMI) of a loan obtained through a Financial Institution/Bank, for 12 months; or
- ii. the lump sum amount as specified in the Policy Schedule (3 percentage of Sum Insured amount) and
- iii. after the commencement of the Insured Event till the Principal Outstanding loan amount or expiry of Policy Period, whichever is earlier/lower.



This is subject to submission of sanction letter, repayment track record, and bank account statement reflecting EMI or Loan account statement.

b) Option to Waive 30-Day Survival Period

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If you specify that you would like to opt this cover for *waiving* the Survival Period from the date of diagnosis, we will apply an additional pricing to the premium payable. If you opt for this Optional feature, and you submit a duly filled claim form along with specified documents, a claim can be valid and payable without completion of the Survival Period.

Section 3: General Exclusions – When We Will Not Pay



We will not pay you for any claim 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.

Part A: Medical Exclusions

- i. **Substance abuse and de-addiction programs:** Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances, intoxicating drugs and alcohol, smoking cessation programs, the treatment of nicotine addiction, substance abuse treatment or services, or supplies.
- ii. **Certain types of treatment, defined illnesses / conditions / supplies as otherwise specified in the Policy:**
 - o Congenital external diseases, defects or anomalies
 - o Treatment arising from pregnancy (including voluntary termination), miscarriage, maternity or birth (including caesarean section)
- iii. **Time bound exclusion(s)** applied by us and specified in the Policy Schedule and accepted by you, as per the board approved underwriting policy of the Company
 - o Any insured condition or critical illness diagnosed **within the first 90 days of the date of commencement of the Policy** is excluded. This exclusion will not apply to you if your coverage has been renewed, without a break, for subsequent years.
 - o Any insured condition or critical illness for which care, treatment, or advice was recommended by or received from a Physician, or which diagnosed **before the start of the Policy Period**, or for which a claim has or could have been made under any earlier policy
 - o 48-months Waiting Period for Pre-Existing Conditions declared and/or accepted at the time of application, from policy commencement date. Pre-Existing Conditions or diseases (as defined in Section 1), and any complications arising from the same, will be covered after a 48 month waiting period. This means that 48 months of continuous coverage must elapse, from the start of your first policy with us.
 - o 48- months Waiting Period for Insured conditions Related to HIV/AIDS, shall apply from the policy commencement date.
 - o Survival Period: A claim for an insured condition becomes valid and payable if you survive for 30 days after the insured condition. For an additional price on the premium payable, we will waive this 30-day survival period.
 - o 24-months waiting period shall apply between the occurrences of the Insured condition i.e. between the first and second insured condition, or between the second and third Insured condition and so on.
- iv. Medical procedure or treatment, which is not medically necessary or not performed by a medical practitioner as specified under each insured condition.
- v. Treatment by a family member, self-medication or experimental or unproven treatment.

Part B: Non-Medical Exclusions

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- i. Natural peril, storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, natural hazard
- ii. **War:** 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.
- iii. **Breach of law:** You commit or attempt to commit a breach of law with criminal intent, intentional self-injury, attempted suicide while sane or insane, or the use or misuse of intoxicating drugs and/or alcohol unless prescribed / used as part of the treatment.
- iv. **Dangerous acts (including sports):** You are participating or involved 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.

Section 4: Terms and Conditions

Part A: **Do I have to undergo Pre Policy Health Check-up?**

The Company may require Individuals to undergo Pre Policy health check-up based on the Sum Insured and/or age bands and/or an adverse medical history revealed in the Proposal form at our paneled Network providers as available on our website. The result of these tests will be valid for a period of 3 months from the date of tests performed.



The Company reserves its right to require any individual to undergo such medical tests or any further additional tests, as per the board approved underwriting policy of the Company, to determine the acceptance of a Proposal. If the proposal is accepted we shall refund 50% of the health check-up cost (on our pre agreed rates with the network provider).

Part B: **When will this Insurance Coverage Start?**

The insurance coverage under this policy, subject to the terms and conditions of this policy, begins on the effective date, subject to the following:



- The information provided by you in the application for insurance remains true and complete on the effective date, and at the time that you accept delivery of this policy;
- We have completed reviewing and assessing your evidence of insurability; and
- You pay the first premium when due

Part C: **When will this Insurance Coverage End?**

The insurance coverage under this policy ends on the earliest of the following dates:



- On death of the Insured person;
- The effective date of your request to cancel this policy. Refer to the section below entitled “Cancellation of the policy by you”;
- The effective date of cancellation by us. Refer to the section below entitled “Cancellation of the policy by us”;
- The end of the grace period if the premium remains unpaid. Refer to the passage in Section 4, Part G below, entitled “Grace period”; or end of ‘Revival period’ as specified under ‘Part E’ of Section 4.
- The expiration date as set out in the Policy Schedule.

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Cancellation of the policy by you:

- Voluntary Termination:** You may terminate this policy at any time by giving us written notice. If you deliver written notice to us, your cover under this policy shall be withdrawn from the date of receipt of notice. If no claim has been made/lodged/paid under the policy, then we will refund the premium in accordance with the table below.

One time premium paid			
Cancellation period	1 Year Policy	2 Year Policy	3 Year Policy
Up to 1 Month	75.00%	87.50%	87.50%
Up to 3 Months	50.00%	75.00%	75.00%
Up to 6 Months	25.00%	62.50%	70.00%
Up to 9 Months	NIL	50.00%	60.00%
Up to 12 Months	NIL	42.00%	55.00%
Up to 15 Months	NIL	25.00%	50.00%
Up to 18 Months	NIL	12.50%	40.00%
Up to 24 Months	NIL	NIL	25.00%
Up to 30 Months	NIL	NIL	15.00%
Up to 36 Months	NIL	NIL	NIL

Installment Premium									
Cancellation period	1 Year Policy			2 Year Policy			3 Year Policy		
	Mont hly	Quarte rly	Half-Yearly	Mont hly	Quarte rly	Half-Yearly	Mont hly	Quarte rly	Half-Yearly
Up to 1 Month	NIL	NIL	20%	NIL	NIL	25%	NIL	10%	35%
Up to 3 Months	NIL	NIL	NIL	NIL	NIL	25%	NIL	10%	30%
Up to 6 Months	NIL	NIL	NIL	10%	10%	10%	20%	20%	25%
Up to 9 Months	NIL	NIL	NIL	20%	25%	30%	30%	30%	45%
Up to 12 Months	NIL	NIL	NIL	35%	40%	40%	35%	35%	40%
Up to 15 Months	NIL	NIL	NIL	NIL	NIL	NIL	30%	30%	30%
Up to 18 Months	NIL	NIL	NIL	NIL	NIL	NIL	30%	30%	30%
Up to 24 Months	NIL	NIL	NIL	NIL	NIL	NIL	20%	20%	20%
Up to 30 Months	NIL	NIL	NIL	NIL	NIL	NIL	10%	10%	10%
Up to 36 Months	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL

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- **Incorrect or Unintentional Cancellation:** You agree to and shall hold us harmless against any and all claims, costs and expenses that may result because of the incorrect or unintentional cancellation of this insurance in relation to you.

Cancellation of the policy by us: We shall terminate this policy for the reasons specified in Section 4, Part E (Non-Disclosure or Misrepresentation of Information) and Section 4, Part F (Dishonest or Fraudulent Claims).



- Such termination of the policy shall be ab-initio from the inception date or the renewal date (at the date and hour specified in such notice), upon 15 days' notice, by sending either physically or electronically, on the email/address made available to the Us shall be sufficient proof of the service of the notice and this policy shall be deemed cancelled as to all Insureds without refunding the premium amount.
- In the event, the Regulatory mandate(s) for the time being in force, prescribe(s) such conditions for cancellation, which are different from the conditions mentioned in this policy, the conditions provided under such regulatory mandate(s) shall prevail over the conditions of this Policy

The Company may, in the event of non-cooperation of the Insured cancel this Policy, by giving 15 days' notice, by sending an endorsement to your address shown in the Policy Schedule or last known address in which case the Company shall be liable to repay a rateable proportion of the premium for the unexpired term from the date of the cancellation subject to there being no claim made/ reported under the Policy.

Part D: **Who is Covered under this Policy?**

- No person other than you, the person named as an Insured Person, shall be covered under this Policy.

Can I add/delete the Policyholder / Insured Person?

- You can add the Policyholder only at the time of renewal.
- The new policyholder must be a member of your immediate family. Such change would be subject to our acceptance and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break. The Policyholder may be changed in case of his/her demise, or him/her moving out of India during the Policy Period.
- An eligible person (newly-wed spouse & a child on completion of 5 years of age) may be added during the Policy Period after his/her application has been accepted by us and additional premium has been received. Insurance cover for this person shall only begin once we have issued an endorsement confirming the addition of such person as an Insured Person.
- If the Insured person dies, he/she will cease to be an Insured person upon us, on 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.

Part E: **General Conditions**

a) **Free Look Period of 15 days:**

A period of 15 days from the date of receipt of the Policy document is available to review the Terms and Conditions of this Policy. You have the option of cancelling the Policy by stating the reasons for cancellation in writing. If there are no Claims reported (paid/outstanding) under the Policy, we shall refund the Premium paid by you after deducting the amount spent on any pre-policy Health check-ups, stamp duty charges and proportionate risk premium for the period on cover. All rights under this Policy shall



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immediately stand extinguished on the free look cancellation of the Policy. The Free Look Period as provided in this Section shall not be available on the Renewal of this Policy or on Portability from any other Insurer.

b) Portability:

If You are insured continuously and without interruption under any other similar Critical Illness policy issued by General and/ or Standalone Health Insurers of India individual insurance policy and you want to shift to us on renewal, the Company will consider such requests on proper evaluation allowed in terms of the Portability Guidelines issued by IRDAI.

c) Withdrawal of Product:

In case the product is found to be financially unviable or is deficient in any manner, the Company shall, in terms of IRDAI (Health Insurance) Regulations 2016, have the option to withdraw this product from the market subject to prior approval of such withdrawal from the Regulatory Authority. Any withdrawal of the product would be duly intimated to existing customers, who on expiry of the existing Policy, will have an option to obtain Renewal under similar product/s available with Us. The Company shall allow the benefit of Portability in all such cases.

d) Arbitration

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 by the parties thereto or if they cannot agree upon a single arbitrator 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 each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no dispute or difference shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

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 arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

e) Notice

Every notice and communication to the Company required by this Policy shall be in writing, within specified time and be addressed to the nearest office of the Company.

f) Policy Disputes

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein shall be filed before any competent court of jurisdiction in India. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

g) Disclaimer

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

h) Due Observance of Terms and Conditions:

1. Fulfillment of the terms and conditions of this policy, as far as they relate to anything that you must do or comply with, are precedent conditions to our liability. That includes payment of premium by the due dates mentioned in the policy schedule.
2. The premium will remain the same for the policy period mentioned in the policy schedule.
3. The policy will be issued for 1, 2 and 3 year(s) based on the Policy Period selected and mentioned on the Policy Schedule. The Sum Insured & benefits will be applicable on a Policy Year basis.
4. The policy shall cover the Insured condition/critical illnesses diagnosis within India and all the benefits under the policy shall be payable in Indian rupees only. In case of the Critical illness diagnosed outside India, the Policy shall cover it unless reaffirmed by the specialist Medical Practitioner. The cost of the medical checkup supporting the Critical illness diagnosis outside India shall be initiated and paid by the Company.

5. Entry Age:

	Adult	Children
Minimum Age at Entry	18 Years	5 years
Maximum Age at Entry	65 Years	25 Years

Children above 5 years up to 18 years can be insured provided either of the parents are insured under the Policy

i) Non-Disclosure or Misrepresentation of Information / Incontestability:

- If at the time of policy issuance or during continuation of the policy, **the information given to us** in the proposal form or otherwise (by you or anyone acting on your behalf) **is found to be incorrect, incomplete, suppressed or not disclosed** (willfully or otherwise), the policy will be:



- Cancelled ab-initio from inception date or the renewal date (as the case may be), upon 15 day notice by sending Policy termination letter to your address showed in the schedule without refunding the premium amount; and
- The claim under such Policy (if any) will be rejected / repudiated forthwith.

j) Material Change:

- You must disclose material information, which includes every matter that you are aware of that relates to questions in the proposal form and which is relevant to us in order to accept the risk of insurance (and if so, on what terms).
- You must exercise the same duty to disclose those matters to us before the renewal, variation, or endorsement of the policy.
- The Company may adjust the scope of cover and/or the premium paid or payable as per the board approved underwriting policy of the Company.

k) Endorsements:

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- This Policy constitutes the complete contract of insurance, and it cannot be changed by anyone (including an insurance agent or broker) except us. Any change we make will be evidenced by a written endorsement signed and stamped by us.

l) **No Constructive Notice:**

- Any knowledge or information of any circumstance or condition in relation to you, which is in our possession and not specifically informed by you, shall not be held to bind or prejudicially affect us notwithstanding subsequent acceptance of any premium.

m) **Records to be maintained:**

- You shall keep an accurate record containing all relevant medical documents including a variety of types of "notes" entered over time by Medical Practitioner, recording observations and administration of drugs and therapies, Investigation reports relevant to the Insured Condition in respect of which a Claim has been made under this policy.
- You shall allow us or our representative(s) to inspect such records. Such information shall be furnished to us as may be required by us under this policy at any time during the Policy Period and up to three years after the policy expiration, or until final adjustment (if any) and resolution of all Claims under this policy.

n) **Installment Payment Options:**

We agree to accept payment of premium by installments, with the premium paid in either Monthly, Quarterly or Half Yearly installments (as indicated in the following table) – this is subject to selection of installment frequency before inception of the policy and opting ECS/SI payment mode. The total premium applicable for a yearly or long term policy tenure shall be collected by us not later than first year of the policy.

Please review the installment payment terms on the right, which apply to standard premiums.

Installment Frequency	% of Annual Premium
Half Yearly	51%
Quarterly	26%
Monthly	8.75%

In the event of non-payment of any installment on its due date, this policy will cease to operate from the time and date of default in payment. In which case, we will have no liability for any claim occurring after that, and we will not refund any premium under the policy.

The policy can be revived within the Revival period of 15 days by payment of the Installment due amount. During this Revival Period, we will not be liable for any Claims which are incurred between the due date of instalment and the date and time that you revive the Policy.

In addition, in the event of claim on this Policy, all subsequent installments applicable to you will immediately become due and payable. We may collect the remaining premium installment amount which are unpaid from the payable claim amount in order to ensure seamless processing of the claim and in case the claim amount is less than the balance premium installment, no claim will be payable till the balance premium installment is recovered.

Revival period is a time immediately following the installment premium due date during which a payment can be made to 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 installment premium is received.


o) **Sub-standard Risk:**

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- Proposals where the Health status is adverse, as revealed in the proposal form or as evidenced in the pre policy check-up may be accepted as per the board approved underwriting policy of the Company
- 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.

p) Discount Parameters:

The following discounts on the premium available based on the declarations made in proposal form, health status of the insured person(s) and coverage sought.

1. Family Discount: A Family discount of 10% will be given if 2 or more family members are covered. It is available to each member under the policy insured at start date of the Policy. Family members can include: Spouse, Children, Parents & In-laws, Siblings, Son/Daughter-in-law, Grandchildren, and Grandparents. 
2. Long Term Policy Discount: A discount of 7.5% and 10% will be given on selection of 2 year or 3 year tenure policies respectively
3. Employee Discount: 10% discount will be given if you are an employee of the Company at start date of the Policy. This discount is applicable to your family members insured in the same policy.
4. Direct Policy Purchase Discount- 10% discount will be given if you are purchasing this Policy as a New or Renewal Policy through Our Website. Either of Employee/Direct Discount shall be applied.

q) Assignment :

You can assign this policy under intimation to Us. Assignment of a policy shall be in accordance with Section 38 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Ordinance dated 26.12.2014. The extant provisions in this regard are as follows:

1. This policy may be assigned, wholly or in part, with or without consideration.
2. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
4. The assignment must be signed by the assignor or duly authorized agent and attested by at least one witness and should be delivered to Insurer along with the applicable fee.
5. Upon receipt of request, the insurer may accept or decline to act upon any assignment or endorsement, if it has sufficient reasons to believe that it is
 - a. not bonafide or
 - b. not in the interest of the policyholder or
 - c. not in public interest or
 - d. is for the purpose of trading of the insurance policy.

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6. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.
7. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
8. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
9. Every assignment shall be deemed to be absolute assignment and the assignee shall be deemed to be absolute assignee, except
 - a. where assignment is subject to terms and conditions of assignment OR
 - b. where the assignment is made upon condition that
 - i. the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee dying before the insured OR
 - ii. the insured surviving the term of the policy Such conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.
- r) **Communication and Notice:**
 - Any communication or notice or instruction under this Policy shall be in writing and will be sent to:
 - a) Your address as specified in Policy Schedule;
 - b) To us, at the address specified in the Policy Schedule;
 - c) No Insurance agents, brokers, other person or entity is authorized to receive any notice on behalf of us unless explicitly stated in writing by us;
 - d) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

iii) Conditions when a claim arises

Part F: *How do I Make a Claim? What are the Terms for Claim Payment?*

- a) **Summary of Claim Procedure:**
 - You, or someone claiming on your behalf, must inform us in writing immediately within 48 hours of diagnosis of any of the listed insured conditions / critical illnesses. See “**How Do I Notify You of a Claim?**” below.
 - You must immediately consult a Doctor / Medical Practitioner and follow the advice and treatment that he/she recommends.
 - You or someone claiming on your behalf must promptly, within 30 days of diagnosis of any of the listed insured conditions (or discharge from the hospital, if admitted), give us the following documents specified in “**Supporting Documentation**” below.
 - You must have yourself examined by our medical advisors, if we ask of this, and as often as we consider this to be necessary (at our cost). See “**Examination**” below.
- b) **How Do I Notify You of a Claim?**
 - You must immediately inform us of any event or occurrence that may give rise to a claim under this Policy within 30 days of the diagnosis of the first occurrence of the insured condition.

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- You can intimate us through letter, email, fax or telephone. The details of it have been given on the Health Card provided to you.
- Please include the details below:
 - Policy Number / Health Card Number
 - Your name (i.e. the Insured person availing treatment)
 - Details of the insured condition / critical illness (see **Supporting Documentation**, below) and any other relevant information

c) **Supporting Documentation:**

- You, or someone acting on your behalf, must provide us with all documentation, information and medical records. We may request to establish the circumstances of the claim, its quantum or our liability for the claim within 45 days of completion of survival period (if applicable) for the insured condition against which the claim is made. In the event of any request by us for specific information, you must submit the same within 15 days of our request.
- In case you are covered under multiple policies which provide fixed benefits, on the occurrence of the insured condition, we shall make the claim payments as per terms and conditions of this policy, independent of payments received by you under other similar policies.
- We may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond your control. Such documentation are as following:
 - Our claim form duly completed and signed by / on behalf of you
 - Original Discharge Summary / Discharge Certificate
 - Copy of Final Hospital Bill
 - A medical certificate confirming the diagnosis of critical illness from a specialist doctor as mentioned under each Critical illness.
 - Medical certificate for the duration of illness.
 - An Investigation reports / other related documents reflecting the critical illness diagnosis
 - First consultation letter and subsequent prescription
 - Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook
 - A precise diagnosis of the treatment for which a claim is made
 - Certificate from treating doctors regarding the duration & etiology (i.e. the cause, set of causes or manner of causation of the disease or condition)
 - KYC documents

Second Medical Opinion (Additional documents required)

- Request for seeking second Medical opinion
- All medical records and investigation reports done for the ailment

Loan Protection Cover (Additional documents required)

- Submission of sanction letter from the Financial Institute or Bank from where loan is applied
- Repayment track record from the Financial Institute or Bank
- Bank account statement reflecting EMI for the loan
- Loan account statement

d) **Examination:**

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- You will have to undergo medical examination by our authorized Medical Practitioner, as and when we may reasonably require, to obtain an independent opinion for the purpose of processing any claim. We will bear the cost towards performing such a medical examination of you (at the specified location).
- e) **Payment of Claims:**
 - You agree that we only need to make payment when you or someone claiming on your behalf has provided us with necessary documentation and information.
 - We will make payment to you or your Nominee or Assignee. If there is no nominee or assignee and you are incapacitated or deceased, we will pay your heir, executor or validly appointed legal representative and any payment we make in this way will be a complete and final discharge of our liability to make payment.
 - All claims will be processed in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2017. 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 you. In the case of delay in the payment of a claim, We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. 'bank rate' means 'Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due'
 - However, where the circumstances of a claim warrants an investigation in the Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary documents. In such cases, We shall settle/reject the claim within 45 days from the date of receipt of last necessary documents. In case of delay beyond stipulated 45 days, We shall be liable to pay interest at a rate 2% above bank rate from the date of receipt of last necessary document to the date of payment of claim.
 - If we, for any reasons, decide to reject the claim under the policy, the reasons regarding the rejection shall be communicated to you in writing within 30 days of the receipt of complete set of documents, in accordance with the provisions of 'Protection of Policyholders' Interest Regulations, 2017'. You may take recourse to the Grievance Redressal procedure stated in Section 5.
- f) **Currency of Payment:**
 - All claims shall be payable in India and in Indian Rupees only.
- g) **Dishonest or Fraudulent Claims:**
 - 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 anyone acting on your behalf), then this policy will be:
 - Cancelled ab-initio from inception date or the renewal date (as the case may be), or modified by us, as per the board approved underwriting policy of the Company, upon 30 day notice by sending an endorsement to your address show in the schedule without refunding the premium amount; and
 - All benefits payable, if any, under such policy shall be forfeited with respect to such claim

iv) Conditions for renewal of the contract

Part G: **Can I Renew this Policy after the Policy Period?**

Renewal Terms:

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1. This Policy is ordinarily renewable unless you or anyone acting on your behalf 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.
2. We are not under any obligation to:
 - a. Send renewal notice or reminders.
 - b. Renew your expiring policy on the same terms or premium.
3. 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.
4. 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 insured condition or critical illness diagnosed, or any claim incurred, during this break-in period will not be payable under this policy.
5. **Sum Insured Enhancement:** Your Sum Insured can be enhanced only at the time of renewal subject to Company approval. 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 (or previous) sum insured.
6. We will not apply any additional loading on your policy premium at renewal based on claim experience.

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 at least 90 days in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the revisions or modifications affected, and the changes in premium, if any, 90 days prior to expiry of the policy.

Part H: **What if I have an Installment Premium Policy?**

Revival Period

- For instalment Premium Policies (paid monthly, quarterly or half-yearly), the Revival Period shall be immediate 15 days from the installment due date. We will not be liable for any Claims which are incurred from the due date of instalment till the date and time of revival of the Policy.

Section 5: Grievance Redressal Procedure

We assure you – our valued customer – the best customer service.

If you have any grievance (or service-related concern), please reach out to us in the following ways:

Step 1



- **Send us a letter at:** Liberty General Insurance Limited
10th Floor, Tower A, Peninsula Business Park, Lower Parel, Mumbai
- **Send a letter to your nearest Liberty General Insurance branch**
- **E-mail us at the following ID:** care@libertyinsurance.in
- **Phone our Call Center at this Toll Free number:** 1800-266-5844 (8:00 AM to 8:00 PM, 7 days of the week)

Please include **your Policy number** when communicating with us, to help us resolve the issue more quickly.

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Step 2



If our response or resolution does not meet your expectations, you can escalate at Manager@libertyinsurance.in

Step 3



If you are still not satisfied with the resolution provided, you can further escalate at Servicehead@libertyinsurance.in

An acknowledgement will be sent on receipt of your concern, we would then investigate the matter internally and respond with a suitable resolution. Please share your contact details to enable us to get in touch with you.

In case you are not satisfied with the decision or resolution provided by the company you may approach the Insurance Ombudsman for redressal. The details of Insurance Ombudsman offices are given below:

Office of the Ombudsman and Contact Details	Areas of Jurisdiction
<p>AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<p>BENGALURU – Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL – Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar,</p>	<p>Madhya Pradesh Chattisgarh.</p>

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Office of the Ombudsman and Contact Details	Areas of Jurisdiction
Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202. Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa
CHANDIGARH – Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI – Shri. M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 2323481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338	Kerala, Lakshadweep, Mahe-a part of Pondicherry.

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Office of the Ombudsman and Contact Details	Areas of Jurisdiction
Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	
GUWAHATI – Shri Kiriti. B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD – Shri L Suresh Babu 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@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR – Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II,	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur,

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Office of the Ombudsman and Contact Details	Areas of Jurisdiction
<p>Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p>	<p>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.</p>
<p>MUMBAI – Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960. Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P.-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p>	<p>Bihar, Jharkhand.</p>

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Office of the Ombudsman and Contact Details	Areas of Jurisdiction
<p>PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>

<p>EXECUTIVE COUNCIL OF INSURERS, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai – 400 054. Tel: 022 – 26106889 / 671 / 980. Fax: 022 – 26106949 Email: inscoun@ecoi.co.in Shri M.M.L. Verma, Secretary General Smt Moushumi Mukherji, Secretary</p>



For updated details of Insurance Ombudsman Offices you may visit Office of the Executive Council of Insurers website at <http://ecoi.co.in/ombudsman.html> or our website at <https://www.libertyinsurance.in/customer-support/grievance-redressal>

Critical Connect: Benefit Schedule

Critical Connect : Benefit Schedule	
General Details	
Age Group	Minimum Age at Entry - 18 Years (Adult) & 5 Years (Child)
	Maximum Age at Entry - 65 Years (Adult) & 25 Years (Child)
	Children above 5 years up to 18 years can be insured provided either of the parent is insured under the Policy
Minimum Sum Insured	1 lakh
Maximum Sum insured	1 crore
Renewal	Life Long

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Family discount	10% if two or more family members are covered on Individual Sum Insured basis		
Tenure	1/ 2/ 3 years		
Coverage's Description		Plan A	Plan B
		Sum Insured	Sum Insured
		1 lakh to 1 crore	1 lakh to 1 crore
CI Claim	Pays Lump Sum amount on diagnosis of a CI covered in the plan	The Plan has an option to choose from the bundle of 9 CIs, 25 CIs and 43 CIs.	<p>The Plan has an option to choose one or more from the following four covers</p> <ul style="list-style-type: none"> • Heart Protect • Cancer Protect • RenoLiv Protect • Brain Protect <p>The list of CIs covered in each group is as per the Benefit Schedule of each Plan</p>
Continuation for Second and Third Events	Continuation of the Policy for ' Unrelated CI's ' even after getting the full claim paid for one CI with a waiting period of 24 months	✓	×
Multiple Claims up to the Sum Assured	The Plan covers for multiple claims provided the claim is for CI in different buckets. However, for Heart and Cancer Protect, the claim can be made for minor and major CIs. Additionally, there is no waiting period between two claims	×	✓
Second Medical Opinion	Second Medical opinion may be obtained from our empaneled Network providers once during the policy year.	✓	✓
Health Check up	For Person aged 18 years and above. Health Checkup at every 2 continuous claim free Policy years.	✓	✓
Health 360°	Earn Rewards and Burn it against array of our facilities which would help you to improve your overall Health.	✓	✓

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Critical Illness related to HIV/AIDS	Any listed Insured condition/ Critical illness related to HIV/AIDS shall be payable in the policy with 10% of SI in a Policy year and up to 100% of Sum Insured over a lifetime.	✓	✓
Optional Cover(s)			
Loan Protector (Enhanced Payment for Debt)	In case the insured has debt, the Loan Protector can pay the EMI of the loan for 12 months, or 3% of SI (lump sum), whichever is lower	✓	✓
Waiver for 30-Day Survival period	The insured can get waiver from 30-Day Survival Period	✓	✓
Waiting Period(s)			
90 days	Applies at the start of the policy.	✓	✓
30 days	30 days of Survival Period after the diagnosis of CI	✓	✓
Pre- existing Diseases (PED)	4 Years	✓	✓
2 Years	2 Years between two claims	✓	×
HIV/AIDS	4 Years	✓	✓
	2 Years between two claims	✓	✓



Benefit Schedule for Plan A: Critical Illness Bundles

(Sum Insured amounts: 1 lac, 2, 3, 4, 5, 7.5, 10, 15, 20, 25, 30, 40, 50, or 75 lacs, 1 crore)

9 Cover	25 Cover	43 Cover
1. Cancer of Specified Severity	1. Alzheimer's Disease	1. Alzheimer's Disease
2. Kidney Failure Requiring Regular Dialysis	2. Benign Brain Tumor	2. Apallic Syndrome
3. Open Chest CABG	3. Cancer of Specified Severity	3. Aplastic Anemia
4. Major Organ / Bone Marrow Transplant	4. Coma of Specified Severity	4. Bacterial Meningitis
5. Multiple Sclerosis With Persisting Symptoms	5. Deafness	5. Benign Brain Tumor
6. Myocardial Infraction (First Heart Attack of Specified Severity)	6. End Stage Liver Failure	6. Blindness
7. Permanent Paralysis of Limbs	7. Kidney Failure Requiring Regular Dialysis	7. Brain Surgery
	8. Loss of Speech	8. Cancer of Specified Severity
	9. Major Organ / Bone Marrow Transplant	9. Cardiomyopathy
	10. Medullary Cystic Disease	10. Coma of Specified Severity
	11. Motor Neuron Disease with Permanent Symptoms	11. Creutzfeldt-Jakob Disease (CJD)
	12. Multiple Sclerosis with Persisting Symptoms	12. Deafness
	13. Muscular Dystrophy	13. Encephalitis
		14. End-Stage Liver Failure
		15. End-Stage Lung Failure
		16. Fulminant Viral Hepatitis
		17. Goodpasture's Syndrome
		18. Kidney Failure Requiring Regular Dialysis

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<p>8. Stroke Resulting In Permanent Symptoms</p> <p>9. Surgery to Aorta / Aorta Graft Surgery</p>	<p>14. Myocardial Infraction (First Heart Attack of Specified Severity)</p> <p>15. Open Chest CABG</p> <p>16. Open Heart Replacement or Repair of Heart Valves</p> <p>17. Parkinson's Disease</p> <p>18. Permanent Paralysis of Limbs</p> <p>19. Pneumonectomy</p> <p>20. Primary (Idiopathic) Pulmonary Hypertension</p> <p>21. Pulmonary Artery Graft Surgery</p> <p>22. Stroke Resulting In Permanent Symptoms</p> <p>23. Surgery to Aorta / Aorta Graft Surgery</p> <p>24. Systemic Lupus Erythematosus</p> <p>25. Third-Degree Burns (Major Burns)</p>	<p>19. Loss of Speech</p> <p>20. Loss of Limbs</p> <p>21. Major Head Trauma</p> <p>22. Major Organ / Bone Marrow Transplant</p> <p>23. Medullary Cystic Disease</p> <p>24. Motor Neuron Disease with Permanent Symptoms</p> <p>25. Multiple Sclerosis with Persisting Symptoms</p> <p>26. Multiple System Atrophy</p> <p>27. Muscular Dystrophy</p> <p>28. Myocardial Infarction (First Heart Attack of Specified Severity)</p> <p>29. Open Chest CABG / Coronary Artery Bypass Surgery</p> <p>30. Open Heart Replacement or Repair of Heart Valves</p> <p>31. Parkinson's Disease</p> <p>32. Permanent Paralysis of Limbs</p> <p>33. Pneumonectomy</p> <p>34. Primary (Idiopathic) Pulmonary Hypertension</p> <p>35. Progressive Supranuclear Palsy</p> <p>36. Progressive Scleroderma</p> <p>37. Pulmonary Artery Graft Surgery</p> <p>38. Pulmonary-Renal Syndrome</p> <p>39. Severe Rheumatoid Arthritis</p> <p>40. Stroke Resulting In Permanent Symptoms</p> <p>41. Surgery to Aorta / Aorta Graft Surgery</p> <p>42. Systemic Lupus Erythematosus</p> <p>43. Third-Degree Burns (Major Burns)</p>
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Benefit Schedule for Plan B: Disease-Specific Bundles

(Sum Insured amounts: 1 lac, 2, 3, 4, 5, 7.5, 10, 15, 20, 25, 30, 40, 50, or 75 lacs, 1 crore)

Heart Protect	Cancer Protect	RenoLiv Protect	Brain Protect
<p>Major Conditions:</p> <ol style="list-style-type: none"> 1. Cardiomyopathy 2. Heart Transplant 3. Open Chest CABG 	<p>Major Conditions:</p> <ol style="list-style-type: none"> 1. Cancer of Specified Severity 	<p>Major Conditions:</p> <ol style="list-style-type: none"> 1. End-Stage Liver failure 	<p>Major Conditions:</p> <ol style="list-style-type: none"> 1. Apallic Syndrome 2. Bacterial Meningitis 3. Benign Brain Tumor 4. Brain Surgery

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<p>4. Open Heart Replacement or Repair of Heart Valves</p> <p>5. Myocardial Infraction (First Heart Attack of Specified Severity)</p> <p>6. Primary (Idiopathic) Pulmonary Hypertension</p> <p>7. Pulmonary Artery Graft Surgery</p> <p>8. Surgery to Aorta / Aorta Graft Surgery</p>		<p>2. Kidney Failure Requiring Regular Dialysis</p> <p>3. Kidney Transplant</p> <p>4. Liver Transplant</p> <p>5. Medullary Cystic Disease</p> <p>6. Pulmonary-Renal Syndrome</p>	<p>5. Coma of Specified Severity</p> <p>6. Creutzfeldt-Jakob disease (CJD)</p> <p>7. Encephalitis</p> <p>8. Stroke Resulting In Permanent Symptoms</p> <p>9. Motor Neuron Disease With Permanent Symptoms</p> <p>10. Multiple Sclerosis With Persisting Symptoms</p> <p>11. Progressive Supranuclear Palsy</p> <p>12. Permanent Paralysis of Limbs</p>
<p>Minor Conditions:</p> <p>9. Angioplasty</p> <p>10. Balloon Valvotomy or Valvuloplasty</p> <p>11. Carotid Artery Surgery</p> <p>12. Implantable Cardioverter Defibrillator</p> <p>13. Implantation of Pacemaker of Heart</p> <p>14. Infective Endocarditis</p> <p>15. Minimally Invasive Surgery of Aorta</p> <p>16. Pericardiectomy</p> <p>17. Pulmonary Thromboembolism</p> <p>18. Surgery for Cardiac Arrhythmia</p> <p>19. Surgery to Place Ventricular Assist Devices or Total Artificial Hearts</p>	<p>Minor Conditions:</p> <p>2. Early-Stage Cancers</p> <p>3. Carcinoma in-Situ</p>		