NEW HEALTHWISE Policy

PREAMBLE
WHEREAS the Policyholder named in the Schedule has applied to HDFC ERGO General Insurance Company Limited (hereinafter called "the Company") for the insurance herein contained, the Company agrees subject to:

1. any proposal or other information supplied by or on behalf of the Insured Person:

1.1. disclosing all facts and circumstances known to the Insured Person that are material to the assessment of the risks insured hereby,
And
1.2. forming the basis of this insurance, and

2. the Insured having paid the premium on or before the due date thereof to grant such insurance to the Insured subject to the terms, conditions, provisions and exclusions set out in this Policy or as contained in any endorsement that may be issued.

Signed for and on behalf of the Company
HDFC ERGO General Insurance Company Limited
6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai 400 059. Toll Free No. 1800-2-700-700 Fax: 91 22 6638 3699 care@hdfcergo.com www.hdfcergo.com
Registered Office : Ramon House, H. T. Parekh Marg, 169, Backbay Reclamation, Mumbai 400 020

1 INSURANCE:
1.1 WHEREAS THE INSURED PERSON designated in the Schedule hereto has by a Proposal and declaration dated as stated in the Schedule which shall be the basis of this contract and is deemed to be incorporated herein applied to HDFC General Insurance Company Limited (hereinafter called the Company) for the insurance hereinafter set forth in respect of the INSURED PERSONS and has paid premium as consideration for such insurance.

1.2 NOW THIS POLICY WITNESSETH that subject to the terms, conditions, exclusions and definitions contained herein, or endorsed or otherwise expressed hereon, the Company undertakes that if during the period stated in the Schedule, or during the continuance of this policy by renewal, any INSURED PERSON shall contract any DISEASE or sustain any INJURY and if such DISEASE or INJURY shall require such INSURED PERSON, upon the advice of a duly qualified MEDICAL PRACTITIONER, to incur hospitalisation or DOMICILIARY HOSPITALISATION EXPENSES for medical/surgical treatment at any HOSPITAL / NURSING HOME in India as an inpatient, the Company will pay the amount of such expenses as would fall under different heads mentioned below, and as are reasonably and necessarily incurred thereof by or on behalf of such INSURED PERSON but not exceeding the Sum Insured for the INSURED PERSON in any one period of insurance as mentioned in the Schedule hereto.

SECTION I – HOSPITALISATION BENEFITS

a) Room, Boarding Expenses as provided by HOSPITAL/NURSING HOME subject to a limit of 1% of the Sum Insured per day or Rs 5,000 per day, whichever is less and for Intensive Care Unit 2% of the Sum Insured per day or Rs 10,000 per day, whichever is less;

b) Nursing Expenses;

c) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees subject to a limit of 40% of Sum Insured per claim;

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d) Anaesthesia, Blood, Oxygen, Operation theatre Charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-Ray, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker, Artificial Limbs and similar expenses.

e) Hospital Cash Allowance, a lump sum amount of 1% of the sum insured per claim, in case of continuous hospitalization for a period of 15 days, within the overall Sum Insured of the INSURED PERSON.

f) Ambulance charges in an emergency, subject to limit of 1% of Sum Insured per hospitalization or Rs 2000/- per claim, whichever is less, within the overall Sum Insured of the INSURED PERSON.

g) Reimbursement of expenses, subject to a maximum of Rs 750/- per insured person, towards Health Check up for the insured person, after 4 consecutive claims free years.

h) Hospitalization expenses of person donating an organ during the course of organ transplant will also be payable subject to the above sub limits applicable to the Insured Person within the overall Sum Insured of the Insured Person.

The above benefits are available only for Allopathic mode of treatments. The limit for an alternative mode of recognized treatment being Homoeopathy, Ayurvedic and similar such recognized treatments requiring hospitalisation, shall be restricted to 20% of ANY ONE YEAR LIMIT subject to a maximum of Rs. 25,000/- (Rupees Twenty Five Thousand Only).

The claim amount payable towards the treatment of following disease, illness, medical condition or injury is subject to a limit of:

Treatment	Limit per Claim
Cataract	7.5% of SI subject to max. Rs. 20,000
Piles, Fistula, Fissure, Tonsillitis, Sinusitis	10% of SI subject to max. Rs. 30,000
Benign Prostate Hypertrophy, Hernia	20% of the SI subject to max. Rs. 50,000
Knee/Hip Joint Replacement, All Types of Cancer, Renal Failure	50% of SI subject to max. Rs. 1.5 lakhs
Appendicitis, Gall Bladder, Stones & Gynaec. Disorders	25% of SI subject to max. Rs. 40,000
Dialysis, Chemotherapy and Radiotherapy	Max. 10% of SI per month

1.3 Expenses on hospitalisation are admissible only if hospitalisation is for a minimum continuous period of twenty-four (24) hours. However, this time limit will not apply to the specific 138 minor surgeries, treatments & procedures mentioned herein below which are taken in HOSPITAL / NURSING HOME where the INSURED PERSON is discharged on the same day he / she may be admitted. Such treatment will be eligible for Hospitalisation Benefit under the policy. The list of specific 138 minor surgeries, treatments & procedures as referred to hereinabove is as follows:

Operations on the Ears
Operations on the external ear and external auditory canal
1 Incision of the external ear
2 Excision and destruction of diseased tissue of the outer ear
3 Resection of the external ear
4 Wound care of the external ear
5 Construction and reconstruction of the external auditory canal
6 Plastic reconstruction of parts of the external ear
7 Plastic reconstruction of the whole external ear
8 Other reconstruction of the external ear
9 Other operations on the external ear

Microsurgical Operations on the Middle Ear
10 Stapedotomy
11 Revision of a stapedectomy

12 Other operations on the auditory ossicles
13 Myringoplasty (Type I tympanoplasty)
14 Tympanoplasty (closure of an eardrum perforation and reconstruction of the auditory ossicles)
15 Revision of a tympanoplasty
16 Other microsurgical operations on the middle ear Other Operations on the Middle and Internal Ear
17 Paracentesis (myringotomy)
18 Removal of a tympanic drain
19 Incision of the mastoid process and middle ear
20 Mastoidectomy
21 Reconstruction of the middle ear
22 Other excisions of the middle and inner ear
23 Fenestration of the inner ear
24 Revision of a fenestration of the inner ear
25 Incision (opening) and destruction (elimination) of the inner ear
26 Other operations on the middle and inner ear

Operations on the Nose and the Nasal Sinuses
27 Surgical treatment of a nose bleed
28 Incision of the nose
29 Excision and destruction of diseased tissue of the nose
30 Operations on the turbinates (nasal concha)
31 Nasal sinus aspiration

Operations on the Eyes – Cataract Surgery
32 Incision of tear glands
33 Other operations on the tear ducts
34 Incision of diseased eyelids
35 Excision and destruction of diseased tissue of the eyelid
36 Operations on the canthus and epicanthus
37 Corrective surgery for entropion and ectropion
38 Corrective surgery for blepharoptosis
39 Removal of a foreign body from the conjunctiva
40 Removal of a foreign body from the cornea
41 Incision of the cornea
42 Operations for pterygium
43 Other operations on the cornea
44 Removal of a foreign body from the lens of the eye
45 Removal of a foreign body from the posterior chamber of the eye
46 Removal of a foreign body from the orbit and eyeball

Operations on the Skin and Subcutaneous Tissues
47 Incision of a pilonidal sinus
48 Other incisions of the skin and subcutaneous tissues
49 Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin
50 and subcutaneous tissues
51 Local excision of diseased tissue of the skin and subcutaneous tissues
52 Other excisions of the skin and subcutaneous tissues
53 Simple restoration of surface continuity of the skin and subcutaneous tissues
54 Free skin transplantation, recipient site
55 Revision of skin plasty
56 Other restoration and reconstruction of the skin and subcutaneous tissues
57 Chemosurgery to the skin
58 Destruction of diseased tissue in the skin and subcutaneous tissues

Operations on the Mouth and Face
Operations on the Tongue
59 Incision, excision and destruction of diseased tissue of the tongue
60 Partial glossectomy
61 Glossectomy
62 Reconstruction of the tongue
63 Other operations on the tongue

Operations on the Salivary Glands and Salivary Ducts
64 Incision and lancing of a salivary gland and a salivary duct
65 Excision of diseased tissue of a salivary gland and a salivary duct
66 Resection of a salivary gland
67 Reconstruction of a salivary gland and a salivary duct
68 Other operations on the salivary glands and salivary ducts

Other Operations on the Mouth and Face
69 External incision and drainage in the region of the mouth, jaw and face
70 Incision of the hard and soft palate
71 Excision and destruction of diseased hard and soft palate
72 Incision, excision and destruction in the mouth
73 Plastic surgery to the floor of the mouth
74 Palatoplasty

Operations on the Tonsils and Adenoids
75 Transoral incision and drainage of a pharyngeal abscess
76 Tonsillectomy without adenoidectomy
77 Tonsillectomy with adenoidectomy
78 Excision and destruction of a lingual tonsil
79 Other operations on the tonsils and adenoids Traumatological Surgery and Orthopaedics
80 Incision on bone, septic and aseptic
81 Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis*
82 Suture and other operations on tendons and tendon Sheath

Operations on the Breast
83 Incision of the breast
84 Operations on the nipple
Operations on the Digestive Tract
85 Incision and excision of tissue in the perianal region
86 Surgical treatment of anal fistulas
87 Surgical treatment of haemorrhoids
88 Division of the anal sphincter (sphincterotomy)
89 Other operations on the anus

Operations on the Female Sexual Organs
90 Incision of the ovary
91 Other operations on the Fallopian tube
92 Dilatation of the cervical canal
93 Conisation of the uterine cervix
94 Other operations on the uterine cervix
95 Incision of the uterus (hysterotomy)
96 Therapeutic curettage
97 Culdotomy
98 Incision of the vagina
99 Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
100 Incision of the vulva
101 Operations on Bartholin’s glands (cyst)

Operations on the Male Sexual Organs
Operations on the Prostate and Seminal Vesicles
102 Incision of the prostate
103 Transurethral excision and destruction of prostate tissue
104 Transurethral and percutaneous destruction of prostate tissue
105 Open surgical excision and destruction of prostate tissue
106 Radical prostatovesiculectomy
107 Other excision and destruction of prostate tissue
108 Operations on the seminal vesicles
109 Incision and excision of periprostatic tissue
110 Other operations on the prostate

Operations on the Scrotum and Tunica Vaginalis Testis
111 Incision of the scrotum and tunica vaginalis testis
112 Operation on a testicular hydrocele
113 Excision and destruction of diseased scrotal tissue
114 Plastic reconstruction of the scrotum and tunica vaginalis testis
115 Other operations on the scrotum and tunica vaginalis testis

Operations on the Testes
116 Incision of the testes
117 Excision and destruction of diseased tissue of the testes
118 Unilateral orchidectomy
119 Bilateral orchidectomy
120 Orchidopexy
121 Abdominal exploration in cryptorchidism
122 Surgical repositioning of an abdominal testis
123 Reconstruction of the testis
124 Implantation, exchange and removal of a testicular prosthesis
125 Other operations on the testis

Operations on the Spermatic Cord, Epididymis und Ductus Deferens
126 Surgical treatment of a varicocele and a hydrocele of the spermatic cord
127 Excision in the area of the epididymis
128 Epididymectomy
129 Reconstruction of the spermatic cord
130 Reconstruction of the ductus deferens and epididymis
131 Other operations on the spermatic cord, epididymis and ductus deferens

Operations on the Penis
132 Operations on the foreskin
133 Local excision and destruction of diseased tissue of the penis
134 Amputation of the penis
135 Plastic reconstruction of the penis
136 Other operations on the penis
137 Miscellaneous- Chemotherapy/Radiotherapy/ Hemodialysis/
138 Lithotripsy

1.4 ANY ONE ILLNESS will be deemed to mean continuous period of illness and it includes relapse within 105 days from date of discharge from the HOSPITAL / NURSING HOME where treatment was last taken. Occurrence of same illness after a lapse of 105 days as stated above will be considered as fresh illness for the purpose of this policy provided the policy has been renewed with the Company for a fresh period of insurance.

1.5 It is further clarified that the policy shall reimburse only those expenses incurred for hospitalisation commencing from a date within the policy period. If the hospitalisation extends beyond the expiry date of the policy, the total benefit will not exceed the Sum Insured/ ANY ONE YEAR LIMIT indicated in the Schedule of the policy during whose validity, such hospitalisation commenced.

1.6 Pre-Hospitalisation expenses shall mean relevantmedical expenses incurred during a period of up to sixty (60) days prior to hospitalisation for DISEASE or INJURY sustained and will be considered as part of claim mentioned under clause 1.2 hereinbefore.

1.7 Post Hospitalisation expenses shall mean relevant medical expenses incurred during a period of up to sixty (60) days after hospitalisation for DISEASE or INJURY sustained and will be considered as part of claim as mentioned under clause 1.2 hereinbefore.

1.8 DOMICILIARY HOSPITALISATION EXPENSES means medical treatment for a period exceeding three days for such DISEASE or INJURY which in the normal course would require care and treatment at the HOSPITAL / NURSING HOME but is actually taken whilst confined at home in India under any of the following circumstances namely:

i) The condition of the INSURED PERSON is such that he/she cannot be removed to the HOSPITAL / NURSING HOME; or

ii) The INSURED PERSON cannot be removed to HOSPITAL/NURSING HOME for the lack of accommodation therein;

Provided however that DOMICILIARY HOSPITALISATION EXPENSES shall not cover:
i) Expenses incurred for pre and post HOSPITAL / NURSING HOME treatment; and
ii) Expenses incurred for treatment for any of the following DISEASES:
1) Asthma;
2) Bronchitis;
3) Chronic Nephritis and Nephrotic Syndrome;
4) Diarrhoea and all type of Dysenteries including
Gastro-enterities;
5) Diabetes Mellitus Insipidus;
6) Epilepsy;
7) Hypertension;
8) Influenza, Cough and Cold;
9) All Psychiatric or Psychosomatic Disorders;
10) Pyrexia of unknown origin for less than 10 days;
11) Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis;
12) Arthritis, Gout and Rheumatism.

The annual limit for DOMICILIARY HOSPITALISATION EXPENSE under the policy shall be restricted to 15% of the ANY ONE YEAR LIMIT stated in the policy Schedule subject to a maximum of Rs. 50,000/- (Rupees Fifty Thousand Only) and provided that the DOMICILIARY HOSPITALISATION EXPENSE cover shall be available only in respect of treatments taken under the Allopathic mode of treatment and shall be further subject to the above conditions and exclusions.

2. DEFINITIONS
2.1 Accident or Accidental means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2.2 ANY ONE YEAR LIMIT means Sum Insured which shall be the amount stated as such in the policy Schedule for an INSURED PERSON subject to specific restrictions

mentioned elsewhere under any other clauses of the policy. The ANY ONE YEAR LIMIT shall be subject at all times to the terms and conditions of the policy, including but not limited to the exclusions, any additional limitations and/or PER OCCURRENCE LIMIT mentioned in this policy and Schedule.

2.3 DEPENDENT CHILD means an unmarried dependent child ordinarily residing with the INSURED PERSON between the age of three (3) months and eighteen (18) years, or up to and including the age of twenty-five (25) years if undergoing full time education at an accredited tertiary institution and shall include legally adopted children and children from a previous marriage, of an INSURED PERSON or the SPOUSE of an INSURED PERSON.

2.4 DISEASE means a pathological condition of a part, organ, or system resulting from various causes, such as infection, pathological process, or environmental stress, and characterized by an identifiable group of signs or symptoms.

2.5 ENDORSEMENT means written evidence of an agreed change in the policy including but not limited to increase or decrease in the period, extent and nature of the cover.

2.6 Hospital means any institution in India established for In-patient Care and Day Care Treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
- has qualified nursing staff under its employment round the clock,
- has qualified Medical Practitioner(s) in charge round the clock,
- has a fully equipped operation theatre of its own where surgical procedures are carried out,
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

2.7 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.

2.8 INSURED PERSON means any person between the age of three (3) months and seventy (70) years of age, (except when the Company at its sole discretion, covers a person over seventy (70) years of age) including a person who is an relative of the INSURED PERSON, for whom premium has been paid and who is identified in the Schedule as an INSURED PERSON. The following relatives of an INSURED PERSON shall also be INSURED PERSONs under the policy, if family package is opted:

a) SPOUSE who permanently resides with the INSURED PERSON
b) Dependent Children of an INSURED PERSON who
(i) are financially dependent on the INSURED PERSON; and
(ii) permanently reside with the INSURED PERSON;
c) Dependent Parents of the INSURED PERSON not exceeding seventy (70) years of age.

2.9 MATERNITY EXPENSES BENEFIT means expenses for treatment in a HOSPITAL / NURSING HOME arising from or traceable to pregnancy, childbirth including normal Caesarean section in respect of a female INSURED PERSON.

2.10 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 licence. Medical Practitioner who is sharing the same residence with the Insured person`s and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.

2.11 PER CLAIM LIMIT means maximum amount that can be reimbursed for ANY ONE ILLNESS covered under the scope of the policy.
2.12 PERIOD OF INSURANCE means the Operative Time stated in the Schedule, commencing on or after the Policy Effective Date and terminating on or before the Policy Expiration Date.

2.13 INSURED PERSON means the entity or person named as such in the Schedule.

2.14 Pre Existing Disease means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer

2.15 Qualified Nurse is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India

2.16 SPOUSE means an INSURED PERSON'S husband or wife who is recognised as such by the laws of the jurisdiction in which they reside and who does not exceed sixty-five (65) years of age.

2.17 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, and in relation to a Family Floater represents Our maximum liability for any and all claims made by You and all of Your Dependents during the Policy Period

2.18 SURGICAL OPERATION means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.

2.19 TPA means a Third Party Administrator as mentioned in the Schedule who is licensed by Insurance Regulatory & Development Authority (IRDA) and is engaged for a fee or remuneration by the Company for providing health services to the INSURED PERSON.

3. EXCLUSIONS
The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any INSURED PERSON in connection with or in respect to:

3.1. (a) All DISEASEs or INJURIES which are a PREEXISTING CONDITION when the cover incepts during the first policy period.
(b) Any heart, kidney and circulatory disorders in respect of the Insured Person suffering from pre existing Hypertension and/or Diabetes.

These diseases shall however be covered after 3 years of consecutive insurance policy with the Company, which were renewed each year without any break.

3.2. Any DISEASE other than those stated in clause 3.3, contracted by the INSURED PERSON during the first thirty (30) days from the commencement date of this policy period. This exclusion shall not however apply if the INSURED PERSON was covered under a Health policy issued by the Company for a continuous preceding twelve (12) months period from the commencement date without any break and/or the

INSURED PERSON is hospitalized due to injuries suffered due to accident arising independent of the disease.

3.3 (a) During the first policy period of this policy, expenses for treatment of following DISEASES are excluded:
FIRST YEAR EXCLUSIONS
Treatment of Congenital Internal Diseases, ASD, VSD, Tetrology of Fallot, etc.
Any type of Migraine/Vascular Headache.
Stones in the Kidney & Billary systems.
Surgery on Tonsils/Adenoids,Mastoidectomy,
Tympanoplasty, Gastric & Duodenal Ulcer.
Any type of Cysts/Nodules/Polyps.
Any type of Breast Lumps.

3.3 (b) During the first two years of policy periods of this policy, the expenses of the following Diseases are excluded:
FIRST TWO YEAR EXCLUSIONS
Treatment of Spondylosis/Sponditits.
Intervertebra Disc Prolapse and such other degenerative disorders.
Cataract.
Fistula.
Piles.
All types of Hernia.
Hydrocele.
Benign Prostatice Hypertrophy.
TURP.
Hysterectomy for Menorrhagia or Fibromyoma or Myomectomy or Prolapse of Uterus.
Fissures in Anus.
Sinusitis.

Knee/Hip Joint Replacement.
Chronic Renal Failure.
Heart Disease.
Any type of Carcinoma/Sarcoma/Blood Cancer.
Osteoarthritis and Osteoporosis.
Non-infective Arthritis.
Undescendent Testes.
Surgery of Genito Urinary.
Gout & Rheumatism.
Hypertension.
Diabetes.
Calculus Diseases.
Surgery of Varicose Veins and Varicose Ulcers.
Dilation & Curettage.
Dialysis required for Chronic Renal Failure.

If these DISEASES (other than congenital internal DISEASE or defects) are a PRE-EXISTING CONDITION at the time of proposal, they will not be covered during subsequent period if this policy is renewed. If the INSURED PERSON is aware of the
existence of congenital internal DISEASE or defects before inception of policy, the same will be treated as a PRE-EXISTING CONDITION.

3.4 Claims arising from, as a consequence of or involving investigations, operations or treatment of a purely cosmetic nature; or for obesity; or undertaken to
facilitate pregnancy or to cure impotence or to improve potency.

3.5 INJURY or DISEASE directly or indirectly caused by or arising from or attributable to:
(i) War, war-like operations, act of foreign enemy, invasion of Indian territory or any part thereof, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion, military or usurped power, or loot or pillage in connection with the foregoing, seizure, capture, confiscation, arrests, restraints and
detainment by order of any governments or any other authority, unless it is proved by the Insured to the satisfaction of the Company that such loss or damage or contingency or cost or expenses of whatsoever nature are not directly or indirectly caused by, resulting from or in connection with any war, war-like operations, act of foreign enemy,
invasion of Indian territory or any part thereof, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion, military or usurped power, or loot or pillage in connection with the foregoing, seizure, capture, confiscation, arrests, restraints and detainment by order of any governments or any other authority.
In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.
(ii) Ionising radiation or contamination by radioactivity from any source whatsoever.
(iii) Nuclear weapons material.

3.6 Circumcision unless necessary for treatment of a DISEASE not excluded hereunder or as may be necessitated due to an ACCIDENT, vaccination or inoculation or change of life; or cosmetic or aesthetic treatment of any description including any complications arising from these treatments, whether or not for psychological reasons, plastic surgery other than as may be necessitated due to an ACCIDENT or as a part of any illness.

3.7 The cost of spectacles and contact lenses, hearing aids, dental treatment or surgery of any kind unless requiring hospitalisation.
3.8 Convalescence, general debility, run-down condition or rest cure; congenital external DISEASE , sterility, venereal DISEASE, intentional self INJURY or injury caused by any Insured Person to his relative who is also an Insured Person under this Policy, suicide or attempted suicide and use of intoxicating drugs or alcohol, Tubectomy, Vasectomy, Any fertility, sub-fertility or assisted conception operation - IVF, GIFT, ZIFT, Embryo transfer, donor ovum and related costs.

3.9 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-cell Lymphographic Virus Type 111 (HTLB-111) or Lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome
or any Syndrome or condition of a similar kind commonly referred to as AIDS.

3.10 Charges incurred at HOSPITAL / NURSING HOME primarily for diagnostic, x-ray or laboratory examinations or other diagnostic studies not consistent
with or incidental to the diagnosis and treatment of the positive existence or presence of any DISEASE or INJURY, for which confinement is required at a
HOSPITAL/NURSING HOME or at home under DOMICILIARY HOSPITALISATION.

3.11 Expenses on vitamins and tonics unless forming part of treatment for INJURY or DISEASEs as certified by the attending MEDICAL PRACTITIONER.

3.12 Loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling,
preventing, suppressing or in any way relating to any act of terrorism.
3.13 Treatment arising from or traceable to pregnancy and
childbirth (including voluntary termination of pregnancy) and childbirth, (including caesarean section). Expenses incurred in relation to infant(s) born
after delivery (Baby/ies) until the Baby/ies become(s)
three (3) months of age.
3.14 Naturopathy treatment.
3.15 Any routine or preventive examinations, vaccinations,
inoculations or screening.
3.16 Any Out Patient treatment charges.
3.17 Sex change or treatment, which results from or is in
any way related to sex change.
3.18 Hormone Replacement Therapy.
3.19 All & every kind of Lasik Surgery.
3.20 All kinds of treatment of psychiatric, mental or nervous
conditions, insanity, etc.
3.21 Use of intoxicating drugs alcohol and the treatment of alcoholism, solvent abuse, drug abuse or any addiction and medical conditions resulting from or
related to, such abuse or addiction.

3.22 Any person whist engaging in speed contest or racing of any kind(other than on foot), bungee jumping, parasailing, ballooning, parachute, skydiving, paragliding ,hang gliding, mountain or rock climbing necessitating the use of ropes or guides, pot holding,
abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow & ice sports and activities of similar hazards.

3.23 The following expenses incurred are not covered under
the policy: Admission charges, service charges, registration charges, telephone charges, television charges, electric charges, water charges, aya & attendant fees,
barber charges, shaving charges, blades charges, toothpaste & brush, soaps, food items and similar items.
3.24 External Medical Equipment of any kind used at home as post hospitalization care including cost of instrument used in treatment of sleep appnea syndrome(C.P.A.P),
continuous Peritoneal Ambulatory Dialysis(C.P.A.D) and Oxygen Concentrator for Bronchial Asthmatic condition.

4.0 CONDITIONS AND CLAIMS PROCEDURE
Part I – Conditions
1) Every notice or communication to be given or made under this policy other than claim shall be delivered in writing at the address of the policy issuing office
as shown in the Schedule. No such notice, communication or intimation shall be valid unless it contains full particulars of the policy, persons covered under the policy and other details as may be necessary

2) The premium payable under this policy shall be paid in advance. No receipt for premium shall be valid unless it is on the official form of the Company
and signed by a duly authorised official of the Company. The due payment of premium and the observance and fulfillment of the terms, provisions,
conditions and endorsements of this policy by the INSURED PERSON, insofar as they relate to anything to be done or complied with by the
INSURED PERSON, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing
and signed by an authorised official of the Company.

3) THIS POLICY SHALL BE VOIDABLE AT THE OPTION OF THE COMPANY IN THE EVENT OF MIS-REPRESENTATION, MIS-DESCRIPTION OR
NON-DISCLOSURE OF ANY MATERIAL PARTICULAR BY THE POLICY HOLDER, PERSON INSURED UNDER THE POLICY OR A
BENEFICIARY UNDER THIS POLICY IF HE IS DIFFERENT FROM THE PERSON INSURED. ANY PERSON WHO, KNOWINGLY AND WITH INTENT
TO DEFRAUD THE INSURANCE COMPANY OR OTHER PERSONS, FILES A PROPOSAL FOR INSURANCE CONTAINING ANY FALSE
INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO,
COMMITS A FRAUDULENT INSURANCE ACT WHICH WILL RENDER THE POLICY VOIDABLE
AT THE INSURANCE COMPANY'S SOLE DISCRETION AND RESULT IN A DENIAL OF INSURANCE BENEFITS. IF A CLAIM IS IN ANY RESPECT FRAUDULENT, OR IF ANY FRAUDULENT OR FALSE PLAN,
SPECIFICATION, ESTIMATE, DEED, BOOK, ACCOUNT ENTRY, VOUCHER, INVOICE OR OTHER DOCUMENT, PROOF OR EXPLANATION
IS PRODUCED, OR ANY FRAUDULENT MEANS OR DEVICES ARE USED BY THE INSURED PERSON, PERSON INSURED UNDER THE
POLICY, BENEFICIARY, CLAIMANT OR BY ANYONE ACTING ON THEIR BEHALF TO OBTAIN ANY BENEFIT UNDER THIS POLICY, OR IF ANY
FALSE STATUTORY DECLARATION IS MADE OR USED IN SUPPORT THEREOF, OR IF LOSS IS OCCASIONED BY OR THROUGH THE

PROCUREMENT OR WITH THE KNOWLEDGE OR CONNIVANCE OF THE INSURED PERSON,
PERSON INSURED, BENEFICIARY, CLAIMANT OR OTHER PERSON, THEN ALL BENEFITS UNDER THIS POLICY ARE FORFEITED.

4) The policy shall be effective only from the effective date as set out in the policy notwithstanding acceptance of the proposal form by the Company and the receipt of full premium in advance.

5) The policy, the schedule, the proposal form, riders, endorsements and any memorandum shall constitute the complete contract of insurance. No change or alteration in this policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the policy.

6) Any MEDICAL PRACTITIONER authorised by the Company shall be allowed to examine the INSURED PERSON in case of any alleged INJURY or DISEASE requiring hospitalisation when and as often as may reasonably be required by the Company.

7) The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the INSURED PERSON or by any other person acting on his behalf.

8) If, at the time when any claim arises under this policy, there is in existence any other insurance other than a Cancer Insurance Policy issued in collaboration with Indian Cancer Society whether it be effected by or on behalf of any INSURED PERSON in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the Company shall not be liable to pay or contribute more than its rateable proportion of any loss, liability, compensation, costs or expenses.

The benefits under this policy shall be in excess of the benefits available under the Cancer Insurance Policy.

9) Cumulative Bonus: Sum Insured under the policy shall be increased by 5% at each renewal in respect of each claim free year of insurance, subject to maximum of 50% of the Sum Insured.

In case of any revision in Sum Insured at the time of renewal, the Cumulative Bonus % shall be applied either on revised Sum Insured or the expiring Policy Sum Insured, whichever is less. In case of a claim under the policy in respect of an Insured Person who has earned the cumulative bonus, the increased percentage will be reduce by 5% of the of the Sum Insured at the next renewal. However, the basic Sum Insured will be maintained and will not be reduced. Cumulative Bonus will be lost if the policy is not renewed on the date of expiry unless the delay is condoned up to maximum of 30 days and waived by the Company.

Transfer of Cumulative bonus shall not mean continuity of benefits from any expiring Health Insurance Policy.

10)Family Discount: The family discount of 10% to 20% in the total premium will be allowed comprising the Insured and any one or more of the following:

a) Spouse
b) Dependent Children
c) Dependent Parents

• If 2 persons are covered in one policy, then a discount of 10% is allowed.
• Up to 4 persons in one policy, then a discount of 15% is allowed.
• Beyond 4 persons in one policy, then there will be 20% discount.

11)The Company may, at any time, cancel this policy by sending the INSURED PERSON thirty (30) days notice by registered letter at the INSURED PERSON’S last known address and in such event

the Company shall refund to the INSURED PERSON a pro-rata premium for the unexpired Period of Insurance. The Company shall, however,
remain liable for any claim, which arose prior to the date of cancellation. The INSURED PERSON may at any time cancel the policy by sending the Company thirty (30) days notice by registered letter and in such event the Company shall retain premium at the Company's short period rate given herein below and refund the balance premium
provided no claim has occurred up to the date of cancellation. If a claim is made under the policy, the Company will retain the entire premium.

PERIOD ON RISK	RATE OF PREMIUM TO BE CHARGED
Upto one month	¼ of the annual rate
Upto three months	½ of the annual rate
Upto six months	¾ of the annual rate
Exceeding six months	Full annual rate

12)If any difference shall arise between the INSUREDPERSON and the Company as to the quantum tobe paid under this policy (liability being oth erwise
admitted) such difference shall independently ofall other questions be referred to the decision of two disinterested persons as arbitrators, who shall
together proceed to appoint an umpire. The two arbitrators respectively shall be appointed in writing by the Company and the INSURED PERSON
within 30 days after having been required so to do in writing by the other party and the provisions of the Arbitration and Conciliation Act, 1996, as
amended from time to time and for the time being in force, shall apply to such arbitration.
In case either the Company or the INSURED PERSON refuses or fails to appoint an arbitrator within 30 days after receipt of notice in writing
requiring an appointment, the other party shall be at liberty to appoint a sole arbitrator.
It is 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 or umpire of the amount of the loss or damage shall be first obtained.
The venue of the arbitration proceedings shall be at the Corporate Office of the Company which is currently situated at 6th Floor, Leela Business Park,
Andheri-Kurla Road, Andheri (E), Mumbai
400 059.
It is clearly agreed and understood that no difference or dispute shall be referred to arbitration as herein before provided if the Company has
disputed or rejected liability under or in respect of this policy.
13)In no case whatsoever shall the Company be liable under the policy after the expiry of 12 months of the happening of INJURY or DISEASE resulting in a
claim under the policy unless such claim is made the subject matter of pending legal action or arbitration. It is hereby expressly agreed and declared that if the Company disclaims liability to the INSURED PERSON for any claim hereunder
mentioned, and such claim is not, within 12 calendar months from the date of such disclaimer, 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.
14)The Company shall be under no obligation to renew the policy on expiry of the period for which premium has been paid . The Company reserves
the right to offer revised rates, terms and conditions at renewal based on claim experience and a fresh assessment of the risk. This policy may be renewed only by mutual consent and subject to payment in advance of the total premium at

the rate in force at the time of renewal. The Company, however, shall not be bound to give notice that the policy is due for renewal or to accept any renewal premium. Unless renewed as herein provided, this policy shall automatically terminate at the expiry of the period for which premium has already been paid.
15)All medical/surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency.
16)No sum payable under this policy shall carry interest.
17)This Policy shall be governed by the laws of India and the courts within Republic of India alone shall have jurisdiction in any dispute arising hereunder.
18)Upon settlement of the claim made under the policy, the Company shall be entitled to any amount paid by or recoverable from anyone on any ground
whatsoever and shall be received or recovered by the Company. The person covered under the policy and all persons claiming on his / her behalf shall
give to the Company all necessary information and assistance to enable the Company to secure and recover such amount including subrogation. The
Company shall, if necessary, be entitled to sue at its own expense in the name of such person covered under the policy or persons claiming on his / her
behalf for recovery of amounts from such persons for which they may be liable. In the event of any such payment being received by the person
covered under the policy directly or by other persons on their behalf, it shall be made over by him / her to the Company forthwith.
19)The POLICY HOLDER or INSURED PERSON shall point out to the Company, discrepancies, if any, in the information contained in the policy document
or Certificate of Insurance, as applicable, within 15 days from policy / certificate issue date after which information contained in the policy or Certificate of
Insurance shall be deemed to have been accepted as correct.
20)Any person who has a grievance against the
Company, may himself or through his legal heirs make a complaint in writing to the Insurance Ombudsman in accordance with the procedure
contained in The Redressal of Public Grievance Rules, 1998 (Ombudsman Rules). Proviso to Rule 16(2) of the Ombudsman Rules however, limits
compensation that may be awarded by the Ombudsman, to the lower of compensation necessary to cover the loss or damage suffered by the Insured as a direct consequence of the insured peril or Rs. 20 lakhs (Rupees Twenty Lakhs Only)
inclusive of ex-gratia and other expenses. A copy of the said Rules shall be made available by the Company upon prior written request by the insured.

Part II – Claims Procedure
1) It shall be a condition precedent to the Company's liability under this policy that on the occurrence of the event which may give rise to a claim under this policy, the INSURED PERSON or the INSURED PERSON's representative shall immediately
contact and intimate the TPA who has been appointed under the policy to provide claim services. The INSURED PERSON shall immediately give written notice to the TPA at the address given in the Schedule and thereafter submit full particulars of the claim to the TPA within seven (7) days from the date of hospitalisation.
2) All supporting documents relating to the claim must be submitted to the TPA within thirty (30) days from the date of discharge from the hospital. In case of post hospitalisation treatment days, all claim documents should be submitted to the TPA within seven (7) days after completion of such treatment.
3) The INSURED PERSON shall obtain and furnish to the TPA, all original bills, receipts and other documents upon which a claim is based and such
additional information and assistance as the TPA may require in dealing with the claim.
4) Treatment taken at a Network Hospital means treatment given by a provider of health care services, which has a participation agreement with the TPA or its affiliate directly or through one or more other organizations to provide claims services to INSURED PERSONS under the policy.

5) Treatment taken at a Non-Network Hospital means treatment given by a HOSPITAL / NURSING HOME which is not a Network Hospital.
6) A claimant under the policy shall abide by the rules and regulations made in this behalf by the TPA and intimated to the INSURED PERSON in the form of
a 'Membership Guide' or in any other form by whatever name called. It shall be the INSURED PERSON's responsibility to ensure that all
INSURED PERSONS are made aware of the said rules and regulations as amended from time to time by the TPA / Company.
7) All certificates, information & evidence required by the Company/TPA shall be furnished at no expense to the Company / TPA and shall be in such form
and of such nature as the Company may prescribe.
When required by the Company / TPA, the INSURED PERSON shall at its own expense submit to medical examination in respect of any claim.
8) In the event of a claim under this policy, the INSURED PERSON and the INSURED PERSON must fully co-operate with the Company/TPA in its
handling of the claim including, but not limited to,
the timely submission of all medical and other reports, and full co-operation with all physical examinations that the Company/TPA may require.
9) Medical advice of a MEDICAL PRACTITIONER shall be sought and followed promptly on the occurrence of any INJURY or DISEASE and the
Company shall not be liable for any part of a claim which in the opinion of a physician appointed by the Company/TPA, arises from the unreasonable
or wilful neglect or failure of an INSURED PERSON
to seek and remain under the care of a MEDICAL PRACTITIONER.
10)It shall be the duty of INSURED PERSON to obtain
pre-authorization of all hospitalization events by the TPA/Company. Pre-Authorization shall mean review by the TPA or the Company of the "need" for
inpatient care or other medical care upon a reference being made by an INSURED PERSON before admission to a HOSPITAL/NURSING
HOME. An INSURED PERSON shall be required to make the said reference for pre-authorization at least 48 hours prior to a planned hospitalization.
However, for emergency hospitalizations, a reference for pre-authorization shall be made within 24 hours of admission to a HOSPITAL/ NURSING HOME.
11)Reimbursement of claims for hospitalizations that have not been pre-authorized will be processed
by the TPA at the discretion of the Company.
12)An INSURED PERSON may choose to seek hospitalization either at a Network or Non-Network Hospital.
13)For hospitalisations at Network Hospitals which have been duly pre-authorized as aforesaid, the INSURED PERSON will be eligible for credit
facilities subject to fulfilling the eligibility criteria laid down by the TPA/Company from time to time or as may be set out in the provisions of Membership
Guide in force.
14)For credit hospitalisations as referred to in clause 13 hereinabove, it shall be the responsibility of the INSURED PERSON to pay all expenses that are
not eligible for payment as per the terms, conditions and exclusions of the policy and any endorsements thereto and the Company shall have no liability in
that behalf.
15)For credit hospitalisations, the bills/supporting documents will be forwarded to the TPA by the Network Hospital. However, pre and post
hospitalisation bills will be required to be forwarded to the TPA by the INSURED PERSON.
16)For non-credit hospitalizations, the bills will be required to be settled by the INSURED PERSON and thereafter sent along with relevant supporting
documents to the TPA in support of a claim.

17)To be eligible to be considered by the TPA/

Company, the duly completed claim form must be supported by all original documents / bills.
18)For Non-Network hospitalizations, an INSUREDPERSON shall make co-payment of 10 percent of admissible claim amount. The co-payment amount shall be deducted from the claims reimbursable and the balance shall be paid to the
INSURED PERSON or INSURED PERSON at the sole discretion of the TPA / Company.
19)FOR THE REMOVAL OF DOUBTS IT IS EXPRESSLY CLARIFIED THAT IN THE EVENT OF A CONFLICT BETWEEN ANY RULES, REGULATIONS,
REQUIREMENTS, STIPULATIONS,AUTHORIZATIONS, CONDITIONS OR
WARRANTIES ISSUED / MADE / REQUESTED BYTHE TPA AND THE COMPANY, THOSE MADE BY
THE COMPANY SHALL PREVAIL.