

We will provide the insurance cover detailed in the Policy to the Insured Person up to the Sum Insured subject to the receipt of premium in full, and the terms, conditions and exclusions of this Policy.

The following Basic Benefits are available to Insured Person.

Section. 1 Basic Benefits

We will pay the Insured Person the Sum Insured as a lump sum amount for the listed Critical Illnesses, i.e., the Illnesses, medical events or Surgical Procedures specified below, provided that:

- the Critical Illness first occurs or first manifests itself during the Policy Period as a first incidence,
- all conditions related to that Critical Illness are satisfied, and
- the Insured Person survives the Survival Period.

For the purpose of this Policy, Critical Illness shall mean the Illnesses, Medical Events or Surgical Procedures that first occurs or manifests itself during the Policy Period and as specifically defined below:

1) Cancer of Specified Severity

- I) A malignant tumor characterized by the uncontrolled growth & spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II) The following are excluded
 - 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 & CIN-3;
 - ii) Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - iii) Malignant melanoma that has not caused invasion beyond the epidermis;
 - iv) All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;
 - v) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 - vi) Chronic lymphocytic leukaemia less than RAI stage 3;
 - vii) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification;
 - viii) All Gastro-Intestinal Stromal Tumours histologically classified as TN0M0 (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.

2) Myocardial Infarction - (First Heart Attack of specified severity)

- I) The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - i) A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - ii) New characteristic electrocardiogram changes

- iii) Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- ii) The following are excluded:
 - i) Other acute Coronary Syndromes
 - ii) Any type of angina pectoris
 - iii) A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.
- 3) Open Chest CABG
 - i) The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
 - ii) The following are excluded:
 - i) Angioplasty and/or any other intra-arterial procedures
- 4) Open Heart Replacement or Repair of Heart Valves
 - i) The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy / valvuloplasty are excluded.
- 5) Surgery of Aorta
 - i) The actual undergoing of surgery for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft. The term "aorta" means the thoracic and abdominal aorta but not its branches.
 - ii) Surgery performed using only minimally invasive or intra-arterial techniques are excluded.
- 6) Cardiomyopathy
 - i) An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV or its equivalent, for at least six (6) months based on the following classification criteria:
 - i) Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.
 - ii) The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance.
 - ii) Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.
- 7) Carotid Artery Surgery: Endarterectomy
 - i) The actual undergoing of Endarterectomy of the carotid artery which has been necessitated as a result of at least 80% narrowing of the carotid artery as diagnosed by an arteriography or any other appropriate diagnostic test that is available.
 - ii) Endarterectomy of blood vessels other than the carotid artery are specifically excluded. Angioplasty and/or any other intra-arterial procedures are excluded.

- 8) Primary (Idiopathic) Pulmonary Arterial Hypertension
 - I) An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
 - II) The NYHA Classification of Cardiac Impairment are as follows.
 - i) Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - ii) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
 - III) Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs & toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

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

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

- 11) Permanent Paralysis of Limbs
 - I) Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

- 12) Motor Neuron Disease with Permanent Symptoms
 - I) Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

- 13) Multiple Sclerosis with Persisting Symptoms
- I) The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i) investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - ii) there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
 - II) Other causes of neurological damage such as SLE and HIV are excluded.
- 14) Benign Brain Tumor
- I) Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
 - II) This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - i) Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - ii) Undergone surgical resection or radiation therapy to treat the brain tumor.
 - III) The following conditions are excluded:
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, and tumors of skull bones, and tumors of the spinal cord.
- 15) **Parkinson's Disease**
- I) The unequivocal diagnosis of progressive degenerative primary idiopathic Parkinson's disease (all other forms of Parkinsonism are excluded) made 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) Objective signs of progressive impairment; and
 - iii) There is an inability of the Insured Person to perform (whether aided or unaided) at least 3 of the Activities of Daily Living for a continuous period of at least 6 months.
 - II) Drug-induced or toxic causes of Parkinsonism are excluded.
- 16) **Alzheimer's Disease**
- I) Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardized questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by Our appointed Medical Practitioner. There must be significant reduction in mental and social functioning requiring the continuous supervision of the Insured Person. There must also be an inability of the Insured Person to perform (whether aided or unaided) at least 3 of the 6 Activities of Daily Living for a continuous period of at least 3 months:
 - II) The following are excluded:
 - Any other type of irreversible organic disorder/dementia
 - Non-organic disease such as neurosis and psychiatric illnesses; and
 - Alcohol-related brain damage.
- 17) Bacterial Meningitis
- I) Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by the presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and a consultant neurologist.
 - II) Bacterial Meningitis in the presence of HIV infection is excluded.

- 18) Apallic syndrome
- I) Universal necrosis of the brain cortex, with the brain stem remaining intact. Diagnosis must be definitely confirmed by a Registered Medical practitioner who is also a neurologist holding such an appointment at an approved hospital. This condition must be documented for at least one (1) month.
- 19) Brain Surgery
- I) The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy with removal of bone flap to access is the brain is performed.
 - II) The following are excluded:
 - i) Burr hole procedures, transphenoidal procedures and other minimally invasive procedures such as irradiation by gamma knife or endovascular embolizations, thrombolysis and stereotactic biopsy
 - ii) Brain surgery as a result of an accident
- 20) Encephalitis
- I) It is a severe inflammation of brain tissue, resulting in permanent neurological deficit lasting for a minimum period of 60 days.
 - i) This must be certified by a Specialist Medical Practitioner (Neurologist).
 - ii) 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.
 - II) The following condition is excluded:
Encephalitis as a result of HIV infection
- 21) Major Head Trauma
- I) Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
 - II) The Accidental Head injury must result in an inability to perform at least three (3) of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.
 - III) The Activities of Daily Living are:
 - i) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - ii) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - iv) Mobility: the ability to move indoors from room to room on level surfaces;
 - v) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - vi) Feeding: the ability to feed oneself once food has been prepared and made available.
 - IV) The following are excluded:
 - i) Spinal cord injury.

22) Kidney Failure requiring Regular Dialysis

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

23) Major Organ/Bone Marrow Transplant

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

24) End Stage Lung Failure

- I) End stage lung disease, causing chronic respiratory failure, as confirmed by a physician 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.

25) End Stage Liver Failure

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

26) Chronic Recurrent Pancreatitis

- I) The unequivocal diagnosis of recurrent inflammation of the pancreas, involving more than three attacks of pancreatitis within two years and progressing to a stage of pancreatic insufficiency, calcification and cysts. The pancreatic insufficiency must be documented by the presence of weight loss, symptoms of malabsorption, diarrhea, steatorrhea as well as the need of replacement pancreatic digestive enzymes. The diagnosis must be made by an gastroenterologist and confirmed by Endoscopic Retrograde Cholangio Pancreatography (ERCP).
- II) Chronic recurrent pancreatitis resulting directly from alcohol abuse is excluded.

27) Aplastic Anemia

- I) Chronic Irreversible persistent bone marrow failure which results in Anaemia, Neutropenia and Thrombocytopenia requiring treatment with at least TWO of the following:
 - i) Regular blood product transfusion;
 - ii) Marrow stimulating agents;
 - iii) Immunosuppressive agents; or
 - iv) Bone marrow transplantation.

- II) The diagnosis and suggested line of treatment must be confirmed by a Haematologist acceptable to Us using relevant laboratory investigations, including bone-marrow biopsy. Two out of the following three values should be present:
 - i) Absolute neutrophil count of 500 per cubic millimetre or less;
 - ii) Absolute erythrocyte count of 20,000 per cubic millimetre or less; and
 - iii) Platelet count of 20,000 per cubic millimetre or less.
 - III) Temporary or reversible aplastic anaemia is excluded.
- 28) Medullary Cystic Kidney Disease
- I) Medullary Cystic Kidney Disease where the following criteria are met:
 - i) The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
 - ii) Clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
 - iii) The Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.
 - II) Isolated or benign kidney cysts are specifically excluded from this benefit.
- 29) Progressive Scleroderma
- I) A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.
 - II) The following conditions are excluded:
 - i) Localised scleroderma (linear scleroderma or morphea);
 - ii) Eosinophilic fasciitis; and
 - iii) CREST syndrome.
- 30) Systemic Lupus Erythematosus (SLE) with Lupus Nephritis
- I) A multi-system, multifactorial, autoimmune disease characterized by the development of auto-antibodies directed against various self-antigens. In respect of this Contract, Systemic Lupus Erythematosus (SLE) will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification).
The final diagnosis must be confirmed by a certified Medical Practitioner specializing in Rheumatology and Immunology. There must be positive antinuclear antibody test.
 - II) Other forms, discoid lupus, and those forms with only hematological and joint involvement will be specifically excluded.
 - III) WHO Classification of Lupus Nephritis:
 - Class I: Minimal change Lupus Glomerulonephritis – Negative, normal urine.
 - Class II: Mesangial Lupus Glomerulonephritis – Moderate Proteinuria, active sediment
 - Class III: Focal Segmental Proliferative Lupus Glomerulonephritis – Proteinuria, active sediment
 - Class IV: Diffuse Proliferative Lupus Glomerulonephritis – Acute nephritis with active sediment and / or nephritic syndrome.
 - Class V: Membranous Lupus Glomerulonephritis – Nephrotic Syndrome or severe proteinuria.
- 31) Blindness
- I) Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
 - II) The Blindness is evidenced by
 - 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.
- iii) The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

32) Deafness

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

33) Loss of Speech

- i) Total and irrecoverable loss of 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. The diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.
- ii) All Psychiatric related causes are excluded.

34) Loss of Limbs

- i) 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.

35) Third degree burns

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

36) Pneumonectomy

- i) The undergoing of surgery on the advice of a consultant medical specialist to remove an entire lung for any physical injury or disease.
- ii) The following conditions are excluded:
 - i) Removal of a lobe of the lungs (lobectomy)
 - ii) Lung resection or incision

37) Fulminant Viral Hepatitis

- i) A submissive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. The diagnosis must be supported by all of the following:
 - i) Rapid decreasing of liver size as confirmed by abdominal ultrasound;
 - ii) Necrosis involving entire lobules, leaving only a collapsed reticular framework (histological evidence is required);
 - iii) Rapid deterioration of liver function tests;
 - iv) Deepening jaundice; and
 - v) Hepatic encephalopathy.
 - vi) Hepatitis B infection or carrier status alone does not meet the diagnostic criteria.
- ii) Fulminant Viral Hepatitis caused by alcohol, toxic substance or drug is excluded.

38) Ulcerative Colitis

- l) Severe Ulcerative Colitis is a definite diagnosis of Ulcerative Colitis made by a Specialist Gastroenterologist based on histopathological findings and/or the results of endoscopic findings with the below features:
 - i) the entire colon is affected, with severe bloody diarrhoea; and
 - ii) Surgical treatment with total colectomy is done.

39) Severe Rheumatoid Arthritis

- l) The Severe Rheumatoid Arthritis with all of the following factors.
 - i) Is in accordance with the criteria on Rheumatoid Arthritis of the American College of Rheumatology and has been diagnosed by the Rheumatologist.
 - ii) At least 3 joints are damaged or deformed such as finger joint, wrist, elbow, knee joint, hip joint, ankles, cervical spine or feet toe joint as confirmed by clinical and radiological evidence and cannot perform at least 3 types of daily routines permanently for at least 180 days.

40) Muscular Dystrophy

- l) A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle based on three (3) out of four (4) of the following conditions:
 - i) Family history of other affected individuals;
 - ii) Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction;
 - iii) Characteristic electromyogram; or
 - iv) Clinical suspicion confirmed by muscle biopsy.

The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist.

The condition must result in the inability of the Life Insured to perform (whether aided or unaided) at least 3 of the 6 Activities of Daily Living for a continuous period of at least 6 months.

Section. 2 Survival Period

The benefit payment shall be subject to survival of the Insured Person for at least 1 day following the first diagnosis of the Critical Illness/undergoing the Surgical Procedure for the first time.

The policy shall terminate on the occurrence of the first Critical Illness and the Insured Person shall receive the Sum Insured as per applicable terms and conditions and the policy shall cease with no subsequent Renewals for the Insured Person.

Section. 3 Exclusions

1) Waiting Periods

We shall not be liable to make any payment for any treatment which begins during waiting periods. All waiting periods shall apply to Insured Person and claims shall be assessed accordingly.

a) 90 days Waiting Period

A waiting period of 90 days shall apply to all claims. This waiting period will not apply for Insured Person accepted under Portability and for subsequent and continuous Renewals of the Policy with Us.

b) Pre-Existing Diseases Waiting Period

Pre-existing Diseases shall not be covered until the completion of 48 months of continuous coverage, since inception of the first Policy with Us, provided that the Pre-existing Disease is declared and/or accepted by Us in the proposal.

Coverage under the Policy for any past Illness/condition or Surgery is subject to the same being declared at the time of the proposal and accepted by Us without any specific exclusion.

I. Reduction in Waiting Periods

a) If the proposed Insured Person is presently covered and has been continuously covered without any lapses under:

- i) any health insurance plan with an Indian non-life insurer as per guidelines on Portability, or
- ii) any other similar health insurance plan from Us,

Then:

- i) The waiting periods specified in the Section 3.1.a) and Section 3.1.b) of the Policy shall stand waived if these waiting periods have been completed under the previous health insurance policy; OR
- ii) The waiting periods specified in the Section 3b) and Section 3c) shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; and
- iii) If the proposed Sum Insured for a proposed Insured Person is more than the sum insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the sum insured and any other accrued benefits under the previous health insurance policy.

b) The reduction in the waiting period specified above shall be applied subject to the following:

- i) We will apply the reduction of the waiting period only if We have received the database and past claim history related information as mandated under Portability guidelines from the previous Indian insurance company (if applicable);
- ii) We are under no obligation to insure Insured Person on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation and information.
- iii) We will retain the right to underwrite the proposal.
- iv) We shall consider only completed years of coverage for waiver of waiting periods. Policy extensions, if any, sought during or for the purpose of porting the insurance policy shall not be considered for waiting period waiver.

II. Permanent Exclusions

All permanent exclusions shall apply for Insured Person and claims shall be assessed accordingly.

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

a) Non-Medical Exclusions

- i) War or similar situations: Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations

(whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.

- ii) Any Insured Person committing or attempting to commit a breach of law with criminal intent.
 - iii) Intentional self-injury or attempted suicide while sane or insane.
 - iv) Dangerous acts (including sports): An Insured Person's participation or involvement in any Hazardous Activities or naval, military or air force operation in a professional or semi-professional nature.
- b) Medical Exclusions
- i) Any critical illness arising out of use, abuse or consequence of the use of alcohol, tobacco, narcotic or psychotropic substances.
 - ii) Any critical illness in presence of HIV infection and / or any AIDS.
 - iii) Any treatment arising from pregnancy (including voluntary termination), miscarriage, maternity or birth (including caesarean section)
 - iv) External Congenital Anomaly.

Section. 4 General Conditions

a) Condition Precedent & Premium Payments

The fulfilment of the terms and conditions of this Policy including the payment of premium by the due dates mentioned in the Schedule and the correct disclosures in a complete manner in the proposal form insofar as they relate to anything to be done or complied with by Insured Person shall be Conditions Precedent to Our liability. The premium for the Policy will remain the same for the Policy Period. The Policy will be issued for a period of 1 or 2 or 3 year(s) based on the Policy Period selected and specified in the Schedule. The Sum Insured and the benefits under the Policy will be applicable on Policy Year basis.

b) Geography

This Policy is applicable solely to an Insured Person who is an Indian resident as per applicable Indian law. In the event of a change in the place of residence of such Insured Person, the same should be informed to Us and We shall cancel the Policy with refund of any premium paid for the remaining Policy Period.

c) Insured Person

Only the person named as the Insured Person in the Schedule will be covered under this Policy.

All health insurance policies are portable. The Insured Person has the option to migrate to similar health insurance policy available with Us or any other non-life insurer, at the time of Renewal subject to underwriting with all the accrued continuity benefits such as waiver of

waiting period provided the Policy has been maintained without a break as per Portability guidelines.

You should initiate action to approach another insurer to take advantage of Portability well before the renewal date to avoid any break in the policy coverage due to delay in acceptance of the proposal by the other insurer.

If you are insured continuously and without interruption in any health insurance plan with an Indian non-life insurer and Health Insurer and want to shift to us on Renewal, this policy will allow so as per guidelines on portability issued by the IRDAI. You may apply for portability at least 45 days before, but not earlier than 60 days from the premium renewal date of existing policy that is proposed to be ported.

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

d) Loadings & Discounts

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 person proposed for insurance). The maximum risk loading applicable for an individual will not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150%. These loadings are applied from Commencement Date of the Policy including subsequent Renewal(s) with Us or on the receipt of the request for 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 will cancel Your application and refund the premium paid within next 7 days.

Please note that We will issue Policy only after receiving Your consent and additional premium (if any).

The application of loading does not mean that the Illness/ condition, for which loading has been applied, would be covered from inception. Any waiting period as mentioned in Section 3.1.a) and Section 3.1.b) above or specifically mentioned on the Schedule shall be applied on the Illness/condition, as applicable.

We will provide the following discounts at inception and Renewal of the Policy:

- i) Prime Discount: A one-time discount of 10% on the Premium is applicable if the Insured Person is a
 - 1. Reliance Group employee (full time employee) / Shareholder at the time of enrolment, or
 - 2. Repeat customer (customers who hold an active individual/retail health insurance policy and or an active individual/retail personal accident policy with Us at the time of enrolment).

Provided that the such Policy is purchased through Our website or Our mobile app and without the involvement of any insurance agent or insurance intermediary or

Our Direct Sales Channel – Health Manager. This discount is not available at subsequent Renewals.

- ii) Buy Online Discount: The Insured Person is eligible for 10% discount on premium in case of buying or Renewing the Policy online from Our website, Our mobile app, or any duly licensed web aggregator provided that the first Policy with Us was also purchased through Our website, Our mobile app, or such web aggregator, and without the involvement of any other insurance agent or insurance intermediary or Our Direct Sales Channel – Health Manager.
 - iii) Policy Tenure Discount: If the Policy Period is more than one year, the Insured Person will be entitled to receive a discount of 10%, if You pay 2 years or 3 years premium in advance as a single premium.
- e) Notification of Claim:
We must be informed of any event or occurrence that may give rise to a claim under this Policy within 14 days of the diagnosis of the first occurrence of the Critical Illness. You can intimate us through letter, email or telephone.
- f) Supporting Documentation & Examination
The Insured Person or someone claiming on the Insured Person's behalf shall 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 for the Critical Illness against which the claim is made. In the event of any of Our request for specific information, same shall be submitted within 15 days of our request for such information.

Such documentation will include but is not limited to the following

- i) Our claim form, duly completed and signed for on behalf of the Insured Person, provided that no signatures are required if the same is being completed or populated digitally in Our website.
- ii) Copy of the identification document of the Insured Person such as voter ID card, driving license, passport, PAN card.
- iii) Medical certificate confirming the diagnosis/treatment of Critical Illness from Treating Medical Practitioner/Specialist.
- iv) A precise diagnosis of the treatment including first and follow up consultation papers for which a claim is made.
- v) Treating Medical Practitioner's certificate detailing the duration of the ailment/complaints .
- vi) Copy of MLC (medico legal case) records, FIR (First Information Report), Certificate regarding abuse of Alcohol/intoxicating agent, in case of Accidental injury.
- vii) Original Cancelled Cheque in CTS 2010 format (Printed A/C No. IFSC Code, Printed Name), In case the Name is not printed on the Cheque Leaf, duly attested scanned copy of the first page of the Pass-book or the Authorised Bank statement for NEFT (to enable direct credit of claim amount in bank account) and KYC (recent photo ID/address proof and photograph) requirements.
- viii) Legal heir certificate, in the event of death.
- ix) Regulatory requirements as amended from time to time.

The Insured Person will have to undergo medical examination by Our authorised 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 medical examination (at the specified location) of the Insured Person.

If any claim is not notified/made within the timelines set out above then We may condone such delay on merits only where the delay has been proved to be for reasons beyond the claimant's control.

g) Claims Payment

- i) We will be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We had requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- ii) If the cause or origin of a disease or disorder for the defined critical illness is among the permanent or specific exclusions of this Policy then the claim would not be payable.
- iii) We will only make payment to You under this Policy. Your receipt shall be considered as the complete discharge of Our liability against any claim under this Policy. In the event of the death of the Insured Person, We will make payment to the Nominee (as named in the Schedule) in India.
- iv) The assignment of benefits under the Policy shall be allowed subject to applicable law.
- v) The payments under this Policy shall only be made in Indian Rupees within India.
- vi) The Policy shall terminate on the occurrence of the first Critical Illness and You shall receive the Sum Insured subject to the terms and conditions and the Policy shall cease with no subsequent Renewals for the Insured Person.
- vii) We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. Where the circumstances of a claim warrant an investigation in 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 document. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document.
- viii) All claims shall be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulations), 2017 as amended from time to time. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and conditions, beyond the time period as prescribed under IRDAI (Protection of Policyholders Regulations), 2017, We shall pay interest at a rate which is 2% above the bank rate. For the purpose of this clause, 'bank rate' shall mean the bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

h) Non-Disclosure or Misrepresentation:

This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by You in respect of the Insured Person in the Proposal Form and any other details submitted in relation to the Proposal Form. If at the time of issuance of Policy or

during continuation of the Policy, any material fact in the information provided to Us in the Proposal Form or otherwise, by You or the Insured Person, or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:

- i) cancelled *ab initio* from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at Our sole discretion, upon 30day's notice by sending an endorsement to Your address shown in the Schedule without refund of premium; and
 - ii) any claim made under such Policy, shall be rejected/repudiated forthwith.
- i) 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 Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy will be void and all benefits otherwise payable under it will be forfeited.
- j) Endorsements
This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except Us, and any change We make will be evidenced by a written endorsement signed and stamped by Us.
- k) Renewal
All applications for Renewal must be received by Us before the end of the Policy Period. Grace Period of 30 days for renewing the Policy is provided under this Policy. Any disease/ condition contracted in the break in period will not be covered.

This Policy is ordinarily Renewable for life except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the Insured Person.

We are NOT under any obligation to:

- i) Send Renewal notice or reminders.
- ii) Renew it on same terms or premium as the expiring Policy.

Any change in benefit or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority of India (IRDAI) and will be intimated to You atleast 3 months in advance.

In the event of this policy being withdrawn in future, We will intimate you about the same 3 months prior to expiry of the Policy. You will have the option to migrate to similar health insurance policy available with Us at the time of Renewal with all the accrued continuity benefits such as waiver of waiting periods provided that the Policy has been maintained without a break as per Portability guidelines.

We will not apply any additional loading on your policy premium at Renewal based on claim experience.

The Sum Insured can be enhanced only at the time of Renewal subject to the underwriting norms and acceptability criteria of the Policy. If You increase the Sum Insured, the case may be subject to health check-up. In case of increase in the Sum Insured, the waiting periods will apply afresh in relation to the amount by which the Sum Insured has been enhanced. The quantum of increase shall be at Our discretion and subject to Our underwriting guidelines. Additional premium if any, shall be charged as per terms and conditions of the Policy.

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.

l) Notices

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

- i) The Insured Person, then it will be sent to You at Your address specified in the Schedule and You will act for the Insured Person for these purposes.
- ii) Us, it will be delivered to Our address specified in the Schedule.

No insurance agents, insurance intermediaries or other person or entity is authorised to receive any notice, direction or instruction on Our behalf.

m) Governing Law & Dispute Resolution Clause

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

If any administrative or judicial body imposes any condition on this Policy for any reason, We are bound to follow the same which may include suspension of all Benefits and obligations under this Policy.

If Our performance or any of Our obligations are in any way prevented or hindered as a consequence of any act of God or State, strike, lock out, legislation or restriction by any government or any other authority or any other circumstances beyond Our anticipation or control, the performance of this Policy shall be wholly or partially suspended during the continuance of such force majeure. We will resume Our obligations under the Policy, to the extent possible, after the force majeure conditions cease to exist even for the period during which the force majeure conditions existed.

n) Free Look Period

You have a period of 15 days (30 days if the Policy is sold through distance marketing or if the Policy Period is 3 years) from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the full premium paid by You. You can cancel Your Policy only if no claims have been made under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of Renewal of the Policy.

o) Cancellation (other than Free Look Period)

- i) You may terminate this Policy at any time by giving Us written notice, and the Policy will terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

Length of time Policy in force	Refund of premium	
	First Policy Period	Renewal
Upto 90 days	100%	Pro-rata
Above 90 days	Pro-rata	Pro-rata

- ii) We may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or Insured Person upon 30 day's notice by sending an endorsement to Your address shown in the Schedule without refund of premium.

Section. 5 Schedule of Benefits

Sum Insured (in Rs.)	100,000 200,000 300,000 500,000 10,00,000 15,00,000 25,00,000 50,00,000
Survival Period	1 day
Group 1 Cancer	1. Cancer of Specified Severity
Group 2 Illnesses related to the heart	2. Myocardial Infarction (First Heart attack of specified severity) 3. Open Chest CABG 4. Open Heart Replacement and Repair of Heart Valves 5. Surgery to Aorta 6. Cardiomyopathy 7. Carotid Artery Surgery: Endarterectomy 8. Primary (Idiopathic) Pulmonary Arterial Hypertension
Group 3 Illnesses related to the nervous System	9. Coma of Specified Severity 10. Stroke resulting in permanent symptoms 11. Permanent Paralysis of Limbs 12. Motor Neurone Disease with Permanent Symptoms 13. Multiple Sclerosis with Persisting Symptoms 14. Benign Brain Tumour 15. Parkinson's Disease 16. Alzheimer's Disease 17. Bacterial Meningitis 18. Apallic Syndrome 19. Brain Surgery 20. Encephalitis 21. Major Head Trauma
Group 4 Illnesses related to major organs and functions	22. Kidney Failure requiring Regular Dialysis 23. Major Organ / Bone Marrow Transplant 24. End Stage Lung Failure 25. End Stage Liver Failure 26. Chronic Recurrent Pancreatitis 27. Aplastic Anaemia 28. Medullary Cystic Kidney Disease 29. Progressive Scleroderma 30. Systemic Lupus Erythematosus (SLE) with Lupus Nephritis
Group 5 Other major Illnesses	31. Blindness 32. Deafness 33. Loss of Speech 34. Loss of limbs 35. Third Degree Burns 36. Pneumonectomy 37. Fulminant Viral Hepatitis 38. Ulcerative Colitis 39. Severe Rheumatoid Arthritis 40. Muscular Dystrophy

Section. 6 Interpretations & Definitions

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

- Def. 1. Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def. 2. Age or Aged means "Age as on last birthday" as determined on the date of first Policy issuance or at renewal. In case of change in Age during the proposal stage, then "Age" shall be determined on the date of proposal form submission would be considered for premium calculation.
- Def. 3. 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
- Def. 4. Condition Precedent means a policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
- Def. 5. Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
- i) Internal Congenital Anomaly - Congenital Anomaly which is not in the visible and accessible parts of the body;
 - ii) External Congenital Anomaly - Congenital Anomaly which is in the visible and accessible parts of the body.
- Def. 6. Disclosure to Information Norm means the policy shall be void and all premium paid thereon shall be forfeited to Us in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 7. First Diagnosis shall mean the point in time at which the requirements of any Critical Illness under this Policy were first satisfied with respect to the Insured Person, including the availability of all the test reports and medical reports evidencing such diagnosis.
- Def. 8. Grace Period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which no premium is received.

- Def. 9. Hospital means any institution established for Inpatient 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 enactments specified under the Schedule of Section 56(1) of the said act Or complies with all minimum criteria as under:
- i) has qualified nursing staff under its employment round the clock;
 - ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - iii) has qualified Medical Practitioner(s) in charge round the clock;
 - iv) has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
 - v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
- Def. 10. Illness means a sickness, or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- i) 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
 - ii) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - 1) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests;
 - 2) it needs ongoing or long-term control or relief of symptoms;
 - 3) it requires rehabilitation for the patient or for the patient to be specially trained to cope with it;
 - 4) it continues indefinitely;
 - 5) it recurs or is likely to recur.
- Def. 11. Injury means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- Def. 12. Insured Person means You named in the Schedule.
- Def. 13. Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription
- Def. 14. Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- Def. 15. 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 its scope and jurisdiction of license.

- Def. 16. Network Provider means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a Cashless Facility.
- Def. 17. Non-Network Provider means any Hospital, day care centre or other provider that is not part of the Network.
- Def. 18. Notification of Claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- Def. 19. Neurological Deficit means Symptoms of dysfunction in the nervous system that is present on clinical examination and expected to last throughout the Insured Person's 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.
- Def. 20. Portability means right to transfer by an individual health insurance policyholder (including family cover) of the credit gained for Pre-existing Disease and time-bound exclusions if he/she chooses to switch from one insurer to another or from one plan to another plan of the same insurer.
- Def. 21. Pre-existing Disease means any condition, ailment or Injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which Medical Advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
- Def. 22. Policy means your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), Appendices to the Policy and the Schedule (as the same may be amended from time to time).
- Def. 23. Policy Commencement Date means the commencement date of this Policy as specified in the Schedule.
- Def. 24. Policy Expiry Date means the end date of this Policy as specified in the Schedule.
- Def. 25. Policy Decision is the decision made by Us whether to issue the Policy to You or reject the proposal.
- Def. 26. Policy Period means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- Def. 27. Policy Year means a period of 12 consecutive months commencing from the Commencement Date or any anniversary thereof.
- Def. 28. Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the renewal continuous for the purpose of gaining credit for Pre-existing Diseases, time-bound exclusions and for all waiting periods.

- Def. 29. Sum Insured means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all claims made in respect of that Insured Person during the Policy Period.
- Def. 30. 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 or prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.
- Def. 31. Survival Period means the period that the Insured Person has to survive before a claim becomes valid, commencing from the date of First Diagnosis.
- Def. 32. Unproven/Experimental treatment means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- Def. 33. We/Our/Us/Company means Reliance Health Insurance Limited.
- Def. 34. You/Your/Policyholder means the person named in the Schedule who has concluded this Policy with Us.

Section. 7 Service related Information:

You can reach Us through any of the following methods for any service related issue and assistance:

- Website : www.reliancehealthinsurance.com
- Email : reliancehealth.service@relianceada.com
- Helpline : 022-33426868
- Courier : Reliance Health Insurance Limited
 42/KS/301, 3rd Floor, Krishe Block,
 Krishe Sapphire, Madhapur,
 Hyderabad – 500 081

Section. 8 Claim Related Information and Claims Procedure

<p>Please review your Alpha Critical Illness Insurance and familiarize yourself with the benefits available and the exclusions.</p> <p>To help us to provide you with fast and efficient service, we kindly ask you to note the following:</p> <ol style="list-style-type: none"> 1. We recommend that you keep copies of all documents submitted to Reliance Health Insurance 2. Please quote your member ID/policy number in all your correspondences 	
<p>Intimation & Assistance</p>	<p>Please intimate Us of any event or occurrence that may give rise to a claim under this Policy within 14 days of diagnosis of first occurrence of Critical Illness.</p> <p>Reliance Health Insurance can be contacted through:</p> <ul style="list-style-type: none"> Website : www.reliancehealthinsurance.com Email : reliancehealth.service@relianceada.com Helpline : 022-33426868/ Senior Citizens 022-33426888 Courier : Reliance Health Insurance Limited 42/KS/301, 3rd Floor, Krishe Block,

	<p>Krishe Sapphire, Madhapur, Hyderabad – 500 081</p> <p>Our customer service team will provide you the required assistance and will send the claim form & explain the complete claim procedure</p>
<p>Claim Procedure</p>	<ul style="list-style-type: none"> • You must submit a duly filled claim form along with specified documents within 45 days of completion of survival period for the Critical Illness against which the claim is made. • If there is any deficiency in the documents/information submitted by you, We will send the deficiency letter within 10 days of receipt of the claim documents. • Any additional information requested must be submitted within 15 days of Our request. • We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. Where the circumstances of a claim warrant an investigation in 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 document. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document.

Section. 9 Grievance Redressal Procedure

If You have a grievance that You wish Us to redress, You may contact Us with the details of Your grievance through:

Website : www.reliancehealthinsurance.com
 Email : reliancehealth.service@relianceada.com (Level 1)
 : reliancehealth.grievance@relianceada.com (Level 2)
 : reliancehealth.gro@relianceada.com (Level 3)
 Helpline : 022-33426868/022-33426888 (Senior Citizens)
 Courier : Reliance Health Insurance Limited
 : 42/KS/301, 3rd Floor, Krishe Block,
 : Krishe Sapphire, Madhapur
 : Hyderabad – 500 081

As per guidelines on special provision for Insured Persons who are senior citizens, We will provide a separate channel for addressing grievances of our senior citizen customers. You may avail this service by contacting the above-mentioned Helpline number

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Our Head of Customer Service at:

Grievance Redressal Officer
The Grievance Cell,
Reliance Health Insurance Limited,
42/KS/301, 3rd Floor, Krishe Block,
Krishe Sapphire, Madhapur,
Hyderabad – 500 081
Grievance Redressal officer email ID: reliancehealth.gro@relianceada.com
Grievance Redressal officer contact number: 022-33031550

In case Your complaint is not fully addressed by Us, You may use the Integrated Grievance Management System (IGMS) for escalating the complaint to IRDAI. Through IGMS, Insured can register the complaint online and track its status. For registration please visit IRDAI website www.irdai.gov.in. If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of the grievance.

If you have a grievance, approach Our grievance cell first. If the complaint is not resolved/ not satisfied/not responded for 30 days then You can approach The Office of the Insurance Ombudsman (Bimalokpal). The contact details of Ombudsman offices are mentioned below.

Please visit Our website for details to lodge complaint with Ombudsman.

Ombudsman Offices	
Jurisdiction	Office Address
Gujarat, Dadra & Nagar Haveli, Daman and Diu	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@gbic.co.in
Karnataka	BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in
Madhya Pradesh Chattisgarh	BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@gbic.co.in
Orissa	BHUBANESHWAR

	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh	CHANDIGARH 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@gbic.co.in
Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)	CHENNAI 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@gbic.co.in
Delhi	DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in
Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.	HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in
Rajasthan	JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg,

	<p>Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@gbic.co.in</p>
<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p>	<p>ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@gbic.co.in</p>
<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>	<p>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@gbic.co.in</p>
<p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>	<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@gbic.co.in</p>
<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>	<p>MUMBAI 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@gbic.co.in</p>
<p>State of Uttaranchal and the following Districts of Uttar Pradesh:</p>	<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace</p>

<p>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>4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@gbic.co.in</p>
<p>Bihar, Jharkhand.</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@gbic.co.in</p>
<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>	<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@gbic.co.in</p>

The updated details of Insurance Ombudsman are available on IRDA website: www.irdai.gov.in, on the website of General Insurance Council: www.gicouncil.in, our website www.reliancehealthinsurance.com.

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