

**Star Group Criticare Platinum**

**UIN : SHAHLP18123V011718**

The proposal, declaration, enrolment form and other documents given by the Proposer and/or Insured Person shall be the basis of this Contract and is deemed to be incorporated herein.

In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein the Company agrees as under.

**I. Coverage**

If during the period stated in the Schedule the insured person shall contract the below mentioned **Critical Illness** as a first incidence, then Company will pay the sum insured stated in the Schedule as lump-sum

Sl. No.	Critical Illness	Sl. No.	Critical Illness
1	Cancer of Specified Severity	28	Systemic Lupus Erythematosus with Lupus Nephritis
2	Myocardial Infarction	29	Dissecting Aortic Aneurysm
3	Open Chest CABG	30	Infective Endocarditis
4	Repair /Replacement of Heart Valves	31	Severe Ulcerative Colitis
5	Coma of Specified Severity	32	Amputation of Feet due to Complications from Diabetes
6	Kidney Failure Requiring Regular Dialysis	33	Apallic Syndrome
7	Stroke Resulting in Permanent Symptoms	34	Aplastic Anemia
8	Surgery for Major Organ /Bone Marrow Transplant	35	Bacterial Meningitis
9	Permanent Paralysis of Limbs	36	Brain Surgery
10	Motor Neuron Disease with Permanent Symptoms	37	Chronic Adrenal Insufficiency (Addison's Disease)
11	Multiple Sclerosis with Persisting Symptoms	38	Chronic Relapsing Pancreatitis
12	Benign Brain Tumor	39	Crohn's Disease
13	Blindness	40	Eisenmenger's Syndrome
14	Deafness	41	Hemiplegia
15	End Stage Lung Failure	42	HIV Due to Blood Transfusion and Occupationally Acquired HIV
16	End Stage Liver Failure	43	Loss of Independent Existence
17	Loss of Speech	44	Loss of One Limb and One Eye
18	Loss of Limbs	45	Medullary Cystic Disease
19	Major Head Trauma	46	Myelofibrosis
20	Primary (Idiopathic) Pulmonary Hypertension	47	Other Serious Coronary Artery Disease
21	Major Third degree Burns	48	Pheochromocytoma
22	Alzheimer's Disease	49	Poliomyelitis
23	Creutzfeldt-Jacob Disease (CJD)	50	Progressive Scleroderma
24	Encephalitis	51	Progressive Supranuclear Palsy
25	Fulminant Hepatitis	52	Severe Rheumatoid Arthritis
26	Muscular Dystrophy	53	Terminal illness
27	Aorta Graft Surgery	54	Tuberculosis Meningitis

Provided however that

1. The Insured Person subjects himself/herself to examination by the panel doctor of the Company and the incidence of such Critical Illness is confirmed by the panel doctor and must be supported by treating doctor's certificate regarding duration and etiology of the Critical Illness, clinical radiological histological, pathological, histo-pathological and laboratory evidence acceptable to the Company;
2. No claim for compensation will become payable if the insured person is suffering from any of the covered Critical Illness at the time of inception of this policy.

**Important Note:**

1. Insurance under this policy shall cease upon payment of lump-sum on occurrence of any Critical Illness and no further payment will be made for any consequent / subsequent / dependent illness.
2. Only one lump sum payment shall be provided regardless of the number of Critical Illness suffered by the Insured Person.

**Waiting Period:**

An initial waiting period of 90 days is applicable from the date of commencement of the Certificate of Insurance. The waiting period is not applicable for accidental claims.

**II. Definitions**

**Accident / Accidental** means sudden, unforeseen and involuntary event caused by external, visible and violent means.

**Certificate of Insurance** means that portion of the Policy which sets out personal details of Insured Person, the type and plan of insurance cover in force, the Policy duration and sum insured etc any Annexure or Endorsement to it, shall also be a part of the Policy Certificate

**Company** means Star Health and Allied Insurance Company Limited

**Commencement Date** means the commencement date of the coverage under this Policy as specified in the Policy Certificate

**Condition Precedent** means a policy term or condition upon which the insurer's liability under the policy is conditional upon.

**Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

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

**Critical Illness means**

1. **CANCER OF SPECIFIED SEVERITY** : A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term

cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

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

2. **MYOCARDIAL INFARCTION** The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- A. Other acute Coronary Syndromes
- B. Any type of angina pectoris
- C. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. **OPEN CHEST CABG**

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded

Angioplasty and/or any other intra-arterial procedures are excluded:

4. **REPAIR / REPLACEMENT OF HEART VALVES:** The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves or Trans catheter aortic valve implantation (TAVI) under anesthesia, as a consequence of defects in, abnormalities of, or disease- affected cardiac valve. The diagnosis of the valve abnormality must be supported by an echocardiography/ a cardiac catheterization and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques apart from TAVI (Trans catheter aortic valve implantation), including but not limited to, balloon

valvotomy/valvuloplasty are excluded. “

5. **COMA OF SPECIFIED SEVERITY** A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
  - i. no response to external stimuli continuously for at least 96 hours;
  - ii. life support measures are necessary to sustain life; and
  - iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.
6. **KIDNEY FAILURE REQUIRING REGULAR DIALYSIS** End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.
7. **STROKE RESULTING IN PERMANENT SYMPTOMS** Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced. The following are excluded:
  - i. Transient ischemic attacks (TIA)
  - ii. Traumatic injury of the brain
  - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.
8. **SURGERY FOR MAJOR ORGAN /BONE MARROW TRANSPLANT** The actual undergoing of a transplant of:
  - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
  - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.The following are excluded:
  - i. Other stem-cell transplants
  - ii. Where only islets of langerhans are transplanted
9. **PERMANENT PARALYSIS OF LIMBS** Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.
10. **MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS** 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.

11. **MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS** The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
- investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
  - there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- Other causes of neurological damage such as SLE and HIV are excluded.
12. **BENIGN BRAIN TUMOR** Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
- Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
  - Undergone surgical resection or radiation therapy to treat the brain tumor.
- Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord are excluded
13. **BLINDNESS** : Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- The Blindness is evidenced by:
- corrected visual acuity being 3/60 or less in both eyes or ;
  - the field of vision being less than 10 degrees in both eyes.
- The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.
14. **DEAFNESS** Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.
15. **END STAGE LUNG FAILURE** : End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
- FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
  - Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
  - Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO<sub>2</sub> < 55mmHg); and
  - Dyspnea at rest.
16. **END STAGE LIVER FAILURE** : Permanent and irreversible failure of liver function that has resulted in all three of the following:
- Permanent jaundice; and
  - Ascites; and
  - Hepatic encephalopathy.
- Liver failure secondary to drug or alcohol abuse is excluded.

17. **LOSS OF SPEECH** Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

All psychiatric related causes are excluded.

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

19. **MAJOR HEAD TRAUMA** : Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on 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.

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

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.

Spinal cord injury are excluded:

20. **PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION** An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital

heart disease and any secondary cause are specifically excluded.

21. **MAJOR THIRD DEGREE BURNS** There must be third-degree burns with scarring that cover at least 40% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 40% of the body surface area.
22. **ALZHEIMER'S DISEASE** Alzheimer's (presenile dementia) disease is a progressive degenerative disease of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a Neurologist and supported by Our appointed Medical Practitioner. The following conditions are however not covered:
  - a. non-organic diseases such as neurosis and psychiatric illnesses;
  - b. alcohol related brain damage; and
  - c. any other type of irreversible organic disorder/dementia.
23. **CREUTZFELDT-JACOB DISEASE (CJD)** Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A Registered Doctor who is a neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.
24. **ENCEPHALITIS** Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a Registered Doctor who is a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks. Encephalitis caused by HIV infection is excluded.
25. **FULMINANT HEPATITIS** A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:
  - a. Rapid decreasing of liver size;
  - b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
  - c. Rapid deterioration of liver function tests;
  - d. Deepening jaundice; and
  - e. Hepatic encephalopathy.Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.
26. **MUSCULAR DYSTROPHY** A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered Doctor who is 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.

Activities of daily living:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
  - 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 lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
  - iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
  - v. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
  - vi. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence
27. **AORTA GRAFT SURGERY** The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.  
**The following are exclude from this definition**
- a. Surgery performed using only minimally invasive or intra-arterial techniques.
  - b. Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.
28. **SYSTEMIC LUPUS ERYTHEMATOSUS WITH LUPUS NEPHRITIS** A multi-system autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of this Policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered Doctor specialising in Rheumatology and Immunology.  
The WHO Classification of Lupus Nephritis:  
Class I Minimal Change Lupus Glomerulonephritis  
Class II Messangial Lupus Glomerulonephritis  
Class III Focal Segmental Proliferative Lupus Glomerulonephritis  
Class IV Diffuse Proliferative Lupus Glomerulonephritis  
Class V Membranous Lupus Glomerulonephritis
29. **DISSECTING AORTIC ANEURYSM** A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a Registered Doctor who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.
30. **INFECTIVE ENDOCARDITIS** Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:
- I. Positive result of the blood culture proving presence of the infectious organism(s);



- II. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and  
 III. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Doctor who is a cardiologist.

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

32. **AMPUTATION OF FEET DUE TO COMPLICATIONS FROM DIABETES** Diabetic neuropathy and vasculitis resulting in the amputation of both feet at or above ankle as advised by a Registered Doctor who is a specialist as the only means to maintain life. Amputation of toe or toes, or any other causes for amputation shall not be covered.

33. **APALLIC SYNDROME** Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist acceptable to Us and the condition must be documented for at least one month.

34. **APLASTIC ANEMIA** Chronic persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
- Blood product transfusion;
  - Marrow stimulating agents;
  - Immunosuppressive agents; or
  - Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:

- a. Absolute neutrophil count of less than 500/mm<sup>3</sup> or less
- b. Platelets count less than 20,000/mm<sup>3</sup> or less
- c. Reticulocyte count of less than 20,000/mm<sup>3</sup> or less

Temporary or reversible Aplastic Anemia is excluded.

35. **BACTERIAL MENINGITIS** : 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:
- a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
  - b. A consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

36. **BRAIN SURGERY** The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are all excluded. Brain surgery as a

result of an Accident is also excluded. The procedure must be considered medically necessary by a Registered Doctor who is a qualified specialist.

37. **CHRONIC ADRENAL INSUFFICIENCY (ADDISON'S DISEASE)** An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a Registered Doctor who is a specialist in endocrinology through one of the following:
- ACTH simulation tests;
  - insulin-induced hypoglycemia test;
  - plasma ACTH level measurement;
  - Plasma Renin Activity (PRA) level measurement.

Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

38. **CHRONIC RELAPSING PANCREATITIS** An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Doctor who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.
- Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

39. **CROHN'S DISEASE** Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:
- I. Stricture formation causing intestinal obstruction requiring admission to hospital, and
  - II. Fistula formation between loops of bowel, and
  - III. At least one bowel segment resection.

The diagnosis must be made by a Registered Doctor who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

40. **EISENMENGER'S SYNDROME** Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a Registered Doctor who is a specialist with echocardiography and cardiac catheterisation and supported by the following criteria:
- I. Mean pulmonary artery pressure > 40 mm Hg;
  - II. Pulmonary vascular resistance > 3mm/L/min (Wood units); and
  - III. Normal pulmonary wedge pressure < 15 mm Hg.

41. **HEMIPLEGIA** The total and permanent loss of the use of one side of the body through paralysis caused by illness or injury, except when such injury is self-inflicted.

42. **HIV DUE TO BLOOD TRANSFUSION AND OCCUPATIONALLY ACQUIRED HIV** Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:
- I. The blood transfusion was medically necessary or given as part of a medical treatment;
  - II. The blood transfusion was received in India after the Policy Date, Date of endorsement or Date of reinstatement, whichever is the later;
  - III. The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and
  - IV. The Life Insured does not suffer from Thalassaemia Major or Haemophilia.

Infection with the Human Immunodeficiency Virus (HIV) which resulted from an Accident occurring after the Policy Date, date of endorsement or date of reinstatement, whichever is the later whilst the Life Insured was carrying out the normal professional duties of his or her occupation in India, provided that all of the following are proven to the Company's satisfaction:

- I. Proof that the Accident involved a definite source of the HIV infected fluids;
- II. Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented Accident. This proof must include a negative HIV antibody test conducted within 5 days of the Accident; and
- III. HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This benefit is only payable when the occupation of the Life Insured is a Registered Doctor, housemen, medical student, registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic in India. This benefit will not apply where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

43. **LOSS OF INDEPENDENT EXISTENCE** Inability to perform at least three (3) of the "Activities of Daily Living" as defined below (either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons) for a continuous period of at least six (6) months and leading to a permanent inability to perform the same. For the purpose of this definition, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology. The Diagnosis of Loss of Independent Existence must be confirmed by a Registered Doctor.

All psychiatric related causes are excluded.

Activities of daily living:

- I. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
- 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 lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
- IV. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- V. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- VI. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

44. **LOSS OF ONE LIMB AND ONE EYE** Total, permanent and irrecoverable loss of sight of one eye and loss by severance of one limb at or above the elbow or knee. The loss of sight of one eye must be clinically confirmed by a Registered Doctor who is an eye specialist, and must not be correctable by aides or surgical procedures.
45. **MEDULLARY CYSTIC DISEASE** Medullary Cystic Disease where the following criteria are met:
- the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
  - clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
  - the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.
- Isolated or benign kidney cysts are specifically excluded from this benefit.
46. **MYELOFIBROSIS** A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anaemia, low levels of white blood cells and platelets and enlargement of the spleen. The condition must have progressed to the point that it is permanent and the severity is such that the Life Insured requires a blood transfusion at least monthly. The diagnosis of myelofibrosis must be supported by bone marrow biopsy and confirmed by a Registered Doctor who is a specialist.
47. **OTHER SERIOUS CORONARY ARTERY DISEASE** Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded).
- For purposes of this definition, "major coronary artery" refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).
48. **PHEOCHROMOCYTOMA** Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour.
- The Diagnosis of Pheochromocytoma must be confirmed by a Registered Doctor who is an endocrinologist.
49. **POLIOMYELITIS** The occurrence of Poliomyelitis where the following conditions are met:
1. Poliovirus is identified as the cause,
  2. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.
50. **PROGRESSIVE SCLERODERMA** A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and CREST syndrome.

51. **PROGRESSIVE SUPRANUCLEAR PALSY** Confirmed by a Registered Doctor who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.
52. **SEVERE RHEUMATOID ARTHRITIS** Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:
  - Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
  - Permanent inability to perform at least two (2) "Activities of Daily Living";
  - Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
  - The foregoing conditions have been present for at least six (6) months.
53. **TERMINAL ILLNESS** The conclusive diagnosis of an illness, which in the opinion of a Registered Doctor who is an attending Consultant and agreed by our appointed Registered Doctor, life expectancy is no greater than twelve (12) months from the date of notification of claim, regardless of any treatment that might be undertaken.
54. **TUBERCULOSIS MENINGITIS** Meningitis caused by tubercle bacilli, resulting in permanent neurological deficit. Such a diagnosis must be confirmed by a Registered Doctor who is a specialist in neurology.

**Diagnosis** means diagnosis by a registered medical practitioner, supported by clinical, radiological, histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to the Company.

**Disclosure to information norm:** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact

**Group Administrator / Proposer** means the person/organization who has signed in the proposal form and named in the Policy Schedule. He may or may not be insured under the policy

**Insured Person** means the name/s of persons shown in the Certificate of Insurance

**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

**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 there by entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

**Nuclear, Chemical Or Biological Attack** shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear. "Chemical" agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property. "Biological" agent shall mean any pathogenic

(disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

**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

**Sum Insured** means the amount shown in the Policy Certificate, which shall be the Company's maximum liability for each Insured Person for any and all claims made for any or all Critical Illnesses covered under this policy during the policy period

**Unproven/Experimental Treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven

**Waiting Period:** Waiting period refers to the period during which the Company shall not be liable to make any payment for any claim which occurs or where the signs and/ or the symptoms of illness/ condition for the claim has occurred. This is not applicable if caused directly due to an accident during the policy period

### III. Exclusions

The Company shall not be liable to make any payment under this Policy towards a covered Critical Illness, directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;
2. Any claim with respect to any Critical Illness contracted, diagnosed or manifested prior to Commencement date of this policy
3. Any Pre-Existing Disease, 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 by the insured person and such condition/ailment or injury has a bearing on the manifestation of the critical illness ( insured event ).
4. Any Critical Illness directly or indirectly caused due to or associated with human T-cell Lymphotropic virus type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants, Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCS) and all diseases/illness/injury caused by and/or related to HIV;
5. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, whether or not arising out of conditions listed under 3 above.
6. Any Critical Illness arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen;
7. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,
8. Any Critical Illness directly or indirectly caused due to intentional self-injury, suicide or attempted suicide; whether the person is medically sane or insane
9. Any Critical Illness directly or indirectly, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;

10. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
11. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
12. Congenital External Anomalies or any complications or conditions arising therefrom including any developmental conditions of the Insured
13. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation;
14. Participation by the Insured Person in any flying activity, except as a bona fide, fare paying passenger of a recognized airline on regular routes and on a scheduled timetable.
15. Any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy;
16. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis or treatment that is not scientifically recognized or Unproven/Experimental Treatment, or is not Medically Necessary or any kind of self-medication and its complications;
17. Any treatment/surgery for change of sex, cosmetic or plastic surgery or any elective surgery or cosmetic procedure that improve physical appearance, surgical and nonsurgical treatment of obesity, including morbid obesity (unless certified to be life threatening) and weight control programs, or treatment of an optional nature including complications/illness arising as a consequence thereof;
18. Any Critical Illness arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal intent;
19. In the event of the death of the Insured Person within the stipulated survival period as set out above.
20. Birth control procedures and hormone replacement therapy.
21. Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an accident), childbirth, maternity (including Caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.

#### **IV. Conditions**

1. It is not permissible to issue more than one policy per person. Where the Insured Person is already covered by another Critical Illness policy issued by the Company the maximum amount payable under all Policies combined will not exceed the amount payable under the Policy with the highest sum insured.
2. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance and fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person, in so far 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 authorized official of the Company

3. **Observance of terms and conditions** : The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far 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.
4. **Material change** The proposer / group administrator shall immediately notify the Company in writing of any change in his business or occupation or physical defect or infirmity with which the insured person/s has become affected.
5. **Notification of Claim** :  
Upon the happening of any event, which may give rise to a valid claim under this policy, notice with full particulars shall be sent to the Company within 15 days from the date of occurrence of the event / diagnosis of Critical Illness

6. **Submission of Documents** :

The Insured Person or person(s) claiming on behalf of the Insured Person shall submit within 15 days of notification of claim, the filled and signed claim form and all relevant documents, information medical records and any other information/ documents the Company may request, to establish the Claim made

The company may examine and relax the time limits mentioned in condition 5 & 6 depending upon the merits of the Case

Such documents include but not limited to the following :-

- Claim form duly completed and signed
- Medical Certificate confirming the diagnosis / treatment of critical illness from the treating medical practitioner in letter head.
- All Diagnostic test results / Imaging confirming positive existence of critical illness
- Discharge summary / in case papers / complete treatment records (wherever applicable)
- Treating doctor's certificate regarding the duration & etiology of the Critical Illness in letter head.
- Any other document specific to the treatment / illness
- Copy of PAN Card
- Copy of Aadhaar Card

The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy

7. Any medical practitioner authorized by the company shall be allowed to examine the Insured Person/s when and as often as the same may reasonably be required on behalf of the Company at the Company's cost.
8. The Company shall not be liable to make any payment under the policy in respect of any claim if information furnished at the time of enrolment of Insured person is found to be incorrect or false or such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation whether by the Insured Person or by any other person acting on his behalf.
9. **Renewal**: The policy may be renewed subject to mutual consent and mutually agreed terms and conditions. The Company, however, shall not be bound to give notice that the policy is due for renewal.



10. **Modification of the terms of the policy:** The Company reserves the right to modify the policy terms and conditions or modify the premium of the policy as duly approved of the Competent Authority. In such an event the Proposer will be intimated three months in advance.

11. **Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, Moral Hazard, non disclosure of material fact as declared at the inception of the policy / at the time of claim, or non-co-operation by the proposer / group administrator, by sending the proposer / group administrator 30 days notice by registered letter to its last known address. Where the misrepresentation, fraud, moral hazard, non disclosure either at inception or at the time of claim is by the insured person , then the insurance cover in respect of such insured person will cease immediately. The proposer / group administrator may at any time cancel this policy and in such event the Company shall allow refund only for those insured person who have not made claim as on the date of cancellation, after retaining premium at Company's short period rate only (table given below)

Policy Period	2	3	4	5
Year of Cancellation	Percentage of premium that will be retained			
1	50%	33%	25%	20%
2		67%	50%	40%
3			75%	60%
4				80%

12. **Automatic Termination of Insurance :** The insurance provided in respect of each relevant person insured under this policy shall automatically terminate at the earlier of the following events

- upon the Insured Person's death or
- upon payment of 100% Sum Insured
- at the expiry of the period for which the premium has been paid or
- on the expiry date shown in the policy schedule whichever is earlier.

13. **Automatic Termination of Individual Certificate of Insurance.** The Certificate of Insurance will terminate on the earliest of the following dates:

The date of expiry of certificate of insurance or

The date the Insured Person is no longer eligible within the classification of Insured Person(s) described in the Policy Schedule or

The Insured person ceases to be a resident of India or

From the date the Certificate of Insurance is cancelled either by the Company or Insured Person(s)

14. **Role of Group Administrator / Proposer**

The Group administrator shall play a facilitative role between the Insurer and the Insured Person. Such role includes

- 1) To facilitate Insured Person / s in availing all insurance related services wherever required.
- 2) If a member leaves the group as per group rules, group administrator should facilitate to provide option to migrate to another policy of similar nature at premium as applicable for such individual insurance. In such event continuity of cover shall be provided to an extent the Insured person was continuously covered under this group policy.

15. **Arbitration :** If any dispute or difference shall arise as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party

invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

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

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

It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

16. All claims under this policy shall be payable in Indian currency. All medical /surgical treatments under this policy shall have to be taken in India.

**17. Important Note:**

- a) The Policy Schedule, Certificate of Insurance and Endorsement are to be read together with the policy clause and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws
- b) The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with. Failure to comply may result in the claim being denied.
- c) The attention of the policy holder / Insured Person is drawn to our website [www.starhealth.in](http://www.starhealth.in) for anti fraud policy of the company for necessary compliance by all stake holders

18. **Policy disputes:** Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

19. **Notices** Any notice, direction or instruction given under this policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Toll free no: 1800-425-2255 / 1800-102-4477 Email: [support@starhealth.in](mailto:support@starhealth.in)

**Notice** and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

20. **Customer Service** : If at any time the Insured Person requires any clarification or assistance, he/she may contact the offices of the Company at the address specified, during normal business hours or Toll free number 1800-425-2255 /1800-102-4477

21. **Grievances:** In case the Insured Person is aggrieved in any way, he/she may contact the Company at the specified address, during normal business hours.

**Grievance Department**, Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034. or Call 044-28243921. or Send e-mail to [grievances@starhealth.in](mailto:grievances@starhealth.in). Senior Citizens may call 044-28243923

In the event of the following grievances:

- a. any partial or total repudiation of claims by the Company
- b. any dispute in regard to premium paid or payable in terms of the policy;
- c. any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- d. delay in settlement of claims;
- e. non-issuance of any insurance document to customer after receipt of the premium

the insured person may approach the Insurance Ombudsman at the address given below, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited or the residential address or place of the Insured Person is located

CONTACT DETAILS	JURISDICTION
<p><b>AHMEDABAD</b></p> <p>Office of the Insurance Ombudsman, 6<sup>th</sup> floor, Jeevan Prakash Building, Near S.V. College, Relief Road, Ahmedabad 380001, Tel 079-25501201-02-05-06.</p> <p>Email:- <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a></p> <p><b>Website : <a href="http://www.ecoi.co.in">www.ecoi.co.in</a></b></p>	<p>Gujarat, Dadra &amp; Nagar Haveli, Daman and Diu</p>
<p><b>BENGALURU</b></p> <p>Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24<sup>th</sup> Main Road, JP Nagar, 1st Phase,</p> <p>Bengaluru-560 078. Tel.:-080-26652048/26652049</p> <p>Email:- <a href="mailto:bimalokpalbhopal@airtelbroadband.in">bimalokpalbhopal@airtelbroadband.in</a></p>	<p>Karnataka.</p>
<p><b>BHOPAL</b></p> <p>Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal – 462 033. Tel.:- 0755-2769201/202 Fax:- 0755-2769203 Email:- <a href="mailto:bimalokpal.bhopal@gbic.co.in">bimalokpal.bhopal@gbic.co.in</a></p>	<p>States of Madhya Pradesh and Chattisgarh.</p>
<p><b>BHUBANESHWAR</b></p> <p>Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009.</p>	<p>State of Orissa.</p>

<p>Tel.:- 0674-2596461 / 2596455 Fax:- 0674-2596429 Email:- <a href="mailto:ioobbsr@dataone.in">ioobbsr@dataone.in</a></p>	
<p><b>CHANDIGARH</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 &amp; 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017.  Tel.:- 0172-2706196/ 2706468 Fax:- 0172-2708274 Email:- <a href="mailto:ombchd@yahoo.co.in">ombchd@yahoo.co.in</a></p>	<p>States of Punjab, Haryana, Himachal Pradesh, Jammu &amp; Kashmir and Union territory of Chandigarh.</p>
<p><b>CHENNAI</b> 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:- <a href="mailto:insombud@md4.vsnl.net.in">insombud@md4.vsnl.net.in</a></p>	<p>State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</p>
<p><b>DELHI</b> 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:- <a href="mailto:bimalokpal.delhi@gbic.co.in">bimalokpal.delhi@gbic.co.in</a></p>	<p>State of Delhi</p>
<p><b>ERNAKULAM</b> Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard,  M.G. Road, Ernakulum - 682 015. Tel.:- 0484-2358759/2359338 Fax:- 0484-2359336 Email:- <a href="mailto:bimalokpal.ernakulum@gbic.co.in">bimalokpal.ernakulum@gbic.co.in</a></p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry</p>
<p><b>GUWAHATI</b> 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:- <a href="mailto:bimalokpal.guwahati@gbic.co.in">bimalokpal.guwahati@gbic.co.in</a></p>	<p>States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p><b>HYDERABAD</b> 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</p>	<p>States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.</p>

<p>Email:- bimalokpal.hyderabad@gbic.co.in</p>	
<p><b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor,  Bhawani Singh Marg, Jaipur - 302005. Tel.:- 0141-2740363 Email:- bimalokpal.jaipur@gbic.co.in</p>	<p>State of Rajasthan.</p>
<p><b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, CR Avenue,  Kolkata - 700 072. Tel.:- 033-22124339 / 22124340 Fax:- 033-22124341 Email:- bimalokpal.kolkata@gbic.co.in</p>	<p>States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.</p>
<p><b>LUCKNOW</b> 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>District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.</p>
<p><b>MUMBAI</b> 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>States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane.</p>
<p><b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Distt: Gautam Budh Nagar, U.P-201301  Tel: 0120-2514250 / 2514252 / 2514253 Email:- bimalokpal.noida@gbic.co.in</p>	<p>States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha,</p>

	Hathras, Kanshiramnagar, Saharanpur.
<p><b>PATNA</b> 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>	States of Bihar and Jharkhand.
<p><b>PUNE</b> Office of the Insurance Ombudsman, Jeevan Darshan Building, 3rd Floor, CTS Nos. 195 to 198, NC Kelkar Road, Narayan Peth, Pune - 411 030 Tel: 020 -41312555 Email:- bimalokpal.pune@gbic.co.in</p>	States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.