



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

CRITICAL ILLNESS INSURANCE POLICY

UIN: IFFHLIP21353V022021

SALES LITERATURE

In the time of increasing cost of living, the expenses for medical treatment have gone up substantially and at the same time, the population has also become vulnerable towards contracting disease and sustaining injury due to factors of fast life, urbanisation, stress, congestion, pollution etc. Particularly if Insured person suffers from any critical illness, then not only he /she has to spend a large sum of money for treatment, but it also leaves him / her nowhere i.e. without any sustenance support. In order to mitigate the financial hardship of the population who have to spend a larger sum for taking any treatment, along with maintenance of the family, **IFFCO-TOKIO General Insurance Company Ltd.** Presents **CRITICAL ILLNESS INSURANCE POLICY** which can be offered to any Individual to cover self and or his dependent family members like spouse, children and dependent parents only .

SCOPE OF COVER:

If the Insured Person(s) is/are for the first time diagnosed during the period of Insurance as suffering from a critical illness, symptoms (and/or the treatment) as listed below and/or received Injuries, then WE will pay you the medical hospitalization expenses incurred in respect of Insured person(s) - as an inpatient, or to Insured Person(s) or to his/her legal heirs upto the amount stipulated against such Insured person in the schedule.

- a) Cancer of Specified Severity
- b) Coma of Specified Severity
- c) Open Chest CABG
- d) End Stage Liver Failure
- e) Multiple Sclerosis with Persisting Symptoms
- f) Stroke Resulting in Permanent Symptoms
- g) Kidney Failure Requiring Regular Dialysis
- h) Major Organ /Bone Marrow Transplant
- i) Third Degree Burns

EXCLUSIONS

We will not pay for

1. Pre-Existing Diseases(Code- Excl01)

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

2. Any critical illness as specified in the Policy, which incepts or manifest during the first 90 days of the period of insurance cover for Insured Person.

3. Any critical Illness which arises or is caused by any one of the following:

- a. The ingestion of drugs other than those prescribed by Registered Medical practitioner.

- b. Ingestion of Medicines whether prescribed or not for treatment of drug addiction and alcoholism and drug addiction and alcoholism.
 - c. Dry addiction, alcoholism, smoking of more than 30 cigarettes/cigars or equivalent intake of tobacco in a day and any complication, consequences arising there from.
 - d. Any attempt by the Insured Person of suicide or any injury, which is self inflicted or in any manner willfully caused by or on behalf of Insured Person.
4. Any Insured Person under 5 years or aged 60 years or more.
5. Circumcision except for diseases not excluded here or Injury, vaccination or Inoculation or change of life.
- 6. Cosmetic or plastic Surgery: Code- Excl08**
- a) Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner
 - b) Convalescence, General Debility, Run Down condition or rest cure, congenital external diseases or defects or anomalies, sterility venereal diseases.
 - c) Any claim if a critical Illness is caused directly or indirectly or contributed to by or arising from:
7. External congenital Disease or defects or anomalies, venereal Disease.
- 8. Rest Cure, rehabilitation and respite care- Code- Excl05**
- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- 9. Sterility and Infertility: (Code- Excl17)**
- Expenses related to sterility and infertility. This includes:
- i. Any type of contraception, sterilization
 - ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - iii. Gestational Surrogacy
 - iv. Reversal of sterilization
10. Any claim if a critical Illness is caused directly or indirectly or contributed to by or arising from:
- a) Nuclear attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
11. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds

CLAIM PROCEDURE AND REQUIREMENTS

1. The Policy provides for Cashless facility at the network hospitals. The provision of Cashless is at the discretion of the Third Party Administrator keeping in mind the coverage provided under this Policy. In case of the treatment being taken at a non network hospital, the claim will be processed on a reimbursement basis. An event, which might become a claim under the Policy, must be reported to US as soon as possible, but not later than 14 days from the date of discharge from Hospital after treatment of the Critical Illness. A written statement of the claim will be required and a claim form will be provided and the claim must be filed within 30 days from the date of discharge from Hospital post treatment of the Critical Illness except for in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances, in which YOU, the Insured Person or his/her personal representative were placed, it was not possible for any one of YOU to give notice or file claim within the prescribed time limit.

The Insured Person must give all bills, receipts, certificates, information and evidences from a Medical Attendant or otherwise required by US in the manner and form as WE may prescribe. In such claims our representative shall be allowed to carry out examination and obtain information in case of alleged injury or disease if and when WE may reasonably require.

2. No sum payable under this Policy shall carry any interest/ penalty.

3. Claim Settlement (provision for Penal Interest)

- i. We shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, We shall be liable to pay interest to You/the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate**
- iii. However, 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 or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate** from the date of receipt of last necessary document to the date of payment of claim.

***"Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

Note : This Clause shall always correspond with the amendment(s), if any, to the relevant provisions of Protection of Policyholder's Interests Regulations, 2017.

GENERAL CONDITIONS

1. Cancellation

- a) You/the Policy holder may cancel this Policy by giving 15 days' written notice, and in such an event, We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period of cover up to	Refund of annual premium rate(%)
1(one) month	75%(seventy five percent)

3(three) months	50%(fifty percent)
6(six) months	25%(twenty five percent)
Exceeding six months	Nil

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by any Insured person under the Policy.

- b) We may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

2. Migration

You/the Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by Us by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.

If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

3. Portability

You/the Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability.

If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGeneral_Layout.aspx?page=PageNo2908&flag=1

https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

4. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by You/the insured person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience

5. Withdrawal of Policy

The policy terms

- i. In the likelihood of this product being withdrawn in future, We will intimate You/the insured person about the same 90 days prior to expiry of the policy.
- ii. You/ Insured Person will have the option to migrate to similar health insurance product available with Us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

6. Possibility of Revision of Terms of the Policy Including the Premium Rates

We, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. You shall be notified three months before the changes are affected.

7. Moratorium Period

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period, no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

8. Free look period

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting/ migrating the policy.

You/the insured shall be allowed a period of fifteen days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i.a refund of the premium paid less any expenses incurred by Us on medical examination of the insured person and the stamp duty charges; or
- ii. where the risk has already commenced and the option of return of the Policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

9. Territorial Limit

All medical treatment for the purpose of this insurance will have to be taken in India only and all claims shall be payable in Indian currency.

10. Payment of Premium:

The premium payable shall be paid in advance before commencement of risk..

11. Provision for Senior Citizens

Separate channel to address the related claims and grievances of senior citizen are mentioned below:

Claims/ Grievance: seniorcitizengrievance@iffcotokio.co.in

Courier: Chief Grievance Officer
IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Sector -29, Gurgaon - 122001

12. Redressal Of Grievance

In case of any grievance, the insured person may contact Us through:

Website: <https://www.iffcotokio.co.in/customer-services/grievance-redressal>

Toll free: 1800-103-5499

E-mail: support@iffcotokio.co.in

Courier: Chief Grievance Officer
IFFCO-Tokio General Insurance Co Ltd

IFFCO Tower, Plot no. 3
Sector -29, Gurgaon - 122001

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. The list of branches with addresses are available at <https://www.iffcotokio.co.in/contact-us>

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at chiefgrievanceofficer@iffcotokio.co.in

For updated details of grievance officer, kindly refer the link
<https://www.iffcotokio.co.in/customer-services/grievance-redressal>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance.

AGE - The Cover shall be available for those above 5 years and upto 60 years of age only.

80 D EXEMPTION - The premium paid is exempted under Section 80 D of the IT Act.

PRE-POLICY MEDICAL CHECKUP - A Pre insurance medical checkup consisting of ECG, Sugar(Urine and Blood) test , Blood Urea and Creatinine will be a must for those above 50 years of age .

SUM INSURED: Minimum Rs.1,00,000/- with multiples of Rs. 50,000/- thereafter, with maximum Sum Insured of Rs.5,00,000/-

PERIOD OF INSURANCE: It means duration of this policy as shown in the schedule. Further it is risk inception date to the end of the period **not exceeding 3 years.**

FAMILY DISCOUNT

In case of individual policies, the family discount of 7.5% to 15% in the total premium will be allowed comprising the Insured and any one or more of the following:

- a) Spouse
- b) Dependant children upto 2
- c) Dependant parents
 - If 2-persons are covered in one policy, then a discount of 7.5% is allowed.
 - If 3 or 4 persons are covered in one policy, then a discount of 10% will be given and
 - Beyond 4 persons, there will be 15% discount.

PREMIUM RATING

Premium excluding taxes is as below:

Table 1 **Premium for 1 year policy**

Sum Insured	Upto 25 years	26-35	36-40	41-45	46-50	51-55	56-60
100000	192	282	492	605	1,024	1,138	1,760
150000	282	414	721	887	1,508	1,676	2,596
200000	362	532	926	1,140	1,958	2,175	3,380
250000	433	637	1,109	1,365	2,373	2,637	4,111
300000	505	742	1,292	1,591	2,788	3,098	4,842
350000	568	834	1,453	1,788	3,168	3,521	5,521
400000	630	926	1,613	1,985	3,549	3,943	6,200
450000	693	1,018	1,773	2,182	3,929	4,366	6,879
500000	755	1,110	1,933	2,379	4,310	4,789	7,558

Table 2 **Premium for 2 year policy**

Sum Insured	Upto 25 years	26-35	36-40	41-45	46-50	51-55	56-60
100000	384	565	984	1211	2048	2275	3520

150000	563	827	1441	1774	3016	3351	5192
200000	724	1064	1853	2280	3915	4350	6760
250000	867	1274	2219	2731	4746	5273	8221
300000	1010	1484	2585	3181	5576	6195	9684
350000	1135	1668	2905	3575	6337	7041	11042
400000	1260	1851	3225	3970	7097	7886	12400
450000	1385	2035	3546	4364	7859	8732	13759
500000	1511	2219	3866	4758	8619	9577	15116

Table 3 Premium for a 3 year policy

Sum Insured	Upto 25 years	26-35	36-40	41-45	46-50	51-55	56-60
100000	548	805	1402	1725	2918	3242	5016
150000	802	1179	2054	2527	4298	4775	7399
200000	1032	1516	2640	3250	5579	6199	9632
250000	1235	1815	3162	3891	6763	7514	11715
300000	1439	2114	3683	4533	7945	8828	13800
350000	1618	2376	4140	5095	9030	10033	15735
400000	1796	2638	4596	5657	10114	11238	17670
450000	1974	2900	5052	6218	11199	12443	19606
500000	2152	3162	5509	6780	12283	13647	21541

This brochure provides only the salient features and for details kindly refers to the complete Policy wordings. For enquires kindly contact our nearest office or Dial Toll Free No. 1800-103-5499 or visit our website www.iffcotokio.co.in