



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

IFFCO-TOKIO CRITICAL ILLNESS BENEFIT POLICY (MICRO INSURANCE)

UIN: IFFHMIP23041V012223

PROSPECTUS/ SALES LITERATURE

IFFCO-Tokio Critical Illness Benefit Policy (Micro Insurance) has been filed as a benefit policy in order to mitigate the financial hardship of persons who have contracted a critical illness or sustained a critical injury necessitating spending a large sum for taking any treatment, along with maintenance of the family.

COVERAGE

WHAT IS COVERED

IFFCO-Tokio will pay the Sum Insured as mentioned in the schedule, in the event of Insured person being first diagnosed with the following critical illnesses, medical events or undergoing surgical procedures as specifically defined below, during the policy period provided that

1. the critical illness, medical event and surgical procedure first commenced atleast 30 days after the commencement of the policy period (or first policy period in case of renewal without break) and,
2. Insured person survives for a minimum of 28 days from the date of diagnosis and shall only include:

A. The below mentioned Illnesses:

- i) Cancer of specified severity
- ii) Kidney failure requiring regular dialysis
- iii) Multiple Sclerosis with persisting symptoms
- iv) Benign Brain Tumor
- v) Motor Neuron Disease with Permanent Symptoms
- vi) End Stage Lung Failure
- vii) End Stage Liver Failure
- viii) Primary (Idiopathic) Pulmonary Hypertension
- ix) Parkinson's Disease Before The Age Of 50 Years
- x) Alzheimer's Disease Before The Age Of 50 Years



B. The following surgical procedures:

- i) Major Organ (Heart/ Lung/ Liver/ Kidney /Pancreas) or Human Bone Marrow Transplant;
- ii) Open heart replacement or repair of heart valves
- iii) Open chest CABG
- iv) Surgery Of Aorta

C. The following medical events:

- i) Stroke resulting in permanent symptoms
- ii) Permanent Paralysis of Limbs
- iii) Myocardial Infarction (First Heart Attack of specified severity)
- iv) Third Degree Burns
- v) Loss of Speech
- vi) Blindness
- vii) Loss of Limbs
- viii) Deafness
- ix) Coma of Specified Severity
- x) Major Head Trauma
- xi) Muscular Dystrophy

WHAT IS NOT COVERED

IFFCO-Tokio will not pay for:

1. Any claim arising out of a pre-existing condition. Pre-existing or related conditions shall be covered after a waiting period of 36 (Thirty six) months. The said condition must be declared if known by the Insured person at the time of application and must not have been explicitly excluded in the policy.
2. Any claim if treatment is taken from a family member or a treatment taken is not scientifically recognized or self-medication.
3. Any claim if Policy holder/ Insured person does not submit a specialist medical certificate from the Medical Practitioner evidencing diagnosis of illness or injury or occurrence of medical event or the undergoing of the medical surgical procedure.
4. Any claim if the diagnosis, treatment or procedure is carried out in any of the hospital(s) specified in the list attached as Annexure "List of Excluded Hospitals" to this Policy, except in case of unforeseen emergency measures to save the insured person's life or measures solely designed to relieve the acute pain. The list of such excluded hospital(s) is dynamic and hence may change



from time to time. It is suggested to check our website or contact our call centre/nearest office for updated list of such excluded hospitals before admission.

5. Any external congenital anomaly or birth defects.
6. 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) Elective, Cosmetic or plastic surgery
 - c) Pregnancy, childbirth and their consequences), any infertility or sub fertility or assisted conception treatment
 - d) Birth control procedures and /or Hormone replacement therapy

SPECIFIC CONDITIONS

1. The policy will provide one time benefit for the critical illnesses defined above under 'What is Covered' in a single policy period.
2. The policy is available on individual basis.
3. For policies where all the members of the family are covered in a single policy, separate Sum Insured shall be applicable for each member.
4. In case of an admissible claim for any insured person, the policy will terminate for him/ her for the remaining policy period. The policy shall remain active for other members covered in the policy.
5. Any critical illness/medical event/surgical procedure attributable to an Act of Terrorism stands covered.
6. No medical check-up upto 50 years, subject to proposal form having no adverse medical declaration.
7. Wherever required, Insured person(s) has to undergo a Pre-policy check-up. If such a proposal is accepted and policy has been issued, We would reimburse 50% cost of the diagnostic test charges.
8. The premium paid is exempt under Section 80D of the Income Tax Act.

GENERAL EXCLUSIONS

(WHAT IS NOT COVERED BY THE WHOLE POLICY)

IFFCO-Tokio will not be liable for

1. **Existing loss** - Any existing loss, injury or accident which occurred before the commencement of the policy.



2. **Wilful Act or Gross Negligence** – Injury, disease or damage due to wilful act including attempting suicide or intentional self-injury.
3. Any claim arising or resulting from Insured person(s) committing any breach of law or ordinance or non-compliance of any statutory provision with or without criminal or malicious intent.
4. Any claim where the cause of illness /accident is intoxication or addiction or overdose of drugs (except as medically prescribed) or narcotics/ alcohol by the Insured.
5. Any claim if the Insured person is taking part in a naval, military, air force or law enforcement operation.
6. Any claim arising out of sporting risk in so far as they involve, the training or participation in competitions of professional or semi-professional sportsmen or women.
7. **Adventure Activities/ sports** – Any critical illness/medical event/surgical procedure arising out of any Adventure activities/ sports.
8. **War Risk** - Damage as a consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, confiscation, nationalisation, civil commotion or loot or pillage in connection therewith.
9. **Nuclear Risk** - Any loss to property, consequential loss, legal liability or bodily injury, illness, disease directly or indirectly caused by or contributed to by or arising from
 - a) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
 - b) the radioactive, toxic, explosive or hazardous properties of any nuclear assembly or nuclear component.
10. **Consequential Loss** – Any consequential or indirect loss or expenses arising out of or related to any insured event.

GENERAL CONDITIONS

(These conditions apply to the whole Policy)



1. CANCELLATION

The policyholder may cancel his/her policy at any time during the term, by giving 7 days' notice in writing. The Insurer shall:

- a) refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.
- b) refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

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. RENEWAL- The policy shall be renewable, except in case of established fraud or non-disclosure or misrepresentation by You/ the Insured person, provided the product is not withdrawn and also subject to the following conditions:

- i. The Company shall send renewal notices to the Policyholder, at least 30 days in advance from Policy due date.
- 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. Sum Insured can be enhanced at the time of renewal for which fresh proposal form and medical reports will be required to be submitted. However, the waiting periods will apply afresh for the enhanced sum insured. In case increase in Sum Insured is requested by You, we may underwrite to the extent of increased Sum Insured.

3. FREE LOOKUP 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 thirty 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

4.CHANGE IN CIRCUMSTANCES –Policy holder/ Insured person must inform IFFCO-Tokio, as soon as reasonably possible, of any change in information Policy holder has provided to IFFCO-Tokio about himself/ herself/ Insured person(s) and their occupation, which may affect the insurance cover provided. Policy holder/ Insured person must also notify IFFCO-Tokio about any alteration made or change in information as described aforesaid whereby risk of damage or Accident is increased. In case of such alteration or changes made and not accepted by IFFCO-Tokio in writing, all covers under this Policy shall cease.

5.CLAIM SERVICING: Claims will be directly serviced by IFFCO TOKIO without any Third party administrator.

6.CLAIM PROCEDURE AND REQUIREMENTS - An event, which gives rise to a claim or might become a claim under the Policy, must be reported to IFFCO-Tokio as soon as possible.

A written statement of the claim will be required and a Claim Form will be provided. This written statement of claim along with supporting documentation must be delivered to IFFCO-Tokio within 45 (forty five) days of occurrence of Insured event.

If any person is claiming against the Policy holder or its employees or Insured person(s), every letter, claim writ, summon, process information or any verbal notice of claim shall be forwarded to IFFCO-Tokio without delay. Policy holder, Insured person or any person on his/her behalf must not attempt to negotiate any claim, nor admit or repudiate any claim without IFFCO-Tokio's consent. Policy holder/ Insured person(s) shall give all possible assistance to enable IFFCO-Tokio to settle or resist any claim or to institute proceedings.

7. IFFCO-Tokio is entitled to:

- i. Receive all necessary information, proof of occurrence of Insured event and assistance from the Policy holder/ Insured person and from any other person seeking benefit under this Policy.
- ii. Inspect the medical hospitalization records, investigate the facts and examine the Insured person.



8. Policy holder/ Insured person shall assist and not hinder or prevent IFFCO-Tokio or its representatives in pursuance of their duties for ascertaining the admissibility of the claim under the Policy.

9. In case of any inconsistency in the terms and conditions in the policy wordings vis-a-vis the information contained in the Policy Schedule, the information contained in the Policy schedule shall prevail.

10. PORTABILITY –

You/the Insured Person will have the option to port the Policy to same product of 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. If You/ Insured person is presently covered and has been continuously covered without any lapses under this health insurance plan with an Indian General/Health insurer, the proposed Insured Person will get all the accrued continuity benefits as under:

- i. The waiting periods specified in Section coverage of table “what is not covered” point 1 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

11. FRAUD - If a claim is fraudulent on account of fraudulent means or action used by the Policy holder, its employee, Insured person or his/her Family, all benefits and rights under this Policy shall be forfeited.

12. ARBITRATION - If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 (thirty) 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 two such arbitrators and 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 herein before provided, if IFFCO-Tokio have disputed or not accepted liability under or in respect of this policy. It is understood, however, that Policy holder shall



have the right at all times during currency of the policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance.

13.DISCLAIMER CLAUSE - If IFFCO-Tokio shall disclaim its liability in any claim, and such claim shall not have been made the subject matter of a suit in a court of law within 12 (twelve) months from the date of disclaimer, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

14.All claims shall be settled in India in Indian Rupees.

15.The provision of this Policy shall be governed by the laws of India for the time being in force. The parties hereto unconditionally subject to the jurisdiction of the Courts in India.

16.WITHDRAWAL & ALTERATION OF POLICY CONDITIONS-The policy terms and conditions may undergo alteration as per the IRDA Regulation. However the same shall be duly notified to the Policy holder at least three months prior to the date when such alteration or revision comes into effect by registered post at Policy holder's last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Regulation.

A product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to Policy holder in advance as per the IRDA guidelines with details of options provided by IFFCO-Tokio. If IFFCO-Tokio do not receive Policy holder's response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and Policy holder shall have to take a new policy available with IFFCO-Tokio, subject to terms & conditions.

17.PAYMENT OF PREMIUM - The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on IFFCO-Tokio's official form signed by its duly authorized official. In similar way, no waiver of any terms, provision, conditions and endorsements of this policy shall be valid unless made in writing and signed by its authorized official.

18.GRIEVANCE OR COMPLAINT - You may register a grievance or complaint by visiting Our website www.iffcotokio.co.in You may also contact the offices from where You have bought the policy or the grievance officer who can be reached at Our corporate office.

Get in touch with us

In case of any query, the You may contact Us through:

Company Website: www.iffcotokio.co.in

Toll free: 1800-103-5499

E-mail: support@iffcotokio.co.in

Address : IFFCO-Tokio General Insurance Co Ltd



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

Redressal Of Grievance

In case of any grievance, You 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

Address: 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/contact-us/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 as per Insurance Ombudsman Rules 2017.

We shall comply with the award of the Insurance Ombudsman within 30 days of its receipt by Us. We shall be liable for a penalty of Rs 5,000/- per day in case of non-compliance in addition to the penal interest liable to be paid by Us under The Insurance Ombudsman Rules, 2017.

Grievance may also be lodged at Grievance Portal of IRDAI- 'Bima Bharosa' and tracked through your mobile number.

- <https://bimabharosa.irdai.gov.in/Home/Home>

For Updated List of Ombudsman Address, Please visit:

- <https://www.ciains.co.in/Ombudsman>



Provision for Senior Citizens

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

E-mail: seniorcitizengrievance@iffcotokio.co.in
Toll free: 1800-103-5498
Address: Chief Grievance Officer
IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Sector -29, Gurgaon - 122001

POINTS TO REMEMBER –

1. The policy can be issued to Insured and his/her family. Family means Self, Spouse, Children, Parents, Parents-in-laws, Brothers and Sisters.
2. Minimum Entry Age –
 - a. Child – 3 years
 - b. Adult – 18 years
3. Maximum Entry Age –
 - a. Child – 23 years
 - b. Adult -65 years
4. Exit Age for child – 24 years (in case of a 1 year policy where the child entered at 23 years of age), 25 years (in case of a 2 year policy where the child entered at 23 years of age) and 26 year (in case of a 3 year policy where the child entered at 23 years of age). The dependent child, post the exit age shall have the option to migrate to an independent policy. We would allow suitable credits for all the previous policy years to his/her new policy, provided the policy where he/she was a dependent child had been be maintained without a break.
5. Maximum Renewable Age for adult – Lifelong
6. Sum Insured – Rs 1 lac
7. Period of Insurance – 1 year/ 2 years/ 3 years
8. Pre-policy Health Checkup –No medical check-up upto 50 years, subject to proposal form having no adverse medical declaration. Wherever required, Insured person(s) has to undergo a Pre-policy check-up. If such a proposal is accepted and policy has been issued, We would reimburse 50% cost of the diagnostic test charges.



9. Grace Period – 30 days from the date of expiry to renew the policy.

10. Midterm revision of sum insured shall not be available in the policy

RATING CHART

	Year 1 Premium	Year 2 Premium	Year 3 Premium
Age/SI	1,00,000	1,00,000	1,00,000
<25	257	238	221
25-35	326	302	281
36-40	422	391	363
41-45	775	718	664
46-50	1,500	1,382	1,273
51-55	2,377	2,177	1,994
56-60	4,003	3,627	3,286
61-65	5,551	4,977	4,463
>65	7,708	6,811	6,019

PROHIBITION OF REBATES

Section 41 of the Insurance Act 1938 provides as follows:

1. No person shall allow, or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in Company with the provisions of the section shall be punishable with fine which may extend to ten lakh rupees.

Note: Sales literature contains salient features of the product. For exhaustive details on covers, exclusions and conditions, kindly refer Policy Wordings. For all Insurance contracts, Policy Schedule along with Policy Wordings will be considered as contract documents. For more and detailed information regarding policies/ claims, please contact the nearest IFFCO-Tokio Office/ Bima Kendra/ Authorized Company Agent.

