



**IFFCO-TOKIO GENERAL INSURANCE CO. LTD**

IFFHLIP19092V021819

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

**FAMILY HEALTH PROTECTOR  
POLICY WORDING**

This policy is evidence of the contract between you and us. The proposal along with any written statement(s), declaration(s) of yours for the purpose of this policy forms part of this contract.

This policy witnesses that in consideration of your having paid the premium for the period stated in the schedule or for any further period for which we may accept the payment for renewal of this policy, we will insure the insured person(s) and accordingly we will pay to you or to insured person(s) or your/their legal representative(s) as the case may be, in respect of events occurring during the period of insurance in the manner and to the extent set-forth in the policy including endorsements, provided that all the terms, conditions, provisions, and exceptions of this policy insofar as they relate to anything to be done or complied with by you and/or insured person(s) have been met.

The schedule shall form part of this policy and the term policy whenever used shall be read as including the schedule.

Any word or expression to which a specific meaning has been attached in any part of this policy or schedule shall bear such meaning whenever it may appear.

The policy is based on information which have been given to us about insured person(s) pertaining to risk insured under the policy and the truth of this information shall be condition precedent to your or the insured person(s) right to recover under this policy.

**GENERAL DEFINITIONS:**

**1. Accident**

It means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

**2. Additional Benefits**

It means the coverages which are granted to insured person(s) apart from main coverage under the policy, for which no additional premium is required to be paid by you.

**3. Any One Illness**

It means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

**4. AYUSH Treatment**

It refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems. We may provide coverage for one or more systems covered under "AYUSH treatment"; provided it fulfils the criteria as mentioned under "Hospital definition for AYUSH TREATMENT".

**5. Basic Sum Insured**

It means the monetary amount as opted against each insured person and all insured person(s) without cumulative bonus on individually or collective basis.

**6. Cashless facility**

It means a facility extended by us to Insured person where the payments, of the costs of treatment undergone by insured person(s) in accordance with the policy terms and conditions, are directly made to the network provider by us to the extent pre-authorization approved.

**7. Class “A” Cities**

It means cities of Hyderabad, Secundrabad, National Capital Region of Delhi, Ahmedabad, Bangalore, Greater Mumbai, Nagpur, Pune, Jaipur, Chennai, Lucknow, Kanpur and Kolkata.

**8. Condition Precedent**

It means a policy term or condition upon which our liability under the policy is conditional upon.

**9. Congenital Anomaly**

It means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- i) **Internal Congenital Anomaly:** It means a congenital anomaly which is not in the visible and accessible parts of the body.
- ii) **External Congenital Anomaly:** It means a congenital anomaly which is in the visible and accessible parts of the body.

**10. Contribution**

It means essentially our right to call upon other insurers, liable to the same insured person, to share the cost of an indemnity claim on a ratable proportion of Sum Insured.

**11. Cumulative Bonus**

It means any increase or addition in the Basic Sum Insured granted by us without an associated increase in premium.

**12. Day Care Centre**

It means any institution established for day care treatment of illness and/or injuries or a medical set-up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:

- i) has qualified nursing staff under its employment;
- ii) has qualified medical practitioner(s) in charge;
- iii) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- iv) maintains daily records of patients and will make these accessible to our authorized personnel.

**13. Day Care Treatment**

It refers to medical treatment, and/or surgical procedure which is:

- I. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 (twenty-four) hours because of technological advancement, and
- II. Which would have otherwise required a hospitalization of more than 24 (twenty-four) hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition. [The list of covered day care treatment is as per Annexure “List of Day care Procedures” attached herewith].

**14. Dental Treatment**

It means treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

**15. Dependent Child**

A dependent child refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his/her independent sources of income.

**16. Disclosure to information norm**

This means the Policy shall be void and all premium paid hereon shall be forfeited to us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**17. Disease**

It means a condition affecting the physical wellbeing and health of the body having a defined and recognized pattern of symptoms that first manifests itself in the period of insurance and which requires treatment by a medical practitioner.

#### 18. Domiciliary Hospitalization

It means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances: -

- i) the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- ii) the patient takes treatment at home on account of non-availability of room/bed in a hospital.

#### 19. Emergency Assistance Service Provider

It means the licensed entity which will provide identified emergency medical assistance and personal services to people travelling more than 150(one hundred and fifty) kilometers from their declared place of residence in India.

#### 20. Emergency Care

It means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

#### 21. Emergency Hospitalization:

Hospitalization for an illness or injury which occur suddenly and unexpectedly and requires immediate treatment by a Medical practitioner to prevent death or serious long term impairment of the insured person's health.

#### 22. Extended Sum Insured

It means sum insured including the higher sum insured for critical illness coverage on individually or collective basis.

#### 23. Extension

It means optional coverage which is available to insured person(s) apart from main coverage and additional benefit, which you can choose to, take on payment of necessary additional premium.

#### 24. Grace Period

It means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

#### 25. Hospital/Nursing Home

It means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

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

***\*Following are the enactments specified under the Schedule of section 56 of clinical Establishments (Registration and Regulation) Act, 2010 as of October 2013. Please refer to the act for amendments, if any.***

1. The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act, 2002.

2. The Bombay Nursing Homes Registration Act, 1949.
3. The Delhi Nursing Homes Registration Act, 1953.
4. The Madhya Pradesh Upcharya Griha Tatha Rujopchar Sanbabdu Sthapamaue (Ragistikaran Tatha Anugyapan) Adhiniyam, 1973.
5. The Manipur Homes and Clinics Registration Act, 1992.
6. The Nagaland Health Care Establishments Act, 1997.
7. The Orissa Clinical Establishments (Control and Regulation) Act, 1990.
8. The Punjab State Nursing Home Registration Act, 1991.
9. The West Bengal Clinical Establishments Act, 1950.

#### **Hospital Definition for “AYUSH TREATMENT”**

We may provide coverage for one or more systems covered under “AYUSH treatment”; provided the treatment has been undergone in:

- i) A government hospital or in any institute recognized by government and/or accredited by Quality Council of India or National Accreditation Board on Health
- ii) Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH)
- iii) AYUSH hospital have registration with a Government authority under appropriate Act in the State/ UT and complies with the following as minimum criteria:
  - a) Has at least fifteen in-patient beds;
  - b) Has minimum five qualified and registered AYUSH doctors
  - c) Has qualified paramedical staff under its employment round the clock;
  - d) Has dedicated AYUSH therapy sections;
  - e) Maintains daily records of patients and makes these accessible to the insurance company’s authorized personnel

#### **26. Hospitalization**

It means admission in a Hospital for a minimum period of 24 (Twenty-four) consecutive “In-patient Care” hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 (Twenty-four) consecutive hours.

#### **27. ICU Charges**

It means the amount charged by a hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

#### **28. Illness**

- I. It means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and required medical treatment.
  - a. **Acute condition** is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
  - b. **Chronic condition** is defined as a disease, illness, or injury that has one or more of the following characteristics: —
    - i) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
    - ii) it needs ongoing or long-term control or relief of symptoms
    - iii) it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
    - iv) it continues indefinitely
    - v) it recurs or is likely to recur.

#### **29. Injury**

It means accidental physical bodily harm excluding illness or disease, solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

#### **30. Inpatient Care**

It means treatment for which the insured person has to stay in a hospital for more than 24 (twenty-four) hours for a covered event.

**31. Insured Person**

It means the person(s) named as insured person(s) in the schedule lodged with us by you.

**32. Intensive Care Unit**

It means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

**33. Maternity Expense**

It means treatment shall include:

- i) medical treatment expenses traceable to child birth (including complicated deliveries and caesarean sections incurred during hospitalization);
- ii) Expenses towards lawful medical termination of pregnancy during the policy period.

**34. Medical Advice**

means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription

**35. Medical Assistance Services**

It means the stipulated medical services offered by emergency assistance service provider during a medical emergency situation while insured person(s) is/are away from home, consisting of medical consultation and evaluation, medical referrals, medical evacuation and medically supervised repatriation.

**36. Medical Expense**

It means those expenses that an Insured Person has/you have necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

**37. Medically Necessary**

Medically Necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- i) is required for the medical management of the illness or injury suffered by the insured person;
- ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- iii) must have been prescribed by a medical practitioner
- iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

**38. Medical Practitioner**

It means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The registered Medical Practitioner should not be the Insured or close family member

**39. Network Provider**

It means hospitals or health care providers enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.

**40. Newborn Baby**

Newborn baby means baby born during the policy period and is aged upto 90 days.

**41. Non- Network Provider**

It means any hospital, day care centre or other provider that is not part of the network.

**42. Notification of Claim**

It means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication

**43. OPD Treatment**

It means one in which the Insured person visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured person is not admitted as a day care or in-patient.

**44. Period of Insurance**

It means the duration of this policy as shown in the schedule.

**45. Personal Services**

It means the other emergency services offered by emergency assistance service provider during a medical emergency situation while insured person(s) is/are away from home, consisting of message transmission, care of minor children left unattended due to medical incident, return of mortal remains, prescription assistance, and legal and interpreter referrals, transportation to join patient and emergency cash coordination.

**46. Policy**

It means the policy wording, the schedule and any applicable endorsement or memoranda. The policy contains details of the extent of cover available to insured person(s), what is excluded from the cover and the conditions on which the policy is issued

**47. Portability**

It means the right accorded to an individual health insurance policy holder (including family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another or from one plan to another plan of the same insurer.

**48. Post Hospitalization Medical Expenses**

It means Medical Expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:

- i) such Medical Expenses are incurred for the same condition for which the Insured person's hospitalization was required and
- ii) the In-patient Hospitalization claim for such Hospitalization is admissible by us.

**49. Pre-existing Disease**

It means any condition, ailment or injury or related condition(s) for which insured person had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 (forty-eight) months to prior to the first policy issued by the insurer and renewed continuously thereafter.

**50. Pre-Hospitalization Medical Expenses**

It means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

- i) such Medical Expenses are incurred for the same condition for which the Insured Person's hospitalization was required, and
- ii) the In-patient Hospitalization claim for such Hospitalization is admissible by us.

**51. Proposal**

It means any signed proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to us by you.

**52. Qualified Nurse**

Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

**53. Reasonable and Customary Charges**

It means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

**54. Renewal**

Defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

**55. Room rent**

It means the amount charged by a hospital towards room and boarding expenses and shall include associated medical expenses

**56. Schedule**

It means latest schedule issued by us as part of the policy. It provides details of the cover of insured person(s) which are in force and the level of cover insured person(s) have.

**57. Sum Insured**

It means the sum insured including the cumulative bonus shown against insured person(s) on individually or on collective basis.

**58. Surgery or Surgical Procedure**

It means manual and / or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

**59. Terrorism/Terrorist Incident**

It means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or the commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered terrorist activity. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.

60. **Third Party Administrator** means any person who is registered under IRDAI (Third Party Administrators - Health Services) Regulations, 2016 by the Authority and is engaged for a fee or remuneration by an insurance company, for the purpose of providing health services.

**61. Unproven/Experimental Treatment**

A treatment, including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

**62. We/Our/Us**

It means IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.

**63. You/Your**

It means the person(s) named as insured in the schedule.

## 64. **Critical Illness**

### a) **Cancer of Specified Severity**

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.

The following are excluded -

- i) All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, 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 tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi) Chronic lymphocytic leukaemia less than RAI stage 3
- vii) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii) All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- ix) All tumours in the presence of HIV infection.

### b) **Coma of Specified Severity**

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

1. no response to external stimuli continuously for at least 96 (ninety-six) hours;
2. life support measures are necessary to sustain life; and
3. Permanent neurological deficit which must be assessed at least 30 (thirty) days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

### c) **Kidney Failure Requiring Regular Dialysis**

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

### d) **Major Organ / Bone Marrow Transplant**

I. The actual undergoing of a transplant of:

1. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
2. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

1. Other stem-cell transplants
2. Where only islets of langerhans are transplanted

### e) **Motor Neuron Disease With Permanent Symptoms**

It means 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 (three) months.



**f) Multiple Sclerosis with Persisting Symptoms**

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
  - i. investigations including typical MRI findings, which unequivocally confirm the diagnosis to be multiple sclerosis and
  - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- II. Other causes of neurological damage such as SLE and HIV are excluded.

**g) Myocardial Infarction (First Heart Attack - Of Specified Severity)**

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:

- a. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- b. new characteristic electrocardiogram changes
- c. 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.

**h) Open Chest CABG**

1. 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:**

- i. Angioplasty and/or any other intra-arterial procedures

**i) Open Heart Replacement Or Repair Of Heart Valves**

It means the actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

**j) Permanent Paralysis Of Limbs**

It means 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(three) months.

**k) 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 extra cranial 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 (three) months has to be produced.

**I. The following are excluded:**

1. Transient ischemic attacks (TIA)
2. Traumatic injury of the brain
3. Vascular disease affecting only the eye or optic nerve or vestibular functions.

**MAIN COVERAGE**

WHAT IS COVERED	WHAT IS NOT COVERED
<p>If the insured person(s) sustain(s) any injury or contract(s) any disease and if medically necessary, he/she has to incur Hospitalization expenses, then we will pay reasonable and customary charges of:</p> <p><b>1. Room Rent Expenses:</b></p> <p>a) In respect of sum insured of Rs. 7(seven) lakhs and above (excluding the higher sum insured for critical illness but including cumulative bonus), the room-rent expenses will be payable according to actual expenses without any room rent expenses capping limits which is mentioned in 1(b) below.</p> <p>b) In respect of sum insured less than Rs.7(seven) lakhs, <b>room rent expenses subject to following limits:</b></p> <p><b>For Normal Room Rent Expenses: -</b></p> <p>I. In respect of class "A" cities, a limit of 1.50% (one and half of a percent) of the sum insured on per day basis or actual, whichever is less.</p> <p>II. In respect of cities other than class "A" cities, a limit of 1.25% (one and one fourth of a percent) of the sum insured on per day basis or actual, whichever is less;</p> <p><b>For Intensive Care Unit/Therapeutic Expenses: -</b></p> <p>I. In respect of class "A" cities, a limit of 2.5% (two and half percent) of the sum insured on per day basis or actual, whichever is less.</p> <p>II. In respect of other than class "A" cities, a limit of 2% (two percent) of the sum insured on per day basis or actual, whichever is less;</p> <p>c) Registration, Service charges, Surcharge and any other similar charges on actual basis subject to a maximum limit of 0.5% (half percent) of sum insured for each hospitalization.</p> <p>2. Medical practitioner, Anesthetist, Consultant fees.</p> <p>3. Anesthesia, blood, oxygen, operation theatre, surgical appliances, medicines and drugs, diagnostic materials and x-ray, dialysis, chemotherapy, radiotherapy, cost of pacemaker, artificial limbs, cost of organ and similar expenses.</p> <p>4. Vitamins and tonics only if forming part of treatment as certified by the attending medical practitioner.</p> <p>5. AYUSH hospitalization expenses including pre-hospitalization and post hospitalization expenses upto the limit of the Sum Insured of the insured person per policy period of 365 (three hundred</p>	<p><b>We will not pay for</b></p> <p><b>1. Pre-Existing Disease:</b></p> <p>a) Any condition(s) defined as pre - existing condition in the policy on an individual basis, until 48 (forty-eight) months of continuous coverage have elapsed, since inception of the first health insurance policy in respect of an insured person, whether group or individual, without any break in the insurance coverage.</p> <p>b) The following disease(s) arising out of or aggravated by diabetes, if existing at the time of taking the first health insurance policy by insured person(s), to be considered on an individual basis, will fall under the pre-existing condition as described under 1(a) above of "what is not covered" for that insured person(s) and shall have a waiting period of 48 (forty-eight) months: --</p> <p>I. Diabetic Nephropathy;  II. Diabetic Retinopathy;  III. Diabetic Neuropathy;  IV. Diabetic Angiopathy;  V. Diabetic Ketoacidosis  VI. Hyper/ Hypoglycaemia; and  VII. Diabetic Foot or Wound.</p> <p>c) The following disease(s) arising out of or aggravated by hypertension, if existing at the time of taking the first health insurance policy by insured person(s) to be considered on an individual basis, will fall under the pre-existing condition as described under 1(a) above of "What is not covered for that insured person(s), and shall have a waiting period of 48 (forty-eight) months: --</p> <p>I. Cerebro Vascular Attack (CVA Hemorrhagic  II. Hypertensive Encephalopathy  III. Hypertensive Heart Disease {eg. Left Ventricular Hypertrophy (LVH), Congestive Heart Failure (CHF) etc. or Coronary Artery Disease (CAD)  IV. Hypertensive Nephropathy;  V. Hypertensive Retinopathy; and  VI. Aneurysm.</p> <p>2. Any expense on hospitalization for any disease during first 30 (thirty) days of commencement of this insurance cover. This exclusion shall not apply in case of the insured person(s) having been covered under this policy or group or individual medical insurance policy with any of Indian insurance companies for a continuous period of preceding 12 (twelve) months without a break exceeding 30 (thirty) days. For hospitalization owing to accidental injury, this 30 (thirty) days waiting period shall not apply.</p>

sixty-five) days.

6. The above stated relevant Reasonable and Customary charges incurred for Domiciliary Hospitalization if medically necessary Upto a maximum aggregate sub-limit of 20% (twenty percent) of the Sum Insured.

**Note:**

- i. In case insured person(s) opt(s) for a room with rent higher than the entitlement limit, the amounts payable under item (2) and (3) (except medicine, and drugs, diagnostic materials and x-ray above supplied by Hospital) above of 'What is Covered' shall be restricted to: -

a) The charges applicable to the room within the eligibility of insured person(s) as per the Sum Insured, on an individual or collective basis, as per hospital tariff;

or

b) The same proportion as the entitled room rent bears to availed room rent (if hospital tariff is not available or no room available within the eligible room rent). This proportionate payment will not be less than 40% (forty percent) of the claim amount for item 2&3 of "What is covered".

- ii. Hospitalization expenses of person donating an organ during the course of organ transplant subject to the above sub limits applicable to the insured person and within the sum insured/extended sum insured (if applicable). However, for Room Rent, the amount payable in respect of Donor will be 50%(fifty percent) of Room Rent limit of insured person(patient) for whom the claim is lodged.

- iii. For the purpose of determining the sub-limits of expenses for Room, Boarding, nursing charges and AYUSH hospitalization expenses including pre-hospitalization and post-hospitalization as detailed under item (1) to (5) of "What is covered" above, the specified percentages will be applied on the sum insured only.

- iv. Terrorism is covered.

3. Any expense incurred in the first year of operation of the insurance cover on treatment of the following Diseases (to be considered on individual basis):

- i) Surgical treatment for Tonsillitis/ Adenoids
- ii) Tympanoplasty / Septoplasty
- iii) Fistula in anus, Anal Sinus, Piles
- iv) Any type of Carcinoma / Sarcoma/ Blood Cancer
- v) Varicose Veins / Varicose Ulcers
- vi) All types of Ligament Meniscus Tears

However, if these Disease(s) are Pre-Existing at the time of proposal, in respect of insured person(s) on individual basis, then they will be falling under (1)(a) of "What is not covered" and will be covered after 48 (forty-eight) months of continuous insurance coverage for such affected person.

This exclusion shall not apply in case of the insured person(s) having been covered under this policy or group or individual medical insurance policy with any of Indian insurance companies for a continuous period of preceding 12 (twelve) months without a break exceeding 30(thirty) days.

4. a) Any expense incurred in the first two continuous years of operation of the insurance cover on treatment of the following diseases (to be considered on each insured person separately):

- i) Cataract, Benign Prostatic Hypertrophy, DUB
- ii) Uterine Fibroids, PV Bleeding, Hysterectomy, Myomectomy
- iii) Hernia, Hydrocele
- iv) Sinusitis
- v) Gall Bladder, Biliary, Renal and Urinary Stones
- vi) Inter-vertebral Disc disorder like Spondylitis, Spondylosis, prolapse etc. (other than caused by an accident)
- vii) Knee replacement/Joint Replacement/Hip replacement (other than caused by an accident)
- viii) Chronic Renal failure
- ix) Any type of benign growth/Cyst/Nodules/Polyps/Tumor/Lump

However, if these disease(s) is/are under pre-existing condition at the time of the first insurance proposal, then these will be falling under(1)(a) of "What is not Covered" and will be covered after 48 (forty-eight) months of continuous insurance coverage.

This exclusion shall not apply in case of the insured person (s) having been covered under this policy or group or individual medical insurance policy with any of Indian insurance companies for a continuous period of preceding 24(twenty-four) months without

a break exceeding 30(thirty) days.

b) Any expense on disease aggravated by Diabetes and/or Hypertension, incurred in the first two years of operation of the insurance cover.

However, if these diabetes and/or Hypertension is/are under pre-existing condition at the time of first proposal then these will be falling under exclusion 1 (a) above and will be covered after 48(forty-eight) months of continuous coverages with us.

This exclusion shall not apply in case of the insured person(s) having been covered under this policy or group or individual medical insurance policy with any of Indian insurance companies for a continuous period of preceding 24 (twenty-four) months without a break exceeding 30(thirty) days.

Further this exclusion shall apply only for one year in case of the insured person(s) having been covered under this policy or group or individual medical insurance policy with any of the Indian Insurance companies for a continuous period of 12 (twelve) months without a break exceeding 30 (thirty) days.

5. Correction of vision (Lasik or other similar surgery) /and all types Laser treatments / surgeries for EYE which can be performed on OPD basis.
6. Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECF (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperbaric Oxygen Therapy
7. External durables like (but not limited to): CPAP, Nebulizing machine, Oxygen cylinder, oxygen concentrator or, ventilator.
8. Oral Chemotherapy where no monitoring under Doctor Supervision is required in Hospital Setting.
9. Intra-articular injections.
10. Cost of spectacles and contact lens or hearing aids.
11. Expenses on diagnostic, x-ray, or laboratory examinations, investigations unless related to the active treatment of disease or injury falling within ambit of hospitalization claim under "What is Covered".
12. Procedures/treatments mainly done in outpatient department (OPD) even if these are converted to day care surgery or as in patient in hospital to make it hospitalization claim.
13. Dental treatment or surgery of any kind, unless requiring hospitalization.
14. Allopathic or AYUSH medicines shall not be allowed unless prescribed by respective practitioner.
15. Maternity expenses (other than ectopic pregnancy requiring surgical intervention), miscarriage, medical termination, abortion or complications of any of these, including caesarean section and any infertility,

	<p>sub fertility or assisted conception treatment.</p> <ol style="list-style-type: none"> <li>16. Treatment of mental illness, psychiatric or psychological disorders, Convalescence, general debility, run down condition or rest cure, external congenital Disease or defects or anomalies, sterility, venereal Disease, intentional self-Injury, or cause of accident/illness is use of intoxicating drugs/alcohols by the insured person(s)and treatment resulting from any criminal act.</li> <li>17. Any expense on experimental or unproven treatments.</li> <li>18. Any expense on procedure and treatment including acupressure, acupuncture, magnetic and such other therapies etc.</li> <li>19. Travel or transportation expenses, other than ambulance service charges.</li> <li>20. Any expense related to disease/injury suffered whilst engaged in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, skydiving, paragliding, hang gliding, deep sea diving using hard helmet and breathing apparatus, snow and ice sports and activities of similar hazard.</li> <li>21. External/Durable medical/non-medical equipment of any kind which can be used at home subsequently, like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, Nebulizing machine, ventilator, etc. except the medicines or the solutions required for the treatment.</li> <li>22. Stem cell implantation/ surgery and Genetic disorders.</li> <li>23. All non-medical expenses including personal comfort and convenience items or services, such as telephone, maid, barber or beauty services, diet charges, baby food, cosmetics, napkins, toiletry items etc., guest services and similar incidental expenses or services etc.</li> <li>24. Treatment of obesity or condition arising there from (including morbid obesity) and any other weight control program, services or supplies etc., hormone replacement therapy, sex change or treatment which results from or is in any way related to sex change.</li> <li>25. Expenses related to physiotherapy in a hospital/ nursing home unless arising out of hospitalization for which the claim is admitted and it is advised by treating Medical Practitioner.</li> <li>26. Rehabilitation Expenses.</li> <li>27. Ambulance charges, pre and post hospitalization expenses and daily allowance for the donor in case of major organ transplant.</li> <li>28. Any expense on treatment related to HIV, AIDS.</li> <li>29. Any expense on injury or diseases directly or indirectly caused by or contributed to by nuclear weapons/material.</li> <li>30. Injury or diseases directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operation (whether war be declared or not).</li> </ol>
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	<p>31. Any expense under Domiciliary Hospitalization for</p> <ol style="list-style-type: none"> <li>a) Pre and Post Hospitalization treatment</li> <li>b) Treatment of following diseases:             <ol style="list-style-type: none"> <li>i) Asthma</li> <li>ii) Bronchitis</li> <li>iii) Chronic Nephritis and Nephritic Syndrome</li> <li>iv) Diarrhoea and all type of Dysenteries including Gastro-enteritis</li> <li>v) Diabetes Mellitus</li> <li>vi) Epilepsy</li> <li>vii) Hypertension</li> <li>viii) Influenza, Cough and Cold</li> <li>ix) All types of Psychiatric or Psychosomatic Disorders</li> <li>x) Pyrexia of unknown origin for less than 15(fifteen) days</li> <li>xi) Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis</li> <li>xii) Arthritis, Gout and Rheumatism</li> <li>xiii) Dental Treatment or Surgery.</li> <li>xiv) Critical Illness.</li> </ol> </li> </ol> <p>32. Circumcision, unless necessary for the treatment of a disease not otherwise excluded or required as a result of accidental bodily Injury, vaccination unless forming part of post-bite treatment and as covered in the Additional Benefit, inoculation, cosmetic or aesthetic treatment of any description (including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease.</p> <p>33. Expenses that are not covered as per Annexure "List of Non payable items"</p> <p>34. Excluded Hospitals: The policy does not pay for cost of treatment (both cashless &amp; reimbursement except emergency hospitalization) pertaining to any procedure or treatment underwent by Insured Person(s) in any of the hospital(s) specified in the list attached as Annexure "List of Excluded Hospitals" to this Policy. The list of such excluded hospital(s) is dynamic and hence may change from time to time. Hence we suggest you to please check our website or contact our call centre/nearest office for updated list of such excluded hospitals before admission.</p>
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#### UNIQUE FEATURE

- a) In respect of basic sum insured of Rs. 7 (seven) lakhs and above (excluding the sum insured of critical illness), the reimbursement of treatment expenses will be payable according to actual expenses without any capping limits
- b) In respect of basic sum insured below Rs. 7(seven) lakhs (excluding the sum insured of critical illness), the capping on Room rent expenses may be removed on additional payment of 6% on the basic premium.



- c) In case of increase in sum insured at the time of renewal, the increased sum insured will be subject to the pre-existing condition [Refer Clause 2(a),2(b),2(c) of “Important Exclusions”], 30 (thirty) days waiting period [Refer to Clause 3 of “Important Exclusions”], first year disease exclusions [Refer Clause 4 of “Important Exclusions”], first two years disease exclusion [Refer Clause 5(a) “Important Exclusions”] and disease/injury/illness aggravated by diabetes and/or hypertension [Refer Clause 5(b)) “Important Exclusions”].

### SPECIAL CONDITIONS

- i. This health insurance policy, if renewed after a break in of 30 (thirty) days or more, then the cover thereafter will be treated as a fresh cover for the purposes of the pre-existing condition [Refer Clause 1(a),1(b),1(c) of “WHAT IS NOT COVERED”], 30 (thirty) days waiting period [Refer to Clause 2 of “WHAT IS NOT COVERED”], first year disease exclusions [Refer Clause 3 of “WHAT IS NOT COVERED”], first two years disease exclusion (Refer Clause 4(a) “WHAT IS NOT COVERED”) and disease/injury/illness aggravated by diabetes and/or hypertension [Refer Clause 4(b)) “WHAT IS NOT COVERED”] . In case of increase in sum insured at the time of renewal, the increased sum insured will be subject to the pre-existing condition1[Refer Clause 1(a),1(b),1(c) of “WHAT IS NOT COVERED”], 30 (thirty) days waiting period [Refer to Clause 2 of “WHAT IS NOT COVERED”], first year disease exclusions [Refer Clause 3 of “WHAT IS NOT COVERED”], first two years disease exclusion [Refer Clause 4(a) “WHAT IS NOT COVERED”] and disease/injury/illness aggravated by diabetes and/or hypertension [Refer Clause 4(b)) “WHAT IS NOT COVERED”].
- ii. **Extension of policy period :**In case the insured person(s) who is/are covered under ‘Family Health Protector’ has/have to go abroad for a minimum of 30(thirty) days or more, and accordingly he/she/they buy aTravel protector policy for those 30(thirty) days or more and submit(s) the proof thereof(copy of visa and photocopy of stamped passport on return), in that event the period of insurance under the Family Health Protector Policy in respect of the insured person(s) will be extended by 30 (thirty) days or more i.e. the period of insurance under the policy shall be extended for those number of days for which travel protector policy has/have run or actual period abroad subject to a minimum of 30(thirty) days period abroad.
- iii. **Reinstatement of basic sum insured:** After occurrence of a claim under the policy, the basic sum insured under the policy will be reinstated by the amount of the claim after charging appropriate premium as per the following method for reinstatement of the basic sum insured so that full basic sum insured is available for the policy period: --
- a) Reinstatement of Basic Sum Insured will be to the extent of claim amount paid.
  - b) Reinstatement premium will be deducted from the claim amount.
  - c) Reinstatement will be effected for the period from the first date of hospitalization up to the expiry date of the policy.
  - d) This reinstated basic sum insuredwill not be available for the hospitalization treatment expenses of the illness/ disease/ injury for which the insured person(s) was/were hospitalised. It will be available for treatment including that for the same illness or any other disease, illness (other than chronic diseases listed under point g) which are not cases of relapse within 45(forty-five) days of first hospitalization for which Insured person(s) was/were hospitalised. Further even in the first hospitalization period, if the insured person(s)sustain(s) any injury or contract(s) any disease other than injury, disease for which he/she was hospitalised, then the ReinstatedBasic Sum Insured will be available for payment of claim for subsequent disease/injury/illness which insured person(s) has/have sustained whilst being in the hospital for the other disease/injury.

**Example:** If a Patient has a Sum Insured of Rs. 3 Lakh and undergoes procedures costing Rs.3.25 lakh, reimbursement would be limited to Rs. 3 Lakh subject to T&C of the policy; the sum insured

under policy would be reinstated to Rs. 3 Lakh again. However, this re-instated SI cannot be used to pay the balance Rs.25, 000 /- which was in excess of the available sum insured at the time the claim was lodged. The reinstated sum insured would, however, be available for any ailment occurring after the reinstatement including a fresh occurrence of the ailment that had occurred prior to the reinstatement.

- e) Though the basic sum insured will be reinstated as soon as hospitalization of the insured person(s) take place, the premium for the same shall be recovered from the claim settlement amount.
- f) This will be applicable on all policies with a basic sum insured of Rs.3 (three)lakh and above.
- g) Premium will be computed on pro-rata basis on the proportion of claimed amount to basic sum insured and the annual premium as per the following calculation: -

$$\text{Reinstatement Premium} = \left[ \frac{(\text{Annual Premium} \times \text{Claim Amount})}{\text{Total Basic Sum Insured}} \right] \times \left[ \frac{\text{Remaining number of days of the policy (calculated from the date of admission in the hospital)}}{365} \right]$$

- h) The reinstated basic sum insured will not be available for the following chronic disease where the initial claim under the same policy period has been lodgedfor: --
  - (i) Cancer of Specified Severity
  - (ii) Coma of Specified Severity
  - (iii) Kidney Failure Requiring Regular Dialysis
  - (iv) Major Organ /Bone Marrow Transplant
  - (v) Motor Neuron Disease With Permanent Symptoms
  - (vi) Multiple Sclerosis with Persisting Symptoms
  - (vii) Myocardial Infarction (First Heart Attack - Of Specified Severity)
  - (viii) Open Chest CABG
  - (ix) Open Heart Replacement Or Repair Of Heart Valves
  - (x) Permanent Paralysis Of Limbs
  - (xi) Stroke Resulting In Permanent Symptoms
- i) The reinstatement of basic sum insured will not be available for Critical illness extension and cumulative bonus.
- j) The reinstatement of basic sum insured will not be available for Domiciliary Hospitalization and AYUSHhospitalization.

#### ADDITIONAL BENEFITS

We will pay for the additional benefits as mentioned below in accordance with the main-coverage:

- 1) **Daily allowance:** - An additional daily allowance amount equivalent to 0.15% (one seventh of a percent) of the sum insured, up to a maximum of Rs. 1,000 (one thousand) per day in respect of an insured person for the duration of hospitalization. If the hospitalization period is less than 24 (twenty-four hours), then this daily allowance will be reduced proportionately for the period of hospitalization.
- 2) **Ambulance charges:** -Ambulance charges in connection with any admissible claim subject to a limit of 0.75% (three fourth of a percent) of the sum insured or Rs. 2500/-(two thousand & five hundred) whichever is lower, for each hospitalization.



- 3) Pre and Post Hospitalization Medical Expenses:**
- a) **Pre-Hospitalization Medical Expenses** incurred up to 45 (Forty-five) days prior to Hospitalization for disease/illness/injury sustained, which will be part of Hospitalization expenses claim.
  - b) **Post Hospitalization Medical Expenses** incurred during a period up to 60 (sixty) days after Hospitalization for disease/illness/injury sustained, which will be part of Hospitalization expenses claim.
- 4) Cumulative bonus:**
- a) The Cumulative Bonus shall be increased by 5% (five percent) of the basic sum insured at each renewal in respect of each claim free year of insurance for all insured person(s) on collective basis, subject to maximum of 50% (fifty percent) of basic sum insured of the expiring policy. For cumulative bonus eligibility, the policy has to be renewed within the expiry date or within a maximum of 30 (thirty) days from the expiry date, beyond which the entire cumulative bonus earned will lapse and be forfeited.
  - b) In case of a claim under the policy in respect of any insured person(s), the existing cumulative bonus will be reduced by 5% (five percent) of basic sum insured at the next renewal, subject to the stipulation that basic sum insured shall be maintained.
- 5) Day care surgeries:** 161 (One hundred and sixty-one) day care medical surgeries listed in Annexure – “List of Day Care Procedures” of the policy document, will be payable even if the duration of hospitalization is less than 24 (Twenty-four) hours.
- 6) Hospitalization expenses if period of hospitalization is less than 24 (twenty four) hours:** At our discretion, we will pay hospitalization expenses if the duration of hospitalization is more than 12 (twelve) hours but less than 24 (twenty four) hours except for the listed day care surgeries, provided that this treatment expense has been authorized by us and the line of treatment has been consented to by our panel of doctor(s) in consultation with the medical practitioner (doctor) treating the insured person(s). In such case(s) the room rent shall be limited to 50% (fifty percent) of the entitled room rent per day. Further in such case(s) of less than 24 (twenty-four) hours of hospitalization, no pre-hospitalization expenses will be allowed and post-hospitalization will be limited to a duration of 15 (fifteen) days from date of discharge.
- 7) Cost of health checkup:** Insured person(s), on individual or collective basis, shall be entitled for reimbursement of cost of medical checkup once at the end of a block of every four claim-free policies with us in the subsequent renewal. The reimbursement shall not exceed the amount equal to 1% (one percent) of the average sum insured during the block of four claim free policies.
- 8) Vaccination expenses:** Insured person(s), on individual or collective basis, shall be entitled for reimbursement of cost of vaccination at the end of every block of two policy periods of 365 (three hundred & sixty five) days each with us or 366 days in case of leap year, subject to a maximum of 7.5% (seven and half percent) of the total premium paid (excluding taxes) for the last two policies in respect of a single insured person and a maximum of 15% (fifteen percent) for all the insured persons, provided no claim(s) is/are made in respect of the insured person(s) during that period of insurance and the policies were renewed without break.
- 9) Emergency Assistance Services:** This policy provides, at no additional cost, whatsoever, a host of value added emergency medical assistance and emergency personal services as described below. The services are provided when insured person(s) is/are traveling within India 150 (one hundred and fifty) kilometers or more away from the residential address as mentioned in the policy schedule for less than 90 (ninety) days. No claims for reimbursement of expenses incurred for services arranged by insured/insured person(s) will be entertained unless agreed by us or our authorized representative. **Wherever, it is not reasonably possible to ascertain if the reported situation was an emergency or not, the benefit of doubt shall be available to you in respect of the insured person.**
- a) **Medical consultation, evaluation and referral:** Insured person(s) has/have access to an operations

center with multilingual medical staff on duty 24(twenty-four) hours a day, 365(three hundred and sixty-five) days a year. Medical personnel are available for medical consultation, evaluation and referrals to qualified physicians.

- b) **Emergency medical evacuation:** If insured person(s) has/have a medical emergency and an adequate medical facility is not available (as determined by physician and the consultant physician) proximate to where insured person(s) is/are located, we/our representative will arrange an emergency evacuation, with medical supervision, by an appropriate means to the nearest medical facility capable of providing the required care.
- c) **Medical repatriation:** When medically necessary, as determined by us / our physician and the consulting physician, repatriation under medical supervision to insured person(s)/your address as mentioned in the policy schedule at such time as insured person(s) is/ are medically cleared for travel via commercial carrier, provided the repatriation can be accomplished without compromising insured person(s) medical condition. If the time period to receive medical clearance to travel by common carrier exceeds 14(fourteen) days from the date of discharge from the hospital, an appropriate mode of transportation may be arranged by us/our representative, such as an air ambulance. Medical or non-medical escorts may also be provided, if necessary.
- d) **Transportation to join patient:** We will provide a designated family member or personal friend with an economy, round-trip, common carrier transportation to the major airport closest to the place of hospitalization, provided insured person (s) has/ have travelled alone and insured person(s) is/ are required to be hospitalized for more than seven consecutive days. At insured person (s) request, we/our representative will also provide assistance with regards to arrangements for the accommodation of family member or the friend. It is the responsibility of the family member or the friend to meet all documentary requirements for the travel and accommodation costs.
- e) **Care and/or transportation of minor children:** When insured person(s)'s minor child(ren) is/are left unattended as a result of insured person (s) medical situation, we/our representative will provide the child with transportation to home or to the home of a person designated by insured person (s) living in the same city as insured person (s) address. If appropriate, an attendant will escort the child.
- f) **Emergency message transmission:** We/our representative will receive and transmit emergency messages to/from home.
- g) **Return of mortal remains:** In the event of death of insured person, We/our representative will arrange and pay for the return of mortal remains. We/our representative will render any assistance necessary in the transport including locating a local, emergency assistance funeral home, mortuary or direct disposition facility to prepare the body for transport, completing all documentation, obtaining all legal clearances, providing death certificates, purchasing the minimally necessary casket or air transport container, as well as transporting the remains, including retrieval from site of death and delivery to receiving funeral home.
- h) **Emergency cash coordination:** We/our representative will assist in coordinating the transfer of emergency cash. Source of funds is solely your responsibility

**Conditions: The emergency assistance services are available subject to certain limited exclusions as set forth below:**

**Emergency assistance service will not be provided in the following instances:**

- a) Travel undertaken specifically for securing medical treatment
- b) Services sought outside India.
- c) Injuries resulting from participation in acts of war or insurrection
- d) Commission of unlawful act(s) with malafide intent.
- e) Attempt at suicide /self-inflicted injuries

- f) Incidents involving the use of drugs, unless prescribed by a physician
- g) Transfer of the insured person from one medical facility to another medical facility of similar capabilities and providing a similar level of care

**We/our representative will not evacuate or repatriate an insured person in the following instances:**

- a) Without medical authorization
- b) With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent insured person (s) from continuing your trip or returning home
- c) With a pregnancy term of over six (6) months
- d) With mental or nervous disorders unless hospitalized

**Specific exclusions:**

- a) Trips exceeding 90(ninety) days from declared residence without prior notification to emergency assistance service provider.
- b) Students at home/school campus address (as they are not considered to be in travel status).

Legal actions arising hereunder shall be barred unless written notice thereof is received by **us**, within one (1) year from the date of event giving rise to such legal action.

While assistance services are available all over India, transportation response time is directly related to the location/jurisdiction where an event occurs. We shall not be responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond our control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems or where rendering of service is limited or prohibited by local law or edict.

All consulting physicians and attorneys are independent contractors and not under our control. **We/our representative** are not responsible or liable for any malpractice committed by professionals rendering services to you.

**EXTENSION**

**1. Higher Sum Insured for Critical Illness: -**

We will indemnify you in respect of insured person(s) for "Critical Illness" in accordance with main coverage as per following provisions provided that additional premium as required by us has been paid by you or on your behalf.

- a. If the insured person(s) is/are diagnosed during the period of insurance as suffering from a critical illness as defined under the policy, we shall reimburse medically necessary, reasonable and customary charges incurred on expenses as listed under 'what is covered' up to an additional sum insured limit stipulated for the insured person(s), on individual or collective basis, in the policy schedule (equal to basic sum insured excluding cumulative bonus).
- b. The additional sum insured available for critical illness under this extension cover, will not qualify for the limit of Room Rent/Boarding and Additional Benefits No.1) Daily Allowance 2) Ambulance charges 4) Cumulative bonus 7) Cost of health checkup 8) Vaccination expenses and Special Condition No.3) Reinstatement of Sum Insured in case of a claim.
- c. The other terms of coverage (what is covered/ not covered) as detailed under "Main Coverage" will remain unaltered for higher sum insured for critical illness coverage.

## 2. **No Limit for Room Rent and/or ICU: -**

We will indemnify insured on additional payment of 6% on the basic premium, in respect of insured person(s) in accordance with the Main Coverage, without application of the limit on Room Rent/Intensive Care Unit charges as mentioned in the item 1(b) for Normal Room Rent Expenses and for Intensive Care Unit Therapeutic Expenses of "What is Covered". Accordingly the items mentioned under Note (i),(ii) and (iii) of main coverage will not be applicable.

### **GENERAL CONDITIONS**

#### 1. **Reasonable Precaution:**

You and/or Insured person (s) shall take all reasonable precaution to prevent Injury, illness, and Disease in order to minimize claims.

#### 2. **Notice:**

You/your authorized representative/insured person (s) shall give every notice and communication in writing to our office/call centre at the address given in the schedule through which this insurance is affected.

#### 3. **Free Lookup Period:**

- a) You will be allowed a period of at least 15 (fifteen) days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable stating the reasons therein for doing so.
- b) If you have not made any claim in respect of any insured person during the free look period, then you shall be entitled to:
  - i. A refund of the premium paid less any expenses incurred by us on medical examination of the insured person(s) and the stamp duty charges or;
  - ii. Where the risk has already commenced and the option of return of the policy is exercised by you, a deduction towards the proportionate risk premium for period on cover less any expenses incurred by us on medical examination of the insured person(s) and the stamp duty charges or;
  - iii. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period less any expenses incurred by us on medical examination of the insured person(s) and the stamp duty charges.
- c) Free look period is not applicable for renewal policies

#### 4. **Changes in Circumstances:**

You or your authorized representative must inform us, as soon as reasonably possible of any change in information you have provided to us about insured person(s) which may affect the insurance cover provided.

#### 5. **Payment of Premium:**

The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on our official form signed by our 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 our authorized official.

#### 6. **Increase in Sum Insured:** If You renew with Us or transfer from any other Insurer and increase the Sum Insured, then the waiting periods mentioned under Exclusion numbers 1, 2,3 and 4 shall apply fresh for the enhanced Sum Insured.

#### 7. **Claim Procedure and Requirements:**

- a. **Intimation of claim:** An event which might become a claim under the policy must be reported to us as soon as possible or within **"a maximum of 24 (twenty-four) hours of hospitalization, but in any case 12(twelve) hours prior to insured person(s)'s discharge from hospital/nursing home"**.

- b. A written statement of the claim will be required and a claim form will have to be completed. The claim must be filed along with all supporting documents within 30(thirty) days from the date of discharge from the hospital or completion of treatment whichever is later, except in extreme cases of hardship where it is proved to our satisfaction that under the circumstances in which you / insured person or your/his or 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. In such case(s), the claim should be duly filed with us within 90(ninety) days from the date of discharge from hospital.
- c. Any clarification or queries raised by us on all claims submitted by you should be satisfactorily responded with supporting documents within 15(fifteen) days from the date of query (ies).

You must submit documents as listed below:

- i. Claim Form duly filled in and signed – As per prescribed format (Form B to be filled in and signed by the Hospital authorities under seal)
- ii. Copy of Photo ID / Proof
- iii. Discharge Summary (Photo Copy in case of claim for Pre/Post Hospitalization only)
- iv. Hospital Bill (Original Only)
- v. Hospital Receipt (Original Only)
- vi. Investigation Reports with supporting prescriptions
- vii. Investigation Bills (Original Only)
- viii. Pharmacy Bills (Original Only)with supporting prescriptions
- ix. Bills including the relevant stickers for Implants
- x. All previous treatment papers related to Ailment of last 4 years. (In some cases, we may ask for more than 4 years record if required)
- xi. Copy/Copies of previous insurance policies if required (in case not provided earlier)
- xii. Registration Certificate of the Hospital under Clinical Establishment Act or similar state act for medical establishments. Please note registration under Shops and Establishment Act, Registration with CMO etc. are not sufficient to meet the requirements of policy.
- xiii. KYC (know your customer) form, if claim is more than 1(One) lakh
- xiv. Any other document if insured wants to furnish in support of the claim (Pl Specify)

Our representative(s) shall be allowed to carry out examination and obtain information on any alleged injury or disease requiring hospitalization, if and when we may reasonably require.

- d. In case you and/or insured person(s) do(es) not comply with the provisions of this clause or other obligations to be met by you and/or byinsured person(s) under this policy or in any of the policy documents, all benefit(s) under the policy shall be forfeited, at our option.
  - e. **Intimation about discharge from Hospital/Nursing Home:**You and/orInsured person (s) should inform the hospital authorities and **IFFCO-TOKIO** about the date and time of discharge as soon as the same is confirmed [at least 4 (four) hours before the scheduled discharge time], so that the discharge formalities are completed smoothly.
8. **Fraud:**  
If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without your knowledge or that of the Insured Person, all benefit(s) under this Policy shall be forfeited.
9. **Limit of Indemnity:**  
The liability under the subject policy by way of indemnity for all the covers shall in no way exceed the overall Sum Insured opted by the Insured. However, this condition is not applicable in case of Indemnity of Critical Illness treatments.
10. **Electronic Transaction:**  
You and/or insured person(s) agree(s) to adhere to and comply with all such terms and conditions as we may prescribe from time to time and hereby agree(s) and confirm(s) that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination

thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of us for and in respect of the policy or its terms or our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with our terms and conditions for such facilities, as may be prescribed from time to time. However, the terms of the condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDA regulations for protection of policy holder's interests.

11. **No Constructive Notice:**

Any knowledge or information of any circumstance(s) or condition in connection with you / insured person(s), in possession of any of our official shall not be the notice to or be held to bind or prejudicially affect us notwithstanding subsequent acceptance of the premium.

12. **Multiple Policies:**

If two or more policies are taken by you/insured person(s) during a period from one or more insurers to indemnify treatment costs, you/insured person(s) shall have the right to require a settlement of claim in terms of any of your policies:

- a) In all such cases, we (insurer) who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- b) You also have the right to prefer claims from other policy/policies for the amount disallowed under the earlier chosen policy/policies, even if the sum insured is not exhausted. Then we shall settle the claim subject to terms and conditions of the other policy/policies so chosen.
- c) If the amount to be claimed exceeds the Sum Insured under a single policy after considering the deductibles or co-pay, you/insured person(s) shall have the right to choose insurers from whom you/ insured person wants to claim the balance amount.
- d) Where you/ insured person(s) has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization cost in accordance with the terms and conditions of the chosen policy.

13. **Renewal:**

Renewal shall not be refused unless justified on grounds of fraud, moral hazard or misrepresentation or non-cooperation by you or insured person(s), provided, however, that you apply for renewal and remit the requisite premium before the expiry of this policy.

The Policy has to be renewed within the expiry date or within a maximum of 30(thirty) days from the expiry date, beyond which the continuity benefits (relating to Pre-existing Disease Exclusion, 30(thirty) days Waiting Period, First Year Disease Exclusions and Cumulative Bonus earning) will not be available and any insurance cover thereafter will be treated as fresh cover

In any case, we shall not be liable to pay claim occurring during the period of break in insurance i.e. up to 30 (thirty) days from the due date of renewal.

14. **Portability:**

The Portability of health insurance policies shall be governed by the Health Insurance Regulation, 2016 dated 12th July, 2016. For more information, please refer to the page no.41 on the following URL of the IRDA website:

[https://www.irdai.gov.in/ADMINCMS/cms/frmGeneral\\_Layout.aspx?page=PageNo2908&flag=1](https://www.irdai.gov.in/ADMINCMS/cms/frmGeneral_Layout.aspx?page=PageNo2908&flag=1)

The salient features mentioning the rights and obligations of the insurer and insured are as follows:

- a) A policyholder desirous of porting his policy to another insurance company shall apply to such insurance company, to port the entire policy along with all the members of the family, if any, at least 45 days before the premium renewal date of his/her existing policy.
- b) Insurer may not be liable to offer portability if policyholder fails to approach the new insurer at least 45 days before the premium renewal date.
- c) Portability shall be opted by the policyholder only as stated in (a) above and not during the currency of the policy.
- d) In case insurer is willing to consider the proposal for portability even if the policyholder fails to approach insurer at least 45 days before the renewal date, it may be free to do so.

- e) Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal:
  - i. The existing policy shall be allowed to extend, if requested by the policyholder, for the short period by accepting a pro- rate premium for such short period, which shall be of at least one month and
  - ii. Shall not cancel existing policy until such time a confirmed policy from new insurer is received or at the specific written request of the insured.
  - iii. The new insurer, in all such cases, shall reckon the date of the commencement of risk to match with date of expiry of the short period, wherever relevant.
  - iv. If for any reason the insured intends to continue the policy further with the existing insurer, it shall be allowed to continue by charging a regular premium and without imposing any new condition.

15. **Cancellation:**

- a) We may cancel the policy on grounds of fraud, moral hazard or misrepresentation or non-cooperation by you by sending 30(thirty) days’ notice by registered post to your last known address. You will then be entitled to, except in case of fraud or illegality on your part, a pro-rata refund of premium for unexpired period of this policy in respect of such insured person(s) in respect for whom no claim has arisen.
- b) You may cancel the policy by sending written notice to us under registered post. We will then allow a refund on following scale, except for those insured person(s) for whom claim has been preferred on us under the current policy:

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

16. **Notice of Change:**

WE will not be bound to take cognizance or be effected by any notice of trust, charge, lien, assignment or other dealings with or relating to this policy. Your receipt or receipt of insured person shall in all cases be an effective discharge to us.

17. **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 preferable to arbitration as herein before provided, if we have disputed or not accepted liability under or in respect of this policy. It is understood, however, that the insured 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.

18. **Disclaimer Clause:**

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

19. **Withdrawal & Alteration of Policy Conditions:**



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The policy terms and conditions may undergo alterations as per the IRDA Health Regulation. However, the same shall be duly notified to you at least three months prior to the date when such alteration or revision comes into effect by registered post at your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Health Regulation.

A product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to you in advance as per the IRDA guidelines with details of options provided by us. If we do not receive your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and you shall have to take a new policy available with us, subject to portability conditions.

20. **Policy disputes:**

The parties to this policy expressly agree that the laws of the republic of India shall govern the validity, construction, interpretation and effect of this policy. Any dispute concerning the interpretation of the terms and 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. All matters arising hereunder shall be determined in accordance with the law and practice of such court within Indian Territory.

21. **Protection of Policy Holder's Interest:**

In the event of a claim, if the same is found admissible under the policy, we shall make an offer of settlement or convey the rejection of the claim within 30(thirty) days of receipt of all relevant documents and investigation/ assessment report (if required). In case the claim is admitted, the claim proceeds shall be paid within 7(seven) days of your acceptance of our offer. In case of delay in payment, we shall be liable to pay interest at a rate which is 2.0% (two percent) above the bank rate prevalent at the beginning of financial year in which the claim is received by us.

22. The geographical scope of this policy will be India and all claims shall be payable in Indian currency.

23. The Emergency Assistance Services-Medical and Personal is not available on reimbursement basis.

24. The provision of the Emergency Medical or Personal Assistance Services to you during the period of insurance by **Emergency Assistance Service Provider** does not necessarily mean that the hospitalization claim is admissible under the policy.

25. **Grievance or Complaint:**

You may register a grievance or complaint by visiting our Website [www.iffcotokio.co.in](http://www.iffcotokio.co.in). You may also contact the Branches from where you have bought the policy or Grievance Officer who can be reached at our Corporate Office.

26. **Provision for Senior Citizens**

Grievance Management for Senior citizen will be as per IRDA regulations.

27. **Insurance Ombudsman:**

If you are not satisfied with any issue pertaining to the insurance, you can approach the Insurance Ombudsman in the respective area for resolving the issue.

The contact details of the Ombudsman offices are mentioned below:

<p>Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Ashram Rd, <b>AHMEDABAD-380 014.</b> Tel.:-079-27545441/27546840 Fax : 079 27546142 Email:bimalokpal.ahmedabad@gbic.co.in</p>	<p>Office of the Insurance Ombudsman, 2<sup>nd</sup> Floor, Janak Vihar Complex, 6, Malviya Nagar, <b>BHOPAL-462 003.</b> Tel.:- 0755-2769201/9202 Fax : 0755-2769203 Email: bimalokpal.bhopal@gbic.co.in</p>
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Office of the Insurance Ombudsman, 62, Forest Park, <b><u>BHUBANESHWAR-751 009.</u></b> Tel.:-0674-2596455/2596003 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Office of the Insurance Ombudsman, SCO No.101-103,2nd Floor, Batra Building, Sector 17-D, <b><u>CHANDIGARH-160 017.</u></b> Tel.:- 0172-2706468/2772101 Fax : 0172-2708274 Email: bimalokpal.chandigarh@gbic.co.in
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, <b><u>CHENNAI-600 018.</u></b> Tel.:-044-24333668/24335284 Fax : 044-24333664 Email: bimalokpal.chennai@gbic.co.in	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, <b><u>NEW DELHI-110 002.</u></b> Tel.:-011-23234057/23232037 Fax: 011-23230858 Email: bimalokpal.delhi@gbic.co.in
Office of the Insurance Ombudsman, "Jeevan Nivesh", 5 <sup>th</sup> Floor, S.S. Road, <b><u>GUWAHATI-781 001.</u></b> Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email: bimalokpal.guwahati@gbic.co.in	Office of the Insurance Ombudsman, 6-2-46, 1 <sup>st</sup> Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, <b><u>HYDERABAD-500 004.</u></b> Tel : 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@gbic.co.in
Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., M.G. Road, <b><u>ERNAKULAM-682 015.</u></b> Tel : 0484-2358759/2359338 Fax : 0484-2359336 Email: bimalokpal.ernakulam@gbic.co.in	Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4 <sup>th</sup> Floor, C.R.Avenue, <b><u>KOLKATA - 700072</u></b> Tel No: 033-22124339/22124346 Fax: 22124341 Email: bimalokpal.kolkata@gbic.co.in
Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 <sup>th</sup> Floor, Nawal Kishore Road,Hazaratganj, <b><u>LUCKNOW-226 001.</u></b> Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@gbic.co.in	Office of the Insurance Ombudsman, 3 <sup>rd</sup> Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), <b><u>MUMBAI-400 054.</u></b> Tel : 022-26106960/26106552 Fax : 022-26106052 Email: bimalokpal.mumbai@gbic.co.in
Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, <b><u>JAIPUR – 302005.</u></b> Tel: 0141-2740363 Email: bimalokpal.jaipur@gbic.co.in	Office of the Insurance Ombudsman, 3 <sup>rd</sup> Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet <b><u>PUNE – 411030.</u></b> Tel: 020-32341320 Email: Bimalokpal.pune@gbic.co.in
Office of the Insurance Ombudsman, 24 <sup>th</sup> Main Road, Jeevan Soudha Bldg., JP Nagar, 1 <sup>st</sup> Phase, Ground Floor <b><u>BENGALURU – 560025.</u></b> Tel No: 080-26652049/26652048 Email: bimalokpal.bengaluru@gbic.co.in	Office of the Insurance Ombudsman, 4 <sup>th</sup> Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, <b><u>NOIDA – 201301.</u></b> Tel: 0120-2514250/51/53 Email: bimalokpal.noida@gbic.co.in
Office of the Insurance Ombudsman, 1 <sup>st</sup> Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, <b><u>PATNA – 800006</u></b> Tel No: 0612-2680952 Email id : bimalokpal.patna@gbic.co.in	