Health Assurance Policy document

1. Terms & Conditions

The insurance cover provided under this Policy to the Insured Person/s up to the Sum Insured is and shall be subject to (a) the terms, conditions and exclusions to this Policy and (b) the receipt of premium, and (c) Disclosure to information norm (including by way of the Proposal form or Information Summary Sheet) for Yourself and on behalf of each of the Insured Persons.

2. Benefit

This Policy provides benefits as specified in the Schedule of Insurance Certificate for the specified events occurring during the Policy Period and while the policy is in force for an illness and/or, Accident and/or Hospitalisation or the conditions described below subject to any specific limits specified in the Product Benefits Table, the terms, conditions, limitations and specific and general exclusions mentioned in the Policy and as shown in the Schedule of Insurance Certificate and eligibility for the insurance plan opted for as specified in the Product Benefits Table.

2.1. AccidentCare (Individual or Family option)

If any of the Insured Persons dies or sustains any Injury resulting solely and directly from an Accident occurring during the Policy Period at any location worldwide, and while the Policy is in force, We will provide the benefits described below.

If a claim gets triggered under Accident Death or Accident Permanent Total Disability for any Insured the coverage shall terminate for the respective Insured Person post payment of the benefit but for the other Insured Person, the coverage shall continue till the end of the policy period and shall be renewable.

2.1.1. Accident Death

If an Insured Person dies solely and directly due to an Accidental Injury within 365 days from occurrence of the Accident we will pay the Sum Insured.

2.1.2. Funeral Expenses

If We have accepted a claim for the Accidental death of an Insured Person under 2.1.1 above, then in addition to any amount payable under 2.1.1, We will make a one time payment as specified in the Schedule of Insurance Certificate towards the funeral expenses of that Insured Person.

2.1.3. Accident Permanent Total Disability (PTD)

If an Insured Person suffers Permanent Total Disability solely and directly due to an Accident and within 365 days from occurrence of such accident, We will pay the sum insured provided that:

2.1.3.1. The Permanent Total Disability is proved to Our satisfaction; and a disability certificate is presented to Us, and such disability certificate shall be issued by a Medical Board duly constituted by the Central and/or the State Government; and

2.1.3.2. We will admit a claim under 2.1.3 only if the Permanent Total Disability continues for a period of at least 6 continuous calendar months from the commencement of the Permanent Total Disability unless there are no chances of variation over time, in the degree of disability as in amputation/Loss of limbs etc; and

2.1.3.3. If the Insured Person dies before a claim has been admitted under 2.1.3, no amount will be payable under 2.1.3, however We will consider the claim under 2.1.1; and

2.1.3.4. We will not make payment under 2.1.3 in respect of an insured person and for any and all policy periods more than once in the insured person's lifetime.

2.1.4. Child Education Benefit (available only in Family option with children)

If We have accepted a claim for the Accidental Death or Permanent Total Disability of the Policyholder under 2.1.1 or 2.1.3 respectively, then in addition to any amount payable under 2.1.1 or 2.1.3, We will make a one time payment as specified in the Schedule of Insurance Certificate as an education benefit for each of the Policyholder's dependent children, provided that the child is an insured person under the Policy. Such benefit shall be payable for a maximum of up to 2 Dependent Children.

2.1.5. Accident Permanent Partial Disability (PPD)

If an Insured Person suffers Permanent Partial Disability solely and directly due to an Accident and within 365 days from occurrence of such Accident, We will pay the amount specified in the grid below which is a percentage of the Sum Insured, provided that:

2.1.5.1. The Permanent Partial Disability is proved to Our satisfaction; and a disability certificate is presented to Us, and such disability certificate shall be issued by a Medical Board duly constituted by the Central and/or the State Government; and

2.1.5.2. We will admit a claim under 2.1.5 only if the Permanent Partial Disability continues for a period of at least 6 continuous calendar months from the commencement of the Permanent Partial Disability, unless it is irreversible; and

2.1.5.3. If the Insured Person dies before a claim has been admitted under 2.1.5, no amount will be payable under 2.1.5, however We will consider the claim under 2.1.1.

2.1.5.4. If a claim has been admitted under 2.1.3, then no further claim in respect of the same condition will be admitted under 2.1.5.

2.1.5.5. If this benefit is triggered and the entire Sum Insured does not get utilized, then the balance Sum Insured shall be available for other Permanent Partial Disability until the entire Sum Insured is consumed. This Sum Insured limit shall be a lifetime limit and once this limit is exhausted whether due to any or more than one of the Permanent Partial Disabilities, the Policy and all benefits there under shall cease thereafter.

The table below shows the amount payable basis the nature of disability.

Permanent Partial Disability Grid		
S. No.	Nature of Disability	Compensation as % of Permanent Total Disability Sum Insured
1	Loss or total and permanent loss of use of both the hands from the wrist joint	100%
2	Loss or total and permanent loss of use of both feet from the ankle joint	100%
3	Loss or total and permanent loss of use of one hand from the wrist joint and of one foot from the ankle joint	100%
4	Loss or total and permanent loss of use of one hand from the wrist joint and total and permanent loss of sight in one eye	100%
5	Loss or total and permanent loss of use of one foot from the ankle joint and total and permanent loss of sight in one eye	100%
6	Total and permanent loss of speech and hearing in both ears	100%
7	Total and permanent loss of hearing in both ears	50%
8	Loss or total and permanent loss of use of one hand from wrist joint	50%
9	Loss or total and permanent loss of use of one foot from ankle joint	50%
10	Total and permanent loss of sight in one eye	50%
11	Total and permanent loss of speech	50%
12	Permanent total loss of use of four fingers and thumb of either hand	40%
13	Permanent total loss of use of four fingers of either hand	35%
14	Uniplegia	25%
15	Permanent total loss of use of one thumb of either hand	
	a. Both joints	25%
	b. One joint	10%
16	Permanent total loss of use of fingers of either hand	
	a. Three joints	10%
	b. Two joints	8%
	c. One joint	5%
17	Permanent total loss of use of toes of either foot	
	a. All toes- one foot	20%
	b. Great toe- both joints	5%
	c. Great toe- one joint	2%
	d. Other than great toe, one toe	1%

2.1.6. Temporary Total Disability (TTD) (Optional Benefit)

If the Policyholder suffers an Injury solely and directly due to an Accident occurring during the Policy Period which solely and directly results in the Policyholder's Temporary Total Disability within 365 days from date of occurrence of such Accident, We will pay an amount equal to 1% of the TTD Sum Insured per week for each week that the Temporary Total Disability continues subject always to the availability of the TTD Sum Insured. It is agreed and understood that for the purpose of 2.1.6,

2.1.6.1. We shall not be liable to make any payment under 2.1.6 in respect of more than 100 weeks in a lifetime (lifetime limit) and once this lifetime limit is attained, the TTD benefit cannot be renewed any further. However, the Policy can be renewed with all other benefits including the optional Accident Hospitalization Benefit. The Policyholder shall have an option to renew the benefit until the lifetime limit is exhausted.

2.1.6.2. The amount payable under 2.1.6 is calculated on a per day basis and shall be payable from the first day of onset of the Temporary Total Disability provided that the Temporary Total Disability continues for at least 3 continuous days.

2.1.7. Accident Hospitalization (Optional Benefit)

The Accident Hospitalization benefit shall be available only for hospitalization in India following an Accident. If the Insured Person is hospitalised during the Policy Period solely and directly due to an Injury sustained arising from an Accident occurring during the Policy Period, We will pay the Medical Expenses incurred subject to the maximum amount specified in the Schedule of Insurance Certificate.

2.2. CritiCare Cover (Individual or Family Floater option)

If an Insured Person suffers a Critical Illness during the Policy Period and while the Policy is in force, We will pay the Sum Insured provided that:

2.2.1. Such Critical Illness first occurs or manifests itself during the Policy Period; and

2.2.2. The signs and symptoms of such Critical Illness commence after 90 days from the date of commencement of the Policy i.e. the benefit would not be payable if the signs or symptoms occurred during the first 90 days or earlier from the date of commencement of coverage, as specified in the Schedule of Insurance Certificate; and

2.2.3. The Insured Person survives for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness for the claim to be admissible under 2.2.

2.2.4. If this Critical Illness cover is in force on a Family Floater basis, then:

2.2.4.1. We will not be liable to make payment under this cover in respect of any and all Insured Persons more than once in a Policy Year;

2.2.4.2. If We have admitted a claim under this cover for an Insured Person in any Policy Year, this cover shall not be renewed in respect of that Insured Person for any subsequent Policy Year, but the cover will be renewable for the other Insured Persons.

2.2.5. The benefit shall be paid as per the benefit option chosen at inception:

2.2.5.1. Benefit Option 1: Sum Insured as lump sum

2.2.5.2. Benefit Option 2: Sum Insured as lump sum along with 10% of the Sum Insured payable annually at the beginning of each year from the date of payment of lump sum benefit, for subsequent 5 years. The coverage under the Policy shall cease for that Insured Person. This cover shall not be renewed in respect of that Insured Person for any subsequent policy year, but the cover will be renewed for the other Insured Persons. Once the benefit gets triggered, the annual benefits shall be paid at respective intervals irrespective of the survival status of the insured.

For Ex: If the Sum Insured chosen at inception is Rs.50,00,000 then as per chosen option: -Option 1, Rs.50,00,000 shall be paid as lump sum -Option 2, Rs.50,00,000 is paid as lump sum on 1st June 2016. In addition, from next year onwards at the beginning of each year for subsequent 5 years i.e on 1st June of every year from 2017 to 2021, payout equal to Rs.5,00,000 shall be made to the beneficiary.

For the purpose of this CritiCare Cover, 'Critical Illness' means the following illnesses:

1. Cancer of Specified Severity

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy and confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded:

Tumours showing the malignant changes of carcinoma in situ and tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 & CIN-3.
Any skin cancer other than invasive malignant melanoma.
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.
Papillary micro - carcinoma of the thyroid less than 1 cm in diameter. Chronic lymphocyctic leukaemia less than RAI stage 3.
Microcarcinoma of the bladder.
All tumours in the presence of HIV infection.

What does it mean?

Cancer (also known as a malignant tumour) is a disease where cells change and grow in an abnormal way. If left untreated, they can destroy surrounding healthy cells and eventually destroy healthy cells in other parts of the body. There are about 200 different types of cancer, varying widely in outlook and treatment.

2. Myocardial Infarction

First Heart Attack of Specific 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 Infraction should be evidenced by all of the following criteria:

a) A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial I n fa rct i on (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:

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

What Does It Mean?

A heart attack, also known as a myocardial infarction happens when part of the heart muscle dies because it has been starved of oxygen. This causes severe pain and an increase in cardiac enzymes and troponins which are released into the blood stream from the damaged heart muscle.

3. Open Chest CABG

1. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery 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
2. The following are excluded:
   i) Angioplasty and/or any other intra-arterial procedures;

What does it mean?

Coronary arteries can become narrowed or blocked by the build-up of fatty deposits caused by poor lifestyle such as high fat diet, smoking and high blood pressure. This may cause symptoms including chest pain and can sometimes cause a heart attack. Coronary artery by-pass surgery is used to treat blocked arteries in the heart by diverting the blood supply around the blocked artery using a vein, usually taken from the leg, arm or chest. This definition covers surgery if it requires the heart to be reached by a surgical incision through the chest wall or sternum (breastbone), to replace the blocked arteries with a vein.

4. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of Surgery has to be confirmed by a specialist medical practitioner.

Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

What does it mean?

Heart valve repair or replacement surgery is done when valves are damaged or diseased and do not work the way they should. When one (or more) valve(s) becomes stenotic (stiff), narrowed or diseased due to any reasons, the heart must work harder to pump the blood through the valve. If your heart valve(s) becomes damaged, you may have the following symptoms:

Dizziness
Chest pain

Breathing difficulties
Palpitations
Edema (swelling) of the feet, ankles, or abdomen (belly)
Rapid weight gain due to fluid retention

This definition implies a large surgical incision made in the chest and the heart stopped for a time so that the surgeon can repair or replace the valve(s).

5. Coma of Specified Severity

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

a) No response to external stimuli continuously for at least 96 hours;
b) Life support measures are necessary to sustain life; and
c) Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

What Does It Mean?

A coma is a state of unconsciousness from which the patient cannot be aroused and has no control over bodily functions. It may be caused by illness, stroke, infection, very low blood sugar or serious accident. Recovery rates vary, depending upon the depth and duration of the coma.

6. Kidney Failure Requiring Regular Dialysis

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

What Does It Mean?

The kidneys perform an important role filtering the body's waste to pass as urine. If the kidneys fail, there is a harmful build up of the body's waste products. In severe cases it may be necessary for the filtering to be done by a dialysis machine or, in some cases, a transplant may be needed.

7. Stroke Resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source.Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain.
Evidence of permanent neurological deficit lasting for atleast 3 months has to be produced. The following are excluded:

i. ransient ischemic attacks (TIA)
ii. Traumatic Injury of the brain
iii. Vascular disease affecting only the eye or optic nerve or vestibular functions

What Does It Mean?

Strokes are caused by a sudden loss of blood supply or haemorrhage to a particular part of the brain. The symptoms and how well a person recovers will depend on which part of the brain is affected and the extent of the damage. A transient ischaemic attack, sometimes referred to as a 'mini-stroke', does not result in any permanent neurological deficit. These are not covered by this definition, because symptoms aren't permanent and will disappear within 24 hours.

8. Major Organ/Bone Marrow Transplant

The actual undergoing of a transplant of:

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

The following are excluded:

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

What Does It Mean?

An organ may become so diseased that it needs to be replaced.

9. Permanent Paralysis of Limbs

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

What Does It Mean?

Paralysis is the complete loss of use. It may be caused by injury or illness. A limb is an arm or leg.

10. Motor Neurone Disease with Permanent Symptoms

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

What Does It Mean?

Motor neurone disease (MND) is a gradual weakening and wasting of the muscles, usually beginning in the arms and legs. This may cause difficulty in walking or holding objects. As the disease develops, other muscle groups may be affected, such as those involving speech, swallowing and breathing. Eventually, 24 hour care may be needed.

11. Multiple Sclerosis with Persisting Symptoms

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;
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
iii. Other causes of neurological damage such as SLE and HIV are excluded.

What Does It Mean?

Multiple sclerosis (MS) is the most common disabling neurological disease among young adults and is usually diagnosed between the ages of 20 and 40.

12. Aplastic Anaemia

Aplastic Anemia is chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:

a) Absolute neutrophil count of less than 500/mm³
b) Platelets count less than 20,000/mm³
c) Reticulocyte count of less than 20,000/mm³

The Insured Person must be receiving treatment for more than 3 consecutive months with frequent blood product transfusions, bone marrow stimulating agents, or immunosuppressive agents or the Insured Person has received a bone marrow or cord blood stem cell transplant. Temporary or reversible Aplastic Anemia is excluded and not covered under this Policy.

What Does It Mean?

Aplastic anaemia is a serious condition where bone marrow fails to produce sufficient blood cells or clotting agents. Symptoms include shortness of breath, excessive bleeding and an increased chance of catching infections.

13. Bacterial Meningitis

Bacterial meningitis is a bacterial infection of the meninges of the brain causing brain dysfunction. There must be an unequivocal diagnosis by a consultant physician of bacterial meningitis that must be proven on analysis and culture of the cerebrospinal fluid. There must also be permanent objective neurological deficit that is present on physical examination at least 3 months after the diagnosis of the meningitis infection.

What Does It Mean?

Bacterial meningitis causes inflammation to the meninges, which is the protective layer around the brain and spinal cord. It's caused by a bacterial infection and needs prompt medical treatment. Initial symptoms include headache, fever and vomiting.

14. Loss of Speech

i. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 month. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat, (ENT) specialist
ii. All psychiatric related causes are excluded

What Does It Mean?

The total loss of the ability to speak. It's often caused when the vocal cords need to be removed because of a tumour or a serious injury.

15. End Stage Liver Disease

Permanent and irreversible failure of liver function that has resulted in all three of the following:

a) Permanent jaundice; and
b) Ascites; and
c) Hepatic Encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

What Does It Mean?

The liver is an important organ, which carries out several of the body's vital functions such as helping with digestion and clearing toxins. This definition covers liver failure at an advanced stage. This type of liver failure leads to permanent jaundice (yellow discolouration of the skin), ascites (build up of fluid in the abdomen), and encephalopathy (brain disease or damage).

16. Deafness

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

What Does It Mean?

This means permanent loss of hearing in both ears, measured by using an audiogram across different frequencies, which vary from low to high pitch.

17. End-stage Lung Disease

End stage lung disease, causing chronic respiratory failure, as evidenced by all of the following:

a) FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart;
b) Requiring continuous permanent supplementary oxygen therapy for hypoxemia;
c) Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO2< 55mmHg); and
d) Dyspnea at rest.

This diagnosis must be confirmed by a respiratory physician.

What Does It Mean?

The lungs allow us to breathe in oxygen and get rid of harmful carbon dioxide. The definition of End Stage Lung Disease covers advanced lung failure when breathing is severely affected and regular oxygen therapy is required.

18. Fulminant Viral Hepatitis

A sub-massive to massive necrosis of the liver by any virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

a) Rapid decreasing of liver size;
b) Necrosis involving entire lobules, leaving only a collapsed reticular framework;
c) Rapid deterioration of liver function tests;
d) Deepening jaundice; and
e) Hepatic encephalopathy.

Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

What does it mean?

Appearance of severe systemic complications like sepsis, gastro-intestinal bleeding, cerebral oedema, renal and cardiac failure, rapidly after the first signs of liver disease (such as jaundice), and indicates that the liver has sustained severe damage.

19. Third Degree Burns

There must be Third degree burns with scarring that cover at least 20% of body's surface area.The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

20. Muscular Dystrophy

Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening of certain muscle groups. The diagnosis of Muscular Dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence. The disease must result in the permanent inability of the Insured Person to perform (whether aided or unaided) at least three (3) of the six (6)"Activities of Daily Living".

Activities of Daily Living are defined as:

i. **Washing:** the ability to maintain an adequate level of cleanliness and personal hygiene
ii. **Dressing:** the ability to put on and take off all necessary garments, artificial limbs or other surgical appliances that are Medically necessary
iii. **Feeding:** the ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available
iv. **Toileting:** the ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene
v. **Mobility:** the ability to move indoors from room to room on level surfaces at the normal place of residence
vi. **Transferring:** the ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa.

2.3. HospiCash Benefit

2.3.1. If an Insured Person is Hospitalised solely and directly due to an injury arising from an Accident or due to an Illness for a minimum period of 48 hours, then We will pay the daily allowance as specified in the Certificate of Insurance for each continuous and completed period of 24 hours of Hospitalisation from the first day of Hospitalization provided that:

2.3.2. We shall not be liable to make any payment for Hospitalisation and/or treatment and/or treatment following diagnosis which occurs within 30 days from the date of commencement of the Policy specified in the Schedule of Insurance Certificate, unless such Hospitalisation is required solely and directly due to an Accident;

2.3.3. We shall not be liable to make payment of the Daily Allowance under this benefit for more than 45 days for an Insured Person in a Policy Year, including all days of admission to the Intensive Care Unit. This is applicable for both individual and family option.

2.3.4. If an Insured Person is required to be admitted to the Intensive Care Unit of a Hospital solely and directly due to an injury arising from an Accident or due to an Illness, then We will pay twice the Daily Allowance specified in the Certificate of Insurance for each continuous and completed period of 24 hours of admission in the Intensive Care Unit for a maximum of 7 days for an Insured Person in a policy year.

3. Exclusions

In addition to exclusions/waiting periods specified elsewhere in the Policy Document, We shall not be liable under this Policy for any claim in connection with or in respect of the following:

a. Initial Waiting Period

CritiCare: Benefits will not become payable if the signs or symptoms of any of the listed critical illnesses commence within 90 days from the date of commencement of CritiCare coverage of the first policy.
HospiCash: Benefits will not become payable if the signs or symptoms and/or Treatment fall within 30 days from the date of commencement of HospiCash coverage except accidents.

b. Pre-Existing Diseases

For CritiCare and HospiCash, Benefits will not be available for Pre-existing Diseases until 48 months of continuous coverage have elapsed since the inception of the first Policy with Us or other insurer in case of portability, for the respective benefit.

c. Specific Waiting Period for the HospiCash Benefit under 2.3

For the payment of the HospiCash Benefit, the disease conditions / treatments listed below will be subject to a waiting period of 24 months and will be covered from the commencement of the third Policy Year as long as the Insured Person has been insured continuously under the Policy without any break.

1. Stones in biliary and urinary systems
2. Lumps/ cysts/ nodules/ polyps/ internal tumours excluding malignancies
3. Gastric and duodenal ulcers
4. Surgery on tonsils / adenoids
5. Osteoarthrosis / arthritis / gout / rheumatism / spondylosis / spondylitis / intervertebral disc prolapse
6. Cataract and its complications
7. Fissure / Fistula / Haemorrhoids of anal and rectal region
8. Hernia / hydrocele / varicocoele / spermatocoele
9. Chronic renal failure or end stage renal failure
10. Sinusitis / deviated nasal septum / tympanoplasty / chronic suppurative otitis media
11. Benign prostatic hypertrophy
12. Joint replacements surgery except in case of accidents
13. Dilatation and curettage except in case of surgical abortion
14. Varicose veins of legs
15. Dysfunctional uterine bleeding / fibroids / prolapse uterus / endometriosis
16. Diabetes and related complications including but not limited to:
    a) Hyperglycaemia with or without coma
    b) Hypoglycaemia with or without coma
    c) Diabetic Ketoacidosis
    d) Diabetic Nephropathy
    e) Diabetic Retinopathy
    f) Diabetic Neuropathy
17. Hysterectomy for any benign disorder
18. Thyroid and parathyroid gland disorders excluding malignancy
19. Any Congenital Anomaly or inherited disorder or developmental conditions

d. Permanent Exclusions

1. Specific Exclusions for AccidentCare Cover under 2.1

We shall not be liable to make any payment under any benefits under the AccidentCare Cover under 2.1 if the claim is attributable to, or based on, or arise out of, or are directly or indirectly connected to any of the following:

i. Suicide or self inflicted Injury, whether the Insured Person is medically sane or insane.
ii. Treatment for any injury or illness resulting directly or

indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism.

iii. Service in the armed forces, or any police organization, of any country at war or at peace or service in any force of an international body or participation in any of the naval, military or air force operation during peace time.

iv. Any change of profession after inception of the Policy which results in the enhancement of Our risk, if not accepted and endorsed by Us on the Schedule of Insurance Certificate.

v. Committing an assault, a criminal offence or any breach of law with criminal intent.

vi. Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a Medicial Practitioner other than the Policyholder or an Insured Person.

vii. Participation in aviation/marine including crew other than as a passenger in an aircraft/water craft that is authorized by the relevant regulations to carry such passengers between established airports or ports.

viii. Including but not limited to engaging in or taking part in professional/adventure sports or any hazardous pursuits, such as speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports, hunting etc.

ix. Body or mental infirmity or any disease except where such condition arises directly as a correspondence of an Accident during the Policy Period. However this exclusion is not applicable to claims made under the PPD benefit.

x. Any costs or expenses specified in the List of Expenses Generally Excluded at Annexure II. This is applicable only for Accident Hospitalization benefit.

2. Specific Exclusions for CritiCare under 2.2

In addition to any conditions and exclusions listed under each Critical Illness, We shall not be liable to make any payment of the CritiCare Benefit under 2.2 if the claim is attributable to, or based on, or arise out of, or are directly or indirectly connected to any of the following:

a. Acquired Immune Deficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV); or

b. The Insured Person's attempted suicide or self-inflicted injuries while sane or insane; or

c. Narcotics used by the Insured Person unless taken as prescribed by a Medical Practitioner, or the Insured Person's abuse of drugs and/or consumption of alcohol; or

d. The directions, advice and guidance of the treating Medical Practitioner shall be strictly followed. We shall not be obliged to make any payment that arises out of willful failure to comply with such directions, advice or guidance.

e. Treatment for any injury or illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism

f. Taking part in any naval, military or air force operation during peace time; or

g. Participation in aviation/marine including crew other than as a passenger in an aircraft/water craft that is authorized by the relevant regulations to carry such passengers between established airport or ports;

h. Including but not limited to engaging in or taking part in professional/adventure sports or any hazardous pursuits, such as speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports, hunting etc; or

i. Participation by the Insured Person in a criminal or a breach of law with criminal intent; or

3. Specific Exclusions for HospiCash Benefit under 2.3

We shall not be liable to make any payment if Hospitalisation or any claim under this benefit are attributable to, or based on, or arise out of, or are directly or indirectly connected to any of the following:

i. Hospitalisation not in accordance with the diagnosis and treatment of the condition for which the Hospital confinement was required;

ii. Hospitalization solely for diagnostic or observation purpose;

iii. Treatment for weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition;

iv. Any dental care or Surgery of cosmetic nature, extraction of impacted tooth/teeth, orthodontics or orthognathic Surgery, or tempero-mandibular joint disorder except as necessitated by an Accidental Injury;

v. Treatment for infertility or impotency, sex change or any treatment related to it, abortion, sterilization and contraception including any complications relating thereto;

vi. Treatment arising from pregnancy and it's complications which shall include childbirth or abortion or threatened abortion excluding ectopic pregnancy;

vii. Hereditary and Genetic Disorders: Screening, counseling or treatment related to Hereditary and Genetic Disorders;

viii. Hospitalisation primarily for diagnosis, X-ray examinations, general physical or medical check-up not followed by active treatment during the Hospitalisation period or Hospitalisation where no active treatment is given by the Medical Practitioner;

ix. Unproven/Experimental treatments/off-label treatment;

x. Alternative treatment;

xi. Treatment of any mental or psychiatric condition including but not limited to insanity, mental or nervous breakdown / disorder, depression, dementia, Alzheimer's disease or rest cures;

xii. Admission to a nursing home or home for the care of the aged for rehabilitation, or convalescence;

xiii. Treatment directly or indirectly arising from alcohol, drug or substance abuse and any Illness or Accidental Injury which may be suffered after consumption of intoxicating substances, liquors or drugs;

xiv. Treatment directly or indirectly arising from or consequent upon war (whether war be declared or not), invasion, acts of foreign enemies, hostilities, civil war, rebellion, active participation in strikes, riots or civil commotion, revolution, insurrection or military or usurped power, and full-time service in any of the armed forces;

climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports, hunting etc.;

xxii. Circumcision unless necessary for treatment of a disease or necessitated due to an Accident;

xxiii. Hospitalisation where the Insured Person is a donor for any organ transplant;

xxiv. Any treatment outside of Republic of India;

xxv. Treatment to assist reproduction, including IVF treatment;

xxvi. Hormone Replacement Therapy;

xxvii. Puberty and Menopause related Disorders: Treatment for any symptoms, Illness, complications arising due to physiological conditions associated with Puberty, Menopause such as menopausal bleeding or flushing;

xxviii. Artificial Life Maintenance: Artificial life maintenance, including life support machine used to sustain a person, who has been declared brain dead, as demonstrated by:

a. Deep coma and unresponsiveness to all forms of stimulation;
b. Absent pupillary light reaction;
c. Absent oculovestibular and corneal reflexes; or
d. Complete apnea

xxix. Sleep disorders: Treatment for sleep apnea, snoring or any other sleep-related breathing problem;

xxx. Treatment for developmental problems: Treatment for, or related to developmental problems, including - learning difficulties (such as dyslexia), behavioral problems, including attention deficit hyperactivity disorder (ADHD);

4. Standard Terms and Conditions

a. Observance of terms and conditions

The due observance and fulfillment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability to make payment under this Policy .

b. Subrogation and Contribution

Subrogation and Contribution provisions are not applicable to the Policy.

c. Fraudulent claims

If a claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a claim, or if any fraudulent means or devices are used by the Insured Person or any false or incorrect disclosure to information norms or anyone acting on behalf of the Insured Person to obtain any benefit under this Policy, then this Policy shall be void and all claims being processed shall be forfeited for all Insured Persons and all sums paid under this Policy shall be repaid to Us by all Insured Persons who shall be jointly liable for such repayment.

d. Free Look Provision

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. The Free Look period will be 30 days if the Policy is purchased through distance marketing mode and Policy Period is 3 years. If You have any objections to any of the terms and conditions, You may cancel the Policy stating the reasons for cancellation and provided that no claims have been made under the Policy, We will refund the premium paid by You after deducting the amounts spent on stamp duty charges, pre policy medical checkup and proportionate risk premium for the period on cover. All rights and benefits under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. The free look provision is not applicable and available at the time of Renewal of the Policy.

e. Portability :

All health insurance policies are portable. You should initiate action to approach another insurer to take advantage of portability well before the renewal date to avoid any break in the policy coverage due to delay in acceptance of the proposal by the other insurer.

If You/the Insured Person has exercised the Portability Option at the time of Renewal of Your previous health insurance policy by submitting Your application and the completed Portability form with complete documentation at least 45 days before, but not earlier than 60 days from the expiry of Your previous Policy Period, then the Insured Person will be provided with credit gained for Pre- existing Diseases in terms of Waiting Periods and time bound exclusions up to the existing Sum Insured and cover in accordance with the existing guidelines of the IRDAI provided that:

a. The ported Insured Person was insured continuously and without a break under another Indian retail health insurance policy with any other Indian general insurance company, or stand -alone health insurance company, or any group/retail indemnity health insurance policy from Us.

b. The Waiting Period with respect to change in Sum Insured or plan shall be taken into account as follows:
   I. If the ported Sum Insured is higher than the Sum Insured under the expiring policy, Waiting Periods would be applied on the amount of proposed increase in Sum Insured only, in accordance with the existing guidelines of the IRDAI.
   II. If the proposed Plan is to be changed and not the Sum Insured then the applicable Waiting Periods would be applied as per the proposed plan.

c. In case of different policies and plan in previous years, the Portability Option would be provided for the expiring policy or Plan which is to be ported to Us.

d. The Portability Option has been accepted by Us within 15 days of receiving Your Proposal and Portability Form subject to the following :
   i. You shall have paid Us the applicable premium in full;
   ii. We might have, subject to Our medical underwriting, as per Our Board approved underwriting policy, restricted the terms upon which We have offered cover, the decision as to which shall be in Our sole and absolute discretion;
   iii. There was no obligation on Us to insure all Insured Persons or to insure all Insured Persons on the proposed terms, even if You have given Us all documentation;
   iv. We have received necessary details of medical history and claim history from the previous insurance company for the Insured Person's previous health insurance policy through the IRDAI's web portal.
   v. No additional loading or charges have been applied by Us exclusively for porting the policy.

e. In case You have opted to switch to any other insurer under Portability provisions(Porting Out) and the outcome of

acceptance of the Portability request is awaited from the new insurer on the date of Renewal,

i. We may upon Your request extend this Policy for a period of not less than one month at an additional premium to be paid on a pro rata basis.
ii. If during this extension period a claim has been reported, You shall be required to first pay the balance of the full annual Policy premium. Our liability for the payment of such claim shall commence only once such premium is received. Alternately We may deduct the premium for the balance period and pay the balance claim amount if any and issue the Policy for the remaining period.
iii. We reserve the right to modify or amend the terms and the applicability of the Portability option in accordance with the provisions of the regulations and guidance issued by the IRDAI as amended from time to time.

f. Notification :

You will inform Us immediately of any change in the address, nature of job, state of health, or of any other changes affecting You or any Insured Person through the format Annexure III.

We shall allow the enhancement in Sum Insured or scope of cover only at the time of Renewal, provided You intimate Us at the time of Renewal. The decision of acceptance of enhancement of the sum insured or the scope of cover will be based on our underwriting policy and shall be subject to payment of applicable premium for such enhanced cover.

g. Cancellation/ Termination (other than free look cancellation)

1. Cancellation by Insured Person:

You may terminate this Policy during the Policy Period by giving Us at least 30 days prior written notice. We shall cancel the Policy and refund the premium for the balance of the Policy Period in accordance with the table below provided that no claim has been made under the Policy by or on behalf of any Insured Person.

2. Automatic Cancellation:

a. Individual Policy:

The Policy shall automatically terminate on death of the Insured Person.

b. For Policy issued to Family:

The Policy shall automatically terminate in the event of the death of all the Insured Persons.

c. Refund:

A refund in accordance with the table in Section 4(h) (1) above shall be payable if there is an automatic cancellation of the Policy provided that no claim has been filed under the Policy by or on behalf of any Insured Person.

3. Cancellation by Us:

Without prejudice to the above, We may terminate this Policy during the Policy Period by sending 30 days prior written notice to Your address shown in the Schedule of Insurance Certificate without refund of premium (for cases other than non cooperation) if in Our opinion:

i. You or any Insured Person or any person acting on behalf of either has acted in a dishonest or fraudulent manner under or in relation to this Policy; and/or
ii. You or any Insured Person has not disclosed the material facts or misrepresented in relation to the Policy; and/or
iii. You or any Insured Person has not co operated with Us. In such cases, premium will be refunded on pro-rata basis provided that no claim has been filed under the Policy by or on behalf of any Insured Person. For avoidance of doubt, it is clarified that no claims shall be admitted and/or paid by Us during the notice period.

The policy shall terminate for AccidentCare cover in case of change in occupation of the Policyholder resulting in change in the Risk Class to Category 3. In case of family option, the cover of all insured persons shall terminate. However, in case of change in occupation of any insured person other than Policyholder resulting in change in the Risk Class to Category 3, the cover of that particular insured person only shall terminate. In all such cases of termination, pro-rata premium will be refunded provided that no claim has been filed under the Policy by or on behalf of any Insured Person.

4. Withdrawal of Product:

This product may be withdrawn at Our option subject to prior approval of the Insurance Regulatory and Development Authority of India (IRDAI) or due to a change in regulations. In such a case We shall provide an option to migrate to our other suitable retail products as available with Us. We shall notify You of any such change at least 3 months prior to the date from which such withdrawal shall come into effect.

5. Revision or Modification:

The product and/or premium rates may be revised or modified subject to prior approval of the Insurance Regulatory and Development

1 Year		2 Year		3 Year	
Policy in-force up to	**Refund %**	**Policy in-force up to**	**Refund %**	**Policy in-force up to**	**Refund %**
Up to 30 days	75%	Up to 30 days	87.5%	Up to 30 days	90%
31 to 90 days	50%	31 to 90 days	75%	31 to 90 days	87.5%
91 to 180 days	25%	91 to 180 days	62.5%	91 to 180 days	75%
Exceeding 180 days	0%	181 to 365 days	50%	181 to 365 days	60%
		366 to 455 days	25%	366 to 455 days	50%
		456 to 545 days	12%	456 to 545 days	25%
		Exceeding 545 days	0%	545 to 720 days	12%
				Exceeding 720 days	0%

Authority of India(IRDAI). In such case We shall notify You of any such change at least 3 months prior to the date from which such revision or modification shall come into effect, provided it is not otherwise provided by the authority.

h. Territorial Jurisdiction

a. AccidentCare including Temporary Total Disability coverage is available worldwide.
b. Accident Hospitalisation, CritiCare and HospiCash are available in India only.
c. All claims shall be payable in India in Indian Rupees only.

i. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts at New Delhi.

j. Renewal of Policy

The Renewal premium is payable on or before the due date in the amount shown in the Schedule of Insurance Certificate or at such altered rate as may be reviewed and notified by Us before completion of the Policy Period. We are under no obligation to notify You of the Renewal date of Your Policy. We will allow a Grace Period of 30 days from the due date of the Renewal premium for payment to Us. No benefits or coverage under the Policy will be available for the period for which no premium is received.

If the Policy is not Renewed within the Grace Period then We may agree to issue a fresh policy subject to Our underwriting criteria and no continuing benefits shall be available from the expired Policy.

If any Dependent Child has completed 21 years at the time of Renewal, then such insured person will have to take a separate policy as he/she will no longer be eligible as Dependent Child, however the continuity benefits will be passed on to the separate policy taken by such Insured Person.

There will not be any loading at the time of Renewal on individual claims experience of the Insured Person. Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.

Please note:

1. Under Accident Care, specifically for the Policyholder's Sum Insured of 100 lacs and above, on the insured person attaining age 70 years, the coverage would get reduced to a flat sum insured of Rs100 lacs from the date of next renewal of the Policy, irrespective of the original sum insured.
2. Accidental Temporary Total Disability benefit is available provided that lifetime limit of 100 weeks is not exhausted.

k. Renewal Benefits (For AccidentCare Cover only):

If the AccidentCare cover is renewed, the Sum Insured will be increased by 5% of the Sum Insured (shown in the Schedule of Insurance Certificate during the first Policy Year) for every claim free Policy Period up to a cumulative maximum of 25% of the Sum Insured for all the applicable benefits other than Accident Temporary Total Disability (TTD) and Accident Hospitalization mentioned under the AccidentCare cover only.

At the time of renewal in case of an insured person attaining 70 years of age, for Policyholder's Sum Insured of more than 100 lacs, the Renewal Benefit will also be reduced in the same proportion of reduction in Sum Insured.

l. Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to

i. The You/Insured Person at the address specified in the Schedule of Insurance Certificate or at the changed address of which We must receive written notice.
ii. Us at the following address.

Customer Services Department
Max Bupa Health Insurance Company Limited
2nd Floor, Plot No D-5 ,
Sector 59, Noida , Gautam Budhnagar – 201301

In addition, We may send You/Insured Person other information through electronic and telecommunications means with respect to Your Policy from time to time.

m. Claims Procedure

All claims under this Policy will be adjudicated after the occurrence of the event and further submission of Necessary Documents. The benefits will be paid in line with the coverage in the insurance plan opted by You and will be irrespective of the actual costs incurred by You.

I. List of Necessary Documents are as follows:

1. For CritiCare:

a. Duly filled and signed claim form and KYC documents
b. Final Hospital Discharge Summary in original / self attested copies if the originals are submitted with another insurer, if applicable
c. Final Hospital Bill in original / self attested copies if the originals are submitted with another insurer, if applicable
d. Consultation notes and / or investigation reports from outside the hospital prior to hospitalization
e. Copy of First Information Report (FIR) (if CritiCare being claimed for is admissible in event of an Accident)
f. Copy of Medico Legal Certificate duly attested by the concerned hospital (if CritiCare being claimed for is admissible in event of an Accident) if applicable

2. For HospiCash:

a. Duly filled and signed claim form with KYC documents
b. Final Hospital Discharge Summary in original / self attested copies if the originals are submitted with another insurer
c. Final Hospital Bill in original / self attested copies if the originals are submitted with another insurer
d. Consultation notes and / or investigation reports from outside the hospital prior to hospitalization
e. Copy of First Information Report (FIR) / Panchnama (In case of accidental injury) if applicable
f. Copy of Medico Legal Certificate (In case of accidental injury) if applicable

3. Accident Death

a. Duly filled and signed claim form and KYC documents
b. Copy of Death Certificate (issued by the office of Registrar of Births and Deaths)

c. Copy of First Information Report (FIR) / Panchnama
d. Copy of Medico Legal Certificate duly attested by the concerned hospital, if applicable
e. Copy of Hospital record, if applicable
f. Copy of Post Mortem report wherever applicable

4. Accident Permanent Total Disability

a. Duly filled and signed claim form and KYC documents
b. Hospital Discharge Summary (in original) / self attested copies if the originals are submitted with another insurer
c. Final Hospital Bill (in original) / self attested copies if the originals are submitted with another insurer
d. Medical consultations and investigations done from outside the hospital.
e. Certificate of Disability issued by a Medical Board duly constituted by the Central and/or the State Government
f. Copy of First Information Report (FIR) / Panchnama if applicable
g. Copy of Medico Legal Certificate duly attested by the concerned hospital, if applicable

5. Accident Permanent Partial Disability

a. Duly filled and signed claim form and KYC documents
b. Hospital Discharge Summary (in original) / self attested copies if the originals are submitted with another insurer
c. Final Hospital Bill (in original) / self attested copies if the originals are submitted with another insurer
d. Medical consultations and investigations done from outside the hospital
e. Certificate of Disability issued by a Medical Board duly constituted by the Central and/or the State Government
f. Copy of First Information Report (FIR) / Panchnama if applicable
g. Copy of Medico Legal Certificate duly attested by the concerned hospital, if applicable

6. Temporary Total Disability

a. Duly filled and signed claim form and KYC documents
b. Hospital Discharge Summary (in original) / self attested copies if the originals are submitted with another insurer
c. Final Hospital bill (in original)/ self attested copies if the originals are submitted with another insurer
d. Copy of First Information Report (FIR) / Panchnama / Inquest report if applicable
e. Copy of Medico Legal Certificate duly attested by the concerned hospital if applicable
f. Attendance record of employer / Certificate of employer confirming period of absence
g. Disability certificate from treating doctor with seal and stamp
h. Medical certificate and Fitness certificate with seal and stamp

7. Accident Hospitalization

a. Duly filled and signed claim form and KYC documents
b. Hospital Discharge Summary (in original) / self attested copies if the originals are submitted with another insurer
c. Copy of First Information Report (FIR) / Panchnama / Inquest report if applicable
d. Copy of Medico Legal Certificate duly attested by the concerned hospital if applicable
e. Final Hospital bill with receipt /copies attested by other insurer if the originals are submitted with them
f. Original bills with supporting prescriptions and reports for investigations done outside the hospital/ copies attested by other insurer if the originals are submitted with them
g. Original bills with supporting prescriptions for medicines purchased from outside the hospital./ copies attested by other insurer if the originals are submitted with them

ii. We reserve the right to call for:

1. Any other necessary documentation or information that We believe may be required;

The claims for AccidentCare or CritiCare have to be notified to Us within 30 days from the date of death or disability or diagnosis of the illness. The claims for HospiCash and Accident Hospitalization under AccidentCare are to be notified to Us within 48 hours from the date of occurrence of the accident or hospitalization. All necessary documents shall be submitted within 30 days from the date of intimation of the claim or date of discharge, whichever is earlier. In case where the delay in intimation is proved to be genuine and for reasons beyond the control of the Insured Person or Nominee specified in the Schedule of Insurance Certificate, We may condone such delay and process the claim, We reserve a right to decline such requests for claim process where there is no merit for a delayed claim .

Upon acceptance of a claim, the payment of the amount due shall be made within 30 days from the date of receipt of last necessary document. In the case of delay in payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

If You hold an indemnity policy with Us, a single Notification for Claim will apply to both the indemnity plan as well as this Policy, even if the Notification for Claim for this Policy does not explicitly mention this. The benefits under the indemnity plan will be paid out in accordance to the terms and conditions of the respective plan.

n. Alteration to the Policy

This Policy constitutes the complete contract of insurance. Any change in the Policy will only be evidenced by a written endorsement signed and stamped by Us. No one except Us can change or vary this Policy.

o. Nominee

You are mandatorily required at the inception of the Policy, to make a nomination for the purpose of payment of claims, under the Policy in the event of death.

I. Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the Policy is made by Us.
ii. In case of any Insured Person other than You under the Policy, for the purpose of payment of claims in the event of death, the default nominee would be You.

p. Obligations in case of a minor

If an Insured Person is less than 18 years of age, You/adult Insured Person shall be completely responsible for ensuring compliance with all the terms and conditions of this Policy on behalf of that minor Insured Person.

q. Customer Service and Grievances Reddressal:

i. In case of any query or complaint/grievance, You / Insured Person may approach Our office at the following address:

Customer Services Department
Max Bupa Health Insurance Company Limited
2nd Floor, Plot No D-5 ,
Sector 59, Noida , Gautam Budhnagar – 201301
Customer Helpline No.: 1860-500-8888
Fax No.: 011-30902010
Email ID: customercare@maxbupa.com

ii. In case You/Insured Person are not satisfied with the decision of the above office, or have not received any response within 10 days, You/Insured Person may contact the following official for resolution:

Head - Customer Services
Max Bupa Health Insurance Company Limited
2nd Floor, Plot No D-5 ,
Sector 59, Noida , Gautam Budhnagar – 201301
Customer Helpline No.: 1860-500-8888
Fax No.: 011-30902010
Email ID: customercare@maxbupa.com

iii. In case You/Insured Person are not satisfied with Our decision/ resolution, You may approach the Insurance Ombudsman at the addresses given in Annexure I.

iv. The complaint should be made in writing duly signed by the complainant or by his/her legal heirs with full details of the complaint and the contact information of the complainant.

v. As per provision 13(3)of the Redressal of Public Grievances Rules 1998,the complaint to the Ombudsman can be made

1. Only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer;
2. With in a period of one year from the date of rejection by the insurer;
3. If it is not simultaneously under any litigation;

5. Interpretations & Definitions

In this Policy the following words or phrases shall have the meanings attributed to them wherever they appear in this Policy and for this purpose the singular will be deemed to include the plural, the male gender includes the female where the context permits:

Def. 1. **Accident** or **Accidental** means a sudden, unforeseen and involuntary event caused by external visible and violent means.

Def. 2. **Alternative treatments:** are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

Def. 3. **Congenital Anomaly** refers to a condition (s) which is present since birth, and which is abnormal with reference to form, structure or position.

i. Internal Congenital Anomaly : Congenital Anomaly which is not in the visible and accessible parts of the body
ii. External Congenital Anomaly: Congenital Anomaly which is in the visible and accessible parts of the body.

Def. 4. **Condition Precedent shall** mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Def. 5. **Contribution is essentially** the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any benefit offered on fixed benefit basis.

Def. 6. **Critical Illnesses** mean those illnesses or diseases of specified severity as specified in Subsection 2.2

Def. 7. **Dependent Children**

i. For the AccidentCare Cover only means Your unmarried children aged between 2 years and 21 years at the time of first Policy with Us, who are financially dependent on You and do not have their own independent households.
ii. For the HospiCash Benefit only means Your unmarried children aged between 1 day and 21 years at the time of first Policy with Us, who are financially dependent on You and do not have their own independent households income.

Def. 8. **Dismemberment** means physical loss of a limb (arm, leg, hand) and/or a significant sense such as sight due to an accident.

Def. 9. **Family:**

i. For the AccidentCare Cover only means a unit comprising of up to four members who are related to each other in the following manner:
   a) Legally married husband and wife as long as they continue to be married; and
   b) Up to two of their Dependent Children as defined under Def 8(i).
ii. For the CritiCare Cover only means a unit comprising of upto 2 members who are related to each other in the following manner:
   a) Legally married husband and wife as long as they continue to be married.
iii. For the HospiCash Benefit only means a unit comprising of up to four members who are related to each other in the following manner:
   a) Legally married husband and wife as long as they continue to be married; and
   b) Up to their two Dependent Children as defined under Def 8(ii).

Def. 10. **Disclosure to Information Norm:** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of mis-representation, mis-description or non-disclosure of any material fact.

Def. 11. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which no premium is received.

Def. 12. **Hospital** means any institution established for Inpatient care and Day Care Treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:

   a) has qualified nursing staff under its employment round the clock;
   b) has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and atleast15 inpatient beds in all other places;

c) has qualified Medical Practitioner(s) in charge round the clock;
d) has a fully equipped operation theatre of its own where surgical procedures are carried out;
e) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

Def. 13. Hospitalisation or Hospitalised means the admission in a Hospital for a minimum period of 24 Inpatient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

Def. 14. Information Summary Sheet means the record and confirmation of information provided to Us or Our representatives over the telephone for the purposes of applying for this Policy.

Def. 15. Injury: Injury 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.

Def. 16. Inpatient Care means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.

Def. 17. Intensive Care Unit 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.

Def. 18. Illness means sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

a) Acute Condition-Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests- it needs ongoing or long-term control or relief of symptoms -it requires your rehabilitation or for you to be specifically trained to cope with it- it continues indefinitely - it comes back or is likely to come back.

Def. 19. Insured Person: means a person named as insured in the Schedule of Insurance Certificate including You.

Def. 20. Limb: is/ are jointed appendages i.e an arm or leg with all its parts i.e lower limb is the limb of the body extending from the gluteal region to the foot and upper limb is the limb of the body extending from the deltoid region to the hand.

Def. 21. Medical Advise means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

Def. 22. Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Def. 23. Medically Necessary: Medically necessary treatment is defined as any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

a. is required for the medical management of the Illness or injury suffered by the insured;
b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
c. must have been prescribed by a Medical Practitioner;
d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Def. 24. Medical Practitioner: A Medical Practitioner is 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 licence.

Def. 25. Network Provider means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

Notification of Claim is the process of notifying a claim to the insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified.

Def. 26. Off-label drug or treatment means "use of pharmaceutical drug for an unapproved indication or in an unapproved age group, dosage or route of administration".

Def. 27. PermanentTotal Disability means disablement of the Insured Person such that at least one of the following conditions is satisfied

a) Unable to Work The Insured Person suffers an Injury and due to such Injury the Insured Person is unlikely to ever be able to engage in any occupation or employment or business for remuneration or profit.
b) Loss of use of Limbs or Sight The Insured Person suffers from total and irrecoverable loss of:
   i. The use of two Limbs (including paraplegia and hemiplegia), OR
   ii. The sight of both eyes, OR
   iii. The use of one Limb and the sight of one eye
c) Loss of independent living
The Insured Person is permanently unable to perform

independently three or more of the following six activities of daily living.

i. **Washing:** the ability to maintain an adequate level of cleanliness and personal hygiene
ii. **Dressing:** the ability to put on and take off all necessary garments, artificial limbs or other surgical appliances that are Medically Necessary
iii. **Feeding:** the ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available
iv. **Toileting:** the ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene
v. **Mobility:** the ability to move indoors from room to room on level surfaces at the normal place of residence
vi. **Transferring:** the ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa

Def. 28. Policy means these terms and conditions, any annexure thereto and the Schedule of Insurance Certificate (as amended from time to time), Your statements in the proposal form and the Information Summary Sheet and the policy wording (including endorsements, if any).

Def. 29. Policy Period means the period between the date of commencement and the expiry date of the Policy as stated in the Schedule of Insurance Certificate.

Def. 30. Policy Year means the period of one year commencing on the date of commencement specified in the Schedule of Insurance Certificate or any anniversary thereof.

Def. 31. "Portability" means the right accorded to an individual health insurance policyholder (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.

Def. 32. Pre-existing Disease means any condition, ailment or Injury or disease:

a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

Def. 33. Product Benefits Table means the Product Benefits Table issued by Us and accompanying this Policy and annexures thereto.

Def. 34. 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.

Def. 35. 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 all waiting periods.

Def. 36. Schedule of Insurance Certificate means the schedule provided in the insurance certificate issued by Us, and, if more than one, then the latest in time.

Def. 37. Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

Def. 38. Sum Insured means the sum shown in the Schedule of Insurance Certificate which represents Our maximum, total and cumulative liability for any and all claims under the Policy during the Policy Year.

Def. 39. Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

Def. 40. Temporary Total Disability means a disability (other than a psychological condition) arising out of an Accident due to which the Insured Person is unable to attend to his usual occupation for a duration of not less than three (3) continuous working days.

Def. 41. Unproven/Experimental treatment means treatment, including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

Def. 42. We/Our/Us means Max Bupa Health Insurance Company Limited.

Def. 43. You/Your/Policyholder means the person named in the Schedule of Insurance Certificate.Any reference to any statute shall be deemed to refer to any replacement or amendment to that statute.