

Prospectus

Cancer Insurance Policy

The Prospectus is intended to facilitate an easier understanding of the Policy terms, conditions and exclusions. It only gives a summary of the significant benefits and exclusions associated with this product. When issued the Policy attached with this statement represents the legal contract between yourself and Raheja QBE and should be seen for complete details.

If you need any clarification on coverage please call your nearest Raheja QBE office or your insurance adviser.

Most types of cancer, if detected early, can be treated effectively. Today, there are thousands of people all over the world who have had cancer and have been cured. They now lead normal lives. Should cancer be detected, this Cancer Insurance Policy provides substantial financial support so that you can be adequately treated in time, allowing you not only to lead a normal life after cancer but one with lesser worries. This Cancer Insurance Policy relieves you of the crippling costs of curing cancer.

Coverage details

- All individuals in the age group of 1 day to 70 years can opt for this insurance cover with Raheja QBE.
- In case an insured is diagnosed with Cancer and this requires diagnostic investigation or treatment by a duly qualified medical practitioner or medical practitioner, Raheja QBE pays the insured:
 - 50% of the Sum Insured or Rs. 250,000.00 whichever is less, as a lump sum amount on the acceptance of a claim under the Policy; and
 - reasonable charges for medical expenses actually incurred by the insured in the diagnostic investigation or medical treatment on the medical advise of a medical practitioner of Cancer, in excess of 75% of the benefit amount paid as a lump sum as stated above.
- It is agreed and understood that the total liability of Raheja QBE under this Policy for any and all claims made in respect of the insured is restricted to the sum insured mentioned in the schedule.

For example:

Scenarios →	1	2	3	4	5	6	7	8
Sum Insured	100,000	100,000	500,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Amount paid on detection of cancer	50,000	50,000	250,000	250,000	250,000	250,000	250,000	250,000
Bills produced for reimbursement- Tranche -1	50,000	75,000	200,000	500,000	250,000	50,000	250,000	1,000,000
Amount reimbursed	12,500	37,500	12,500	312,500	62,500	-	62,500	750,000

Bills produced for reimbursement- Tranche -2 #	50,000	50,000	250,000	750,000	700,000	500,000		
Amount reimbursed	37,500	12,500	237,500	437,500	687,500	500,000	-	-
Total claim paid	100,000	100,000	500,000	1,000,000	1,000,000	750,000	312,500	1,000,000

Insured can claim any number of reimbursements till the Sum Insured is exhausted

- Reimbursement of medical expenses will be based on submission of original bills and receipts of tests only. [Note: If the insured has already submitted a claim and original bill to another insurance policy with any other Indian insurance company, Raheja QBE will accept certified true copies of the bills from the insured provided that written documentation from the Indian insurance company is provided confirming its liability under its insurance policy issued to the insured for that claim and that it has received the original bills from the insured.]
- Reimbursement of claims will be made every quarter for actual expenses incurred, until the entire sum insured is exhausted.
- Sum insured options starting from Rs.1 Lakh and in multiples thereof subject to a maximum of Rs. 10 Lakhs available under this policy.
- Also if an insured is diagnosed as suffering from Cancer and reports a claim during the period of insurance, he/she can continue to receive benefits under the Policy up to the sum insured limit even after the expiry of the Policy for up to 5 yrs from the inception of the Policy
- The insured for the purposes of this Policy shall mean the insured specified in the schedule only
- For policies continued without any break there will be no exit age.
- All Insureds less than 50 years of age will be accepted for this insurance cover on the basis of the self-declaration provided as well as certification of good health by a registered medical practitioner as given in the proposal form. All Insureds above the age of 50 years will be accepted for coverage after medical examination. Such Insureds' who are extended this insurance by Raheja QBE after medical examination and confirmation of no pre-existing cancer in the proposal form and are later on detected with cancer in advanced stages will not be denied cover on the basis of the disease being a pre-existing one.
- Medical examinations required will be:

Men	Clinical Examination, Prostate Specific Antigen Test, Stool examination -occult blood, Complete blood count, chest X-ray, Ultrasound of upper abdomen
Women	Clinical Examination, CBC, Chest X-Ray, PAP Smear, Mammogram, Stool examination-occult blood, Complete blood count, Ultra sound of Pelvis

- Reimbursement towards medical expenses for pre-policy medical examination will be limited to 50% of actual expenses.
- For all claim-free policies subsequently renewed in accordance with the terms of the Policy, there will be an increase in the amount payable towards reasonable charges for medical expenses by 5% for the immediately following period of insurance provided that the cumulative bonus over all periods of insurance shall not exceed 25%. The earned cumulative bonus will not be lost if the policy is renewed within the 30 day grace period.

CLAIMS

1. Notification of Claims: A notice of claim shall be served upon Raheja QBE or its TPA within a period of 30 days of the happening of any event which gives rise to a claim under the Policy with full particulars. The TPA details are attached with this Policy document. It is agreed and understood that Raheja QBE retains the right to change the TPA during the Period of Insurance. It is further agreed and understood that Raheja QBE will inform the Insured in writing of any change in TPA at least 30 days before such change shall come into force.
2. Proof of Claims: The claim shall be substantiated in full with all necessary supporting documents including but not limited to the following as a Condition Precedent to the consideration of the claim by Raheja QBE:
 - i) Raheja QBE's claim form which shall be duly completed;
 - ii) All original diagnostic, investigative and treatment reports;
 - iii) All original of bills and receipts of tests carried out and treatment taken;

In respect of Clauses 2.(ii) and 2.(iii) above, if the Insured has already submitted a claim and the original reports, bills or receipts under any insurance policy with any other Indian insurance company Raheja QBE will accept certified true copies of the reports, bills and receipts from the Insured provided that written documentation from the Indian insurance company is provided confirming its liability under its insurance policy issued to the Insured for that claim and that it has received the original reports, bills and receipts from the Insured.

- iv) All original/certified copies of prescriptions of doctors
 - v) Hospital case records and Discharge Ticket, if treatment taken there.
 - vi) any other necessary information or documentation sought by Raheja QBE or its TPA on its behalf.
3. The claim and the requisite information, particulars and documents in respect of and pertaining to a claim shall be submitted within 15 days of notification of the claim.
 4. Raheja QBE may request the Insured to undergo a medical examination by a Medical Practitioner that is an oncologist. The cost for this examination will be borne by Raheja QBE
 5. Acceptance and Payment of Claims: It is agreed and understood that:
 - i) If a claim is accepted, the payment of the due amount shall be made within 30 days from the date of acceptance of the claim.

- ii) Claims shall be paid by Raheja QBE or through its TPA only in Indian currency to the Insured or his/her legal heir for claims pertaining to diagnosis, investigation and medical/surgical treatment for Cancer, taken entirely within India only.
6. Claim for reimbursement of Reasonable Charges of Medical Expenses incurred may be submitted by the Insured to Raheja QBE or the TPA on a quarterly basis along with the information and documentation specified above.
7. In the event the intimation of the claim is not within the time line specified above and is delayed due to reasons which are proven to be genuine and for reasons beyond the control of the claimant, Raheja QBE may condone such delay and process the claim. It is agreed and understood that Raheja QBE reserves the right to decline any such requests for processing a claim where there is no genuine reason for a delayed claim.

EXCLUSIONS

- **First 30days Waiting Period**

No claim, however, shall be payable on any account whatsoever, if the Insured is diagnosed with Cancer within a period of thirty days from the commencement of the initial Period of Insurance specified in the Schedule.

This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

- Nuclear, chemical or biological attack as define below.

Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.

Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

- Raheja QBE shall not be liable for making any payment under the Policy for any cancer or cancer related condition which is a Pre – Existing Disease. All Insureds above the age of 65 years to whom cover under this insurance is extended by Raheja QBE after medical examination and confirmation of no Cancer that is

a Pre – Existing Disease in the proposal form and are later on detected with Cancer in advanced stages will not be denied cover on the basis of the disease being a Pre – Existing Disease .

- Raheja QBE shall not be liable to make any payment under the Policy for any costs or expenses incurred on AYUSH treatments.
- No claim shall be payable under this Policy unless the diagnostic investigation reveals positive existence or presence of Cancer. Raheja QBE reserves its right to ask the Insured to present himself/herself for examination by a Medical Practitioner who is an oncologist for acceptance a claim under this Policy.

RENEWAL OF POLICY

- The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due for renewal.
- The Policy will not be renewed for an Insured once a claim in is admitted under this Policy.
- Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30days to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.
- If not renewed within Grace Period of 30days after due renewal date, the Policy shall terminate.

STANDARD GENERAL TERMS AND CLAUSES

Disclosure of Information-

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact by the policyholder.

(Explanation: “Material facts” for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk).

Condition Precedent to Admission of Liability-

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

Claim Settlement (provision for Penal Interest)

- The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

- However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

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

Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

Fraud

- If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.
- Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.
- For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, within tent to deceive the insurer or to induce the insurer to issue an insurance policy:
 - a. the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
 - b. the active concealment of a fact by the insured person having knowledge or belief of the fact;
 - c. any other act fitted to deceive; and
 - d. any such act or omission as the law specially declares to be fraudulent
- The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

Cancellation

- The policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

- Not with standing anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.
- The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.
- The Insured would be entitled to a return of premium at Raheja QBE's short period scales as mentioned in the table below, for the period the Policy had been in force.

For a period not exceeding 15 days Full Annual Premium

For a period not exceeding	15 days	Full Annual Premium
-do-	1 month	85% of the Annual Premium
-do-	2 months	80% of the Annual Premium
-do-	3 months	75% of the Annual Premium ⁴⁰
-do-	4 months	70% of the Annual Premium
-do-	5 months	60% of the Annual Premium
-do-	6 months	50% of the Annual Premium
-do-	7 months	40% of the Annual Premium
-do-	8 months	30% of the Annual Premium
-do-	9 months	15% of the Annual Premium
For a period exceeding	9 months	10% of the Annual Premium specified in the Schedule (Annual Premium)

Portability: From another insurance company to this Policy:

- The Insured Person will have the option to port the Policy to other insurers as per extant Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:
- The waiting periods specified in Section 6 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- Portability benefit will be offered to the extent of sum of previous sum insured and accrued
- bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

- For Detailed Guidelines on Portability, kindly refer the link <http://www.rahejaqbe.com/health-insurance>

Migration: From Raheja QBE's existing health insurance policies to this Policy

- The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:
- The waiting periods specified in Section 6 shall be reduced by the number of continuous
- preceding years of coverage of the Insured Person under the previous health insurance Policy.
- Migration benefit will be offered to the extent of sum of previous sum insured and accrued
- bonus/multiplier benefit (as part of the base sum insured), migration benefit shall not apply to
- any other additional increased Sum Insured. For Detailed Guidelines on Migration, kindly refer the link <http://www.rahejaqbe.com/health-insurance>

Nomination:

The policyholder is 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 of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. For Claim settlement under reimbursement, the Company will pay the policyholder. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

Withdrawal of Policy

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

Moratorium Period

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

Free Look Cancellation:

- The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy. The insured shall be allowed a period of fifteen days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to-
- a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges; or
- where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or
- Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

Endorsements (Changes in Policy)

i. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.

ii. The policyholder may be changed only at the time of renewal. The new policyholder must be the legal heir/immediate family member. Such change would be subject to acceptance by the company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.

The policyholder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India.

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

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

Arbitration

- If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and

in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).

- It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.
- It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

Disclaimer

This is only a summary of the product features. The actual benefits shall be described in the policy, and will be subject to the policy terms, conditions and exclusions.

For more details on risk factors, terms and conditions, read the sales brochure carefully before concluding a sale.

IRDA Regulation No. 17

This Policy is subject to regulation 17 of IRDAI (Protection of Policyholder's Interests) Regulation 2017 or any amendment thereof from time to time.

Prohibition of Rebates: Section 41 of the Insurance Act, 1938 (and amendments thereof)

1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.

2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Premium Chart Cancer Insurance Policy

Age in yrs	Premium in Rs. for every Rs. 1 Lakh of Sum Insured including taxes
< 25	102
25-29	127
30-34	179
35-39	306
40-44	561
45-49	1070
50-54	1731
55-59	2648
60-64	4074
65-70	7130
71-74 *	7488
75 onwards*	7844
* Only renewals	