



UNITED INDIA INSURANCE COMPANY LIMITED

No. 24, WHITES ROAD, CHENNAI - 600 014

UNI CRITI CARE POLICY

PROSPECTUS

Eligibility:

Who can take the policy: An individual between the age of 21 years and 65 years. Age is taken as age on last birthday, i.e. completed age in years.

Renewal Age: For continuous renewal without any break, there shall be no exit age, subject to the provisos of the renewal clause below.

An insured can take a policy covering self, spouse, and dependent parents with separate sum insured for each.

Dependent children between the age of 21 and 26 years pursuing full time studies can be covered. Bonafide certificate from educational institution is mandatory as proof. Unmarried and/or unemployed female children can also be covered as dependants.

Proof of age must be submitted at the time of proposal, which could be one of the following:

1. Passport
2. Birth Certificate
3. Driving Licence
4. PAN Card
5. Class 10th/12th Certificate
6. School leaving Certificate
7. Domicile Certificate (issued by Government)

All persons of age 45 years and above must complete the medical examination report. The Company shall reimburse 50% of the cost of such medical examination expenses if the proposal is accepted.

Sum Insured: The sum insured offered under the policy are:

Rs 1,00,000, Rs 3,00,000/-, Rs 5,00,000/-and Rs 10,00,000/-

What does the policy pay for:

In the event of the insured person being diagnosed with one of the critical illness defined in the policy, the Company/TPA shall pay the Insured Person as compensation the Sum Insured covered under the policy.

The policy has a waiting period of 90 days from the commencement date of insurance, and a survival period of a minimum 30 days from date of diagnosis of the critical illness for the insured to be eligible for any benefit under the policy.

The Company shall compensate the Insured person, only once in respect of any one or more of the covered diseases under the policy.

Should a benefit be paid in terms of this policy on behalf of an Insured Person the coverage for that person terminates under this policy and such person shall not be entitled to be covered by this policy or its renewal thereof.

Definitions:

DIAGNOSIS should be :

Diagnosis by a registered Medical Practitioner, supported by clinical radiological, histological and laboratory evidence and also surgical evidence wherever applicable. acceptable to the Company.

MEDICAL PRACTITIONER means a person who holds a degree / diploma of a recognised institution and is registered and legally authorized by the Medical Council of India or the relevant authority in the geographical area of his practice to render medical or surgical services; but excluding a Physician or Registered Medical Practitioner who is the Insured himself or an agent of the Insured, an insurance agent, business partner(s) or employer/employee of the Insured or a member of the Insured's immediate family. The term Medical Practitioner includes Physician, Specialist and Surgeon.

TPA: is a Third Party Administrator who holds a valid Licence from Insurance Regulatory and Development Authority to act as a THIRD PARTY ADMINISTRATOR and is engaged by the Company for the provision of health services as specified in the agreement between the Company and TPA.

CRITICAL ILLNESS covered are:

1) CANCER OF SPECIFIED SEVERITY

A *malignant tumour characterised* by the presence of one or more tumors classified histologically as malignant and characterised by the uncontrolled growth and spread of malignant cells and with invasion of normal tissue and destruction of normal tissues.

This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded -

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

2) FIRST HEART ATTACK of *specified severity*

The first occurrence of an acute 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 this will be evidenced by all of the following criteria:

- a) a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- b) new characteristic electrocardiogram changes
- c) elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

(1) Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;

(2) Other acute Coronary Syndromes

(3) Any type of angina pectoris

3) CORONARY ARTERY SURGERY (CABG) Open Chest CABG

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG).

The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Excluded are:

(1) Angioplasty and/or any other intra-arterial procedures

(2) any key-hole or laser surgery.

4) HEART VALVE REPLACEMENT

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

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

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.

6) KIDNEY FAILURE

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.

7) STROKE RESULTING IN PERMANENT SYMPTOMS

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial 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 at least 3 months has to be produced.

The following are excluded:

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

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 irreversible 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:

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

9) MULTIPLE SCLEROSIS

The definite occurrence of multiple sclerosis. The diagnosis must be supported by

all of the following:

- a) investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- b) there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- c) well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.

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

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.

11) 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.

EXCLUSIONS:

The company shall not be liable to make any payment under this policy in respect of

1. Such Critical Illness caused by or associated with directly or indirectly by any of the following:
 - (a) Attempted suicide or intentional self-inflicted injury by the insured person.
 - (b) Addiction to alcohol or drugs.
 - (c) Disease in the presence of HIV/AIDS infection.
 - (d) Smoking more than 40 cigarettes/ cigars or equivalent tobacco intake in a day
2. Any pre existing Critical Illness , symptom/s (and / or the treatment) of which were present in the insured person at any time before inception of this policy or on the date on which cover here under was granted to such insured person, or which manifests itself within a period of three calendar months from such date, whether or not the insured or the insured person has knowledge that the symptoms or treatment were related to such Critical Illness. In the event of any interruption in cover hereunder the terms of this exclusion shall apply afresh from re-commencement of cover.
3. Any claim whether directly or indirectly, occasioned by war, invasion, act of foreign enemy hostilities (whether war be declared or not or any civil war mutiny rebellion, revolution insurrection, military or usurped power.
4. Any claim whether directly or indirectly caused by ionising radiation or contamination by radioactivity from any nuclear fuel or any nuclear waste from the combustion of nuclear fuel or from any nuclear weapons materials

CONDITIONS

1. The proposal, medical report , policy and the Schedule shall be read together as one contract.
2. Any claim under the policy shall be paid in India in Indian Currency only.
3. This policy will be governed by the Laws of India whose courts alone shall have jurisdiction in any dispute arising hereunder.

4. This policy is not assignable. Compensation shall be payable only to the Insured person or his legal heirs as the case may be whose receipt shall effectually discharge the Company.
5. This policy shall be rendered void in the event of misrepresentation or non-disclosure by or on behalf of the Insured or Insured Person of any information material to this Insurance, in respect of the Insured or such Insured Person.
6. Notice must be given to the Company/TPA in writing immediately of any occurrence which may give rise to a claim under this policy, not later than three days from occurrence.
7. All certificates, information and evidence required by the Company/TPA shall be furnished within 30 days in the form prescribed and without expense to the Company. The Insured Person shall submit to medical examination on behalf of and at the expenses of the Company as shall be required in connection with any claim.
8. If any claim under this Policy be in any respect fraudulent or if any fraudulent means or diseases are used by the Insured or any one acting on the Insured's behalf to obtain any benefit under this Policy all benefit under that claim shall be forfeited.
9. The due payment of full premium and the observance and fulfilment of the terms provisions, conditions and endorsements of this Policy by the insured person 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 of the Company to make any payment under the Policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorised official of the Company.

10. Renewal :

1. The Company shall renew this Policy if the Insured shall remit the requisite Premium to the Company prior to expiry of the Period of Insurance stated in the Schedule.
2. The Company shall be entitled to decline renewal if;

a) Any fraud, misrepresentation or suppression by the Insured or on his behalf is found either in obtaining insurance or subsequently in relation thereto or,

b) The Company has discontinued issue of the Policy, in which event the Insured shall however have the option for renewal under any similar Policy being issued by the Company; provided however, benefits payable shall be subject to the terms contained in such other Policy.

12. Grace period for renewal:

If the Insured fails to remit Premium for renewal before expiry of the Period of Insurance, but within 30 days thereafter, admissibility of any claim during the period of subsequent Policy shall be considered in the same manner as under a Policy renewed without break. The Company however shall not be liable for any claim arising out of ailment suffered in the interim period after expiry of the earlier Policy and prior to date of commencement of subsequent Policy. The Company shall not however be bound to give notice that the policy is due for renewal.

13. Cancellation :

The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured by sending *fifteen* days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy.

The insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rate table given below provided no claim has occurred upto the date of cancellation.

<u>PERIOD ON RISK</u>	<u>RATE OF PREMIUM TO BE CHARGED.</u>
Upto one month	1/4 of the annual rate
Upto three months	1/2 of the annual rate
Upto six months	3/4 of the annual rate
Exceeding six months	Full annual rate.

14.If the Company shall disclaim liability to the Insured for any claim hereunder and the Insured shall not within 12 calendar months from the date of receipt of the notice of such disclaimer have made the issue the subject matter of a suit in a court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

What is to be done in the event of a claim:

Notice must be given to the Company/TPA in writing immediately of any occurrence which may give rise to a claim under this policy, not later than three days from occurrence.

All certificates, information and evidence required by the Company/TPA shall be furnished within 30 days. The Insured Person shall submit to medical examination on behalf of and at the expenses of the Company as shall be required in connection with any claim.

List of documents to be submitted shall include

- Duly filled Claim form
- Treating Physician's certificate
- Original/Attested copy of Discharge summary
- Original/Attested copies of all lab/radiological/Histopathological/investigation reports
- Original/Attested copies of Indoor case papers(If needed)
- Original/Attested copies of all the medical bills
- Any other document (e.g. Disability Certificate, Dialysis records etc.) deemed necessary at the time of claim investigation for a specific CI condition