PROSPECTUS - GROUP SAFEGUARD MICRO INSURANCE

Introduction

"Group Safeguard Micro Insurance" is a comprehensively designed product which covers major exigencies of life. Sickness & accidents are unfortunate realities that could impact one's life not only emotionally but financially as well. An unfortunate death or disability due to accident, or even a hospitalization event might affect an individual's ability to meet his financial liabilities such as servicing a loan or meeting day to day expenses. To cater to such customer needs, ICICI Lombard has proposed a comprehensive insurance product Group Safeguard Micro Insurance.

Salient features

- Sections can be independently opted or as a comprehensive coverage
- No medicals required for Section A,B,C,D. No medicals till age of 55 years for Section E
- Tax benefit under Section 80 D of Income Tax Act, 1961 against Section C(Benefit C.1.1 and C.2.1), Section D, Section E
- Option of periodic claim payment against specific Benefits
- Flexi premium payment options: lump sum or in monthly/quarterly/semi-annual/annual instalments

Eligibility

- Proposer should be 18 years or above
- Min. Entry Age: 3 months (applicable for Section A,B,C,E)
  18 yrs (applicable for Section D)
- Maximum entry age
  - For Maternal Complication Benefit(Section D) – 40 Years
  - For Specific vector borne disease or malaria Benefit and Hospital daily cash Benefit-illness - 65 Years
  - For Accidental injury Benefits and Animal, Insect & Reptile attack Benefit – 85 Years
- Policy offers option of covering on individual Sum Insured basis. No floater option available under this Policy

Policy Period

The Policy will be issued for upto 1 year.

Benefits

At any point of time, our liability for any claims admitted in respect of any/all Insured Person/s during the period of insurance shall not exceed the Sum Insured as stated in the Policy Certificate against the respective Benefit(s) or a set of Benefits

Section A - ACCIDENTAL INJURY BENEFITS

A.1 Death and Disability Related Benefits

A.1. 1 Basic Benefit: Accidental Death Benefit: – We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate if an

Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident.

On the acceptance of a claim under this Benefit and any other applicable Benefit pertaining to the same event, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

A. 1. 2 Basic Benefit: Permanent Total Disablement Benefit– We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate if an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in the Permanent Total Disablement of the Insured Person within 365 days from the date of the Accident

A. 1. 3 Basic Benefit: Permanent Partial Disablement Benefit– We will pay the percentage of the Sum Insured (specified against this Benefit in the Policy Certificate) as per the table below if an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in the Permanent Partial Disablement of the Insured Person (which is of the nature specified in the table below) within 365 days from the date of the Accident.

Sr No.	Losses covered	% of SI payable
1	Loss of one entire hand	70
2	Loss of one entire foot	70
3	Loss of use of one eye	50
4	Loss of all toes	20
5	Loss of great toe - both phalanges	5
6	Loss of great toe - one phalanx	2
7	Other than great if more than one toe lost each	5
8	Loss of use of both ears	75
9	Loss of use of one ear	30
10	Loss of four fingers and thumb of one hand	40
11	Loss of four fingers	35

Sr No.	Losses covered	% of SI payable
15	Loss of index finger - two phalanges	8
16	Loss of index finger - one phalanx	4
17	Loss of middle finger - three phalanges	6
18	Loss of middle finger - two phalanges	4
19	Loss of middle finger - one phalanx	2
20	Loss of ring finger - three phalanges	5
21	Loss of ring finger - two phalanges	4
22	Loss of ring finger - one phalanx	2
23	Loss of little finger - three phalanges	4
24	Loss of little finger - two phalanges	3
25	Loss of little finger - one phalanx	2

12	Loss of thumb - both phalanges	25
13	Loss of thumb - one phalanx	10
14	Loss of index finger - three phalanges	10

26	Loss of metacarpus - first or second (additional)	3
27	Loss of metacarpus - third, fourth or fifth (additional)	2

A.1.4 Basic Benefit: Temporary Total Disablement Benefit - If an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in the incapacitation of the Insured Person which prevents the Insured Person from engaging in any employment or occupation on a temporary basis, then We will pay the weekly amount specified against this Benefit in the Policy Certificate for the duration that the Temporary Total Disablement continues.

A.1. 5 Basic Benefit: Common Carrier Accident Benefit– We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate if an Insured Person suffers an Injury due to an Accident to the Common Carrier on which the Insured Person is travelling during the Period of Cover and that Injury solely and directly results in the Insured Person's death or Permanent Total Disablement. We will only accept one claim under this Benefit in the lifetime of the Insured Person.

A.1.6 Basic Benefit: Adventure Sports Benefit– We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate if an Insured Person suffers an Injury due to an Accident while engaging in Adventure Sports during the Period of Cover and that Injury solely and directly results in the Insured Person's death or Permanent Total Disablement within 365 days from the date of the Accident.

A.1.7 Basic Benefit: Children's Education Grant Benefit– If the Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and solely and directly results in the Insured Person's death or Permanent Total Disablement, We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate in respect of the surviving Dependent Children of the Insured Person, irrespective of whether the child is an Insured Person under this Policy

A.1.8 Basic Benefit: EMI Benefit– If an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and solely and directly results in the Temporary Total Disablement (as defined in Benefit A.1.4) or the Permanent Partial Disablement (which is only of the nature specified in the table below) of the Insured Person, then We will pay the EMI Amount for the number of EMIs specified in the Policy Certificate, from the first EMI Amount falling due after the onset of the Injury in accordance with the loan re-payment schedule issued by the financier on disbursement of the Loan.

Permanent Partial Disablement: Losses covered
One entire hand
One entire foot
Loss of Use of one eye

Loss of Use of both ears
Loss of four fingers and thumb of one hand

A.1.9 Basic Benefit: Loan Protection Benefit– If an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and solely and directly results in the death or the Permanent Total Disablement of the Insured Person, then We will pay an amount equal to the principal outstanding amount as on the date of Accident in respect of the Insured Person's outstanding Loan specified in the Policy Certificate.

A.1.10 Extension: Mobility Benefit– We will pay a lump sum amount which is equal to the claim amount that would be payable under Benefit A.1.2 or A.1.3 (if a claim is accepted under that Benefit) to the Insured Person towards modification of home, office and / or vehicle or towards purchase of an Artificial Limb or any prosthesis or any other expenses because of Permanent Total Disablement or Permanent Partial Disablement (which is only of the nature specified in the table below) covering the disabilities mentioned in the table below suffered by the Insured Person:

Permanent Partial Disablement: Losses covered
One entire hand
One entire foot
Loss of Use of one eye
Loss of Use of both ears
Loss of four fingers and thumb of one hand

A.1.11 Basic Benefit: Orphan Benefit– If the Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and solely and directly results in the Insured Person's death, We will pay the Sum Insured in the manner specified in the Policy Certificate in respect of the surviving Dependent Children of the Insured Person, irrespective of whether the child is an Insured Person under this Policy.

A.1.12 Extension: Repatriation of Mortal Remains Benefit If the Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and solely and directly results in the Insured Person's death, We will pay the Sum Insured specified against this Benefit in the Policy Certificate for transporting the mortal remains (including ash) of the Insured Person from the place of death to the residence of the Insured Person.

A.1.13 Extension: Counseling Benefit– If the Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and solely and directly results in the Insured Person's death or Permanent Total Disablement, We will pay the Sum Insured specified against this Benefit in the Policy Certificate in respect of the expenses incurred for the Insured Person or the Nominee/legal heir (as the case may be) on professional counselling provided that We have accepted a claim under Benefit A.1.1 or A.1.2.

A.1.14 Basic Benefit: Parental Care Benefit– If the Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and solely and directly results in the Insured

Person's death or Permanent Total Disablement, We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate in respect of the surviving parents of the Insured Person, irrespective of whether the parent(s) is an Insured Person under this Policy.

A.1.15 Extension: Repatriation in case of Permanent Disability Benefit– If the Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and solely and directly results in the Permanent Total Disablement of the Insured Person, We will pay the Sum Insured specified against this Benefit in the Policy Certificate in respect of transporting the Insured Person from the place of Accident to the residence of the Insured Person.

A.2 Hospitalization Expenses Related Benefits

A.2.1 Basic Benefit: Accidental Hospitalization Expenses Reimbursement Benefit: – We will reimburse the Medical Expenses incurred in respect of the Insured Person for treatment of Injury sustained by the Insured Person in an Accident which occurs during the Period of Cover and solely and directly requires the Insured Person to be hospitalized, provided the admission occurs within 7 days from date of occurrence of the Accident.

A.2.2 Extension: Accidental Pre & Post Hospitalization Expenses Benefit : We will reimburse the Pre-hospitalization Medical Expenses incurred for up-to 7 days immediately preceding the Hospitalization of the Insured Person and the Post-hospitalization Medical Expenses incurred for up-to 60 days immediately following the Insured Person's discharge from Hospital, provided a claim has been accepted under Benefit A.2.1.

A.2.3 Basic Benefit: Accidental Hospitalization Daily Cash Benefit: If an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly requires the Insured Person to be Hospitalized, then We will pay the daily amount specified in the Policy Certificate for each continuous and completed day of Hospitalization, provided the admission occurs within 7 days from date of occurrence of the Accident. A minimum per event Deductible or per event Franchise (as stated against this Benefit in Policy Certificate) would be applicable to this Benefit.

A.2.4 Extension: Air Ambulance Benefit: If an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly requires the Insured Person to be Hospitalized, We will pay the Sum Insured specified against this Benefit in the Policy Certificate in respect of Air Ambulance services for transportation of the Insured Person from site of the Accident to the nearest Hospital or from the site of first treatment to a higher center of care where the Insured Person is being treated to the nearest Hospital. The services must be availed within 7 days from the date of the Accident and the Insured Person is alive while boarding Air Ambulance

A.2.5 Extension: Comatose Benefit: We will pay the Sum Insured specified against this Benefit in the Policy Certificate if an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in the Insured Person being in a Coma within 30 days from the date of the Accident.

A.2.6 Extension: Broken Bones Benefit: We will pay the percentage of the Sum Insured (specified against this Benefit in the Policy Certificate) in the manner which is specified in the table below if an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in a fracture of the nature specified in the table below.

Sr No.	Region	Fracture	% of the Sum Insured payable
1	Skull	Compound fractures of skull with damage to the brain tissue	100%
		All other fractures	75%
2	Lower jaw	Multiple fractures (at least one compound fracture)	75%
		Compound fracture	50%
		All other fractures	25%
3	Shoulder blade, kneecap, sternum, hand (excluding fingers and wrist), foot (excluding toes and heel)	Multiple fractures (at least one compound fracture)	75%
		Compound fracture	50%
		All other fractures	25%
4	Upper arm (including elbow and wrist)	Multiple fractures (at least one compound fracture)	75%
		Colles type fracture (compound)	50%
		All other fractures	25%
5	Spinal cord	All compression fractures	30%
		All spinous, transverse process or pedicle fractures	25%
		All other vertebral fractures	20%
6	Rib or ribs, cheekbone, coccyx, upper jaw, nose, toe and toes, finger or fingers	Multiple fractures (at least one compound)	50%
		Compound fracture	25%
		All other fractures	20%
7	Thigh or heel:	Multiple fractures (at least one compound)	50%
		Compound fracture	25%

		All other fractures	20%
8	Hip or pelvis (excluding thigh or coccyx):	Multiple fractures (at least one compound)	50%
		Compound fracture	25%
		All other fractures	20%
9	Lower leg, clavicle, ankle,	Multiple fractures (at least one compound)	50%
		Compound fracture	25%
		All other fractures	20%

A.2. 7 Extension: Compassionate Visit Benefit: We will pay the Sum Insured specified against this Benefit in the Policy Certificate in respect of the expenses incurred on tickets on a Common Carrier for an Immediate Family Member of the Insured Person to travel to the place of death or Hospitalization of the Insured Person.

This Benefit shall be payable subject to acceptance of a claim under Section A.1.1, Section A.1.2 or Section A.2.6 (where the percentage of the Sum Insured payable is at least 50%) in respect of the Insured Person.

A.2.8 Extension: Burns Benefit: We will pay the percentage of the Sum Insured (specified against this Benefit in the Policy Certificate) which is specified in the table below if an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in a Second Degree Burns or Third Degree Burns (of the nature specified in the table below).

	Losses Covered	**% of the Sum Insured payable**
1)Head, Face and Neck	a) Third degree burns	100%
	b) Second degree burns of 10% or more of the total head surface area	75%
	c) Second degree burns of 3% or more, but less than 10% of the total head surface area	25%
2) Rest of Body	a) Third degree burns of 25% or more of the total body surface area	100%
	b) Second degree burns of 25% or more of the total body surface area	75%
	c) Second degree burns of 10% or more, but less than 25% of the total body surface area	50%
	d) Second degree burns of 5% or more, but less than 10% of the total body surface area	25%

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A.2.9: Extension: Ambulance Charges Benefit: If an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly requires the Insured Person to be Hospitalized, We will pay the Sum Insured specified against this Benefit in the Policy Certificate in respect of road Ambulance services for transportation of the Insured

Person from the site of the Accident to the nearest Hospital or from the site of first treatment to a higher center of care.

A.3 Other Benefits

A.3.1 Extension: Assault Benefit: We will pay the Sum Insured specified against this Benefit in the Policy Certificate if the Insured Person suffers an Injury due to an Accident which is a violent crime or Assault that occurs during the Period of Cover and that Injury solely and directly requires the Insured Person to be Hospitalized.

A.3.2 Extension: Mysterious Disappearance Benefit: We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate if the Insured Person has disappeared for more than 365 days from the date of the Accident of the Common Carrier on which the Insured Person was travelling during the Period of Cover.

EXCLUSIONS AND LIMITATIONS APPLICABLE TO SECTION A

We shall not be liable to make any payment for any claim under Section A of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. War, invasion, act of foreign enemy hostilities or warlike operations (whether war be declared or not) or civil commotion or rebellion, revolution, insurrection, mutiny, arrests, detainments of all kinds and political gatherings, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft.

2. Any Injury sustained while performing duty in army, navy, air force, paramilitary force, police or any other such institution.

3. Any event which occurs whilst the Insured Person is operating or learning to operate any aircraft or common carrier, or performing duties as a member of the crew on any aircraft, or scheduled airlines or is engaging in aviation, or whilst the Insured Person is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any scheduled airline anywhere in the world.

4. Breach of law or while being involved in any unlawful activity.

5. Any Injury / Illness arising from intentional self- Injury, suicide or attempted suicide.

6. Any Injury / Illness arising whilst under the influence of alcohol or intoxicating drugs or substance abuse of any kind.

7. Any Injury / Illness occurring whilst working in underground mines or explosives magazines, or involving electrical installation with high tension supply, or as jockeys or circus personnel

8. Any Accidental Injury / Illness directly or indirectly caused by venereal disease

9. Injury sustained whilst engaging in Adventure Sports (Unless specifically covered and mentioned in the policy certificate)

10. Any Injury that has occurred prior to the commencement of Policy of Cover whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought.

11. Expenses incurred on eyeglasses, contact lenses, hearing aids and examination for the prescription or fitting thereof.

12. Any Illness, complication or ailment not arising out of or connected to Injury.

13. Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, or illness of the Insured Person resulting directly from, or indirectly caused by, or contributed to or aggravated or prolonged by, childbirth or pregnancy or in consequence thereof.

14. Death, disablement (whether of a permanent nature or of a temporary nature), Injury, or Illness arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

15. Circumcision or strictures, vaccination, inoculation, sex change, beauty treatmentof any description, intentional self Injury (which expression shall cover also general debility, "run down" conditions), venereal disease, use of intoxicating drugs, or any Illness, Injury, death or disablement directly or indirectly due to any one or more of them.Dental treatment, eye treatment and plastic surgery unless medically necessitated as a consequence of an Injury sustained in an Accident during the Period of Cover.

16. Any Hospitalization not arising out of an Injury sustained in an Accident during the Period of Cover.

17. Routine medical, dental, eye and ear examinations.

18. All cosmetic/aesthetic surgeries including but not limited to lasik surgery.

EXCLUSIONS AND LIMITATIONS APPLICABLE TO SECTION A.2

We shall not be liable to make any payment for any claim under Section A.2 of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. War, invasion, act of foreign enemy hostilities or warlike operations (whether war be declared or not) or civil commotion or rebellion, revolution, insurrection, mutiny,

arrests, detainments of all kinds and political gatherings, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft.

2. Any Injury sustained while performing duty in army, navy, air force, paramilitary force, police or any other such institution.

3. Any event which occurs whilst the Insured Person is operating or learning to operate any aircraft or common carrier, or performing duties as a member of the crew on any aircraft, or scheduled airlines or is engaging in aviation, or whilst the Insured Person is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any scheduled airline anywhere in the world.

4. Breach of Law (Code – Excl 10) - Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent

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5. Any Injury / Illness arising from intentional self- Injury, suicide or attempted suicide.

6. Any Injury / Illness arising whilst under the influence of alcohol or intoxicating drugs or substance abuse of any kind.

7. Any Accidental Injury / Illness directly or indirectly caused by venereal disease

8. Hazardous or Adventure Sport (Code – Excl 09) - Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. (Unless specifically covered and mentioned in the policy certificate)

9. Any Injury that has occurred prior to the commencement of Policy of Cover whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought.

10. Expenses incurred on eyeglasses, contact lenses, hearing aids and examination for the prescription or fitting thereof.

11. Any Illness, complication or ailment not arising out of or connected to Injury.

12. Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, or illness of the Insured Person resulting directly from, or indirectly caused by, or contributed to or aggravated or prolonged by, childbirth or pregnancy or in consequence thereof.

13. Death, disablement (whether of a permanent nature or of a temporary nature), Injury, or Illness arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

14. Circumcision or strictures, vaccination, inoculation, intentional self Injury, venereal disease, use of intoxicating drugs, or any Illness, Injury, death or disablement directly or indirectly due to any one or more of them.

15. Dental treatment, eye treatment unless medically necessitated as a consequence of an Injury sustained in an Accident during the Period of Cover.

16. Any Hospitalization not arising out of an Injury sustained in an Accident during the Period of Cover.

17. Routine medical, dental, eye and ear examinations.

18. Cosmetic or plastic surgery (Code – Excl 08) - Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

19. Refractive Error (Code – Excl 15) - Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres

20. Investigation & Evaluation (Code – Excl 04) -

a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded;

b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

21. Rest Cure, rehabilitation and respite care (Code – Excl 05) - Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

I. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

II. Any services for people who are terminally ill to address physical, social, emotionaland spiritual needs.

22. Change of Gender Treatments (Code – Excl 07) - Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex

23. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code – Excl 12)

24. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code – Excl 13)

25. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code – Excl 14)

26. Unproven Treatments (Code – Excl 16) - Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

27. Excluded providers (Code – Excl 11) - Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

Section B – ANIMAL, INSECT & REPTILE ATTACK BENEFIT

B. 1 Basic Benefit: Death due to Animal, Insect & Reptile Attack Benefit:– We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate if the Insured Person suffers an Injury due to an Accident caused by bite, attack and/or sting of an animal, reptile or insect through direct violent skin contact that occurs during the Period of Cover and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident.
On the acceptance of a claim under this Benefit and any other applicable Benefit pertaining to the same event, all cover under this Policy in respect of the Insured Person shall immediately and automatically cease.

B. 2 Basic Benefit: Permanent Total Disablement (PTD) due to Animal, Insect & Reptile Attack Benefit: We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate if the Insured Person suffers an Injury due to an Accident caused by bite, attack and/or sting of an animal, reptile or insect through direct violent skin contact

that occurs during the Period of Cover and that Injury solely and directly results in the Insured Person's Permanent Total Disablement within 120 days from the date of the Accident.

B. 3 Extension: Hospitalization Expenses due to Animal, Insect & Reptile Attack Reimbursement Benefit: - We will reimburse the Medical Expenses incurred if the Insured Person suffers an Injury due to an Accident caused by bite, attack and/or sting of an animal, reptile or insect through direct skin contact that occurs during the Period of Cover and that Injury solely and directly results in the Insured Person's Hospitalization within 7 days from the date of the Accident. A minimum per event Deductible or per event Franchise (as stated against this Benefit in Policy Certificate) would be applicable to this Benefit.

Exclusions and limitations applicable to Section B

We shall not be liable to make any payment for any claim under Section B of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

a. Any Injury sustained while working professionally with any animals reptiles or insects.
b. Any Injury or Illness of any kind caused or infected by or transmitted by or in any way attributed to virus, parasite, bacteria or any microorganism including where the virus, parasite, bacteria or any other microorganism is introduced and/ or caused by bites of insects, reptiles, animals and/or other vector.
c. War, invasion, act of foreign enemy hostilities or warlike operations (whether war be declared or not) or civil commotion or rebellion, revolution, insurrection, mutiny, arrests, detainments of all kinds and political gatherings, police, military, naval or air service, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft.
d. Breach of law (Code – Excl 10) - - Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
e. Any Injury / Illness arising from intentional self- Injury, suicide or attempted suicide.
f. Any Injury / Illness arising whilst under the influence of alcohol or intoxicating drugs or substance abuse of any kind.
g. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code – Excl 12)
h. Any Injury that has occurred prior to the commencement of Period of Cover whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought. Any Illness, complication or ailment arising out of or connected to such Injury.
i. Death, disablement (whether of a permanent nature or of a temporary nature), Injury, Illness or Hospitalization arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

j. Hazardous or Adventure Sports (Code – Excl 09) - Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

Exclusions and limitations applicable to Section B.3

We shall not be liable to make any payment for any claim under Section B.3 of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Maternity (Code – Excl 18) –
    i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

    ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period
2. Circumcision or strictures, vaccination, inoculation, intentional self Injury (which expression shall cover also general debility, "run down" conditions), venereal disease or any diseases, Injury, death or disablement directly or indirectly due to any one or more of them.
3. Change of gender treatments (Code – Excl 07) - Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
4. Cosmetic/Plastic surgery (Code – Excl 08) - Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner
5. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code – Excl 12)
6. Dental treatment, eye treatment unless necessitated as a consequence of an Injury.
7. Any Hospitalization not arising out of an Injury.
8. Any Medical Expenses not incurred in a Hospital.
9. Hazardous or Adventure Sport (Code – Excl 09) - Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10. Rest Cure, rehabilitation and respite care (Code – Excl 05) - Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

    i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

    ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

11. Breach of Law (Code – Excl 10)- Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent

12. Excluded providers (Code – Excl 11) - Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

13. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code – Excl 13)

14. Dietary supplements and substances that can be purchased withoutprescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code – Excl 14)

15. Unproven Treatments (Code – Excl 16) - Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness

Section C – SPECIFIC VECTOR BORNE DISEASE OR MALARIA BENEFIT C. 1 Specific Vector Borne Disease Benefit –

C.1.1 Basic Benefit: Specific Vector Borne disease related Hospitalization Benefit: We will pay the Sum Insured specified against this Benefit in the Policy Certificate if an Insured Person is diagnosed with a Vector Borne Disease(Dengue, Chickungunya, Kala- Azar, Filariasis, Japanese encephalitis) that solely and directly requires the Insured Person to be Hospitalized during the Period of Cover. We shall not be liable to make any payment under this Benefit, if Hospitalization due to Malaria is prior to the commencement of the Period of Cover or within first 30 days from the commencement of the Period of Cover

A minimum period of 48 hours of continuous stay in the Hospital is required.

C. 2 Malaria Benefit

C. 2.1 Basic Benefit: Malaria related Hospitalization Benefit: We will pay the Sum Insured specified against this Benefit in the Policy Certificate if an Insured Person is diagnosed with Malaria that solely and directly requires the Insured Person to be Hospitalized during the Period of Cover. We shall not be liable to make any payment under this Benefit, if Hospitalization due to Malaria is prior to the commencement of the Period of Cover or within first 30 days from the commencement of the Period of Cover
A minimum period of **48 hours of continuous stay in the Hospital is required.**

Section D - Basic Benefit: Maternal Complication Benefit: We will pay the percentage of the Sum Insured (specified against this Benefit in the Policy Certificate) which is specified in the table below in the manner specified below if an Insured Person suffers one or more of the medical complications (of the nature listed below) during maternity during the Period of Cover:

Sr. No.	Maternal Complication	% of Sum Insured payable
1	Eclampsia	100%
2	Abruptio Placenta	100%
3	Placenta Increta	100%
4	Placenta Percreta	100%
5	Amniotic Fluid Embolism	100%
6	Acute Fatty Liver of Pregnancy	100%
7	Disseminated Intravascular Coagulation	100%
8	Still Birth	50%
9	Pre Eclampsia	25%
11	Hyperemesis Gravidarum requiring Hospitalization for at least 48 successive hours	5%
12	Ectopic Pregnancy	25%
13	Any other maternal complication subject to applicable exclusions specified under this Section requiring Hospitalization for at least 48 successive hours	25%

For the purpose of this Section the maternal complications listed above shall be defined as follows:

1. **Eclampsia** means a life threatening pregnancy complication that causes a pregnant woman, usually previously diagnosed with preeclampsia (high blood pressure and protein in the urine), to develop seizures or coma.
2. **Abruptio Placenta** means premature separation of the placenta from the wall of the uterus
3. **Placenta Increta** means a condition in which part or all of the placenta remains firmly attached and invades the muscles of the uterus

4. **Placenta Percreta** means a condition in which part or all of the placenta remains firmly attached and grow through the uterine wall
5. **Amniotic Fluid Embolism** means an obstetric complication in which amniotic fluid, enters the blood stream of the mother to trigger a cardio respiratory arrest and/or massive bleeding
6. **Acute Fatty Liver of Pregnancy** means potentially fatal complication of the liver that occurs in the third trimester or early postpartum period caused by a disordered metabolism of fatty acids by mitochondria in the mother
7. **Disseminated Intravascular Coagulation** means the pathological process characterized by the widespread activation of the clotting cascade that results in the formation of blood clots in the small blood vessels throughout the body.
8. **Still Birth** means baby born with no signs of life at or after 28 weeks' gestation
9. **Pre Eclampsia** means a pregnancy complication characterized by high blood pressure and signs of damage to another organ system, most often the liver and kidneys associated with protienuria and which usually begins after 20 weeks of pregnancy in women whose blood pressure had been normal prior to the initiation of the pregnancy
10. **Hyperemesis gravidarum** is a pregnancy complication that is characterized by severe nausea, vomiting, weight loss, and possibly dehydration.
11. **Ectopic Pregnancy** means a condition where a fertilized egg implants itself outside of the uterus.

EXCLUSIONS AND LIMITATIONS APPLICABLE TO SECTION D:

We shall not be liable to make any payment for any claim under Section D of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. 30 day waiting period (Code – Excl 03) - Any Hospitalization falling within the Waiting Period as specified in the Policy Certificate subject to maximum 30 days waiting period.
    a. Expenses related to the treatment of any illness within the waiting period shall be excluded except claims arising due to an accident, provided the same are covered.

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

    c. The within referred waiting period shall be applicable to the enhanced sum insured in the event of granting higher sum insured subsequently

2. Sterility and Infertility (Code – Excl 17) - Expenses related to Sterility and infertility.

    This includes:

    i. Any type of contraception, sterilization

    ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy

    iv. Reversal of sterilization.

3. Medical Termination of Pregnancy
4. Any claim arising on account of or in connection with any Neonatal Illness/condition
5. Any complication that has occurred prior to the commencement of Policy of Cover whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought.
6. Any maternal complication arising out of a Pre-existing Disease (Code – Excl 01) -

    a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with insurer.

    b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

    c. If the Insured Person is continuously covered without any break as defined under the portability norms of, then waiting period for the same would be reduced to the extent of prior coverage

    d. Coverage under the policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

7. Unproven Treatment (Code – Excl 16) - Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

8. Investigation & Evaluation (Code – Excl 04) -

i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded;
ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

9. Treatment by a Family Member and self-medication or any treatment that is not scientifically recognized.

10. Hazardous or Adventure Sport (Code – Excl 09) - Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

11. Breach of Law (Code – Excl 10) - Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

12. Excluded providers (Code – Excl 11) - Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and

disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim

13. Treatments received in heath hydros, nature cure clinics, spas or similarestablishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code – Excl 13)

14. Rest Cure, rehabilitation and respite care (Code – Excl 05) - Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

    I. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

    II. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs

Section E – HOSPITAL DAILY CASH - ILLNESS

E. 1 Basic Benefit: Hospital Daily Cash Benefit: - If an Insured Person contracts an Illness or suffers an Injury due to an Accident that occurs during the Period of Cover and which solely and directly requires the Insured Person to be Hospitalized, then We will pay the daily amount specified in the Policy Certificate for each continuous and completed day of Hospitalization for a maximum no. of days as defined in the Policy Certificate. A minimum per event Deductible or per event Franchise (as stated against this Benefit in Policy Certificate) would be applicable to this Benefit. We shall not be liable to make any payment under this Benefit, if Hospitalization commenced prior to the commencement of the Period of Cover or within the waiting period specified in the Policy Certificate.

E. 2 Extension: Intensive Care Unit (ICU) Cash Benefit: - If an Insured Person contracts an Illness or suffers an Injury due to an Accident that occurs during the Period of Cover and which solely and directly requires the Insured Person to be Hospitalized in an Intensive Care Unit, then We will pay the daily amount specified in the Policy Certificate for each continuous and completed day of confinement in the Intensive Care Unit.

Our liability to make any payment under this Benefit shall be in excess of the Deductible stated in the Policy Certificate. However, the Deductible shall not apply to the extent of days in respect of which the Insured Person has already been admitted in the Hospital in a non- ICU room.

E. 3 Basic Benefit: Emergency Medical Services Benefit

1. **Emergency Ambulance Service Benefit -** If the Insured Person suffers and Illness or sustains an Injury during the Period of Cover which requires the Insured Person to be transported to Hospital in an emergency for Medically Necessary Treatment to be rendered, We will pay for the Ambulance Charges incurred on a Cashless Facility basis only.

2. **Tele consultation Benefit -** We will make available consultation with Medical Practitioners in case of need through Our service provider helpline for assessing the case situation or

routine health issues over the phone. Over the counter (OTC) medicines may be prescribed/ suggested on case to case basis. The prescription / suggestion if given by the Medical Practitioner will be based on the information provided by the Insured Person and interpreted by the Medical Practitioner and We have no responsibility and owe no liability for any discrepancy in the information given.

3. **Health Assistance Benefit –** We will provide health assistance through a dedicated helpline for assisting the Insured Person in identifying suitable Specialist/ Hospital, fixing appointments and getting information on ailments & possible lines of treatment.

EXCLUSIONS AND LIMITATIONS APPLICABLE TO SECTION E

We shall not be liable to make any payment for any claim under Section E of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. 30 day waiting period (Code – Excl 03) - Any Hospitalization falling within the Waiting Period as specified in the Policy Certificate subject to maximum 30 days waiting period.

    1. Expenses related to the treatment of any illness within the waiting period shall be excluded except claims arising due to an accident, provided the same are covered.

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

    3. The within referred waiting period shall be applicable to the enhanced sum insured in the event of granting higher sum insured subsequently

2. Pre-existing Disease (Code – Excl 01) - (Unless specifically covered and mentioned in the policy certificate)

    1. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with insurer.

    2. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

    3. If the Insured Person is continuously covered without any break as defined under the portability norms of, then waiting period for the same would be reduced to the extent of prior coverage

    4. Coverage under the policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

3. All dental treatment or dental surgery of any kind unless necessitated due to an Accident

4. Unproven Treatment (Code – Excl 16) - Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

5. Any treatment received outside India unless specifically covered and specified in the Policy Certificate.

6. Circumcision unless necessary for treatment of an underlying diseases.

7. Maternity (Code – Excl 18)- (Unless specifically covered and mentioned in the policy certificate)

    1. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

    2. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period;

8. Sterility and Infertility (Code – Excl 17) - Expenses related to sterility and infertility.

    This includes:

    1. Any type of contraception, sterilization

    2. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

    3. Gestational Surrogacy

    4. Reversal of sterilization.

9. Routine medical, dental, eye and ear examinations is not covered unless specifically covered and specified in the Policy Certificate.

10. Cosmetic or Plastic Surgery (Code – Excl 08) - Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

11. Refractive Error (Code – Excl 15) - Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

12. Investigation & Evaluation (Code – Excl 04) -

    1. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded;

2. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

13. Treatment of general debility, convalescence, run-down condition or rest cure, venereal disease.

14. Obesity/Weight Control (Code – Excl 06) - Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

    1. Surgery to be conducted is upon the advice of the Doctor

    2. The surgery/Procedure conducted should be supported by clinical protocols

    3. The member has to be 18 years of age or older and

    4. Body Mass Index (BMI);

        1. greater than or equal to 40 or

        2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

            1. Obesity-related cardiomyopathy

            2. Coronary heart disease

            3. Severe Sleep Apnea

            4. Uncontrolled Type2 Diabetes

15. Intentional self Injury, suicide or attempt to suicide.

16. Any Injury that has occurred prior to the commencement of Policy of Cover whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought. Any Illness, complication or ailment arising out of or connected to such Injury.

17. Any external congenital anomalies.

18. . Any event which occurs whilst the Insured Person is operating or learning to operate any aircraft or common carrier, or performing duties as a member of the crew on any aircraft, or scheduled airlines or is engaging in aviation, or whilst the Insured Person is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any scheduled airline anywhere in the world

19. Change of Gender Treatment (Code – Excl 07) - Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex..

20. Treatment by a Family Member and self-medication or any treatment that is not scientifically recognized.

21. Hazardous or Adventure Sport (Code – Excl 09) - Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

22. Breach of Law (Code – Excl 10) - Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

23. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code – Excl 12)

24. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code – Excl 13)

25. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code – Excl 14)

26. War, invasion, act of foreign enemy hostilities or warlike operations (whether war be declared or not) or civil commotion or rebellion, revolution, insurrection, mutiny, arrests, detainments of all kinds and political gatherings, police, military, naval or air service, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft.

27. Death, disablement (whether of a permanent nature or of a temporary nature), Injury, Illness or Hospitalization arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

28. Excluded providers (Code – Excl 11) - Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not

admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

29. Rest Cure, rehabilitation and respite care (Code – Excl 05) - Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

I. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

II. Any services for people who are terminally ill to address physical, social, emotionaland spiritual needs.

30. **Specific disease/procedure Waiting Period (Code – Excl 02) - (Unless specifically covered and mentioned in the policy certificate)**:

Expenses related to the treatment of the below listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.

In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.

The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

If the Insured Person is continuously covered without any break as defined under the applicable norms on portability, then waiting period for the same would be reduced to the extent of prior coverage.

List of such specific diseases/procedures

i. Deviated Nasal Septum, CSOM-Chronic Suppurative Otitis Media
ii. Stapedectomy, Mastoidectomy, any treatment for conditions related to tonsils, adenoids, sinuses, turbinates/ concha
iii. Fibroids (fibromyoma), Endometriosis, Uterine Prolapse, Polycysyic Ovarian Syndrome(PCOS) iv. Dilatation and curettage (D&C), Myomectomy, Hysterectomy
v. Arthritis, Gout and Rheumatism
vi. Stones in gall bladder & Biliary System; Cholecystitis, Fissure/fistula in anus, hemorrhoids, pilonidal sinus, piles, Esophageal Varices & Gastric Varices,

Gastritis, Duodenitis & Pancreatitis vii. Gastric & Duodenal ulcers, Gastro Esophageal Reflux Disorder (GERD)/Acid Peptic Disease, Ulcerative colitis, Crohn's disease, Irritable Bowel Syndrome,

Inflammatory Bowel disease viii. All forms of cirrhosis, Rectal prolapse, Perineal Abscesses, Perianal Abscesses ix. Cholecystectomy, Endoscopy

x. Stones in Urinary system, all prostate diseases, chronic renal failure or end stage renal failure or chronic kidney disease, dialysis

xi. Dysfunctional uterine bleeding, pelvic inflammatory diseases, stress incontinence, Hydrocele, varicocele/ rectocele/ spermatocele xii. Cataract, Glaucoma, Diseases of the vitreous and retina

xiii. Unless malignant, All Internal/ External tumors, cysts, nodules, polyps, sinus, fistula, adenoma, lumps including teratoma, breast lumps, dermoid cyst, ovarian cyst, desmoid tumour, umblical granuloma, mucous cyst of lip/cheek

xiv. Diseases related to thyroid

xv. All skin ailments

xvi. Ulcers of any kind (whether internal or external) including decubitus ulcers

xvii. Varicose veins & Varicose ulcers

xviii. Intervertebral disc disorders , Arthroscopy, Spinal and Vertebral Disorders including diagnosis as low back ache, Surgeries for joint replacements (except if hospitalization is required due to an accidental injury)

xix. All Hernias (except if Hospitalization is required due to an Injury)

Endorsements available under the Policy (Optional):

1. Endorsement I: Periodical Claim Payment Clause

Under this Endorsement, We will pay the claim amount for the Payout Period by way of periodical installments as per the Periodicity opted by the Insured Person (or his Nominee/ legal heir, as the case may be) for a given period as specified in the Policy Certificate. “Payout Period” and “Periodicity” means the period and payout frequency respective, as specified in the Policy Certificate for which the periodical benefit shall be paid.

2. Endorsement II: Premium Installment Clause

Under this Endorsement, We will accept payment of the premium applicable taxes, charges, cess etc. in installments as specified in the Policy Certificate provided that the Policyholder continues to perform and observe all their obligations hereunder. Notwithstanding the above Clause, upon non-payment of any premium installments for up to 7 days from the due date of such installment thereof, this Policy shall cease to operate from the time and date of the default in payment of such premium installment and We shall not be liable under this Policy for any loss occurring thereafter, nor shall any refund of premium become due under the Policy.

3. Endorsement III: Auto Renewal Clause

Under this Endorsement, We will automatically renew the Policy for the Policy Period as opted by the policyholder. However, after completing its entire auto Renewal period on expiry of the

Policy on the Policy End Date, Any change in the risk will be intimated to the Company by the Policyholder/ Insured Person.

Disclaimer: The foregoing is only an indication of the cover offered. For complete details on coverage, terms, conditions and exclusions, please read the Policy document before concluding sale.

General terms and conditions

1.Free Look Period

Every insured of new health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy. If the insured cancels the policy within free look period then the insured shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the insured and stamp duty charges.

2. Cancellation & Termination

a) Disclosure to information norm **-** The Policy shall be void and all premium paid hereon shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

b) The Insured Person may also give 7 days notice in writing, to Us, for the cancellation of thisPolicy, in which case We shall from the date of receipt of notice cancel the Policy and refund the premium for the period this Policy has been in force as per the refund grid applicable. No refunds of premium shall be made in respect of the Insured Person where any claim has been admitted by Us or has been lodged with Us or any Benefit has been availed by the Insured Person under the Policy. The Insured Person is not permitted to cancel only a portion of the Benefits available. If opting for cancelation, all Benefits under the Policy will be cancelled.

c) In case upon non-payment of any premium installments on the due date thereof, this Policy shallcease to operate from the time and date of the default in payment of such premium installment and We shall not be liable under this Policy for any loss occurring thereafter, nor shall any refund of premium become due under the Policy.

3. **Refund** Grid applicable to Policies having Policy Period lesser than or equal to one year:

Day of cancellation	Rate of Premium refunded
Within 30 days	70%
31 – 90 days	60%
91 days – 6 months	45%

Exceeding 6 months	Nil

Refund Grid Applicable to policies having Policy Period greater than 1year

% of Premium refund				
Day of cancellation	**Policy Period**			
	2 years	**3 years**	**4 years**	**5 years**
Within 180 days	60%	65%	70%	75%
181 – 365 days	40%	52%	57%	61%
366 – 730 days	NIL	26%	38%	46%
731 – 1095 days		NIL	20%	30%
1096 – 1460 days			NIL	15%
More than 1460 days	NIL			

4. **Terms of Renewal**

- The Policy may be renewed as per the relevant regulatory prescriptions and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days from the expiry of the Policy. We will not be liable to pay for any claim arising out of an Injury or Accident or Illness or Hospitalization that occurred during the Grace Period.

The Company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.

- For Sections C, D and E renewals will not be denied except on grounds of misrepresentation, , established fraud, non- disclosure of material facts. However, the maximum renewal age for Section D shall be 40 years. We may, revise the Renewal premium payable under the Policy or the terms of cover, provided that all such changes are approved in accordance as applicable from time to time. Renewal premium will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.
- You shall on tendering any premium for the Renewal of this Policy give notice in writing to Us of any disease, physical defect or infirmity with which any of the Insured Person(s) have become affected since the payment of the expiring Policy start date.
- If this product is withdrawn, then the Policy may be renewed under the nearest substitute product available.

5. **Withdrawal of Policy**

i. 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.

ii. 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 regulatory prescriptions, provided the policy has been maintained without a break.

6. **Moratorium**: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the Company on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

7. **Waiting period**

Following waiting period shall be applicable under the Policy, unless specified otherwise, in the Policy Certificate -

Section A	No Waiting Period;
Section B	No Waiting Period;
Section C	30 Days
Section D	30 Days
Section E	30 Days

8. **Basis of assessment of claim**

a. The procedure for lodging the claim shall be as under:

Upon the happening of any event giving rise or likely to give rise to a claim under this Policy, We should be immediately notified of such event and in any event within 7 days of the event giving rise to a claim. We shall be given notice along with the following details of any event that may give rise to a claim on toll free number 1800 2666 and also in writing at Our address specified in the Policy Certificate or on our website www.icicilombard.com

All claims shall be made within the timelines and in accordance with the procedures set out in the relevant Sections of the Policy.

- We/Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of such claim.
- If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary and
- We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's Injury/Illness and treatment and to investigate the facts surrounding the claim.

The Insured Person or any such person acting on behalf of the Insured Person, as the case may be, shall be required to furnish all the documents as mentioned under respective Section/Benefit in support of a claim.

Complying with the procedures and requirements in relation to claims, shall be a Condition Precedent to Our liability under this Policy**.** If any claim is not made within the specified timelines, then We will condone such delay on merits only where the delay has been proved to be for reasons beyond the claimant's control.

b. Settlement/Rejection of Claim

The settlement of claims would be done by Us within 15 days of receipt of claim along with claim form and documents, any rejections if done, would be provided with proper reasons by Us. All claims will be investigated (as required) and settled in accordance with the applicable regulatory guidelines In case the customer has chosen for claim payout on a pre-determined periodic installment basis, he/she shall not be able to change such claim payment terms within the Policy Period and/or at the time of a claim.

In case of premium payments in installments, in the event of a claim becoming payable under the Policy all the subsequent premium installments shall immediately become due and payable and all future premiums amount shall be deducted from the claim amount.

For availing of Emergency Ambulance Service Benefit the following process is to be followed:
For request of an ambulance the Ambulance Service will be offered by Our Service Providers on Cashless basis on best effort basis, provided that the request has been made by the Insured Person or his Family Members on the dedicated helpline 18001028136 (Toll free) and 01244498770 (Charges applicable helpline number). This number if changed will be updated on Our website. The service is available 24x7 365 days.

For Tele-consultation can call on dedicated helpline +91 124 4498757. The service is available 24x7 365 days.

For health assistance for fixing an appointment with Medical Practitioners/nutritionist wherever applicable or getting a second opinion or Identifying specialist/ Hospitals you can write on Call Helpline no. 040 – 6627 4205 (9:30 am to 6 pm Mon to Fri, excluding public holidays) or write to healthassistance@icicilombard.com to avail this facility.

9. **Tax Benefit** - Tax Benefits would be applicable only to covers under Section C(Benefit C.1.1 and C.2.1), Section D, Section E, if availed, as per the provisions of Income Tax Act, 1961 Section 80D and amendments made thereto.

Note: Policy terms & conditions and Premium rates are subject to change. Tax benefits are subject to changes in tax laws. Please consult your financial/tax advisor for more details.

10. **Premium rates and Loading/Discounting Factors**

The premium rates applicable in the product can be accessed from ICICI Lombard website at https://www.icicilombard.com/downloads.
Factors considered for loading or discounting of premium are given below for reference:

Loading/discount options applicable to Benefits under Section A

Risk Group Table		
Risk Group	**Description**	**Loading Factor**
I	Doctors, Lawyers, Accountants, Architects, Consulting engineers, Teachers, Bankers Persons engaged in clerical functions & administrative functions and persons primarily engaged in occupations of similar hazard	0%
2	Builders, Contractors, Engineers on site engaged in superintending functions only, Veterinary Doctors, Mechanics, Drivers, Manual laborers(except those falling under Group III) & such other persons engaged in occupation of similar hazard	30%
3	Persons working in mines, explosives, Electrical installations on high tension lines, Racing, Circus People, skiing, mountaineering, big game hunting, ballooning, hang gliding, river rafting, winter sports, skiing, ice hockey ,polo & such other persons engaged in occupation of similar hazard *	60%

Discounts depending on Type of Coverage			
Criteria	**Loading Factor**	**Discounting Factor for Death (A.1.1) and PTD(A.1.2)**	**Discounting Factor for PPD(A.1.3) and TTD(A.1.4)**
On Duty Coverage	0%	25%	25%
Only Road Traffic Accident Coverage	0%	60%	5%

Discounting against Accidental Hospitalization Daily cash Benefit A.2.3 as per Deductible/Franchise opted					
Deductible (Days)	**Franchisee (Days)**				
	1	**2**	**3**	**4**	**5**
0	0.0%	2.5%	30.0%	55.0%	70.0%
1	15.0%	20.0%	35.0%	60.0%	72.5%
2		35.0%	45.0%	65.0%	75.0%
3			55.0%	70.0%	77.5%
4				75.0%	80.0%
5					82.5%

Age Mix wise loading/discounting

Age mix Loading	<=25 YRS	26-40 YRS	41-50 YRS	51-55 YRS	56-65 YRS	>65 YRS
Benefit A.1.1 & A.1.2	1.30	0.66	0.79	1.45	1.45	1.60
Benefit A.1.3 & A.1.4	3.08	0.76	0.71	0.85	1.12	3.00
Benefit A.2.3	0.84	0.82	0.93	1.09	1.26	2.44

Loading/discount options applicable to Benefits under Section B

Risk Group Table		
Risk Group	**Description**	**Loading Factor**
I	Doctors, Lawyers, Accountants, Architects, Consulting engineers, Teachers, Bankers Persons engaged in clerical functions & administrative functions and persons primarily engaged in occupations of similar hazard	0%
2	Builders, Contractors, Engineers on site engaged in superintending functions only, Veterinary Doctors, Mechanics, Drivers, Manual laborers(except those falling under Group III) & such other persons engaged in occupation of similar hazard	30%
3	Persons working in mines, explosives, Electrical installations on high tension lines, Racing, Circus People, skiing, mountaineering, big game hunting, ballooning, hang gliding, river rafting, winter sports, skiing, ice hockey ,polo & such other persons engaged in occupation of similar hazard *	60%

Criteria	Loading Factor	Discounting Factor for Benefit B.1 and Benefit B.2
On Duty Coverage	0%	25%

Age Mix wise loading/discounting						
Age mix Loading	**<=25 YRS**	**26-40 YRS**	**41-50 YRS**	**51-55 YRS**	**56-65 YRS**	**>65 YRS**
Benefit B.1 & B.2	1.30	0.66	0.79	1.45	1.45	1.60

Loading/discount options applicable to Benefits under Section C

Loading based on Geographical Scope of Cover		
	Loading factor upto	**Discount factor upto**
Defined / Restricted Geographical Cover	600%	50%

Loading/discount options applicable to Benefits under Section E

Age Mix wise loading/discounting						
Age mix Loading	<=25 YRS	26-40 YRS	41-50 YRS	51-55 YRS	56-65 YRS	>65 YRS

Benefit E.1	0.44	0.52	0.88	1.28	1.91	2.82
Benefit E.2	0.41	0.45	0.82	1.36	2.13	2.57

Loading based on Payout Period- Applicable to Benefit E.1 & E.2		
Criteria	Loading Factor	Discounting Factor
3 - 7 days	0%	25%
8 - 15 days	0%	10%
16 - 25 days	0%	5%
45 - 60 days	10%	0%
61 - 90 days	15%	0%

Discounting Factors on account of Deductible/Franchise : Applicable to Benefit E.1 & Benefit E.2					
Hospital Daily Cash Benefit(Benefit E.1)	**Franchise (Days)**				
Deductible (Days)	1	2	3	4	5
0	0.0%	25.0%	40.0%	55.0%	70.0%
1	15.0%	30.0%	45.0%	60.0%	72.5%
2		35.0%	55.0%	65.0%	75.0%
3			60.0%	70.0%	77.5%
4				75.0%	80.0%
5					82.5%

Loading/Discounting for Waiting Period (Applicable to only the 1st year premium)		
Criteria	Loading Factor	Discounting Factor
Initial waiting period waiver	5.0%	0%
Initial Waiting Period - 15 days	2.5%	0%
Initial Waiting Period - 60 days	0%	7.5%
Initial Waiting Period - 90 days	0%	10%
Specific Exclusion waiting period waiver and PED waiver	25%	0%

General Loading and discounting options available under the product (Applicable to Policy and not any particular Section)

Loading factor on account of Periodic Premium Payment option				
Policy Tenure (months)	**Premium Payment Installments**			
	Annual	Half Yearly	Quarterly	Monthly
12	0.0%	3.5%	5.3%	6.5%
24	7.0%	10.7%	12.6%	14.0%
36	14.3%	18.2%	20.3%	21.7%
48	21.8%	26.1%	28.3%	29.8%

60	29.7%	34.2%	36.6%	38.2%

Discounting based on Group size	
Group size	Discounting Factor
Up to 100	0.00%
101 – 500	0.05%
501 – 1000	0.20%
1001 – 2500	0.50%
2501 – 5000	1.00%
5001 – 10000	2.00%
10,001 - 25,000	4.50%
25,001 - 50,000	10.00%
50,001 - 75,000	15.00%
75,001 - 100,000	20.00%
100,001 - 125,000	30.00%
125,001 - 150,000	35.00%
> 150,000	35.00%

Tenure wise Loading Factor					
Tenure	**1 Year**	**2 Year**	**3 Year**	**4 Year**	**5 Year**
Loading	1.00	2.00	3.00	4.00	5.00

All the above mentioned rates are indicative and may vary as per particular group experience based on multiple Underwriting parameters like Group Size, experience, age variability, type of segment, risk location etc.

Prohibition on Rebates – (Under Section 41 of Insurance Act, 1938)

(1)No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to [take out or renew or continue] an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, 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 published prospectuses or tables of the insurer:

[Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning

of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.]

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

2 **Contact Us:** You can reach Us through any of the following methods:

Call us on our toll free number 1800 2666
Write to us on at customersupport@icicilombard.com
Visit our website www.icicilombard.com

Grievance

In case of any grievance the insured person may contact the Company through Website: www.icicilombard.com Toll free: 1800 2666 Email: customersupport@icicilombard.com ICICI Lombard General Insurance Co. Ltd. Ground floor- Interface 11, Sixth floor- Interface 16 , Office no 601 & 602, New linking Road, Malad (West), Mumbai – 400064

There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. For branch details, please visit https://www.icicilombard.com/docs/default-source/policy-wordings-product-brochure/final-gro-mapping.pdf.

If Insured person is not satisfied with the redressal of grievance ,insured person may contact the grievance redressal officer at the details provided in the below link:

https://www.icicilombard.com/grievanceredressal.com

If Insured person is not satisfied with the redressal of grievance, the insured person may also approach Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ or IRDA Grievance Call Centre(IGCC) at their toll free no. 1800 4254 732 / 155255

Insured may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDAI website: www.irdai.gov.in, or on the Company's website at www.icicilombard.com or on https://www.cioins.co.in/Ombudsman

Disclaimer: This is only a summary of the product features. The actual Benefits available are as described in the Policy, and will be subject to the Policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarifications.