

PROSPECTUS – ICICI Lombard Group Criti Shield Plus

Introduction

“ICICI Lombard Group Criti Shield Plus” is a comprehensively designed product which helps you in meeting your obligations at the time of major exigencies of life such as any loss of income faced on account of unemployment, or any loss of pay or any major/minor illnesses or in case you undergo any of the major surgeries covered under the Policy, or meet with an accident.

To help mitigate such a risk, ICICI Lombard has proposed a comprehensive insurance product- ICICI Lombard Group Criti Shield Plus

Salient features

- Tax benefit under Section 80 D of Income Tax Act, 1961 against Section A , B, and E
- Flexi premium payment options: lump sum/annual or in monthly/quarterly/half yearly installments
- Lifetime renewability for Section A , Section B and Section E subject no claim
- In the event where the base cover(s) has been exhausted the insured shall not be allowed to renew the add on cover(s) on standalone basis

Eligibility

- The minimum and maximum age of entry for proposer into the Policy is 18 years and 65 years respectively
- Min. Entry Age for Insured: 3 months
- Maximum Entry age for Insured :65 years
- For Employer- Employee: minimum and maximum age of entry for an insured: 3 months to 75yrs
- Policy offers option of covering on individual Sum Insured basis. No floater option is available under the Policy.
- Multi-life feature is available where primary applicant can take cover for spouse and dependent children for upto maximum 3 children.

Policy Period

The Policy will be issued for upto 1 year for non-credit linked policies and upto 5 years for credit linked policies.

Benefits

Claims made in respect of an Insured Person for any eligible Benefits shall be subject to the terms, conditions and exclusions of this Policy. 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 Critical Illness

1.1.1 Section A: Critical Illness:

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CIN: L67200MH2000PLC129408

Registered Office Address:

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Vinayak Temple, Prabhadevi, Mumbai 400 025

UIN: <ICIHLP23027V012223> Group Criti Shield Plus

Toll free no: 1800 2666

Alternate no: 8655222666 (chargeable)

E-mail: customersupport@icicilombard.com

Website: www.icicilombard.com

**This Section has been divided primarily under 2 Benefits namely Benefit 1 and 2.
Benefit 1: Comprehensive Critical Illness.**

This Benefit 1 has been further divided into below 3 sub benefits.

Benefit 1	Major	Minor	Reference table
Benefit 1.1	57 Critical Illnesses	46 Critical Illnesses	Annexure 1
Benefit 1.2	42 Critical Illnesses	NA	Annexure 2
Benefit 1.3	57 Critical Illnesses	NA	Annexure 3

The detailed list along with definitions has been shared at the end of these wordings. At any given time only one of the Benefit 1.1, Benefit 1.2 or Benefit 1.3 can be opted by the channel partner Against Benefit 1.1 ,Benefit 1.2, Benefit 1.3 there is an option available to the policy holder to opt for Multipayout or single payout option. Details of the same are narrated below.

The Benefit 1 has been categorized under 5 Critical Illness Cohorts.A policy holder can opt for any one or more of the 5 Cohorts under Benefit 1.1 or 1.2 or 1.3.Each Cohort has further been divided into major and minor Critical Illness .

If an Insured Person(s) is First Diagnosed with any of the Critical Illnesses from the cohort, based on the categorization We will pay the Sum Insured specified in the Policy Schedule against that cohort in the manner as described below.

In the event of any minor illness the company shall pay 25% of the Sum Insured subject to a maximum of 12.50lac, as specified in the Policy Schedule against that cohort. In the event of any major critical illness the company shall pay 100 % of the Sum Insured specified in the Policy Schedule against that cohort. In any scenario if a major illness is followed by a minor illness from the same cohort the company shall only pay the remaining 75% of the sum insured as specified against that cohort in the Policy Schedule .

The company shall only allow an insured to make only one major critical illness claim and one minor Critical Illness claim from each of the cohorts opted upto the exhaustion of the sum insured against that cohort.

In case policy holder/group administrator has opted for the multi payout option then in the event

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once 100% of the sum Insured against any of the cohorts opted has been claimed and considered payable by the Company, that particular cohort will cease and the policyholder shall not be allowed to renew that cohort in any subsequent renewals however the Insured can still claim 100% of the sum Insured from the remaining opted cohorts. The remaining cohorts if not exhausted up to their respective Sum Insured can be further renewed in subsequent renewals.

The Insured can claim independently from each of the critical illness cohort opted and specified in the Policy Schedule upto the Sum Insured specified against each of these cohorts in the Policy Schedule subject to due receipt of premium (or premium instalment, in case premium payment in instalment clause is opted) as the case may be.

In case policy holder/group administrator has opted for the Single Payout option the insured under this option can only claim 1 minor Critical Illness and 1 major Critical illness against all of the opted Critical illness cohorts upto a maximum payout of 100% of Sum Insured specified on Policy Schedule post which the entire benefit 1 will cease to exist and Insured shall not be able to make any other claim against any of other cohorts opted under Benefit 1 and no subsequent renewal of this cover shall be allowed

The list of minor and major conditions under each Benefit 1.1, 1.2, 1.3 have been listed and defined at end of the wordings under Annexure 1, 2, 3 respectively.

Please Note:

In no given scenario minor Critical Illness can be opted on standalone basis.

The policy holder cannot opt for any new cohort at the time of renewal

Note: The maximum payout against any minor Critical Illness under any Critical illness bucket is restricted to 25% of the base cover Sum Insured upto a maximum of 12.5lacs however for “Cardiac Arrhythmia with Ablative Procedure” and “Coronary Artery Angioplasty” the Sum Insured is further restricted to a maximum of 5lac

Benefit 2: Extensive Critical Illness:

In case Benefit 2 has been opted and the Insured Person is First Diagnosed with any one of the Critical Illnesses listed under the Benefit 2 mentioned below during the Period of Cover then We will pay a lumpsum amount, in manner specified in the Policy Schedule, provided that the signs and symptoms of such Critical Illness first commence after the initial waiting period as specified in the Policy Schedule from the Risk Inception Date. In case of a claim made under Benefit 2 this cohort will be exhausted and cannot be renewed.

There is a separate payout of 100 % of Sum Insured against any one of the Critical Illnesses mentioned under Benefit 2.

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In the event of any minor illness if listed in Annexure 4 the company shall pay 25% of the Sum Insured subject to a maximum of 12.50lac, as specified in the Policy Schedule against Benefit 2. In the event of any major critical illness listed in Annexure 4 the company shall pay 100 % of the Sum Insured specified in the Policy Schedule against Benefit 2. In any scenario if a major illness is followed by a minor illness under Benefit 2 the company shall only pay the remaining 75% of the sum insured as specified in the Policy Schedule against Benefit 2.

The company shall only allow an insured to make one major critical illness claim and one minor Critical Illness claim from Benefit 2 upto the exhaustion of the sum insured as specified in the Policy Schedule against Benefit 2.

Once the sum Insured has been exhausted, this Benefit will cease and the policyholder shall not be allowed to renew it further.

The policy holder cannot opt for any new cohort at the time of renewal.

Benefit 2(Annexure 4)	
Major(100%)	Minor(25%)
Ruptured Arterial Aneurysm	Sarcoidosis of lungs
Aortic Dissection	Myelopathy
Refractory cardiac arrhythmia	Neurocysticercosis
Thromboembolism / Embolism	DVT with Surgery
Severe Infectious Diseases	cerebral Malaria
Haemorrhagic Shock	Dengue shock syndrome

There is an option available under this product wherein a policy holder can opt for both Benefit 1 and Benefit 2 and chose to restrict the claim amount to only 100% of the Sum insured post which Benefit 1 and Benefit 2 shall terminate.

1.1.2 Exclusions under Section A Benefit 1/2:

We shall not be liable to make any payment for any claim under Benefit 1 and 2 of 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:

- Any Critical Illness where the symptoms indicative of such Critical Illness have first manifested or first occurred prior to the Risk Inception Date or arisen within first 30/60/90/120/150 days as specified in the policy schedule from commencement of the Period of Cover.
- Insured should survive for 0/3/ 7/14 days as mentioned in the Policy Schedule from the date of diagnosis and fulfilment of the critical illness definition (definitions mentioned in Annexure 1) before the claim benefit will be paid

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- c) Any Critical Illness arising on account of or in connection with any Pre-Existing Disease(s).
- d) Any Critical Illness or Surgery/Surgical Procedure arising out of any external Congenital Anomaly
- e) Any, medical condition or treatment or service that is specifically excluded in the Policy Schedule under the head "Special Conditions".
- f) Any claim made without a medical certificate from the treating Medical Practitioner evidencing the diagnosis of such Critical Illness.
- g) Any Critical Illness traceable to pregnancy, childbirth, abortion, or related consequences.

1.2.1 Section A: Add on cover: Benefit 3: Cancer Restore Benefit

In consideration of payment of additional premium this cover pays the sum insured specified against this Benefit on account of a re diagnosed or recurred major cancer once a Major cancer (Cancer of Specified Severity) claim has already been considered and paid under this policy. A Waiting period of 3 years will be applicable from the date of diagnosis of the first Major Cancer (Cancer of Specified Severity) claim admitted under this policy.

The insured can claim under this Benefit only if he has opted for this Benefit 3 along with the Cancer cohort under Benefit 1 at the time of first purchase of this policy subject to due receipt of premium by the company.

This Benefit 3 cannot be opted at the time of renewal or during the policy period

"Re-diagnosed Major Cancer" means cancer for which any of the following conditions are met after the stipulated waiting period of 3 years from the date of diagnosis of the last Major Cancer claim admitted under this policy.

- The Major Cancer persists since first diagnosis;
- The Major Cancer relapses, that is, though recovered temporarily (in remission), the same Major Cancer recurs at the same organ as the preceding Major Cancer;
- Metastasis of the preceding Major Cancer to other parts of the body; or
- The new Major Cancer is unrelated to the preceding Major Cancer.

Re-diagnosed Major Cancer must be confirmed by an oncologist on the basis of histopathological diagnosis. Clinical re-diagnosis of Cancer can only be adopted if histopathological diagnosis is medically not possible; in which case, the Insured must have medical documentary proof or record from a certificated oncologist of ongoing cancer therapy (including but not limited to radiotherapy or chemotherapy or surgery).

Ongoing preventive cancer therapy (including but not limited to Tamoxifen or Raloxifene) will not be accepted as a basis of clinical re-diagnosis.

The date of diagnosis of Re-diagnosed Major Cancer (Cancer of Specified Severity) refers to the date of the histopathological report.

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If histopathological diagnosis is medically not possible; the date of diagnosis of Re-diagnosed Major Cancer (Cancer of Specified Severity) refers to the date of documentary proof or record from a certificated oncologist of ongoing cancer therapy (including but not limited to radiotherapy or chemotherapy or surgery).

The rediagnosed cancer must meet the definition of "Cancer of specified severity" as stated in the policy wordings

This feature is only applicable only once during the entire policy period

Once the Cancer restore Benefit feature has been utilised and exhausted, this Benefit terminates and no subsequent renewal of Cancer cohort under Benefit 1 and of this Benefit 3 will be allowed

1.2.2 Exclusions applicable to Section A: Benefit 3:

- a) No claim shall be payable within the waiting period of 3 years from the date of diagnosis of first Major Cancer.
- b) In the event of death of the insured during the 3 years waiting period the claim shall not be payable.

2.1 Section B: Add on cover : Benefit: 4: Major Surgical Procedures

In consideration of payment of additional premium if the Insured Person is Hospitalized on the written advice of the treating Medical Practitioner due to an Illness contracted or any Injury sustained during the Period of Cover, and is advised by a Medical Practitioner qualified as a Surgeon to undergo a Surgical Procedure specified in Annexure 5 of this Policy and has undergone the surgery, then We will pay the percentage of the Sum Insured as a lumpsum (specified against this Benefit in the Policy Schedule) in the manner specified in the Annexure 5 for each of the listed surgeries.

This Benefit shall be payable subject to the following:

1. We will consider more than one claim in respect of the Insured Person under Section B Major Surgical Procedure of the Policy, subject to the availability of the Sum Insured as specified in the Policy Schedule against Section B, and provided that the Illness/Accident causing the Injury is distinct and unrelated for each such claim. On exhaustion of the Sum Insured, the Benefit under this Section will terminate in relation to the Insured Person.
2. Once a claim has been considered admissible and payable by Us under this Benefit and Sum Insured has been exhausted no subsequent Renewal of this Cover will be allowed
3. In case of multiple Surgeries/Surgical Procedures performed in a single Admission to a Hospital, or arising out of the same Illness/Injury, We will pay the amount specified against only one such Surgical Procedure, having the higher payout
4. 24 hours of continuous and completed Hospitalization is mandatory for any claim to be admissible.
5. In case the customer has opted for Benefits under both Section A: Critical Illness and Section B: Major Surgical Procedures, in a scenario where the customer is covered for a surgical procedure under both these Covers/Benefits the company, shall be liable to pay under either of the Covers/Benefits whichever is having a higher payout and the Insured shall not be eligible to

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claim for it in the future.

6. Add on cover will not be renewed incase all Critical Illness Cover under base cover is exhausted

2.2 Exclusions applicable to Section B: Benefit 4:

We shall not be liable to make any payment for any claim under Benefit 4 of 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 covered Surgery/Surgical Procedure arising out of an Illness diagnosed/contracted prior to Risk Inception Date or arising within the 30/60/90/120/150 days waiting period of commencement of the Period of Cover. However, no Waiting Period will be applicable in case of any Surgical Procedure arising out of/due to an Accident during the Period of Cover.
- b) Insured should survive for 0/3/ 7/14 days as mentioned in the Policy Schedule from the date of surgery before the claim benefit will be paid
- c) Any Surgery/Surgical Procedure arising out of an Accident which occurred prior to Risk Inception Date.
- d) Any Pre-Existing Disease(s) or any disability arising out of a Pre- Existing Disease or any complication arising therefrom.
- e) Any Critical Illness or Surgery/Surgical Procedure arising out of any external Congenital Anomaly
- f) Any of the covered Surgery/Surgical Procedure performed which was otherwise deemed unnecessary, or against standard health practices.
- g) Any Unproven/Experimental treatment.
- h) Any Surgery/Surgical Procedure performed solely due to cosmetic or aesthetic reasons.
- i) Any claim made without a medical Schedule from the treating Medical Practitioner evidencing the diagnosis of such Illness or Injury or the undergoing of the medical / Surgical Procedure.

3.1 Section C: Add on Cover: PERSONAL ACCIDENT

Our maximum, total and cumulative liability for claims arising in respect of the Insured Person during the Period of Cover under Benefit 5, Benefit 6, and Benefit 7 under Section C, shall be the Sum Insured as specified against this set of Benefits in the Policy Schedule.

3.1.1 Benefit 5: Accidental Death Benefit:

We will pay the Sum Insured specified against this Benefit in the Policy Schedule in the manner specified in the Policy Schedule 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 Benefit under this Policy shall immediately and automatically cease in respect of that Insured Person and no subsequent Renewals of the Policy will be allowed.

Add on cover will not be renewed incase base cover is exhausted

3.1.2 Benefit 6: Permanent Total Disablement (PTD) Benefit:

We will pay the Sum Insured specified against this Benefit in the Policy Schedule in the manner specified in the Policy Schedule 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

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Total Disablement of the Insured Person within 365 days from the date of the Accident.

This Benefit shall be payable subject to the following:

- i. If the Insured Person dies in consequence to the accident event before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit, but a claim will be considered under Benefit 5, if in force for the Insured Person.
- ii. If the Insured Person suffers Injuries resulting in more than one of the Permanent Total Disablements, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured.
- iii. If We have admitted a claim for Permanent Total Disablement in accordance with this Benefit, then We shall not be liable to make any payment under the Policy under Benefit 5 on the death of the Insured Person, if the Insured Person subsequently dies.
- iv. We will only accept one claim under this Benefit in the lifetime of the Insured Person. On the acceptance of a claim under this Benefit, all Benefit under this Benefit in respect of the Insured Person shall immediately and automatically cease.
- v. On the acceptance of a claim under this Benefit, this Benefit will terminate and no subsequent renewal of this Benefit will be allowed.
- vi. Add on cover will not be renewed incase base cover is exhausted.
- vii. This benefit has been capped at flat 1lac Sum Insured for less than 10 yrs of age

3.1.3 Benefit 7: Permanent Partial Disablement (PPD) Benefit:

We will pay the percentage of the Sum Insured (specified against this Benefit in the Policy Schedule) in the manner 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 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.

For the purpose of this Benefit, Permanent Partial Disablement means total and/or partial irreversible loss of use or the actual loss by physical separation of the body parts as specified in the table below

PPD Table:

Sr No.	LOSSES COVERED	% OF SUM INSURED 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 toe if more than one toe lost each	5
8	Loss of use of both ears	75
9	Loss of use of one ear	30

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10	Loss of four fingers and thumb of one hand	40
11	Loss of four fingers	35
12	Loss of thumb - both phalanges	25
13	Loss of thumb - one phalanx	10
14	Loss of index finger - three phalanges	10
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
26	Loss of metacarpus - first or second (additional)	3
27	Loss of metacarpus - third, fourth or fifth (additional)	2

This Benefit shall be payable subject to the following:

- If the Insured Person dies in consequence to the accident event before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit, but a claim will be considered under Benefit 5, if in force for the Insured Person.
- If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this claim and claims already admitted under the Benefit in respect of the Insured Person will cumulatively lead to the Sum Insured being exceeded then Our maximum, total and cumulative liability under any and all such claims will be limited to the Sum Insured.
- On exhaustion of Sum Insured, this Benefit shall terminate and cease to operate in relation to such Insured Person.
- Once a claim has been considered admissible and payable by Us under this Benefit, any subsequent Renewal of this Benefit will be solely as per Our discretion, on a case to case basis.

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- v. Add on cover will not be renewed incase base cover is exhausted
- vi. This benefit has been capped at flat 1lac Sum Insured for less than 10 yrs of age, however claim will be payable in accordance to the above PPD table.

3.2 EXCLUSIONS AND LIMITATIONS APPLICABLE TO SECTION C

We shall not be liable to make any payment for any claim under Section C 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:

- 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.
- Any Injury sustained while performing duty in army, navy, air force, paramilitary force, police or any other such institution, except to the extent it is expressly covered under any Benefit
- 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.
- Breach of law/ statutory provisions or while being involved in any unlawful activity.
- Any Injury / Illness arising from full-time involvement in professional sports for livelihood and remuneration, except to the extent it is expressly covered under any Benefit.
- Any Injury / Illness arising from intentional self- Injury, suicide or attempted suicide.
- Any Injury / Illness arising from a failure to take reasonable precautions to avoid a claim under the Policy.
- Any Injury / Illness arising whilst under the influence of alcohol or intoxicating drugs or substance abuse of any kind.
- 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 or any other high risk occupations.
- Any Injury that has occurred prior to the commencement of Policy of Benefit whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought.
- Any Illness, complication or ailment not arising out of or connected to Injury.
- Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, Illness or Hospitalization 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.
- Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, Illness or Hospitalization of Insured Person due to an insect or mosquito bite.
- 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.

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4.1 Section D: Add on Cover: Benefit 8: Loss of Pay

If an Insured Person diagnosed with any critical illness for which he is explicitly covered under this policy or suffers an accident during the Period of Cover resulting in loss of Income(Pay) during the period of cover itself, then We will pay the weekly/monthly lumpsum amount against this Benefit for each continuous and completed week or month of loss of pay as specified in the Policy Schedule.

The weekly/monthly Payouts will cease from the date the insured employee resumes his duties/work.

This cover is only available to salaried individuals, unless specified otherwise by Us

Loss of pay cover triggers when the salaried individual exhausts his Sick/Casual/Privileged/Paid or any other such leave granted by the employer.

This Benefit shall be payable subject to the following

1. This cover will be eligible only to permanent active employees. The Insured Person must be on the direct payroll of the organization or entity and they should have a registered office/branch in India
2. Employees on probation, temporary/seasonal employees will not be covered unless specified otherwise by Us.
3. Contractual employees are eligible for this cover subject to having a defined period of contract explicitly stated on employee's letter of contract. In case the period of loss of pay exceeds the end date of contract the Company shall limit its payout only upto the end of his contract period and shall not continue any payout thereafter.
4. Loss of Pay will trigger only if the cover is opted and premium for this cover has been duly paid to Us and only if we have made a payment of claim under the base Critical Illness benefit(Section A)
5. We are liable to pay under this cover only after exhaustion of all the available leaves of the employee.
6. Periodic report from the employer and registered medical practitioner is mandatory stating the adversity of condition of employee due to which employee is unable to resume. The onus of submitting this report lies on the insured/claimant/Employer as the case may be
7. Under this cover we will be able to cover the individual only for the number of weeks/months mentioned as per the policy schedule, post which this cover stands terminated
8. In the event of the death of the Insured Person at any point in time after a claim has been registered with Us under this Benefit and is deemed payable, We will be liable to pay the amount only upto the particular week when death occurred, after which the Policy shall cease to operate in relation to the Insured Person.
9. Incase an insured resumes work in the middle of the week after triggering claim under this cover we will be paying for that particular week as well. Post which payment under this cover will stop.

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10. In case an Insured is terminated or resigns the Organization, and a claim under this cover has been triggered, we will be liable to pay the Insured only until he is a part of the organization. Payout under this cover will stop on the last working day.

11. In the event if an Insured is likely to be diagnosed with more than one Critical illness simultaneously (duly covered under the policy) and consequently claims on account of loss of pay, the Liability of the company shall in no case exceed the maximum defined payout amount as well as the payout period as specified in the policy schedule against this Benefit.

12. Once a claim has been considered admissible and payable by Us under this Section, any subsequent Renewal of the cover under this Section will be solely as per Our discretion, on a case to case basis.

13. Any weekly amounts being paid under an admitted claim under this Section will be discontinued if We reasonably believe that the Insured Person is demonstrably not undergoing the prescribed medical treatment as advised by the consulting Medical Practitioner, or as advised by Our medical team, which We believe can assist in timely and permanent recovery of the Insured Person and reinstatement of employment in his/her Primary Occupation, or any occupation of similar nature.

14. At any given time we will only be able to pay for the number of weeks mentioned on the Policy Schedule. In case balance weeks remain at the end of the policy tenure, same cannot be carried forward in case of renewal.

15. An insured can only claim for Loss of pay against any particular Covered Critical illness only upto the specified period stated on the policy schedule during the entire policy period including any subsequent renewal.

16. There must be sufficient and necessary certified document from treating doctor on below

- Confirmation of first diagnosis of Critical Illness covered under this policy by treating medical practitioner or confirmation/evidence of accident Injury
- Documentary evidence from treating medical practitioner along with Confirmation from Employer HR that insured requires rest at home/recovery period and is unable or unfit or unable to work in office premises and even from home.
- The company reserves the right to independently examine the condition and severity of the illness and whether the period of leaves was imperative and unavoidable.

4.2 Exclusions applicable to Section D: Benefit 8

We shall not be liable to make any payment for any claim under this Benefit of 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. The Critical Illness resulting in loss of pay occurring prior to the Risk Inception Date or arising within the first 30/60/90/120/150 days of waiting period specified in the Policy schedule.
2. Any accidental Injury resulting in loss of pay occurring prior to the Risk Inception Date
3. Any loss of pay due to any Illness that is not covered under this policy or has not been opted by the insured
4. Loss of Pay when the employee is under Casual, Temporary, Seasonal or contractual employment, or where the Insured Person is not on the direct payroll of the employer unless specified otherwise by Us

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5. Any voluntary Loss of Pay not supported by certified documents from HR or registered Medical Practitioner.
6. Loss of Pay from any occupation or job in which no salary was ever provided to the Insured Person.
7. Any Loss of Pay occurring while the Insured Person, is still under his/her probation, including any Loss of Pay resulting from non-confirmation of his/her employment by the employer during or after the period on probation unless specified otherwise by Us.
8. Any reasonable belief that the Insured Person was aware that such loss of Pay was likely to happen, whether or not any official communication was provided, at the time of Risk Inception Date.

5.1 Section D: Add on Cover: Benefit 9: Loss of Income on account of loss of Employment :

If an Insured Person suffers an Involuntary Unemployment during the Period of Cover resulting in loss of Income, then We will pay the monthly amount specified in the Policy Schedule against this Benefit for each continuous and completed month.

This Benefit shall be payable subject to the following:

1. Only Salaried individuals are eligible for cover this Benefit, where such Primary Occupation is evidenced by their ITR (Income Tax Return) for the 2 years preceding the date of loss of income.
2. The Insured Person is employed on the direct payroll of an organization or entity having a registered office in India for a minimum of six continuous months before the Risk Inception Date, or of an Indian branch of such organization or entity.
3. Such dismissal/termination/retranchment of the Insured Person by his/her employer should be on account of insured person suffering an Illness or Injury due to an Accident as per the employer's rules/regulations.
4. Our liability to make any payment under this Benefit shall be in excess of a Deductible of 30 days for each claim, and subject to the maximum duration specified in Policy Schedule against this Benefit.
5. The Benefit shall be payable monthly for every 30 days of continuous unemployment of the Insured Person from his/her Primary Occupation, upon completion of the Deductible of 30 days, and until reinstatement of employment with the same or any other employer, whether confirmed or on probation.
6. If the unemployment continues for less than 30 days after completion of the Deductible of 30 days, then the Benefit shall be payable for one monthly amount specified in the Policy Schedule against this Benefit.
7. In case of any involuntary resignation from his/her Primary Occupation where in lieu of such involuntary resignation the Insured Person receives a severance pay or any other kind of remuneration, Our liability will commence only after a period of 60 days of continuous unemployment.
8. In the event of the death of the Insured Person at any point in time after a claim has been registered with Us under this Benefit and is deemed payable, We will be liable to pay the monthly amounts specified in the Policy Schedule, up to the maximum number of months specified against this Benefit in the Policy Schedule, after which the Policy shall cease to operate in relation to the Insured Person.

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9. The onus of establishing that the loss of Income was due to an involuntary reason, arising on account of insured person suffering an Illness or Injury due to an Accident and providing proof of such reason where required by Us, shall lie on the Insured Person/claimant.
10. Once a claim has been considered admissible and payable by Us under this Section, any subsequent Renewal of the cover under this Section will be solely as per Our discretion, on a case to case basis.
11. Any monthly amounts being paid under an admitted claim under this Section will be discontinued if We reasonably believe that the Insured Person is demonstrably not undergoing the prescribed medical treatment as advised by the consulting Medical Practitioner, or as advised by Our medical team, which We believe can assist in timely and permanent recovery of the Insured Person and reinstatement of/employment in his/her Primary Occupation, or any occupation of similar nature.
12. Any monthly amounts being paid under an admitted claim under this Section will be discontinued if We reasonably believe that the Insured Person is demonstrably not taking any measures, deemed reasonable and necessary as advised by Us, that can assist in reinstatement of/employment in his/her Primary Occupation, or any occupation of similar nature.

5.2 Exclusions applicable to Section D:Benefit 9

We shall not be liable to make any payment for any claim under Benefit 9 of 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. The Insured Event occurring prior to the Risk Inception Date or arising within the first 30/60/90/120/150 days of commencement of the Period of Cover.
2. Any Involuntary Unemployment of the Insured Person that is not attributed to the insured person suffering an Illness or Injury due to an Accident
3. Unemployment from any occupation or job which is Casual, Temporary, Seasonal or contractual in nature, or where the Insured Person is not on the direct payroll of the employer.
4. Any voluntary unemployment, self-resignation, or voluntary retirement.
5. Any Involuntary Unemployment or suspension of the Insured Person at his/her Primary Occupation, which is temporary in nature.
6. Any unemployment from any occupation or job in which no salary was ever provided to the Insured Person.
7. Any unemployment occurring while the Insured Person, who is a Salaried Individual, is still under his/her probation, including any unemployment resulting from non-confirmation of his/her employment by the employer during or after the period on probation.
8. Any unemployment due to non-extension of a maternity/paternity leave, either as per the Maternity Benefit Act 1961, as amended from time to time, or as per the employer's internal regulation/policy in force at the time of the Insured Event.
9. Any reasonable belief that the Insured Person was aware that such loss of Income was likely to happen, whether or not any official communication was provided, at the time of Risk Inception Date.
10. Withdrawal of offer of employment by an employer.

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6.1 Section E: Add on: Benefit 10: ICU Benefit:

In the event of a hospital admission if an insured is admitted in ICU on account of any surgery or infection for a minimum of 5 or 7 days as specified in Policy Schedule the company shall pay the Sum Insured as specified against this Benefit on the Policy Schedule in consideration of payment of additional premium .

The surgery or infection and the stay in the ICU must be directly due to the same cause and confirmed as necessary medical treatment.

6.2 Terms and conditions applicable to Benefit 10

- This Benefit is paid only once during the entire Policy Period.
- Once a claim has been paid under this Benefit the Benefit shall stand terminated and no subsequent renewals of this Benefit will be allowed.
- This Benefit shall be paid as a lump sum to the extent of Sum Insured specified in the Policy Schedule against this Benefit.
- This Benefit shall not reimburse any expenses incurred during the stay of the insured in the hospital(ICU) or any expenses incurred prior or post hospitalization/ICU stay. We shall be liable to only pay the Sum Insured irrespective of the expenses incurred during the stay in the hospital.
- The 5 or 7 day stay in ICU(as specified in policy schedule) should form part of single hospitalization stay relating to insured peril.
- For ICU benefit cover: No Waiting Period will be applicable in case of ICU stay on account of any Surgery/infection arising out of/due to an Accident during the Period of Cover.
- The surgery or infection and the stay in the ICU must be directly due to the same cause and confirmed as necessary medical treatment.
- We will not consider a stay in ICU as necessary medical treatment if the insured can be safely and adequately treated in any other facility.
- This Benefit shall be payable subject to providing proof of Surgery or Infection to the satisfaction of the Company.
- All Procedures claimed should be confirmed as Medically Necessary, by a qualified Physician or Surgeon, to the satisfaction of the Company.
- The Stay in an ICU shall only be considered subject to the definition of ICU being met as defined above in the Policy Wordings and subject to the satisfaction of the Company.
- In the event of death in ICU the claim shall be considered payable subject to the insured having survived for minimum 3 days of continuous stay in ICU
- In the event where the base cover(s) has been exhausted the insured shall not be allowed to renew the add on cover(s)

6.3 Exclusions applicable to Section E: Benefit 10:

- a) Any ICU hospitalization where the appearance of first (signs/symptom/diagnosis) of the infection or advice for surgery was done during or prior to the initial waiting period of 30/60/90/120/150 days (as specified on the Policy Schedule) shall not be considered payable under this Benefit.
- b) We shall not consider any domiciliary/Home ICU care under this Benefit.
- c
- d) Any Critical Illness or Surgery/Surgical Procedure arising out of any external Congenital Anomaly

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- e) Any physical, medical condition or treatment or service that is specifically excluded in the Policy Schedule under the head "Special Conditions".
- f) Any claim made without a medical certificate from the treating Medical Practitioner mandating the stay in ICU.
- g) Any claim traceable to pregnancy, childbirth, abortion, or related consequences.
- h) ICU admissions on account of Sterility/Infertility or any plastic surgery for cosmetic purpose.
- i) ICU admission due 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.
- j) ICU admission directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- k) ICU admission on account of Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- l) ICU admission on account of Intentional self-injury (whether arising from an attempt to commit suicide or otherwise)
- m) Any ICU admission arising from or attributed to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority
- n) Any ICU admission caused by or contributed to by nuclear weapons/materials or contributed to by or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel

Section F: Value Added Services

1. Tele-consultation:

We will arrange consultations and recommendations for any listed Critical illnesses under Section A(Annexure 1/2/3/4) by a qualified General Practitioner. For the purpose of this benefit Telephonic/Virtual consultation shall mean consultation provided by a qualified General Practitioner through various mode of communication like audio, chat or mobile app. The services provided under this Benefit will be made available subject to the terms and conditions, and in the manner prescribed below:

- The General Practitioner may suggest/recommend/prescribe over the counter medications based on the information provided, if required on a case to case basis. However, the services under this Benefit should not be construed to constitute medical advice and/or substitute the Insured Person's visit/consultation to an independent Medical Practitioner/Healthcare professional*.
- This service will be available 24 hours a day, and 365 days in a year.
- The General Practitioner may refer the Insured Person to a specialist or a general physician, if required**, and the charges for such specialist or a general physician will have to be borne by the Insured Person.
- We shall not be liable for any discrepancy in the information provided under this Benefit.

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- Choosing the services under this Benefit is purely upon the customer's own discretion and at own risk.
- You will be eligible to avail maximum of 4 tele-consultation per policy period
- The insured will be able to use this service only with respect to the listed Critical Illnesses under Section A(Annexure 1/2/3/4).
- This benefit will lapse incase not used during the policy tenure

**The proposer should seek assistance from a health care professional when interpreting and applying them to the Insured person's individual circumstances. If the Insured person has any concerns about His/ her health, He/ She may consult His/ her general practitioner.*

***Consultations charges would be applicable.*

2. E-opinion (second opinion)

In the event of *your* diagnosis with any of the critical illness covered under your policy and during the policy period, we shall facilitate in arranging an E-Consultation second opinion from a super specialty medical practitioner within our Network with respect to that critical illness only, subject to the following condition. It will be based on the medical records submitted by the insured person which should include investigation reports citing the final diagnosis and relevant consultation papers. We will not be reimbursing/bearing the cost for second E opinion/consultation.

3. Health and Wellness Offers:

Health and Wellness Offers on services/products provided by our network providers/ Health service providers – We shall only facilitate the Insured Person in availing offers and discounts on services/products offered by our network providers/

health service providers. Customer can avail Health and Wellness Offers on our app on various health, fitness and wellness products and other services available on the app.

4. Health assistance:

We also provide Health Assistance as a part of Our Value added services, Our Health Assistance Team (HAT) will assist the Insured Person in understanding his/her health condition better by providing answers to any queries related to health and health care providers on Our dedicated helpline. To avail this service, the Insured Person may call Our helpline on 040-66274205 (please note that this number is subject to change).

The services provided under this shall include:

- Identifying a Physician/ Specialist
- Scheduling an appointment with any Medical Practitioner empanelled with Us
- Scheduling appointments for a second opinion

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- Providing suitable options with respect to Hospitals as well as providing assistance in Cashless facility, wherever applicable.
- Providing preventive information on ailments
- Providing guidance on post Hospitalization care, such as Physiotherapy/ Nursing at home.

Please note that services provided under this Benefit are solely for assistance, and should not be construed to be a substitute for a visit/ consultation to an independent Medical Practitioner. This Benefit does not include the charges for any independent Medical Practitioner/nutritionist consulted on HAT's recommendation, and such charges are to be borne by the Insured Person. We do not accept any liability towards quality of the services made available by our network providers/ service providers and are not liable for any defects or deficiencies on their part

While deciding to obtain such value-added service, You expressly note and agree that it is entirely for You to decide whether to obtain these services and also to decide the use (if any) to which these services is to be put for

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IV GENERAL EXCLUSIONS:

We shall not be liable to make any payment for any claim under 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. Any, medical condition or treatment or service that is specifically excluded in the Policy Schedule under the head "Special Conditions".
2. Any breach of the law by the Insured Person with a criminal intent.
3. War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of citizens of whatever nation, riots or civil commotion.
4. Any Injury sustained while performing duty in army, navy, air force, paramilitary force, police or any other such institution, except to the extent it is expressly covered under any Benefit.
5. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from nuclear weapon materials or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
6. Use or misuse of intoxicating drugs and/or alcohol.
7. Participation (aggravation) in any kind of strike, processions, riots etc.
8. Any act of self-destruction or self-inflicted injury, attempted suicide or suicide and deliberate participation of the Insured in an illegal or criminal act with criminal intent.
9. 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
10. Any consequential or indirect losses or expenses related to any Insured Event.
11. Any tests and treatment relating to infertility and in vitro fertilization.
12. Any Injury / Illness occurring whilst engaging in any Adventure Sports, either as an instructor/ trainer, or as a participant.
13. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).

V. GENERAL TERMS AND CONDITIONS

i. Standard General Terms and Clauses

1. Disclosure of Information

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

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

2. Condition Precedent to Admission of Liability:

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

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

4. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

5. Cancellation/ Termination

- The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.
- We shall from the date of receipt of the notice cancel the Policy, retain the premium for the period this Policy has been in force, and refund at Our short period scales as per the Cancellation Grid provided below, provided that no refund of premium shall be made if any claim has been made under the Policy by or on behalf of the Insured Person.
- Notwithstanding anything contained herein or otherwise, 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.
- In case of a cancellation request by You/Insured Person, the Policy will be cancelled in its entirety, and any selected Benefits or Sections under the Policy cannot be cancelled.

- The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

For any cancellation initiated by Us, due to any other reason the company may choose to refund the premium on prorata basis.

Refund on Cancellation: Refund of premium = $P * (n / m) * 85\%$

- Where, P = Total premium of policy
- n = Remaining policy period (in days)
- m = Total Policy tenure (in days)

Illustration 11:

Mr. Piyush has opted for a 5 years policy with premium Rs. 5000/-. He decides to cancel his policy on the 100th day. Below will be the calculation for refund amount,

Refund amount = $5000 * (1725 / 1825) * 85\%$. Refund amount will be Rs. 4017/-

Migration:

In case of migration of this policy with the Company, the insured can transfer the credits gained to the extent of the Sum Insured and benefits available in the previous policy to the migrated policy. The Company may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

Portability:

- a. The insured has the choice to port his / her policies from one Insurer to another. An Insured desirous of porting his/her policy to another insurer shall apply to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the due date for renewal.
- b. The insured is entitled to transfer the credits gained to the extent of the sum insured and the benefits available in the previous policy, subject to the underwriting policy of the Company
- c. The Company shall decide and communicate on the proposal upon receipt of information from Existing insurer within prescribed timelines .
- d. This benefit is not applicable for enhanced sum insured.

Renewal of Policy:

- The policy shall ordinarily be renewable except on on ground of established fraud, or non-disclosure or misrepresentation by the insured person provided the policy is not withdrawn and also subject to Moratorium conditions.
- Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of fifteen days where premium payment mode is monthly and thirty days in all other cases , to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

- No loading shall apply on renewals based on individual claims experience
- An Insurer shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured.

Withdrawal of Policy:

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

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.

Premium Payment in installments

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Schedule of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the company shall offer coverage during the grace period, if the premium is paid in instalments during the policy period. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- No interest will be charged If the instalment premium is not paid on due date
- In case of instalment premium due not received within the grace period, the policy will get cancelled. We shall not be liable under this Policy for any loss occurring thereafter, including the intervening period, nor shall any refund of premium become due under the Policy.
- In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- We will recover and deduct any or all the pending premium installments from the claim amount falling due under the Policy.

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

The Company, may revise or modify the terms of the policy including the premium rates.

Free look period**ICICI Lombard General Insurance Company Limited****IRDA Reg. No. 115****Mailing Address:**

601 & 602, 6th Floor, Interface 16,
New Linking Road, Malad (West)
Mumbai - 400 064

CIN: L67200MH2000PLC129408**Registered Office Address:**

ICICI Lombard House, 414, P Balu Marg,
Off Veer Savarkar Road Marg, Nr Siddhi
Vinayak Temple, Prabhadevi, Mumbai 400 025

UIN: <ICIHLP23027V012223> **Group Criti Shield Plus****Toll free no:** 1800 2666**Alternate no:** 8655222666 (chargeable)**E-mail:** customersupport@icicilombard.com**Website:** www.icicilombard.com

Every insured of new individual 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 proposer and stamp duty charges."

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S N	Ce ntr e	Address & Contact
1	AHMED ABAD	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in Jurisdiction : Gujarat, Dadra & Nagar Haveli, Daman and Diu.
2	BENGA LURU	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in Jurisdiction :Karnataka.
3	BHOPAL	Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in Jurisdiction : Madhya Pradesh, Chhattisgarh.
4	BHUBAN ESWAR	Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in Jurisdiction : Odisha.
5	CHAND IGARH	Mr Atul Jerath Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in Jurisdiction : Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union

		Territories of Jammu & Kashmir, Ladakh & Chandigarh.
6	CHENNAI	Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in Jurisdiction : Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
7	DELHI	Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in Jurisdiction : Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
8	GUWAHATI	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in Jurisdiction : Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
9	HYDERABAD	Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in

		Jurisdiction : Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
	JAIPUR	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363/2740798 Email: bimalokpal.jaipur@cioins.co.in Jurisdiction : Rajasthan.
1 1	KOCHI	Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in Jurisdiction : Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
1 2	KOLKAT A	Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in Jurisdiction : West Bengal, Sikkim, Andaman & Nicobar Islands.
1 3	LUCKN OW	Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in Jurisdiction : Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur,

		Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
1 4	MUMBAI	Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in Jurisdiction : Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
1 5	NOIDA	Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in Jurisdiction : State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
1 6	PATNA	Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in

		Jurisdiction : Bihar, Jharkhand.
1 7	PUNE	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in Jurisdiction : Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

Redressal of Grievances:

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

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Toll free no: 1800 2666

Alternate no: 8655222666 (chargeable)

E-mail: customersupport@icicilombard.com

Website: www.icicilombard.com

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>

6. Nomination

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

ii. Specific Terms and Clauses

1. PAYMENTS

We shall make payment of an admissible claim to the Insured Person's Nominee/assignee, as the case may be, or in the absence of an assignee, to the Insured Person or the Insured Person's nominee. If there is no assignee or Nominee and the Insured Person is incapacitated or deceased, We will pay to the Insured Person's heir, executor or validly appointed legal representative.

Any payment We make in this manner will be a complete and final discharge of Our obligations under this Policy and Our liability towards the claim.

2. TERMS OF RENEWAL

- The Policy may be renewed by mutual consent under the then prevailing (ICICI Lombard Group Criti Shield Plus) Policy or its nearest substitute product (in case of product withdrawal), 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 Insured Event that occurs during the Grace Period.
- Once the Sum Insured under any of the Benefits opted and available to the insured is exhausted any future renewal under that Benefit shall not be allowed.
- You shall on tendering any premium for the Renewal of this Policy give notice in writing to Us of any Illness, physical defect or infirmity with which any of the Insured Person(s) have become affected since the payment of the expiring Policy start date.

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UIN: <ICIHLP23027V012223> Group Criti Shield Plus

Toll free no: 1800 2666

Alternate no: 8655222666 (chargeable)

E-mail: customersupport@icicilombard.com

Website: www.icicilombard.com

- Renewals will not be denied except on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material facts. We may, revise the Renewal premium payable under the Policy or the terms of Benefit, provided that all such changes are approved in accordance with the IRDAI rules and regulations as applicable from time to time. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.
- Policyholder will not be allowed to make any changes in his/her policy coverages, terms and conditions and Sum Insured at the time of renewal in case a claim has already been settled
- Policyholder will not be allowed to make any changes in his/her policy coverages, terms and conditions at the time of renewal, unless decided by Us on exceptional call or case to case basis and subject to fresh proposal form
- In the event where the base cover(s) has been exhausted the insured shall not be allowed to renew the add on cover(s)
- The above conditions for Renewal are to be read in unison, and not standalone.

3. CLAIM PROCEDURE:

- The fulfillment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person, including complying with the procedures and requirements in relation to claims, shall be Conditions Precedent to Our liability under this Policy.
- We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full and on time in respect of the Insured Person's Benefit under the Policy and all payments have been realised.
- On occurrence of an any event that may give rise to a Claim under this Policy, You shall-
 - Notify Us immediately on toll free number 1800 2666 or on our website www.icicilombard.com or also in writing at Our address specified in the Policy Schedule or email us at customersupport@icicilombard.com
 - Along with the completed and signed Claim form, provide all the relevant documents, specified within the relevant Section of the Policy for the Benefit being claimed, must be submitted in full within 30 days.
 - Wherever details pertaining to happening of Claim are conveyed by you to Us after reasonable period, You shall provide the reasons of such delay to Us.
- If any Claim is not made within 30 days of the Insured Event, then We will condone such delay on merits only where the delay has been proved to be for reasons beyond the claimant's control.
- All claims will be investigated (as required) and settled in accordance with the applicable regulatory guidelines
- The admissible Claim amount will be calculated post applicability of Deductible, Co-pay, Sub-limits, if any, and as specifically defined in Policy Schedule.

- The role of the TPA (if any) would be limited to facilitate the flow of information between Us and the Insured Person.

4. Incontestability and Duty of Disclosure :

The Policy shall be null and void and no Benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis description or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured Person or any one acting on his/her behalf to obtain any Benefit under this Policy.

5. Observance of terms and conditions

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

6. Records to be maintained

The Insured Person shall keep an accurate record containing all relevant particulars and shall allow Us to inspect such record.

7. No constructive Notice

Any knowledge or information of any circumstances or condition in relation to the Insured Person, or in connection with which a claim may be made under this Policy coming to the knowledge or possession of any of Our officials shall not be construed as notice to or be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

8. Notice of Charge

We shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by Us to the Insured Person, Nominee, assignee or his legal heirs of any amount under the Policy shall in all cases be an effectual discharge to Us.

9. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy, Policy Schedule or in any separate instrument or Endorsement shall be deemed to be part of this Policy and shall have effect accordingly.

10. Overriding effect of Part II of the Schedule

The terms and conditions contained herein and in Policy Schedule(Policy Schedule or Schedule of Insurance) shall be deemed to form part of the Policy and shall be read as if they are specifically incorporated herein; however in case of any inconsistency of any term and condition with the scope of Benefit contained in Policy Schedule, then the term(s) and condition(s) contained herein shall be read mutatis mutandis with the scope of Benefit/terms and conditions contained in Policy Schedule and shall be deemed to be modified accordingly or superseded in case of inconsistency being irreconcilable.

11. Electronic Transactions

The Insured Person agrees to adhere to and comply with all such terms and conditions as We may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, the world wide web, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on Our behalf, for and in respect of the Policy or its terms, or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time. The Insured Person agrees that We may exchange, share or part with any information with any government institution or statutory body, as may be determined by Us and shall not hold Us liable for such use/application.

12. Right to inspect

In case of any loss or occurrence to the Insured Person that has given or may give rise to a claim under the Policy, If required by Us, Our agent/representative, including any loss assessor or surveyor/investigator or any individual or entity appointed on Our behalf shall be permitted at all reasonable times to examine the circumstances of such loss or occurrence. The Insured Person shall on being required to do so by Us, produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his/her possession and furnish copies of or extracts from such of them as may be required by Us so far as they relate to such claim(s), or may in any way assist Us to ascertain the correctness thereof or Our liability under the Policy.

13. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured Person and Us to be subject to Indian Law. Each party agrees to submit to the jurisdiction of the Courts in India and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

14. Arbitration clause

- i. If any dispute or difference shall arise as to the quantum of claim to be paid under this Policy (liability/claim being otherwise admitted by the Insurer), such difference shall independently of all other question be referred to the decision of a sole arbitrator to be appointed mutually in writing by the Insurer and the Insured who has made claim under this Policy or if they cannot agree upon a single arbitrator within 30 days of any party [the Insurer or the and the Insured who has made claim under this Policy] invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators one to be appointed by the Insured who has made claim under this Policy and the Insurer, respectively, who are the parties to the dispute/ difference and the third arbitrator to be appointed by such two appointed arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996 as amended from time to time. The law of the arbitration will be Indian law.

- ii. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided if the Insurer has disputed or not accepted/admitted the liability/claim under the Policy.
- i. It is hereby expressly stipulated and declared that it shall be a Condition Precedent to any right of action or suit read with this Policy that the award by such arbitrator/ arbitrators of the amount of the benefits shall be first obtained
- ii. It is also hereby further expressly agreed and declared that if the Insurers shall disclaim/repudiate the liability to the Insured for any claim under the Policy, and such claim shall not, within 12 calendar months from the date of such disclaimer/repudiation have been made the subject matter of a suit in a court of law, then all benefits under the Policy shall be forfeited and the rights of Insured shall stand extinguished and the liability of the Insurer shall also stand discharged.

15. Notices:

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

In case of You, at the address specified in Policy Schedule, and in case of the Insured Person, at the Insured Person's address specified in the Policy Schedule.

In case of Us:

ICICI Lombard General Insurance Company Limited, ICICI Lombard House,
414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi,
Mumbai 400025, Toll-free number: 1800-2666

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e mail.

16. Customer Service

If at any time the Insured Person (or his Nominee/ legal heir, as the case may be) requires any clarification or assistance, they may contact Our offices at the address specified below, during normal business hours.

ICICI Lombard General Insurance Company Limited
ICICI Lombard House 414, Veer Savarkar Marg,
Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025.

You could also call us on Toll free No: 1800 2666 or E-mail: customersupport@icicilombard.com.

- Please inform Us immediately of any change in the address, occupation, state of health, or of any other changes affecting the Insured Person (or his Nominee/ legal heir, as the case may be).

VI OTHER TERMS AND CONDITIONS

1. AGE LIMIT

The age of proposer: minimum and maximum age of entry for proposer into the Policy is 18 years and 65 years respectively

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Alternate no: 8655222666 (chargeable)

E-mail: customersupport@icicilombard.com

Website: www.icicilombard.com

Age of insured: minimum and maximum age of entry for an insured into the Policy is 18yrs and 65 years respectively

For Employer- Employee: minimum and maximum age of entry for an insured: 3 months to 75yrs

2. In case You choose to pay the premium in instalments, then You shall not be able to change the frequency of payments within the Period of Cover.
3. In case You have opted for auto renewal, the Policy shall be Renewed with the same terms and conditions including but not limited to the Sum Insured, coverage, premium paying terms and claim payment terms.
4. The scope of Benefit shall be worldwide unless specified otherwise.
5. Any change in the policy terms and conditions including but not limited to Sum Insured and/or coverage shall not be permitted within the policy period
6. For this product, in the case where the loan has either being closed or transferred to any other financial institution, the policy would stand cancelled as per the cancellation grid in accordance with the notification given by the group admin having taken consent at time of enrollment. The customer may have the option to take any retail/substitute product available with the company. Similarly at time of renewal incase it is found that the insured is not part of the group, then we shall not renew his existing group policy and offer a substitute retail policy.
7. If the Sum Insured under this Policy is in the form of EMI, for the purpose of claim settlement the EMI declared at the time of Loan (against which the premium has been charged) will be deemed the EMI payable. In no condition the EMI payable at the time of claim will be more than the EMI specified in the Policy Schedule.
8. If the Policy is linked to an underlying Loan, the EMI declared at the time of proposal cannot be increased or decreased after the Risk Inception Date. Wherever a top up loan has been taken by the Insured Person, a separate Policy Schedule can be taken. In no condition the EMI payable at the time of claim will be more than the EMI specified in the Policy Schedule
9. In the event of Loan foreclosure or transfer of Loan to any other Financial Institution where policy is still continuing, for the purpose of claim settlement, We shall only be liable to pay any claim as per the original Amortization chart with respect to the loan against which policy was taken, subject to Policy terms and conditions.
10. For the purpose of claim settlement, it is clarified that any monthly payments with respect to the Loan, such as EMI(s) that are overdue to the Financial Institution and unpaid/missed or bounced by the Insured Person prior to the occurrence of the Insured Event under the Policy, will not be considered for the purpose of this Policy and shall be payable by the Insured Person only.
11. Any change in the policy terms and conditions including but not limited to Sum Insured and/or coverage shall not be permitted within the Period of Cover.

VII ADDITIONAL CLAUSES AVAILABLE UNDER THIS POLICY

1. Assignment clause

It is hereby declared and agreed that upon due written consent granted by the Proposer as stated under

the head of "Proposer name" in the Policy Schedule to the Policy:

- i. Any amount becoming payable to the Insured Person in accordance with policy terms and conditions) including all rights, title, benefits and interest of the Insured Person under this Policy stand assigned in favour of the Financial Institution (assignee) specified in the Policy Schedule of the Policy with respect to only that Loan Account Number, as specified in the Policy Schedule.
- ii. The receipt of such amount in the manner aforesaid by the Financial Institution (assignee) specified in the Policy Schedule of this Policy, shall completely discharge Us from all Our liability under the Policy in respect of such payable amount, and this shall be binding on the Insured Persons and their legal heirs, executors, administrators, and successors.
- iii. This is to clarify that such assignment shall be subject to the condition that in the event of the Insured Person's death during the Period of Cover, the amounts payable as per the Policy terms and conditions will be paid to the said Financial Institution (assignee) only to the extent of the Loan amount outstanding, if any, and any amount in excess after such payment shall be paid to the Insured Person's Nominee.

2. Auto Renewal Clause

- a. On due consent by the Proposer We will automatically renew the Policy for the Period of Cover as opted by the Insured Person. However, after completing an entire auto Renewal period on expiry of the Policy on the Policy End Date, We shall not be bound to accept any Renewal premium
- b. Every Renewal premium shall be paid and accepted as per the terms of Renewal specified under this Policy and upon the distinct understanding that no alteration has taken place in the facts contained in the Proposal and Declaration Form herein before mentioned and that nothing is known to the Insured Person that may result to enhance the risk of We under the guarantee hereby given. Any change in the risk will be intimated to Us by the Policyholder/ Insured Person. Nothing herein or otherwise shall affect Our right to impose any additional terms and conditions on Renewal or restrict any Renewal terms as to premium or otherwise.

No Renewal receipt shall be valid unless it is on the printed form of Our and signed by Our authorized official.

3. Increase/decrease in sum insured:

Sum insured can be changed (increased/ decreased) only at the time of renewal or at any time, subject to underwriting by the Company subject to revised proposal form. For any increase in Sum Insured, the waiting period and survival period if any shall start afresh only for the enhanced portion of the sum insured.

Annexure 1:

Cancer and blood disorders(4/1)	Major(57)	Minor(46)
	Cancer of Specified severity(Major Cancer)	Early stage cancer/Carcinoma-in-Situ
	Bone Marrow Transplant	
	Aplastic Anaemia	
	Primary Myelofibrosis	

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Heart and Blood Vessel(10/12)	Takayasu Arteritis	Pericardial Effusion with cardiac Tamponade
	Refractory Heart Failure	Pulmonary Artery Graft Surgery
	Eisenmenger's Syndrome	Cardiac Arrhythmia with Ablative Procedure(Sum Insured capped at 5 lacs)
	Myocardial Infarction (First Heart Attack - Of Specified Severity	Other Serious Coronary Artery Diseases
	Cardiomyopathy of specified severity	Insertion of a Permanent Cardiac Defibrillator
	Open Chest CABG	Complete Heart Block or Third Degree Heart Block with pacemaker
	Open Heart Replacement Or Repair Of Heart Valves	Pericardectomy
	Surgery Of Aorta	Balloon Valvotomy or Valvuloplasty
	Primary (Idiopathic) Pulmonary Hypertension	Coronary ArteryAngioplasty (Sum Insured capped at 5 lacs)
	Infective Endocarditis	Minimally Invasive Surgery to Aorta
		Pulmonary embolism
		Moderately Severe Cardiomyopathy
Major Organs(14/15)	Systemic Lupus Erythematous With Renal Involvement	Liver Cirrhosis
	Rheumatoid Arthritis	Chronic primary sclerosing cholangitis
	Scleroderma	Interstitial Lung Disease (ILD)
	Good Pastures Syndrome With Lung or Renal Involvement	Severe Acquired Or Secondary Pulmonary Alveolar Proteinosis (Pap)
	Myasthenia Gravis	Glomerulonephritis with Nephrotic Syndrome
	End Stage Lung Failure	Moderately Severe Kidney Disease

	Kidney Failure Requiring Regular Dialysis	Moderately Severe Systemic Lupus Erythematosus With Lupus Nephritis
	Medullary Cystic Kidney Disease	Intestinal Gangrene/intestinal perforation
	Fulminant Hepatitis	Portal Vein Thrombosis
	End Stage Liver Failure	Surgical Removal of One Lung
	Major Organ transplant	Moderately Severe Crohn's Disease
	Severe Crohn's Disease	Moderately Severe Ulcerative Colitis.
	Severe Ulcerative Colitis	Small bowel transplant
	Chronic Relapsing Pancreatitis	Ankylosing Spondylitis
		Surgical Removal of one kidney
Nervous System(24/11)	Stroke Resulting in Permanent Symptoms	Hydrocephalus
	Permanent Paralysis of Limbs	Loss of Hearing of One Ear
	Motor Neuron Disease With Permanent Symptoms	Loss Of Sight In One Eye
	Parkinson's Disease	Dissolution of the nerve roots of Brachial Plexus
	Benign Brain Tumor	Syringomelia or Syringobulbia Requiring Surgery
	Alzheimer's Disease	Carotid Artery Surgery
	Progressive Supranuclear Palsy	Loss of Use of One Limb
	Multiple Sclerosis with Persisting Symptoms	Idiopathic Scoliosis
	Creutzfeldt-Jakob Disease	Coma 72 Hours
	Muscular Dystrophy	Severe Epilepsy
	Coma of Specified Severity	Neuromyelitis optica spectrum disorders (Devic's Disease)
	Apallic Syndrome	
	Major Head Trauma	
	Guillain-Barre Syndrome	

	Deafness	
	Loss Of Speech	
	Blindness	
	Spinal Stroke	
	Benign Spinal Cord Tumour with Neurological Deficit	
	Poliomyelitis	
	Bacterial Meningitis	
	Encephalitis/encephalopathy	
	Tuberculosis Meningitis	
	Severe Progressive Bulbar Palsy	
Others(5/7)	Loss of independent existence	Pott's spine
	loss of limbs	moderate burns
	Third Degree Burns	Elephantiasis
	Necrotising Fasciitis	Adrenalectomy for Adrenocortical Adenoma
	Pheochromocytoma	Wilson's Disease
		Optic Neuropathy
		Facial Reconstructive Surgery due to accident

Annexure 2:

	Major(42)
Cancer and blood disorders(4)	Cancer of Specified severity(Major Cancer)
	Bone Marrow Transplant
	Aplastic Anaemia
	Primary Myelofibrosis
Heart and Blood Vessel(7)	Refractory Heart Failure
	Myocardial Infarction (First Heart Attack - Of Specified Severity)
	Cardiomyopathy of specified severity

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	Open Chest CABG
	Open Heart Replacement Or Repair Of Heart Valves
	Surgery Of Aorta
	Primary (Idiopathic) Pulmonary Hypertension
Major Organs(11)	Systemic Lupus Erythematosus With Renal Involvement
	Scleroderma
	Good Pastures Syndrome With Lung or Renal Involvement
	Myasthenia Gravis
	End Stage Lung Failure
	Kidney Failure Requiring Regular Dialysis
	Medullary Cystic Kidney Disease
	Fulminant Hepatitis
	End Stage Liver Failure
	Major Organ transplant
	Chronic Relapsing Pancreatitis
Nervous System(17)	Stroke Resulting in Permanent Symptoms
	Permanent Paralysis of Limbs
	Motor Neuron Disease With Permanent Symptoms
	Parkinson's Disease
	Benign Brain Tumor
	Alzheimer's Disease

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	Multiple Sclerosis with Persisting Symptoms
	Creutzfeldt-Jakob Disease
	Muscular Dystrophy
	Coma of Specified Severity
	Apallic Syndrome
	Major Head Trauma
	Deafness
	Loss Of Speech
	Blindness
	Poliomyelitis
	Tuberculosis Meningitis
Others(3)	loss of independent existence
	loss of limbs
	Third Degree Burns

Annexure 3

	Major(57)
Cancer and blood disorders(4)	Cancer of Specified severity(Major Cancer)
	Bone Marrow Transplant
	Aplastic Anaemia
	Primary Myelofibrosis
Heart and Blood Vessel(10)	Takayasu Arteritis
	Refractory Heart Failure
	Eisenmenger's Syndrome
	Myocardial Infarction (First Heart Attack - Of Specified Severity)
	Cardiomyopathy of specified severity
	Open Chest CABG
	Open Heart Replacement Or Repair Of Heart Valves

	Surgery Of Aorta
	Primary (Idiopathic) Pulmonary Hypertension
	Infective Endocarditis
Major Organs(14)	Systemic Lupus Erythematosus With Renal Involvement
	Rheumatoid Arthritis
	Scleroderma
	Good Pastures Syndrome With Lung or Renal Involvement
	Myasthenia Gravis
	End Stage Lung Failure
	Kidney Failure Requiring Regular Dialysis
	Medullary Cystic Kidney Disease
	Fulminant Hepatitis
	End Stage Liver Failure
	Major Organ transplant
	Severe Crohn's Disease
	Severe Ulcerative Colitis
	Chronic Relapsing Pancreatitis
Nervous System(24)	Stroke Resulting in Permanent Symptoms
	Permanent Paralysis of Limbs
	Motor Neuron Disease With Permanent Symptoms
	Parkinson's Disease
	Benign Brain Tumor

	Alzheimer's Disease
	Progressive Supranuclear Palsy
	Multiple Sclerosis with Persisting Symptoms
	Creutzfeldt-Jakob Disease
	Muscular Dystrophy
	Coma of Specified Severity
	Apallic Syndrome
	Major Head Trauma
	Guillain-Barre Syndrome
	Deafness
	Loss Of Speech
	Blindness
	Spinal Stroke
	Benign Spinal Cord Tumour with Neurological Deficit
	Poliomyelitis
	Bacterial Meningitis
	Encephalitis/encephalopathy
	Tuberculosis Meningitis
	Severe Progressive Bulbar Palsy
Others(5)	loss of independent existence
	loss of limbs
	Third Degree Burns
	Necrotising Fasciitis
	Pheochromocytoma

Annexure 4

Benefit 2	
Major(100%)	Minor(25%)
Ruptured Arterial Aneurysm	Sarcoidosis of lungs
Aortic Dissectio	Myelopathy
Refractory cardiac arrhythmia	Neurocysticercosis
Thromboembolism / Embolism	DVT with Surgery

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Severe Infectious Diseases	cerebral Malaria
Haemorrhagic Shock	Dengue shock syndrome

Note:

The maximum payout against any minor Critical Illness under any Critical illness bucket is restricted to 25% of the base cover Sum Insured upto a maximum of 12.5lacs however for “Cardiac Arrhythmia with Ablative Procedure” and “Coronary Artery Angioplasty” the Sum Insured is further restricted to a maximum of 5lac

Annexure 5:

Final Major Surgical Procedures List	Payout
Open Heart Replacement Or Repair Of Heart Valves	100%
Valvotomy/Valvuloplasty	50%
CABG (Coronary Artery Bypass Grafting)	100%
Other vascular bypass grafts(eg. Femoral popliteal grafts)	50%
Clipping or repair of Aneurysm(including aortic, cerebral, femoral or iliac) with or without graft	50%
Coronary Artery Angioplasty with Stent implantation	50% - inr 5lac which ever lower
Excision of benign mediastinal lesions (evidence of thoracotomy needs to be ascertained)	50%
Heart Proximal aortic aneurysm, Aortic root transplantation with coronary artery Reimplantation	50%
Initial implantation of permanent pacemaker/ICD/VAD device in heart	50%
Major Surgery of Aorta	100%
Major vein repair with or without grafting for traumatic & non traumatic lesions	50%

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Pericardiotomy / Pericardectomy	50%
Carotid endarterectomy/ Ext carotid Int. carotid bypass/Carotid tumour excision	50%
Closure Of Semilunar Valve	50%
Minimally Invasive Surgery to Aorta	50%
Pulmonary Artery Graft	50%
Cardiac Arrhythmia with Ablative Procedure	50%- capping of 5lac
Hemicolectomy	50%

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Partial Gastrectomy	50%
Complete Gastrectomy	100%
Partial Eosophagectomy	50%
Complete Eosophagectomy	100%
Pancreaticoduodenectomy- Whipples surgery	100%
Partial Hepatectomy	50%
Complete Hepatectomy	100%
Partial splenectomy	50%
Complete splenectomy	100%
small bowel transplant	50%
Resection/anastamosis for small intestine	50%
Partial Pancreatectomy	50%
Complete Pancreatectomy	100%
Amputation of arm	100%
Amputation of foot	100%
Amputation of hand	100%
Amputation of leg	100%
Excision reconstruction of joint(small joints-hand & feet)	50%- cap of 2lac
microvascular replantation of finger due to trauma	50%- cap of 2lac
Implantation of prosthesis for limb for amputees	100%
Open/closed Reduction and Internal fixation of fracture Long bone (Humerus, Radius, ulna, Femur, Tibia, Fibula, clavicle) with or without Bone grafting-	50%- cap 3lac
Osteomyelitis - Surgical Drainage and Curettage	50%- cap of 2lac
core decompression with graft for osteonecrosis of femoral head	50%
Replantation of lower limb	100%
Replantation of upper limb	100%
Spinal Fusion (arthrodesis of spine with bone graft/internal fixation)	50%
Therapeutic endoscopic operations on cavity of knee/hip joint	50%-

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	cap of 2lac
Therapeutic endoscopic operations on cavity of Shoulder/elbow joint	50%-cap of 2lac
ACL/PCL repair/reconstruction	50%-cap of 2lac
Total replacement of hip/knee/shoulder/elbow/head of femur/head of humerus- Unilateral	50%
reconstruction or arthroplasty of hip/knee/shoulder/elbow/head of femur/head of humerus(unilateral/bilateral)	50%
Total replacement of hip/knee/shoulder/elbow/head of femur/head of humerus- bilateral	100%
HIND QUARTER AMPUTATION	100%
Open Reduction And Internal Fixation Of Fracture Of Small Bones /patella With Or Without Graft	50%-cap to 1lac
Prosthetic Replacement of small joints	50%-cap to 2lac
Multiple (more than 2)Tendon Transfer - Sts Hand / Foot	50%

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Surgery for Idiopathic Scoliosis	50%
Bur-hole Drainage of Extradural, subdural or intracerebral space	50%
Craniotomy for non malignant space occupying lesions	100%
Craniotomy for Drainage of Extradural, subdural or intracerebral space	100%
Craniotomy for malignant Brain tumors	100%
Decompression surgery for Entrapment Syndrome	100%
Embolectomy / Thrombectomy/ Endarterectomy with or without Graft	100%
Excision of deep seated peripheral nerve tumor	100%
Excision of pineal gland	100%
Fixation of fracture of spine	100%
Free Fascia Graft for Facial Nerve Paralysis	50%
Intracranial transection of Cranial nerve	100%
Laminectomy/Discectomy for Spinal nerve root decompression	100%
Microvascular decompression of cranial nerves/nervectomy	100%
Multiple Microsurgical Repair of digital nerve	100%
Operations on Subarachnoid space of brain	100%
Other operations on the meninges of the Brain	100%
Peripheral nerve Graft	100%
Repair of Cerebral or Spinal Arterio- Venous Malformations or aneurysms	100%
Total or Partial Excision of the pituitary gland - Any approach (Transforntal or Trans Sphenoid)	100%
Surgery for ACOUSTIC NEUROMA	50%
Brachial Plexus Surgery	50%
neuro endoscopy for removal of brain tumor/ foreign body	50%
STA MCA BYPASS SURGERY	50%
SYMPATHECTOMY CERVICAL/LUMBAR/THORACOLUMBAR	50%
Bone Marrow transplant (as recipient)	100%
Heart/Heart-Lung Transplant	100%
Liver Transplantation	100%
Lung Transplantation	100%
Renal transplant (recipient)	100%
Pancrease Transplant	100%

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Major reconstructive oro-maxillafacial surgery due to trauma or burns and not for cosmetic purpose	100%
Osteotomy including segmental resection with bone grafting for Mandibular and maxillary lesions	100%
Commando Operation-for only cancer	100%
Total Larygectomy And Neck Dissection And Flap-only for cancer	100%
Excision and Major Flap Repair of skin and Subcutaneous tissue due to Major Burns	100%

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Surgical treatment of cancer with removal of organ & excluding biopsy & other Diagnostics	100%
Surgical removal of an eye ball	50%
Surgical treatment of cancer without removal of organ excluding biopsy & other Diagnostics	50%
THYMECTOMY	50%
Amputation of penis	50%
Excision of ureter	50%
Total excision of bladder	50%
Partial nephrectomy due to medical advice (not as a transplant donor)	50%
Total nephrectomy due to medical advice (not as a transplant donor)	100%
Bilateral excision of testes	50%
Urinary diversion	50%
Adrenelectomy	50%
Pneumonectomy/Lobectomy/removal of 1 lung	50%
Pleurectomy/lung decortication	50%
Chronic bronchopleural fistula requiring a surgical procedure for closure of the fistula through an open thoracotomy	50%
pulmonary embolectomy/enderectomy	50%

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.

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