Policy Terms and Conditions

1. Definitions

For the purposes of interpretation and understanding of the product the Company has defined, herein below some of the important words used in the product and for the remaining language and the words the Company believes to mean the normal meaning of the English language as explained in the standard language dictionaries. The words and expressions defined in the Insurance Act, IRDA Act, Regulations notified by the Authority and Circulars and Guidelines issued by the Authority shall carry the meanings explained therein. The judicial pronouncements of the highest courts in India will have the effect on the definitions and the language used in this product. The terms and conditions, coverage's and exclusions, benefits, various procedures and concepts which have been built in to the product also carry the specified meaning assigned to them in the said language.

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same and vice versa.

1.1 **Accident/Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

1.2 **Act of God Perils** means and includes lightening, storm, tempest, flood, inundation, subsidence, landslide, earthquake, cyclone, tsunami, volcano and other similar calamities.

1.3 **Age** means the completed age (in years) of the Insured Person as on his last birthday.

1.4 **Ambulance** means a road vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.

1.5 **Annexure** means a document attached and marked as Annexure to this Policy.

1.6 **Break in Policy** occurs at the end of the existing Policy Period, when the premium due for renewal on a given Policy is not paid or before the premium Renewal Date or within 30 days thereof.

1.7 **Cashless Facility** means a facility extended by the Company to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions, are directly made to the Network Provider by the Company to the extent pre-authorization approved.

1.8 **Claim** means a demand made in accordance with the terms and conditions of the Policy for payment of Medical Expenses or Benefits in respect of the Insured Person.

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

1.10 **Common Carrier** means any civilian land or water conveyance or scheduled aircraft operated under a valid license for the transportation of fare paying passengers under a valid ticket.

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

a) **Internal Congenital Anomaly** means Congenital anomaly which is not in the visible and accessible parts of the body.

b) **External Congenital Anomaly** means Congenital anomaly which is in the visible and accessible parts of the body.

1.12 **Day Care Centre** means any institution established for Day Care Treatment of Illness and/or Injuries or a medical setup within a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under -

a) has qualified nursing staff under its employment;

b) has qualified Medical Practitioner/s in charge;

c) has a fully equipped operation theater of its own where Surgical Procedures are carried out;

d) maintains daily records of patients and will make these accessible to the Company's authorized personnel

1.13 **Day Care Treatment** means medical treatment and/or a Surgical Procedure which is listed in Annexure - A and which is :

i) undertaken under general or local anesthesia in a Hospital/Day Care Center in less than 24 hours because of technological advancement, and

ii) which would have otherwise required Hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

1.14 **Disclosure to Information Norm** means the Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

1.15 **Emergency Care** means management for a severe Illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

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

1.17 **Hazardous Activities** means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained or not. Such sport/activity includes stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/obstacle riding, bobsleighing/using skeletons, bouldering, boxing, canyoning, caving/pot holing, cave tubing, rock climbing/trekking/mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro - lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/time trials, triathlon, water ski jumping, weight lifting or wrestling of any type.

1.18 **Hospital** means any institution established for In-Patient Care and Day Care Treatment of Illness and/or Injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under :

a) has qualified nursing staff under its employment round the clock;

b) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

c) has qualified Medical Practitioner(s) in-charge round the clock;

d) has a fully equipped operation theatre of its own where Surgical Procedures are carried out;

e) maintains daily records of patients and makes these accessible to the Company's authorized personnel.

1.19 **Hospitalization** means admission in a Hospital for a minimum period of 24 In-patient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

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

1.21 **Injury** means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

1.22 **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

1.23 **Insured Event** means an event that is covered under the Policy and which is in accordance with the Policy Terms & Conditions.

1.24 **Insured Person (Insured)** means a person whose name specifically appears under Insured in the Policy Certificate and with respect to whom the premium has been received by the Company.

1.25 **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

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

1.27 **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction;

and is acting within the scope and jurisdiction of license.

1.28 **Medically Necessary** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which

a) Is required for the medical management of the Illness or Injury suffered by the Insured Person;

b) Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;

c) Must have been prescribed by a Medical Practitioner;

d) Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

1.29 **Network Provider (Network Hospital)** means the Hospitals or health care providers enlisted by the Company together to provide medical services to an Insured on payment by a Cashless Facility.

1.30 **Nominee** means the person named in the Policy Certificate who is nominated to receive the benefits under this Policy in accordance with the terms of the Policy, if the Policyholder is deceased.

1.31 **Notification of Claim (Intimation)** means the process of notifying a Claim to the Company by specifying the timelines as well as the address/telephone number to which it should be notified.

1.32 **OPD Treatment** is one in which the Insured visits a clinic/Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or In-patient.

1.33 **Policy** means these Policy Terms & Conditions, the Proposal Form, Policy Certificate, Add-on Benefits (if applicable) and Annexures which form part of the policy contract and shall be read together.

1.34 **Policyholder** means the person named in the Policy Certificate as the Policyholder.

1.35 **Policy Certificate** means the certificate attached to and forming part of this Policy.

1.36 **Policy Period** means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date as specified in the Policy Certificate.

1.37 **Policy Period End Date** means the date on which the Policy expires, as specified in the Policy Certificate.

1.38 **Policy Period Start Date** means the date on which the Policy commences, as specified in the Policy Certificate.

1.39 **Policy Year** means a period of 12 consecutive months commencing from the Policy Period Start Date or any anniversary thereof.

1.40 **Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

1.41 **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

1.42 **Pre-existing Disease** means any condition, ailment or Injury or related condition(s) for which the Insured Person had signs or symptoms, and/or were diagnosed, and/or received Medical Advice/treatment within 48 months prior to the first Policy issued by the Company.

1.43 **Qualified Nurse** is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

1.44 **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness/Injury involved.

1.45 **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the Renewal continuous for the purpose of all waiting periods.

1.46 **Scheduled Airline** means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier.

1.47 **Subrogation** shall means the right of the Company to assume the rights of the Insured Person to recover expenses paid out under the policy that may be recovered from any other source.

1.48 **Sum Insured** means the amount shown in the Policy Certificate against each benefit and such sum represents the Company's maximum, total and cumulative liability for that Insured Person for any and all claims made during the Policy Year under that benefit subject to maximum of benefit 1 Sum Insured unless expressly stated to the contrary.

1.49 **Surgery/Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.

2. Benefits

If the Insured Person suffers an Injury during the Policy Period which results in an Insured Event within twelve calendar months from the Injury, the Company will pay to the Policyholder (or the Nominee or his legal heir) the amount specified against the benefit in the Policy Certificate subject always to the terms and conditions of the Policy, the availability of the Sum Insured.

General Conditions applicable to all Benefits:

(i) The Company will provide cover under the Benefits 1, 2 & 3 to any Insured Event arising worldwide.

(ii) In case any Claim is admissible under Benefit 1, coverage under the Policy for that Insured Person shall immediately and automatically terminate. However, other Insured Person shall continue to be covered under this Policy.

2.1 Benefit 1 : Accidental Death

(a) If the Insured Person suffers an Injury during the Policy Period, which directly results in the Insured Person's death within 12 months from the date of Accident (including date of Accident), the Company will pay the Sum Insured as specified in the Policy Certificate against this Benefit.

2.2 Benefit 2 : Permanent Total Disablement (PTD)

(a) If the Insured Person suffers an Injury during the Policy Period, which directly results in the Insured Person's Permanent Total Disablement within 12 months from the date of Accident (including date of Accident), the Company will pay the amount as specified in the table below :

S.No.	Insured Events	Amount payable = % of the Sum Insured specified in the Policy Certificate against Benefit 2
I	Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot	100%
II	Total and irrecoverable loss of (a) use of two hands or two feet; or (b) one hand and one foot; or (c) sight of one eye and use of one hand or one foot	100%
III	Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot	50%
IV	Total and irrecoverable loss of use of a hand or a foot without physical separation	50%
V	Paraplegia or Quadriplegia or Hemiplegia	100%

Note: For the purpose of Sr. No. I to IV above, physical separation of a hand or foot shall mean separation of the hand at or above the wrist, and of the foot at or above the ankle.

(b) For the purpose of this Benefit only:

(i) "Hemiplegia" means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body;

(ii) "Paraplegia" means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs;

(iii) "Quadriplegia" means complete and irrecoverable paralysis of all four limbs.

2.3 Benefit 3 : Permanent Partial Disablement (PPD)

(a) If the Insured Person suffers an Injury during the Policy Period, which directly results in the Insured Person's Permanent Partial Disablement within 12 months from the date of Accident (including date of Accident), the Company will pay the amount as specified in the table below :

S.No.	Insured Events	Amount payable = % of the Sum Insured specified in the Policy Certificate against Benefit 3
I	Total and irrecoverable loss of hearing in: - a) Both ears b) One ear	 75% 20%
II	Loss of toes a) All b) Both phalanges of great toes bilateral c) Both phalanges of one great toe d) Both phalanges of other than great toes for each toe	 20% 5% 2% 1%
III	Loss of four fingers and thumb of one hand	40%
IV	Loss of four fingers of one hand	35%
V	Loss of thumb a) Both phalanges b) One phalanx	 25% 10%
VI	Loss of index finger a) Three phalanges b) Two phalanges c) One phalanx	 10% 8% 4%
VII	Loss of middle finger a) Three phalanges b) Two phalanges c) One phalanx	 6% 4% 2%
VIII	Loss of ring finger a) Three phalanges b) Two phalanges c) One phalanx	 5% 3% 2%
IX	Loss of little finger a) Three phalanges b) Two phalanges c) One phalanx	 4% 3% 2%
X	Loss of metacarpus a) First or second b) Third, fourth or fifth	 3% 2%
XI	Permanent partial disablement not otherwise provided for under Sr. No. I to X inclusive	Such percentage of the Sum Insured as determined in accordance with the medical assessment carried out by the Company's Network Hospital provided that the percentage under Insured Event Sr. No. XI shall not exceed 50% of the Sum Insured.

Note: For the purpose of Insured Events II to X, loss means either actual physical separation or total and irrecoverable loss only.

2.4 Benefit 4 : Fractures

(a) If the Insured Person suffers an Injury during the Policy Period, which directly results in any of the fractures as specified below, the Company will pay the amount as specified in the table below :

S.No.	Description of Fracture	Amount payable = % of the Sum Insured specified in the Policy Certificate against this Benefit
I	Hip or Pelvis (excluding thigh or coccyx): Multiple fractures - at least one Compound Fracture and one Complete Fracture	100%
II	Hip or Pelvis (excluding thigh or coccyx) - All other Compound Fractures	50%
III	Thigh or Heel: Multiple fractures - at least one Compound Fracture and one Complete Fracture	100%
IV	Thigh or Heel: Multiple fractures - at least one Complete Fracture	50%
V	Lower leg, skull, clavicle, ankle, elbows, upper or lower arm (including wrist but excluding Colles-type fractures): Multiple Fractures - at least one Compound Fracture and one Complete Fracture	100%
VI	Lower leg, skull, clavicle, ankle, elbows, upper or lower arm (including wrist but excluding Colles-type fractures) : All other Compound Fractures	30%
VII	Colles type fracture of the lower arm - If Compound Fracture	100%
VIII	Colles type fracture of the lower arm - If Compound Fracture	50%

(b) It is further agreed that:

(i) If an Injury results in more than one of the 'Description of Fractures' above, then the Company's liability to pay shall only be the highest amount applicable on all the 'Description of Fractures' incurred.

(ii) The Company shall not be liable to make any payment in respect of dislocation of bones or joints or in respect of Hairline Fractures or Simple Fractures.

(iii) If a Claim is made under this Benefit and osteoporosis is diagnosed at the time of occurrence of such fracture, no further Claim will be admitted in respect of any subsequent fractures sustained by the Insured Person during the lifetime of the Insured Person.

(c) For the purpose of this Benefit only:

(i) Complete Fracture means a fracture where the bone is completely broken across and no connection is left between the pieces.

(ii) Compound Fracture means a fracture where the bone breaks the skin and is exposed.

(iii) Hairline Fracture means a mere crack in the bone.

(iv) Simple Fracture means a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of a Medical Practitioner requires minimal and uncomplicated medical treatment.

2.5 Benefit 5 : Child Education

(a) If a Claim for any Insured Event under Benefit 1 or Benefit 2 of the Policy has been admitted, then in addition to any amount payable under that Benefit, the Company will pay the amount specified in the Policy Certificate against this Benefit, for the education of the Insured Person's child.

(b) Provided that valid document establishing the Age of child and relationship between the child and the Insured Person is submitted.

(c) For the purpose of this Benefit, "Child" means a child (natural or legally adopted), who is :

(i) Financially dependent on the Policyholder;

(ii) Does not have his independent sources of income; and

(iii) Has not attained 25 years of Age.

2.6 Benefit 6 : Major Diagnostics Tests

(a) If a Claim for any Insured Event under Benefit 1 or Benefit 2 or Benefit 3 of the Policy has been admitted, then the Company will indemnify the actual expenses incurred or an amount specified in the Policy Certificate against this Benefit, whichever is lower, for carrying out any major diagnostic tests, including but not limited to CT Scan or MRI and provided that:

(i) Such diagnostic tests are undertaken on the written Medical Advice of a Medical Practitioner; and

(ii) Such diagnostic tests are conducted within 3 months from the date of Accident (including date of Accident).

2.7 Benefit 7 : Disappearance

(a) The Company shall admit its liability under Benefit 1 if the Insured Person's body cannot be located within a period of consecutive 365 Days after a forced landing, stranding, sinking or wrecking of a Common Carrier wherein the Insured Person was a fare paying passenger or in any event arising as a result of any Acts of God Perils during the Policy Period, where it is reasonable to believe that such Insured Person has died as a result of an Injury. The Company will only pay, when the Policyholder provides a legally binding indemnity bond or any other document as required by the Company which guarantees, that the amount the Company pays

will be repaid to the Company, if it is later found that the Insured Person survived such an Accident/Injury for which the Company had paid the Claim.

2.8 Benefit 8 : Mobility Cover

(a) The Company will indemnify actual amount incurred or the amount specified in the Policy Certificate against this Benefit, whichever is lower, the Policyholder for the Reasonable and Customary Charges necessarily incurred by the Policyholder, for procuring Medically Necessary prosthetic devices (artificial devices replacing body parts, including artificial legs, arms or eyes), orthopaedic braces (including but not limited to arm, back or neck braces) and durable medical equipment (including but not limited to wheelchairs and Hospital beds) which fulfils the Insured Person's basic medical needs, consequent to an Injury for which a Claim is payable under Benefit 2 and provided that such devices or equipment are procured on the written Medical Advice of a treating Medical Practitioner.

(b) For the purpose of this Benefit only "Durable Medical Equipment or Devices" should satisfy at least the following conditions:

(i) Procurement amount must not exceed the allowable purchase price of the durable medical equipment.

(ii) Spectacles, contact lenses, hearing aids, blood pressure monitoring machine and diabetes monitoring machine are not included in the list of durable medical equipment for the purpose of this Benefit.

2.9 Benefit 9: Burns

(a) If the Insured Person suffers an Injury during the Policy Period, which directly results in any of the following second or third degree burn injuries, the Company will pay the Policyholder up to the Sum Insured as specified in the table below :

S.No.	Description of Extent of Burn Injury	Amount payable = % of the Sum Insured specified in the Policy Certificate against this Benefit
I	Third degree burns of 30% or more of the total body surface area	100%
II	Second degree burns of 30% or more of the total body surface area	50%
III	Third degree burns of 20% or more, but less than 30% of the total body surface area	80%
IV	Second degree burns of 20% or more, but less than 30% of the total body surface area	40%
V	Third degree burns of 10% or more, but less than 20% of the total body surface area	40%
VI	Second degree burns of 10% or more, but less than 20% of the total body surface area	20%
VII	Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
VIII	Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

(b) If an Injury results in more than one of the 'Descriptions of Extent of Burn Injury' above, then the Company will be liable to pay only for the highest amount applicable on all the 'Descriptions of Extent of Burn Injury' incurred.

2.10 Benefit 10 : Ambulance Cover

(a) If a Claim for any event under Benefit 1 or Benefit 2 or Benefit 3 or Add-on Benefit of the Policy has been admitted, the Company will indemnify actual amount incurred or the amount specified against this Benefit in the Policy Certificate, whichever is lower, in addition to any amount payable under that Benefit, for the reasonable expenses necessarily incurred on availing Ambulance services offered by a Hospital or by an Ambulance service provider for the Insured Person's necessary transportation to the nearest Hospital in case of an Emergency provided that the necessity of the Ambulance transportation is certified by the treating Medical Practitioner.

2.11 Benefit 11 : Nursing Care

(a) The Company will pay the Policyholder for the expenses incurred, up to the amount specified in the Policy Certificate for each day subject to a maximum of 15 days post discharge from Hospital for the medical services of a Qualified Nurse at the Insured Person's residence and relate directly to any Injury resulting in a Claim which is payable under Benefit 2 or Benefit 3 and provided that :

(i) Such Qualified Nurse is hired with the purpose of providing care and convenience to the Insured Person to facilitate his activities of daily living;

(ii) Such Qualified Nurse is hired within one week from the Insured Person's discharge from the Hospital; and

(iii) The engagement of such Qualified Nurse is certified as necessary by a Medical Practitioner

2.12 Benefit 12 : Reconstructive Surgery

(a) If a Claim for any event under Benefit 2 or Benefit 3 of the Policy has been admitted, then in addition to any amount payable under that Benefit, the Company will indemnify the Policyholder up to the amount specified in the Policy Certificate against this Benefit, towards the Medical Expenses incurred on the reconstructive surgery at that Hospital, provided that :

(i) The reconstructive surgery is carried out on the written Medical Advice of a Medical Practitioner; and

(ii) The reconstructive surgery is carried out within 30 days from the date of Accident (including date of Accident); and

(iii) The reconstructive surgery is required to restore the natural function or appearance.

2.13 Benefit 13 : Repatriation of Mortal Remains

(a) If a Claim for any event under Benefit 1 of the Policy has been admitted, then in addition to any amount payable under that Benefit, the Company will pay the Policyholder the amount specified in the Policy Certificate against this Benefit, for the transportation of Insured Person's body from the place of death to the city of last known address of the Insured Person as per the Company's records or as per the request of the Insured Person's family.

(b) Any Claim under this Benefit shall be payable if the death of the Insured Person occurs outside his city of residence.

3. Permanent Exclusions

(a) Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible, unless expressly stated to the contrary elsewhere in the Policy:

(i) Any Illness including any pre-existing condition or its complications except where an Insured Event under general conditions applicable to all Benefits results from an illness which arises directly as a consequence of an Injury sustained during the Policy Period;

(ii) Any pre-existing injury or physical condition;

(iii) The Insured Person operating or learning to operate any aircraft or performing duties as a member of a crew on any aircraft or Scheduled Airline or any airline personnel;

(iv) The Insured Person flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;

(v) Any intentional self-inflicted injury, suicide or attempted suicide, sexually transmitted conditions, mental or nervous conditions, insanity, disorder, anxiety, stress or depression;

(vi) Influence of drugs , alcohols or other intoxications or hallucinogens;

(vii) War (whether declared or not) and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrection, mutiny, military or usurped power, seizure, capture , arrest, restraints and detainments of all kinds;

(viii) Participation in actual or attempted felony, riots, civil commotion or criminal misdemeanour;

(ix) A complication of infection with human immune deficiency virus (HIV) or any variance including acquired immune deficiency syndrome (AIDS) and AIDS Related complex (ARC) or venereal diseases;

(x) The Insured Person engaging in sporting activities in so far as they involve the training for or participation in competitions of professional sports, unless declared beforehand and agreed by the Company in writing subject to additional premium being received and incorporated accordingly in the Policy;

(xi) Any act resulting in breach of law committed by the Insured Person with a criminal intent;

(xii) The Insured Person serving in any branch of the military, navy or air-force or any branch of armed Forces or any paramilitary forces;

(xiii) Radioactive contamination whether arising directly or indirectly or any consequential loss thereof, ionizing radiation, toxic, explosive or other hazardous properties of nuclear material;

(xiv) The Insured Person working in or with mines, tunnelling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rigs work or ship crew services or as jockeys or circus personnel or aerial photography or engaged in Hazardous Activities;

(xv) Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from, or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the

SECURE - UIN: IRDA/NL-HLT/RHI/P-P/V.I/273/13-14

purpose of this exclusion:

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

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

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

In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above is also excluded.

(xvi) Resulting from Pregnancy except ectopic pregnancy or child-birth.

(xvii) Impairment of the Insured Person's intellectual faculties by abuse of stimulants or depressants or by the illegal use of any solid, liquid or gaseous substance.

(xviii) Resulting due to any disease or infection except where such condition arises directly as a consequence of an accident during the Cover period.

(xix) Any claim related to Hazardous Activities.

(xx) Any specific time-bound or lifetime exclusions specified in the Policy Certificate.

(xxi) Any medical or physical condition or treatment or service, which is specifically excluded under the Policy Certificate.

(xxii) Persons whilst working with in underground mines or surface mining, explosives, press, activities like racing on wheels or horseback, winter sports, canoeing involving white water rapids, any bodily contact sport.

(xxiii) Congenital Anomaly or any complications or conditions arising therefrom.

(xxiv) Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).

(xxv) Treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family.

(xxvi) Any change of profession after inception of the Policy which results in the enhancement of the Company's risk, if not accepted and endorsed by the Company on the schedule of Insurance Certificate.

(xxvii) As a result of any curative treatments or interventions that the Insured Person has carried out or have carried out on the Insured Person's body.

(xxviii) Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.

(xxix) Claim arising out of mental illness, stress, psychiatric or psychological disorders.

4. Portability

(a) The Policyholder and/or Insured Person can apply to the Company for a health insurance policy only in case:

(i) The proposed Insured Person is covered without any break under any individual health insurance policy from any non-life insurance company registered with the IRDA or any group health insurance policy from the Company.

* Note: Portability provisions will apply even if the Insured Person migrates to any other health insurance policy.

5. Claims Intimation, Assessment and Management

5.1. Upon the occurrence of any Injury that may give rise to a Claim under this Policy, then as a condition precedent to the Company's liability under the Policy, the Policyholder or Insured Person shall undertake all of the following:

(a) Claims Intimation

(i) If any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, the Policyholder or Insured Person, shall notify the Company either at the Company's call center or in writing immediately.

(ii) If the Insured Person is to undergo planned Hospitalization, the Policyholder or Insured Person shall give written intimation to the Company of the proposed Hospitalization at least 48 hours prior to the planned date of admission to Hospital.

(iii) It is agreed and understood that the following details are to be provided to the Company at the time of intimation of Claim:

I Policy Number;

II Name of the Policyholder;

III Name of the Insured Person in respect of whom the Claim is being made;

IV Nature of Injury;

V Name and address of the attending Medical Practitioner and Hospital;

VI Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;

VII Any other information, documentation or details requested by the Company.

5.2 Claims Procedure

(a) The Policyholder or Insured Person (or Nominee or legal heir if the Insured Person is deceased) shall (at his expense) give the document specified at Clause 5.4 and any additional document specified in the Benefit provision under which the Claim is being made to the Company immediately and in any event within 30 days of the occurrence of the Injury.

5.3 Policyholder's/Insured Person's or Claimant's duties at the time of Claim

(a) It is agreed and understood that as a Condition Precedent for a Claim to be considered under this Policy :

(i) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy,

(ii) The Insured Person shall follow the directions, advice or guidance provided by a Medical Practitioner and the Company shall not be obliged to make payment that is brought about or contributed to by the Insured Person failing to follow such directions, advice or guidance,

(iii) Notification of Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the time frames specified in Clause 5 of the Policy Terms & Conditions,

(iv) The Insured Person will, at the Company's request submit himself for a medical examination by its nominated Medical Practitioner as often as the Company consider reasonable and necessary. The cost of such Medical Examination shall be borne by the Company,

(v) The Company's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and Hospitalization records (if applicable) and to investigate the facts and examine the Insured Person,

(vi) The Company shall be provided with complete documentation and information which the Company has requested to establish their liability for the Claim, its circumstances and its quantum.

5.4 Claims Documents

(a) The following information and documents shall be submitted along with a completed and signed claim form to the Company at the earliest and in any event within 30 days of occurrence of the event in respect of all Claims:

Purpose of Document	Indicative List of Documents
Identity Proof	Voter ID, Passport, PAN Card, Driving License, ration card, Aadhar, or any other proof accepted by the KYC norms as approved by the Company and which is admissible in court of law
Address Proof	Voter ID, Passport, Driving License
Age Proof	Voter ID, Passport, PAN Card, Matriculation Pass Certificate, Driving License, Birth Certificate
Incident Proof	FIR, Panchnama, Final Police Report, State Electricity Board Report, Factory Inspection Report, Forensic Report, Valid Passenger Ticket/Boarding Pass of the Common Carrier, or any other proof to the satisfaction of the Company
Cause of Loss	Viscera Report, Post Mortem Report (if conducted), MLC report, Medical Report/Certificate stating the cause of death
Claimant Identity	Succession Certificate, Identity Proof of Nominee, legal heirs or any other proof to the satisfaction of the Company for the purpose of a valid discharge

Note:

(i) The Company reserves the right to seek additional documents depending upon the cause of Claim or the Benefit /Add-on Benefit under which the Claim is made.

(ii) Any one of the above documents under each category needs to be provided.

(b) Indicative list of documents Required for processing of Claim under Policy

S.No.	Document Name
1	Age Proof of The Insured Member's child
2	Boarding Pass (in case of Air travel)
3	Certificate from Bank for outstanding amount of loan
4	Certificate from treating doctor
5	Certificate of settlement of Claim from Insurer, if claimed under other Policy
6	Claim form duly filled & signed by Insured Member/Legal heir/Nominee
7	Death certificate (in original copy)
8	Description of the case for need of house/Vehicle modification
9	Diatomic test atoms of water in stomach and water of reservoir, if applicable
10	Disability certificate - Medical Officer/Civil Surgeon of Civil hospital/Govt. Hospital of the District/Units concerned, (certificate) stating extent disablement
11	Discharged Summary, if applicable (Certified Copy)
12	Discharged Summary (Original Copy)
13	Doctor's Certificate confirming the injury and advising confinement to bed/ unfit to work for specified number of days
14	In RTA cases-Driving license, if applicable
15	Dying Declaration in case of death due to burns injury, wherever applicable
16	Electrocution case - SEB (State Electricity Board) Panchnama, whenever applicable
17	Employer certificate mentioning the cause and nature of accident resulting in Death
18	Employer certificate mentioning the cause and nature of accident resulting in the disablement and period of leave granted to the employees
19	F.I.R. and Panchnama wherever applicable (original or certified copies)
20	F.I.R. or accident Death report or Inquest Panchnama (in original or certified copies)
21	Factory inspector report if accident occurred in the organization
22	Fitness certificate
23	Forensic report , whenever applicable
24	FSL report , whenever applicable
25	Hospital indoor Treatment Papers including Discharge Summary & medical bills
26	Indemnity Bond
27	Investigation/test reports & Payment Receipts there of
28	Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the type and percentage of disability
29	Invoice and payment Receipts of Equipments used for mobility
30	Invoice/estimate of expenses incurred and Receipts for house/ vehicle modification
31	Leave certificate from the employer
32	Letter from the employer stating the reason for loss of Job
33	Mechanical report of the vehicle which met with an accident, if applicable
34	Medical bills with prescriptions (Original copy)
35	Medical Practitioner's certificate confirming the Injury and advising rest/ unfit to work for specified number of days
36	Original receipts of expenses incurred for funeral expenses
37	Original receipts of expenses incurred for repatriation of remains
38	Original Ticket
39	Photo ID from school/college/institute
40	Photo of injured showing the disability
41	Police Final Report
42	Post Mortem Report (certified copies), if conducted
43	Proof of Admission in school/ college
44	RACT, MACT documents as applicable
45	Receipt of Education fees paid
46	Receipt of Payment of ambulance service
47	Salary Certificate/Slips/ Form 16, if applicable
48	Spot Panchnama (certified copies) if applicable
49	Treating doctor's certificate confirming degree of burns
50	Any other document as required by Us

Indicative list of applicable documents to be submitted for a Claim under respective Benefits.

Benefit	Number of Claim Document
Accidental Death	4,6,7,9,11,14,16,17,20,21,23,24,25,27,28,33,34,41, 42,44,47,48
Permanent Total Disablement	4,6,10,11,14,16,18,19,21,22,,25,27,28,33,34,35, 40,41,44,47,48
Permanent Partial Disablement	4,6,10,11,14,16,18,19,21,22,,25,27,28,33,34, 35,40,41,44,47,48
Fractures	4,6,11,14,25,27,28,34
Child Education	1,6,39,43,45
Major Diagnostics Tests	4,6,11,12,27,28,34
Disappearance	6,26
Mobility cover	6,29
Burns	4,6,11,15,27,34,48,49
Domestic Road Ambulance	6,46
Nursing Care	4,6,27,28,34
Reconstructive surgery	4,6,10,11,14,19,22,25,27,28,34,41,44
Repatriation of Mortal Remains	6,37

© The Company shall accept documents for delayed Claims where delay is proved to be for reasons beyond the control of the Policyholder or the Insured Person.

5.5 Payment Terms

(i) All payments under this Policy shall be made in Indian Rupees and within India.

(ii) I The Sum Insured of the Insured Person shall be reduced by the amount payable or paid under the Policy Terms and Conditions and only the balance amount shall be available as the Sum Insured for the unexpired Policy Year.

(iii) The Company shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person, once the Sum Insured for that Insured Person is exhausted.

(iv) In the event of death of the Policyholder, the Company will pay the nominee (as named in the Policy Certificate) and in case of no nominee at its discretion to the legal heirs of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

(v) On payment of renewal premium, Insured Person shall give written notice to the Company of any disease, physical defect or infirmity or change in occupation or

profession of the Insured Person.

(vi) The Company shall decide on its liability under any Claim post the receipt of all the necessary documents as required for settlement of such Claim. In case the Company accepts its liability under any Claim, It shall make the payment within 7 days from the confirmation by the Policyholder. In case there is delay in the payment beyond the stipulated time lines, the Company shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

(vii) Claim under this Policy can be made only once during the Policy Period. The Claim shall be paid only for the Policy Period in which the event giving rise to Claim under this Policy occurs.

6. General Terms and Conditions

6.1. Disclosure to Information Norm

If any untrue or incorrect statements are made or there has been a misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld in the proposal form or at the time of purchasing this Policy, or if a Claim is fraudulently made or any fraudulent means or devices are used by the Policyholder or the Insured Person or any one acting on his/their behalf, the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited to the Company.

6.2. Observance of Terms and Conditions

The due observance and fulfillment of the terms and conditions of this Policy (including the realization of premium by their respective due dates and compliance with the specified procedure on all Claims) in so far as they relate to anything to be done or complied with by the Policyholder or any Insured Person, shall be condition precedent to the Company's liability under the Policy.

6.3 Reasonable Care

Insured Persons shall take all reasonable steps to safeguard the interests against any Illness or Injury that may give rise to a Claim.

6.4 Records to be maintained

The Policyholder and Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require under this Policy at any time during the Policy Period and up to three years after the Policy Period End Date, or until final adjustment (if any) and resolution of all Claims under this Policy.

6.5 No constructive Notice

Any knowledge or information of any circumstance or condition in relation to the Policyholder or Insured Person which is in possession of the Company other than that information expressly disclosed in the Proposal Form or otherwise in writing to the Company, shall not be held to be binding or prejudicially affect the Company.

6.6 Complete discharge

Payment made by the Company to the Policyholder or the Nominee or the legal heir of the Policyholder, as the case may be, of any amount under the Policy shall in all cases be treated as full and final and construe as an effectual discharge in favor of the Company.

6.7 Subrogation

The Policyholder and Insured Person shall at his own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which the Company is or would become entitled upon the Company paying for a Claim under this Policy, whether such acts or things shall be or become necessary or required before or after its payment. Neither the Policyholder nor any Insured Person shall prejudice these Subrogation rights in any manner and shall at his own expense provide the Company with whatever assistance or cooperation is required to enforce such rights. Any recovery the Company makes pursuant to this clause shall first be applied to the amounts paid or payable by the Company under this Policy and any costs and expenses incurred by the Company of effecting a recovery, where after the Company shall pay any balance remaining to the Policyholder. This clause shall apply to the following Benefits:

(i) Benefit 6 - Major Diagnostics Tests

(ii) Benefit 8 - Mobility cover

(iii) Benefit 10 - Domestic Road Ambulance

(iv) Benefit 12 - Reconstructive Surgery

(v) Add-on Benefit 1 - Accidental Hospitalization (If opted)

6.8 Contribution

(a) In case any Insured is covered under more than one indemnity insurance policies, with the Company or with other insurers, the Policyholder shall have the right to settle the Claim with any of the Company, provided that the Claim amount payable is up to Sum Insured of such Policy.

(b) In case the Claim amount exceeds the Sum Insured, then Policyholder shall have the right to choose the companies with whom the Claim is to be settled. In such cases, the settlement shall be done as under :

(i) If at the time when any Claim arises under this Policy, there is any other insurance which covers (or would have covered but for the existence of this Policy), the same Claim (in whole or in part), then the Company shall not be liable to pay or contribute more than its ratable proportion of any Claim.

(c) This clause shall apply to the following Benefits:

(i) Benefit 6 - Major Diagnostics Tests

(ii) Benefit 8 - Mobility cover

(iii) Benefit 10 - Domestic Road Ambulance

(iv) Benefit 12 - Reconstructive Surgery

(v) Add-on Benefit 1 - Accidental Hospitalization (If opted)

6.9 Policy Disputes

(a) Wherever there is a decision to be taken by the Company, which happens to be at variance with the proposal form, declarations and other such conduct an opportunity of natural justice shall be provided to the Policyholder before a decision is taken on the merit and circumstances of the question.

(b) Any and all disputes or differences under or in relation to the validity, construction, interpretation and effect to this Policy shall be determined by the Indian Courts and in accordance with Indian law.

6.10 Free Look Period

(a) The Policyholder may, within 15 days from the receipt of the Policy document, return the Policy stating reasons, if the terms and conditions are not acceptable to the Policyholder.

(b) If no Claim has been made under the Policy, the Company will refund the premium received after deducting proportionate risk premium for the period on cover, expenses for medical examination and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period.

(c) It is agreed and understood that this clause cannot be exercised on any renewal of this Policy, if the Policy terms and conditions remain unchanged.

6.11 Renewal Notice

(a) This Policy will automatically terminate on the Policy Period End Date. All renewal applications should reach the Company on or before the Policy Period End Date.

(b) The Company may, in its sole discretion, revise the renewal premium payable under the Policy provided that revisions to the renewal premium are in accordance with the IRDA rules and regulations as applicable from time to time. The premium payable on renewal shall be paid to the Company on or before the Policy Period End Date and in any event before the expiry of the Grace Period.

(c) The Company will ordinarily not refuse to renew the Policy except on ground of fraud, moral hazard or misrepresentation or non-co-operation by the Insured.

(d) The Company reserves the right to carry out underwriting in relation to any request for increase of the Sum Insured/change of plan at the time of renewal of the Policy.

(e) This product may be modified/withdrawn by the Company after due approval from the IRDA. In case this product is modified/withdrawn by the Company, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDA. The Company shall duly intimate the Policyholder regarding withdrawal of this product and the options available to the Policyholder at the time of renewal of this policy.

6.12 Cancellation/Termination

(a) The Company may at any time, cancel this Policy on grounds as specified in Clause 6.1, by giving 15 days' notice in writing to the Policyholder at his last known address and the premium paid shall be forfeited to the Company.

(b) The Policyholder may also give 15 days' notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice, cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided no Claim has been made and full premium has been received under the Policy.

(c) Refund % to be applied on premium received

Cancellation date up to (x months) from Policy Period Start Date	1 Year	2 Year	3 Year
Upto 1 month	75.0%	87.0%	91.0%
1 month to 3 months	50.0%	74.0%	82.0%
3 months to 6 months	25.0%	61.5%	73.5%
6 months to 12 months	0.0%	48.5%	64.5%
12 months to 15 months	N.A.	24.5%	47.0%
15 months to 18 months	N.A.	12.0%	38.5%
18 months to 24 months	N.A.	0.0%	30.0%
24 months to 30 months	N.A.	N.A.	8.0%
Beyond 30 months	N.A.	N.A.	0.0%

(d) In case of demise of the Policyholder,

(i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policy holder.

(ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period or next premium due whichever is earlier. If the other Insured Persons wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a policyholder provided that:

I. Written notice in this regard is given to the Company before the Policy Period End Date; and

II. A person over Age 18 who satisfies the Company's criteria to become a Policyholder.

Note:

(a) The Company's liability in respect of an Insured Person shall cease upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of such an Insured Person and the benefit in respect of that Insured Person shall forthwith terminate.

6.13 Limitation of Liability

Any Claim under this Policy for which the notification or intimation of Claim is received 12 calendar months after the event or occurrence giving rise to the Claim shall not be admissible, unless the Policyholder proves to the Company's satisfaction that the delay in reporting of the Claim was for reasons beyond his control.

6.14 Communication

(a) Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Certificate. Any communication meant for the Policyholder will be sent by the Company to his last known address or the address as shown in the Policy Certificate.

(b) All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Certificate. Agents are not authorized to receive notices and declarations on the Company's behalf.

(c) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

6.15 Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written endorsement signed and stamped by the Company.

6.16 Overriding effect of Policy Certificate

In case of any inconsistency in the terms and conditions in this Policy vis-a-vis the information contained in the Policy Certificate, the information contained in the Policy Certificate shall prevail.

6.17 Electronic Transactions

The Policyholder and Insured Person agrees to adhere to and comply with all such terms and conditions as the Company 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, World Wide Web, electronic data interchange, call centers, tele-service 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 behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

6.18 Obligation in respect to minor

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

6.19 Nominee

(a) The Insured Person at the inception or at any time before the expiry of the Policy can make the nomination for the purpose of payment of Claims.

(b) Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement to the Policy is made by the Company.

6.20 Grievances

The Company has developed proper procedures and effective mechanism to address complaints by the customers. The Company is committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued by the Authority (IRDAI) from time to time in this regard.

(a) If the Policyholder / Insured Person has a grievance that the Policyholder / Insured Person wishes the Company to redress, the Policyholder / Insured Person may contact the Company with the details of the grievance through:

Website: www.religarehealthinsurance.com

Email: customerfirst@religarehealthinsurance.com

Contact No.:1800-200-4488 / 1860-500-4488

Fax: 1800-200-6677

Courier: Any of Our Branch Office or corporate office

The Policyholder/Insured Person may also approach the grievance cell at any of the Company's branches with the details of his/her grievance during the Company's working hours from Monday to Friday.

(b) If the Policyholder / Insured Person is not satisfied with the Company's redressal of the Policyholder's / Insured Person's grievance through one of the above methods, the Policyholder / Insured Person may contact the Company's Head of Customer Service at:

Head - Customer Services,

Religare Health Insurance Company Limited,

Vipul Tech Square, Tower C, 3rd Floor,

Golf Course Road, Sec-43,

Gurgaon-122009 (Haryana)

(c) If the Policyholder / Insured Person is not satisfied with the Company's redressal of the Policyholder's / Insured Person's grievance through one of the above methods, the Policyholder / Insured Person may approach the nearest Insurance Ombudsman for resolution of the grievance. The contact details of Ombudsman offices are on the next page:

Office of the Ombudsman	Name of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD		Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, 5, Navyug Colony, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel : 079-27545441/27546139 , Fax : 079-27546142 E-mail : bimalokpal.ahmedabad@gbic.co.in	Gujarat , Dadra & Nagar Haveli, Daman and Diu
BENGALURU		Insurance Ombudsman, Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, BENGALURU - 560 025. Tel No: 080-22222049/22222048 Email: bimalokpal.bengaluru @gbic.co.in	Karnataka
BHOPAL		Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.)-462 023. Tel : 0755-2769201/9202 , Fax : 0755-2769203 E-mail : bimalokpal.bhopal@gbic.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Shri B.N. Mishra	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel : 0674-2596455/2596003 , Fax : 0674-2596429 E-mail: bimalokpal.bhubaneswar@gbic.co.	Orissa
CHANDIGARH		Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel : 0172-2706468/2705861, Fax : 0172-2708274 E-mail: bimalokpal.chandigarh@gbic.co.	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI		Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI-600 018. Tel : 044-24333668 /24335284, Fax : 044-24333664 E-mail : bimalokpal.chennai@gbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI	Smt. Sandhya Baliga	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel : 011-23237539/23232481 , Fax : 011-23230858 E-mail : bimalokpal.delhi@gbic.co.in	Delhi
GUWAHATI		Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel : 0361-2132204/5, Fax : 0361-2732937 E-mail : bimalokpal.guwahati@gbic.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
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 : 040-65504123/23312122 , Fax : 040-23376599 E-mail : bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry
JAIPUR	Shri. Ashok K. Jain	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel : 0141-2740363 Email : bimalokpal.jaipur@gbic.co.in	Rajasthan
ERNAKULAM		Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759/2359338, Fax : 0484-2359336 E-mail : bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep, Mahe – a part of Pondicherry
KOLKATA	Shri K.B. Saha	Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindustan Bldg. Annexe, 4, C.R.Avenue, Kolkata – 700 072. Tel : 033-22124339/22124340, Fax : 033-22124341 E-mail : bimalokpal.kolkata@gbic.co.in	West Bengal, Andaman & Nicobar Islands, Sikkim

Office of the Ombudsman	Name of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
LUCKNOW	Shri N.P. Bhagat	Insurance Ombudsman, Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331/2231330, Fax : 0522-2231310 E-mail : bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, 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.
MUMBAI		Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Shri. Ajesh Kumar	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA	Shri. Sadasiv Mishra	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in	Bihar, Jharkhand
PUNE	Shri. A. K. Sahoo	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel: 020-32341320 Email: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on website of IRDAI: www.irda.gov.in, on the website of General Insurance Council: www.gicouncil.org.in, on the Company's website www.religarehealthinsurance.com or from any of the Company's offices. Address and contact number of Governing Body of Insurance Council -

Office of the 'Governing Body of Insurance Council'
Secretary General/Secretary,
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz(W),
Mumbai - 400 054.
Tel : 022-26106245/889/671
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Annexure I - List of Day Care Treatments

1. Operations on the nose & the nasal sinuses

1. Excision and destruction of diseased tissue of the nose
2. Operations on the turbinates (nasal concha) Other operations on the nose-
3. Foreign body removal from nose

2. Operations on the eyes

4. Excision and destruction of diseased tissue of the eyelid
5. Removal of a foreign body from the conjunctiva
6. Removal of a foreign body from the cornea
7. Removal of a foreign body from the lens of the eye
8. Removal of a foreign body from the posterior chamber of the eye
9. Removal of a foreign body from the orbit and eyeball
10. Enucleation of Eye without Implant

3. Operations on the skin & subcutaneous tissues

11. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
12. Local excision of diseased tissue of the skin and subcutaneous tissues
13. Other excisions of the skin and subcutaneous tissues
14. Simple restoration of surface continuity of the skin and subcutaneous tissues
15. Free skin transplantation, donor site
16. Free skin transplantation, recipient site
17. Other restoration and reconstruction of the skin and subcutaneous tissues.
18. Destruction of diseased tissue in the skin and subcutaneous tissues
19. Reconstruction of Deformity/Defect in Nail Bed

4. Other operations on the mouth & face

20. Incision, excision and destruction in the mouth
21. Trauma surgery and orthopaedics
22. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
23. Suture and other operations on tendons and tendon sheath
24. Reduction of dislocation under GA
25. Arthroscopic knee aspiration

5. Operations of bones and joints

26. Surgery for ligament tear
27. Surgery for meniscus tear
28. Surgery for hemoarthrosis/pyoarthrosis
29. Closed reduction on fracture, luxation
30. Reduction of dislocation under GA

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Annexure II - Explanation to the Benefits

S.No.	Description	Description	Payment Settlement Basis	Part of Main Sum Insured or Outside Sum Insured	Scope of Cover	Precondition - Admissibility of Claim under Benefit
1	Benefit 1	Accidental Death	Benefit	Part of Main Sum Insured	Worldwide	Not Applicable
2	Benefit 2	Permanent Total Disablement	Benefit	Part of Main Sum Insured	Worldwide	Not Applicable
3	Benefit 3	Permanent Partial Disablement	Benefit	Part of Main Sum Insured	Worldwide	Not Applicable
4	Benefit 4	Fractures	Benefit	Part of Main Sum Insured	Worldwide	Not Applicable
5	Benefit 5	Child Education	Benefit	Addition to Main Sum Insured	Worldwide	Benefit 1 or Benefit 2
6	Benefit 6	Major Diagnostics Tests	Indemnity	Addition to Main Sum Insured	India	Benefit 1 or Benefit 2 or Benefit 3
7	Benefit 7	Disappearance	Benefit	Part of Main Sum Insured	Worldwide	In lieu of Benefit 1
8	Benefit 8	Mobility cover	Indemnity	Addition to Main Sum Insured	India	Benefit 2
9	Benefit 9	Burns	Benefit	Part of Main Sum Insured	Worldwide	Not Applicable
10	Benefit 10	Domestic Road Ambulance	Indemnity	Addition to Main Sum Insured	India	Benefit 1 or Benefit 2 or Benefit 3
11	Benefit 11	Nursing Care	Benefit	Addition to Main Sum Insured	Worldwide	Benefit 2 or Benefit 3
12	Benefit 12	Reconstructive Surgery	Indemnity	Addition to Main Sum Insured	India	Benefit 2 or Benefit 3
13	Benefit 13	Repatriation of Mortal Remains	Benefit	Addition to Main Sum Insured	Worldwide	Benefit 1
14	Add-on Benefit	Accidental Hospitalization	Indemnity	Part of Main Sum Insured	India	Not Applicable

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Add-on Benefits

1. The Add-on Benefit shall be available only if the same is specifically mentioned in the Policy Certificate.
2. The Add-on Benefit is subject to the terms and conditions stated below and the Policy Terms & Conditions.
3. If the Policyholder opts for the Add-on Benefit during the Policy Period, the expiry of such Add-on Benefit would coincide with the Policy Period End Date.

4. Add-on Benefit - 1 : Accidental Hospitalization

4.1. Hospitalization Expenses

If an Insured Person suffers an Injury during the Policy Period and while the Policy is in force that requires:

(a) In-patient Care : The Insured Person's Hospitalization, then the Company will indemnify the Medical Expenses incurred on Hospitalization, provided that the Hospitalization was on the written advice of a Medical Practitioner.

(b) Day Care Treatment : The Insured Person to undergo Day Care Treatment at a Day Care Centre or Hospital, then the Company will indemnify the Medical Expenses incurred on that Day Care Treatment, provided that the treatment was taken on the written advice of a Medical Practitioner.

4.2. Daily Allowance

The Company will pay the amount specified against this Benefit in the Policy Certificate for each continuous and completed period of 24 hours of Hospitalization of the Insured Person, provided that:

(a) The Hospitalization is only for In-patient Care; and

(b) The Company will not be liable to make payment under this Benefit for more than 5 consecutive days of Hospitalization for Any One Illness.

(c) The Company will not be liable to make payment under this Benefit for first 2 consecutive days of Hospitalization.

4.3. Compassionate Visit

The Company will indemnify the reasonable expenses up to the amount specified in the Policy Certificate, incurred by the Insured Person or any of his family members for the cost of an economy class air ticket or equivalent from the city of normal residence of such family member to the place of Hospitalization of the Insured Person directly consequent to an Injury, provided that

i. The Hospitalization is on the written advice of a Medical Practitioner; and

ii. The Insured Person's admission to Hospital is within three days from the occurrence of the Injury; and

iii. The Company's liability under this Benefit shall commence only after the period of Hospitalization exceeds the minimum 5 consecutive days of Hospitalization; and

iv. The Family Member's travel is within the period of such admission in the Hospital but before discharge from Hospital.

For the purpose of this Benefit only, the term "Family Member" means the Insured Person's spouse, children, parents, and parents-in-law.

4.4 Exclusions

(a) Pre-existing Disease : Claims will not be admissible for any Medical Expenses incurred as Hospitalization Expenses for diagnosis / treatment of any Pre-existing Disease until 48 months of continuous coverage has elapsed, since the inception of the first Policy with the Company.

(b) If the Sum Insured is enhanced on any renewal of this Policy, the waiting periods as defined above shall be applicable afresh to the incremental amount of the Sum Insured only.

(c) Permanent Exclusions :

In addition to the Permanent Exclusions listed in the Policy Terms & Conditions, this Benefit shall not cover:

(i) Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV–III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.

(ii) Any treatment arising from or traceable to any fertility, infertility, sub fertility or assisted conception procedure or sterilization, birth control procedures, hormone replacement therapy, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.

(iii) Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.

(iv) Experimental, investigational or unproven treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment.

(v) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants.

(vi) Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, Rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital.

(vii) Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.

(viii) All expenses related to donor screening, treatment, including surgery to remove organs from the donor, in case of transplant surgery.

(ix) Alternative Treatment.

(x) OPD treatment.

(xi) Treatment received outside India.

(xii) Charges incurred at Hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, for which In-patient Care/Day Care Treatment is required.

(xiii) Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.

(xiv) Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.

(xv) Expenses related to any kind of RMO charges, service charge, surcharge, admission fees, registration fees, night charges levied by the hospital under whatever head.

(xvi) Any Hospitalization primarily for investigation and / or diagnosis purpose.

4.5 Claims Procedure

(a) Cashless Facility

(i) Cashless Facility is available only at Network Provider. The Insured Person can avail of this Cashless Facility at the time of admission into a Network Provider, by presenting the health card provided by the Company under this Policy along with a valid photo identification document (Voter ID card/ Driving License/Passport/PAN Card or any other identification documentation as approved by the Company).

(ii) In addition to the foregoing, in order to avail of the cashless facility, the following procedure must be followed:

I. Pre-authorization: The Policyholder or Insured Person must call the Company's call center and request authorization for the proposed treatment by way of submission of a completed pre-authorization form at least 48 hours before the commencement of planned Hospitalization or within 24 hours of admission to Hospital, if the Hospitalization is required in an Emergency.

II. The Company will process the request for authorization after having obtained accurate and complete information in respect of the Injury for which Cashless Facility is sought to be availed. The Company will confirm in writing authorization or rejection of the request to avail Cashless Facility for the Insured Person's Hospitalization.

III. If the request for availing Cashless Facility is authorized by the

Company, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by the Company for availing Cashless Facility. Payment in respect of Co-payments (if applicable) or any other costs and expenses not authorized under the Cashless Facility shall be made directly by the Policyholder or Insured Person to the Network Provider. All original bills and evidence of treatment for the Medical Expenses incurred in respect of the Hospitalization of the Insured Person and all other information and documentation specified at Clause 5.4 shall be submitted to the Network Provider immediately and in any event before the Insured Person's discharge from Hospital.

IV. If the Company does not authorize the Cashless Facility due to insufficient Sum Insured or if insufficient information is provided to the Company to determine the admissibility of the Claim, payment for the treatment will have to be made by the Policyholder or Insured Person to the Network Provider, following which a Claim for reimbursement may be made to the Company and the same will be considered by the Company subject to the Policy.

(iii) It is agreed and understood that the Company may, in its sole discretion, modify or add to the list of Network Provider or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. For an updated list of Network Provider and the extent of Cashless Facilities available at each Network Provider, the Policyholder or Insured Person can refer to the list of Network Provider available on the Company's website or at the call centre.

(b) Re-imbursement

The Company shall be given intimation of Hospitalization at its call center or in writing at least 48 hours before the commencement of a planned Hospitalization or within 24 hours of admission to Hospital, if the Hospitalization is required in an Emergency. It is agreed and understood that in all cases where intimation of a Claim has been provided under this provision, all the information and documentation specified in Clause 5.4 below shall be submitted (at the Policyholder or Insured Person's expense) to the Company immediately and in any event within 15 days of Insured Person's discharge from Hospital.

(c) Claim Documents

(i) The following documents shall be submitted along with a completed and signed claim form to the Company at the earliest and in any event within 30 days of occurrence of the event in respect of all Claims:

Add-on Benefit	Number of Claim Document*
Accidental Hospitalisation	4,5,6,11,12,14,16,19,22,25,27,28,33,34,41,44

* Kindly refer clause 5.4(b) of Policy Terms and Conditions for description of documents

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