ADITYA BIRLA HEALTH INSURANCE CO. LIMITED
Group Activ Secure
Policy Terms and Conditions

I. Preamble

This Policy has been issued on the basis of the Disclosure to information norm, including the information provided by You in respect of the Insured Persons in the Proposal Form, any application for insurance cover in respect of any Insured Person and any other information or details submitted in relation to the Proposal Form. This Policy is a contract of insurance between You and Us which is subject to receipt of premium in full and accepted by Us in respect of the Insured Persons and the terms, conditions and exclusions of this Policy.

You/ group Policyholder/ group organiser shall at all times ensure compliance with the requirements of the applicable IRDAI norms, as may be amended from time to time. Provided that in case You/ group Policyholder/ group organiser fails to ensure compliance with the requirements of the applicable IRDAI norms, the Insurer shall have a right to cancel the group Policy with or without notice.

Key Notes*:*
The terms listed in Section II (Definitions) and which have been used elsewhere in the Policy in Initial Capital letters shall have the meaning set out against them in Section II, wherever they appear in the 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.

II. Definitions

A. Standard Definitions:

1. **Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. **Cashless facility** means a facility extended by the insurer 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 insurer to the extent pre-authorization is approved.

3. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

4. **Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
    a) **Internal Congenital Anomaly -** Congenital anomaly which is not in the visible and accessible parts of the body.
    b) **External Congenital Anomaly -** Congenital anomaly which is in the visible and accessible parts of the body.

5. **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with 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 criterion as under –

i) has qualified nursing staff under its employment;
ii) has qualified medical practitioner/s in charge;
iii) has fully equipped operation theatre of its own where surgical procedures are carried out;
iv) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

6. **Day Care Treatment** means medical treatment, and/or *surgical procedure* which is:
   i. undertaken under General or Local Anesthesia in a *hospital/day care centre* in less than 24 hrs because of technological advancement, and
   ii. which would have otherwise required a hospitalization of more than 24 hours.

   Treatment normally taken on an out-patient basis is not included in the scope of this definition. (Insurers may, in addition, restrict coverage to a specified list).

7. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

8. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

9. **Disclosure to information norm:** The policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

10. **Emergency Care** means management for an 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.

11. **Grace Period** means the specified period of time immediately following the premium due date during which a 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.

12. **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 Clinical Establishments (Registration and Regulation) Act 2010 or under the enactments specified under the Schedule of Section 56(1) and the said act **Or** complies with all minimum criteria as under:

    i) has qualified nursing staff under its employment round the clock;
    ii) 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;
    iii) has qualified medical practitioner(s) in charge round the clock;
    iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
    v) maintains daily records of patients and makes this accessible to the insurance company's authorized personnel.

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

14. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

    (a) **Acute condition**- Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

    (b) **Chronic condition**- A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

    1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
    2. it needs ongoing or long-term control or relief of symptoms
    3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
    4. it continues indefinitely it recurs or is likely to recur

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

16. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

17. **Intensive Care Unit** means an identified section, ward or wing of a *hospital* which is under the constant supervision of a dedicated *medical practitioner(s)*, and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

18. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

19. **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.

20. **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.

21. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which:

    i) is required for the medical management of the illness or injury suffered by the insured;

ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
iii) must have been prescribed by a *medical practitioner*;
iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

22. **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

23. **New Born Baby** means baby born during the Policy Period and is aged upto 90 days.

24. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communications.

25. **OPD treatment** means the 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.

26. Portability means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

27. Pre-Existing Disease means any condition, ailment or injury or disease:
    (a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement
    or
    (b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

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

29. **Renewal** means 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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

30. **Surgery or 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 from suffering and prolongation of life, performed in a hospital or day care centre by a *medical practitioner*.

31. **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

B. **Specific Definitions**

32. **Age or Aged** means the completed age (in years) of the Insured Person as on his/ her last birthday.

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

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

35. **Annual Renewal Date** means the anniversary of the Inception Date each year or any other date which We agree and the Policyholder may agree in writing.

36. **Benefit** means any benefit shown in the Policy.

37. **Capital Sum Insured** means the amount specified in the Policy Schedule or the Certificate of Insurance which is Our maximum, total and cumulative liability for all claims arising under the Benefits specified in the Policy Schedule or Certificate of Insurance against the Capital Sum Insured. The Policy Schedule or Certificate of Insurance will specifies whether the Capital Sum Insured is in force for the Insured Person.

38. **Certificate of Insurance** means the certificate We issue to the Insured Person confirming the Insured Person's cover under the Policy.

39. **Cosmetic Surgery** means Surgery or medical treatment that modifies, improves, restores or maintains normal appearance of a physical feature, irregularity, or defect.

40. **Daily Cash Benefit** means the per day Sum Insured unit opted under Section V and specified in the Policy Schedule or Certificate of Insurance.

41. **Dependent Child** means a child (natural or legally adopted), who is financially dependent on the Insured Person, does not have his / her independent source of income, is up to the Age of 25 years and unmarried.

42. **Emergency** means a serious medical condition or symptom resulting from Injury or sickness which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an emergency anymore.

43. **Employee** means any member of the Policyholder's staff under full time employment and who is nominated and sponsored by the Policyholder who becomes an Insured Person.

44. **Expiry Date** means the date on which this Policy expires as specified in the Policy Schedule.

45. **Financial Institution** shall have the same meaning assigned to the term under Section 45 I of the Reserve Bank of India Act, 1934 (as amended from time to time) and shall include a Non-Banking Financial Company as defined under Section 45 I of the Reserve Bank of India Act, 1934 (as amended from time to time).

46. **Floater Sum Insured** means the amount specified in the Policy Schedule or the Certificate of Insurance which is Our maximum, total and cumulative liability for any and all claims arising under Section III.3.A in respect of all the Insured Persons named in the Policy Schedule or Certificate of Insurance as being covered under the Floater Sum Insured. The Policy Schedule or Certificate of Insurance will specify

whether the Floater Sum Insured is in force for the Insured Person(s).

47. **Fracture** means a break in continuity of the bone which is evidenced by an X-ray and certified by the attending Medical Practitioner.

48. **Hazardous Activities** means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained in such sport or activity or not. Such sport/activity includes without limitation 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, cavin/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 labour, 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 riding, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling any type.

49. **Inception Date** means the inception date of this Policy as specified in the Policy Schedule

50. **In-patient** means an Insured Person who is admitted to a Hospital and stays for at least 24 hours for the sole purpose of receiving treatment.

51. **Insured Person** means the Member or Dependants to whom a Certificate of Insurance has been issued, who is/are covered under this Policy, for whom the insurance is proposed and the appropriate premium received.

52. **Loan** means the sum of money lent at an interest or otherwise to the Insured Person by any bank/Financial Institution as identified by the Loan Account Number specified in the Policy Schedule or Certificate of Insurance

53. **Loss of Independent Living**:
    i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
    ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
    iii. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
    iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
    v. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
    vi. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

54. **Neurological Deficit** means Symptoms of dysfunction in the nervous system that is present on clinical examination and expected to last throughout the insured person's life. Symptoms that are covered include numbness, increased sensitivity, paralysis, localized weakness,

55. **Nominee** means the person named in the Policy Schedule or Certificate of Insurance (as applicable) who is nominated to receive the benefits in respect of an Insured Person under the Policy in accordance with the terms and conditions of the Policy, if the Insured Person is deceased when the Benefit becomes payable.

56. **Outpatient** means an Insured Person who is taking OPD Treatment or any other treatment for which Hospitalization is not required.

57. **Policy** means this Policy document, the Group Proposal Form, the Certificates of Insurance issued to Insured Persons and the Policy Schedule which form part of the Policy including endorsements, as amended from time to time which form part of the Policy and shall be read together.

58. **Policy Period** means the period between the Inception Date and the Expiry Date of the Policy as specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.

59. **Policy Schedule** means the schedule attached to and forming part of this Policy mentioning the details of the group the period and the limits to which Benefits under the Policy are subject to, including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

60. **Policy Year** means a period of 12 consecutive months commencing from the Inception Date.

61. **Shared Room** means a basic (cheapest) category of Shared Room in a Hospital with/without air-conditioning with two or three patient beds.

62. **Single Private Room** means a basic (cheapest) category of Single room in a Hospital with/without air-conditioning facility where a single patient is accommodated and which has an attached toilet (lavatory and bath).

63. **Sum Insured** means the amount specified in the Policy Schedule or the Certificate of Insurance against a Benefit which subject to terms, conditions and exclusions of this Policy, is the amount representing Our maximum, total and cumulative liability for any or all claims arising under that Benefit in respect of the Insured Person, subject always to the Capital Sum Insured (if applicable for the Insured Person) and the Floater Sum Insured (if applicable for the Insured Person(s)).

64. **We/ Our/ Us** means Aditya Birla Health Insurance Co. Limited.

65. **You/Your/Policyholder** means the person named in the Policy Schedule as the policyholder and who has concluded this Policy with Us.

III. Benefits Covered under the Policy

1. Group Activ Secure - Personal Accident

A: Basic Covers

The Policy Schedule or the Certificate of Insurance will specify which of the following Basic Covers are in force and available for the Insured Persons under the Policy.

Benefits under this Section III.1.A are subject to the terms, conditions and exclusions of this Policy. The Sum Insured and/or the sub-limit for each Benefit under Section III.1.A is specified against that Benefit in the Policy Schedule or the Certificate of Insurance. Payment of the Benefit will be subject to the availability of the Sum Insured/applicable sub-limit for that Benefit.

If the Policy Schedule or Certificate of Insurance specifies that the Capital Sum Insured is in force for the Insured Person, then Our maximum, total and cumulative liability for all claims arising under the Benefits specified in the Policy Schedule or Certificate of Insurance against the Capital Sum Insured will be limited to the amount of the Capital Sum Insured stated in the Policy Schedule/Certificate of Insurance.
Capital Sum Insured will be available only where a combination of Sections III.1.A.1, III.1.A..2 and III.1.A.3, have been applied under the Policy as specified in the Policy Schedule or Certificate of Insurance and where Section III.1.A.1 is mandatorily applied.

All claims under Section III.1.A must be made in accordance with the procedure set out in Section VI.1.

If an Insured Person suffers an Injury due to an Accident which occurs during the Policy Period and that Injury results either in the Insured Person's death or in the Insured Person's disablement which is of the nature specified below within 365 days from the date of the Accident or in any of the other medical conditions specified below, We shall pay the benefits as specified below:

1. Accidental Death

If the Insured Person suffers an Injury due to an Accident that results in the death of the Insured Person, We will pay 100% of the Sum Insured as specified in the Policy Schedule/Certificate of Insurance provided that:

a) Once a claim has been accepted and paid under this Benefit then cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

If an Insured Person disappears during the Policy Period due to an Accident followed by a forced landing, stranding, sinking or wrecking of a conveyance, earthquake or flood during the Policy Period and is legally declared dead (declared death in absentia or legal presumption of death) provided that such disappearance is certified in writing by the local police authorities, We will pay the amount specified under Section III.1.A.1 in the Policy Schedule or Certificate of Insurance to the Nominee.

2. Permanent Total Disablement

If the Insured Person suffers an Injury due to an Accident that results in the permanent total disablement of the Insured Person of the nature as specified in the table below, We will pay 100% of the Sum Insured as specified in the Policy Schedule/Certificate of Insurance, provided that.

Table of Benefits
Type of Permanent Total Disablement
i) Total and irrecoverable loss of sight of both eyes
ii) Loss by physical separation or total and permanent loss of use of both hands or both feet
iii) Loss by physical separation or total and permanent loss of use of one hand and one foot
iv) Total and irrecoverable loss of sight of one eye and loss of a Limb

v) Total and irrecoverable loss of hearing of both ears and loss of one Limb/loss of sight of one eye
vi) Total and irrecoverable loss of hearing of both ears and loss of speech
vii) Total and irrecoverable loss of speech and loss of one Limb/loss of sight of one eye
viii) Permanent total and absolute disablement (not falling under the above) disabling the Insured Person from engaging in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

For the purpose of this Benefit,
- **Limb** means a hand at or above the wrist or a foot above the ankle;
- **Physical separation of one hand** or **foot** means separation at or above wrist and/or at or above ankle, respectively.

Once a claim has been accepted and paid under this Benefit then cover under this Benefit shall immediately and automatically cease in respect of that Insured Person.

3. Permanent Partial Disablement

If the Insured Person suffers an Injury due to an Accident that that results in the permanent partial disablement of the Insured Person of the nature as specified in the table below, then We will pay the percentage of the Sum Insured as specified in the table below.

Table of Benefits	**Percentage of the Sum Insured payable**
Type of Permanent Partial Disablement	
i) Total and irrecoverable loss of sight of one eye	50%
ii) Loss of one hand or one foot	50%
iii) Loss of all toes - any one foot	10%
iv) Loss of toe great - any one foot	5%
v) Loss of toes other than great, if more than one toe lost, each	2%
vi) Total and irrecoverable loss of hearing in both ears	50%
vii) Total and irrecoverable loss of hearing in one ear	15%
viii) Total and irrecoverable loss of speech	50%
ix) Loss of four fingers and thumb of one hand	40%
x) Loss of four fingers	35%
xi) Loss of thumb –both phalanges	25%
xii) Loss of thumb - one phalanx	10%
xiii) Loss of index finger-three phalanges - two phalanges - one phalanx	10% 8% 4%
xiv)Loss of middle/ring/little finger-three phalanges - two phalanges - one phalanx	6% 4% 2%

In case the Insured Person suffers a loss not mentioned in the table above, then an external medical advisor will determine the degree of disablement and the amount payable, if any.

4. Temporary Total Disablement

If the Insured Person suffers an Injury due to an Accident that disables the Insured Person from engaging in any employment or occupation on a temporary basis, then We will pay the weekly amount as specified in the Policy Schedule or Certificate of Insurance for the duration that the temporary total disablement continues provided that:

a) We shall not be liable to make payment for more than the number of weeks as specified in the Policy Schedule or Certificate of Insurance in respect of any one Injury calculated from the date of commencement of the temporary total disablement as certified by the treating Medical Practitioner.
b) This Benefit shall not be paid for the first three days from the date of commencement of temporary total disablement.
c) This Benefit shall not be paid in excess of the Insured Person's base weekly income excluding overtime, bonuses, tips, commissions, or any other compensation.
d) This Benefit is payable provided that the minimum absence from work must be for 7 consecutive days, post which if the Insured Person is disabled for a part of the week, then only a proportionate part of the weekly benefit will be payable.
e) This Benefit will be payable at the completion of the duration of temporary total disablement. In case the temporary total disablement continues for a period of more than 30 days then We will make payment of the amount due at the end of every calendar month provided the person continues to suffer from the temporary total disablement at end of such period.

5. Recovery Benefit

If the Insured Person suffers an Injury due to an Accident and such Injury results in the Hospitalization of the Insured Person during the Policy Period for at least 10 consecutive days, then We will pay the lump sum amount as specified in the Policy Schedule or Certificate of Insurance.

6. Road Ambulance Cover

If the Insured Person suffers an Injury due to an Accident and such Injury requires the Insured Person to be transported to the Hospital by an Ambulance, then We shall reimburse the costs incurred up to the limits as specified in the Policy Schedule or Certificate of Insurance, provided that the treating Medical Practitioner certifies in writing that the transportation of the Insured Person by Ambulance was medically necessary and such transportation was availed immediately following the Accident.

7. Accidental In-patient Hospitalization (limited to India)

If an Insured Person suffers an Injury due to an Accident and such Injury requires the Insured Person to be Hospitalized as an In-patient in a Hospital room as specified in the Policy Schedule or Certificate of Insurance then We will cover the costs incurred on Medical Expenses up to the limit specified in the Policy Schedule or Certificate of Insurance provided that:

a) The Insured Person is Hospitalized in India;
b) The Hospitalization is for Medically Necessary Treatment and is on the written advice of a Medical Practitioner.
c) The Insured Person is admitted to Hospital within 7 days of the occurrence of the Accident.

8. Transportation of Imported Medicine

If an Insured Person suffers an Injury due to an Accident and such Injury requires the Insured Person to be Hospitalized as an In-patient, then We will reimburse the costs incurred for freight charges for importing medicines to India, provided that:

a) An In-patient claim under Section III.7 has been admitted and payable under the Policy;
b) Such medicines, formulations or their alternatives are not available in India;

c) Such medicines are necessary for the medical or surgical treatment of the Insured Person in a Hospital following the Accident;
d) Such medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy.

9. Burns Benefits

If an Insured Person sustains burns of the nature as specified in the table below solely and directly due to an Accident, then We will pay the percentage of the Sum Insured as specified in the table below:

Nature of Burns	**% of Sum Insured payable**
1. Head	
a. Third degree burns of 8% or more of the total head surface area	100%
b. Second degree burns of 8% or more of the total head surface area	50%
c. Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
d. Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
e. Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
f. Second degree burns of 2% or more, but less than 5% of the total head surface area	30%
2. Rest of the body	
a. Third degree burns of 20% or more of the total body surface area	100%
b. Second degree burns of 20% or more of the total body surface area	50%
c. Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
d. Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
e. Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
f. Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
g. Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
h. Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

The Benefits as specified above will be payable provided that:

a) If the Injury results in more than one of the nature of burns specified in the table above, We shall be liable to pay for only the highest Benefit among all.
b) If We have admitted a claim in accordance with this Benefit, which results in 100% of the Sum Insured under this Benefit being paid then cover under this Benefit shall immediately and automatically cease in respect of that Insured Person.

10. Broken Bones Benefit

If an Insured Person sustains broken bones of the nature as specified in the table below, solely and directly

due to an Accident, then We will pay the percentage of the Sum Insured as specified in the table below.

Broken Bones resulting an Injury to	**Percentage of the Sum Insured payable**
Vertebral body resulting in spinal cord damage	100%
Pelvis	100%
Skull (excluding nose and teeth)	30%
Chest (all ribs and breast bone)	50%
Shoulder (collar bone and shoulder blade)	30%
Arm	25%
Leg	25%
Vertebra – vertebral arch (excluding coccyx)	30%
Wrist (collies or similar fractures)	10%
Ankle (Potts or similar fracture)	10%
Coccyx	5%
Hand	3%
Finger	3%
Foot	3%
Toe	3%
Nasal bone	3%

For the purpose of this Benefit:

- **Broken Bones** means the breakage of one or more of bones of the Insured Person specified in the table above as evidenced by a Fracture but excluding any form of hair line fracture.
- **Pelvis** means all pelvic bones which shall be treated as one bone. The sacrum will be considered as part of the vertebral column.
- **Skull** means all skull and facial bones (excluding nasal bones and teeth) which shall be treated as one bone.

The Benefits specified above will be payable provided that:

a) Any Fracture which results due to any Illness or disease (including malignancy) or due to osteoporosis shall not be payable under this Benefit.
b) If We have admitted a claim in accordance with this Benefit, which results in 100% of the Sum Insured under this Benefit being paid then cover under this Benefit shall immediately and automatically cease in respect of that Insured Person.

11. Worldwide Emergency Medical Assistance

We will provide Emergency Medical Assistance as described below when an Insured Person is travelling 150 (one hundred and fifty) kilometres or more away from his/her residential address as mentioned in the Policy Schedule or Certificate of Insurance for a period of less than 90 (ninety) days.

1) Emergency Medical Evacuation: When an adequate medical facility is not available in the proximity of the Insured Person, as determined by the Emergency service provider, the consulting Medical Practitioner and the Medical Practitioner attending to the Insured Person, transportation under appropriate medical supervision will be arranged, through an appropriate mode of transport to the nearest medical facility which is able to provide the required care.
2) Medical Repatriation (Transportation): When medically necessary, as determined by Us and the consulting Medical Practitioner, transportation under medical supervision shall be provided in respect of the Insured Person to the residential address as mentioned in the Policy Schedule or

Certificate of Insurance, provided that the Insured Person is medically cleared for travel via commercial carrier, and provided further that the transportation can be accomplished without compromising the Insured Person's medical condition.

Conditions

(i) No claims for reimbursement of expenses incurred for services arranged by Insured Person will be allowed unless agreed by Us or Our authorized representative.

(ii) Please call Our call centre with details on the name of the Insured Person and Policy number, on the toll free number specified in the Policy Schedule or Certificate of Insurance for availing this Benefit.

We will not provide services in the following instances:

1. Travel undertaken specifically for securing medical treatment.
2. Injuries resulting from participation in acts of war or insurrection.
3. Commission of an unlawful act(s).
4. Attempt at suicide.
5. Incidents involving the use of drugs unless prescribed by a Medical Practitioner.
6. Transfer of the Insured Person from one medical facility to another medical facility of similar capabilities which provides a similar level of care.
7. Trips exceeding 90 days from the Insured Person's residential address without prior notification to Us.

We will not evacuate or repatriate an Insured Person in the following instances:

1. Without medical authorization.
2. With mild lesions, simple Injuries such as sprains, simple Fractures, or mild Illness which can be treated by local Medical Practitioner and do not prevent the Insured Person from continuing his/her trip or returning home.
3. With a pregnancy beyond the end of the 28th week and will not evacuate or repatriate a child born while the Insured Person was traveling beyond the 28th week.

12. Out-patient Expenses

If an Insured Person suffers an Injury due to an Accident, then We will reimburse Medical Expenses incurred in a Hospital or on an Outpatient basis up to the limit specified in the Policy Schedule or Certificate of Insurance.

Section B: Optional Covers

The following additional covers will apply only if the premium in respect of the additional cover has been received and the Policy Schedule or Certificate of Insurance states that the additional cover is in force. The Policy Schedule or Certificate of Insurance will specify which of the following additional covers are in force and available for the Insured Persons under the Policy.

Benefits under this Section III.1.B are subject to the terms, conditions and exclusions of this Policy. The sub-limit for each Benefit under Section III.1.B is specified against that Benefit in the Policy Schedule or the Certificate of Insurance. Payment of the Benefit will be subject to the availability of the applicable sub-limit for that Benefit.

All claims under Section III.1.B must be made in accordance with the procedure set out in Section VI.1.Wherever a claim qualifies under more than one benefit in Section III.1.B, We will pay for all such eligible covers opted and in force.

13. Funeral Expenses

If We have accepted a claim under Accidental Death in accordance with Sections III.1.A.1 then in addition to the amount payable under that Section, We will pay a lumpsum amount as specified in the Policy Schedule or Certificate of Insurance towards funeral, cremation/ or burial and transportation of the body to the place of the funeral ceremony for the Insured Person.

14. Medical Expenses

If We have accepted a claim under Accidental Death or Permanent Total Disablement or Permanent Partial Disablement or Temporary Total Disablement under Section III.1.A.1, III.1.A.2, III.3 or III.1.A.4, then We will cover Medically Necessary Treatment or Surgery that is availed in a Hospital or Day Care Centre in India including as OPD treatment /Day Care Treatment in a room category as specified in the Policy Schedule or Certificate of Insurance.

In the event that this Benefit is applicable under the Policy as specified in the Policy Schedule or the Certificate of Insurance, coverage under Section III.1.A.7 and/or III.1.A.12 cannot be availed.

The maximum amount payable shall be a percentage of claim amount as specified in the Policy Schedule or Certificate of Insurance subject to maximum amount as specified in the Policy Schedule or Certificate of Insurance.

We shall not be liable to pay any amount under this Benefit in respect of any Insured Person in respect of:

1) any Medical Expenses incurred before the Inception Date.
2) any Dental Treatment.
3) any claim caused by or arising from or due to Illness of any and every kind.

15. Repatriation of Mortal Remains

If We have accepted a claim under Accidental Death in accordance with Section III.1.A.1, then in addition to the amount payable under that Section, We will pay a lumpsum amount specified in the Policy Schedule or Certificate of Insurance associated with transportation of mortal remains from the place of death to the residence of the Insured Person.

16. Accidental Hospital Cash

Coverage under this benefit can be opted for, provided (any one Benefit under Section III.1.A.1, III.1.A.2, III.1.A.3 or III.1.A.4 from Section A is also purchased.

If the Insured Person is Hospitalized for treatment of an Injury solely and directly due to an Accident, We will pay the daily allowance as specified in the Policy Schedule or Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation provided that:

(i) The Insured Person's admission to Hospital is within 7 days of the occurrence of the Accident;
(ii) This Benefit shall be payable for a maximum of 10 days for each claim in respect of an Insured Person;
(iii) A Deductible of 1 day or 2 days as specified in the Policy Schedule or Certificate of Insurance is applicable under the Benefit;
(iv) This Benefit shall not be payable for more than the number of days per Policy Year as specified in the Policy Schedule or Certificate of Insurance.

17. Damage to Personal Protective Equipment

Coverage under this benefit can be opted for, provided any one Benefit under Section III.1.A.1, III.1.A.2, III.1.A.3 or III.1.A.4 from Section A is also purchased.

If Insured Person suffers an Injury due to an Accident which solely and directly results in damage to any equipment that controls or mitigates a risk to a person's health and safety, which includes but is not limited to helmets, kneepads, safety boots, earmuffs and face masks, then We will pay a lump sum amount as specified in the Policy Schedule or Certificate of Insurance.

18. Coma Benefit

Coverage under this benefit can be opted for, provided any one Benefit under Section III.1.A.1, III.1.A.2, III.1.A.3 or III.1.A.4 from Section A is also purchased.

If an Insured Person suffers a coma solely and directly due to an Accident, then We will pay a lump sum amount as specified in the Policy Schedule or Certificate of Insurance, in respect of that Insured Person, provided that:

a) The condition of coma is confirmed by a specialist Medical Practitioner in writing which includes:
   (i) no response to external stimuli continuously for at least 96 hours; and
   (ii) life support measures are necessary to sustain life;
b) We will not pay for coma which results from alcohol/ drug abuse or due to an Illness.

19. Modification Benefit (Residence)

If We have admitted a claim for Permanent Total Disablement or Permanent Partial Disablement under Section III.1.A.2or III.1.A.3, then in addition to the amount payable under that Section, We will reimburse the costs incurred up to the limit specified in the Policy Schedule or Certificate of Insurance for improvements to be carried out in the Insured Person's residence following the Insured Person's disablement.

20. Modification Benefit (Vehicle)

If We have admitted a claim for Permanent Total Disablement or Permanent Partial Disablement under Section III.2or III.3, then in addition to the amount payable under that Section, We will reimburse the costs incurred up to the limit specified in the Policy Schedule or Certificate of Insurance for improvements to be carried out in the Insured Person's vehicle following the Insured Person's disablement.

21. Cost of Support Items

If We have accepted a claim under Permanent Total Disablement, Permanent Partial Disablement or Temporary Total Disablement in accordance with Sections III.1.A.2 or III.1.A.3 or III.1.A.4, then in addition to the amount payable under that Section, We will reimburse expenses incurred towards support items including but limited to crutches, artificial limbs, wheelchairs, tri-cycles, intra-ocular lenses, spectacles, imported medicines or any other item which in the opinion of a Medical Practitioner is necessary for the Insured Person for normal living due to the Injury sustained in the Accident up to a limit as specified in the Policy Schedule or Certificate of Insurance.

22. Education Fund for Children

If We have accepted a claim under Accidental Death or Permanent Total Disablement in accordance with Sections III.1.A.1 or III.1.A.2, then in addition to the amount payable under that Section, We will pay a lump sum amount as specified in the Policy Schedule or Certificate of Insurance in respect of each surviving Dependent Child, up to 2 Dependent Children, if specified in the Policy Schedule or Certificate of Insurance irrespective of whether the child is an Insured Person under this Policy.

This Benefit shall be payable subject to the Dependent Child being up to 25 years of Age as on date of occurrence of the event irrespective of whether the child is an Insured Person under this Policy. and provided that the Dependent Child does not have any independent source of income.

23. Marriage Fund for Children

If We have accepted a claim under Accidental Death or Permanent Total Disablement in accordance with Sections III.1.A.1 or III.1.A.2, then in addition to the amount payable under that Section, We will pay a lump sum amount as specified in the Policy Schedule or Certificate of Insurance in respect of the Dependent Child that is unmarried, up to 2 Dependent Children, if specified in the Policy Schedule or Certificate of Insurance, irrespective of whether the child is an Insured Person under this Policy.

24. Orphan Benefit for Children

If We have accepted a claim under Accidental Death in accordance with Sections III.1.A.1 for the Insured Person and that Insured Person's spouse (who may or may not be an Insured Person) is also deceased in the same Policy Year at the time of death of the Insured Person, and the child becomes Orphan, then in addition to the amount payable under that Section, We will pay a lump sum amount as specified in the Policy Schedule or Certificate of Insurance in respect of the Dependent Child, up to 2 Dependent Children, if specified in the Policy Schedule or Certificate of Insurance, irrespective of the whether the child is an Insured Person under this Policy.

This Benefit shall be payable subject to the Dependent Child being up to 25 years of Age as on date of occurrence of the event and provided that the Dependent Child does not have any independent source of income.

Any claim towards Orphan Benefit where the Dependent Child is a minor, shall be payable to the legal guardian of the Dependent Child.

25. Compassionate Visit

If We have accepted a claim under Accidental Death, Permanent Total Disablement or Permanent Partial Disablement in accordance with Sections III.1.A.1, III.1.A.2 or III.1.A.3, then in addition to any amount payable under that Section, We will reimburse an amount incurred for return economy class ticket up to the limit specified in the Policy Schedule or Certificate of Insurance for an Immediate Relative of the Insured to travel to the place of Hospitalization of the Insured Person provided that the Insured Person is Hospitalized at a distance of at least 100 kilometre from his place of residence.
For the purpose Benefit, "Immediate Relative" means the Insured Person's spouse, children, siblings, parent's or in-laws.

26. Sports Activity Cover

If an Insured Person suffers Accidental Death, Permanent Total Disability or Permanent Partial Disability in accordance with Section III.1.A.1, III.1.A.2 or III.1.A.3, while engaged in asports activity carried out in accordance with the guidelines, codes of good practice and recommendations as laid down by a governing body or authority in respect of that sport, then We will pay the amount as specified under Section III.1.A.1, III.1.A.2 or III.1.A.3 in the Policy Schedule or Certificate of Insurance in respect of the Insured Person.
Sum Insured under Section III.1.A.1 or III.1.A.2 or III.1.A.3 will be payable only once under the Policy.
Exclusion 15 under Group Personal Accident will not be applicable in respect of this Benefit.

27. Loss of Job

If We have accepted a claim for Permanent Total Disablement or Permanent Partial Disablement in accordance with Section III.1.A.2 or III.1.A.3, then in addition to any amount payable under that Section then We will pay the amount as specified in the Policy Schedule or Certificate of Insurance provided that the Insured Person is disabled from engaging in his/her primary occupation and loses his/her source of income generation.

a. In case of salaried persons: A lump sum amount equal to 3 months salary, based on the last 3 months salary slip of the employer.
   Salary shall mean and include Basic Salary along with the Daily Allowance and any other allowance being paid by the Employer. It would not include overtime, Seasonal allowance, Bonus, variable pay, performance bonus etc., tips, commissions or any other special compensation or anything available in kind or in lieu of such items in whatever form. Also salary would exclude income from any other sources. In case of Insured is earning from more than one source, only the higher of two would be considered for the purpose of calculation of payout under this benefit.
b. In case of self-employed persons or where salary information is not available, 5% of Sum Insured under Permanent Total Disablement (Section III.1.A.2) or under Permanent Partial Disablement (Section III.3) whichever is higher, up to a maximum of Rs 75,000 shall be payable. This amount can be paid either lump sum or in three equated monthly instalments as specified in the Policy Schedule or Certificate of Insurance.

28. Rehabilitation/ Counselling Benefit

If We have accepted a claim for Permanent Total Disablement or Permanent Partial Disablement in accordance with Section III.1.A.2 or III.1.A.3, then in addition to any amount payable under that Section, We will reimburse the amounts incurred up to the limit specified in the Policy Schedule or Certificate of Insurance for counselling and specialist consultation on an Outpatient basis to cope with mental trauma provided that this Benefit cannot be availed for a period of more than one year from the date of onset of disablement of the Insured Person.

29. Second E-opinion

If We have accepted a claim for Permanent Total Disablement or Permanent Partial Disablement in accordance with Section III.1.A.2 or III.1.A.3, then We will provide an option to the Insured Person to avail a Second E-opinion.

It is agreed and understood that

a) the Second E-opinion will be based only on the information and documentation provided to Us.
b) Under this Benefit, We are only providing the Insured Person with access to a Second E-opinion and We shall not be deemed to substitute the Insured Person's visit or consultation to an independent Medical Practitioner.
c) We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.
d) Costs under this Benefit shall not be available on a reimbursement basis.

30. Domestic Travel for Medical Treatment

If We have accepted a claim for an Accidental Death or Permanent Total Disablement or Permanent Partial Disablement in accordance with Section III.1.A.2 or III.1.A.2 or III.1.A.3, then in addition to any amount payable under that Section, We will reimburse travelling expenses for the return journey of the Insured

Person to the nearest city in India capable of providing adequate Medically Necessary Treatment, provided medical expertise is not available in the city where Insured Person suffers an Accident. The limits under this Benefit will be as specified in the Policy Schedule or Certificate of Insurance.

31. Chauffeur Benefit (Per day)

If We have accepted a claim for Permanent Total Disablement or Permanent Partial Disablement in accordance with Section III.1.A.2 or III.1.A.3, then in addition to any amount payable under that Section, We will pay a per day allowance as specified in the Policy Schedule or Certificate of Insurance in respect of a chauffeur to drive the Insured Person. This benefit shall be payable for a maximum of 15 days from the date of Accident.

2. Group Activ Secure - Critical Illness

A. Basic Covers:

The Basic Covers below are in-built Benefits that are available for the Insured Persons under the Policy.

Benefits under this Section III.2.A are subject to the terms, conditions and exclusions of this Policy. The Sum Insured for the Benefit under Section III.2.A is specified in the Policy Schedule or the Certificate of Insurance. Payment of the Benefit will be subject to the availability of the Sum Insured for this Benefit. All claims under Section III.2.A must be made in accordance with the procedure set out in Section VI.2

1. Critical Illness Benefit

If an Insured Person is diagnosed to be suffering from a Critical Illness of the nature as specified below, during the Policy Period and while the Policy is in force then We will pay the Sum Insured specified in the Policy Schedule or Certificate of Insurance provided that:

i. The Critical Illness is diagnosed during the Policy Period as a first incidence; and

ii. Upon admission of the first claim payable under this Section III.2.A.1 in respect of an Insured Person in any Policy Period, the cover under the Policy shall automatically terminate in respect of that Insured Person and no further Renewals will be allowed for that Insured Person under this Benefit.

- If the Insured Person has declared any Pre-existing disease at the time of purchasing the policy, We shall not be liable to pay any claim in case of occurrence of any listed critical illness directly related to the declared PED, if the critical illness diagnosed itself as a first incidence during the PED waiting period
- If the Insured Person has declared any Pre-existing disease at the time of purchasing the policy, We shall be liable to pay any claim in case of occurrence of any listed critical illness directly related to the declared PED, if the Critical illness diagnosed itself as a first incidence post completion of the PED waiting period.
- If the Insured Person has declared any Pre-existing disease at the time of purchasing the policy, We shall be liable to pay any claim in case of occurrence of any listed critical illness, if it is first diagnosed itself during the Policy period due to other medical condition after initial waiting period.

1. Cancer of Specific Severity

I. A malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.

II. The following are excluded-

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
iii. Malignant melanoma that has not caused invasion beyond the epidermis;

iv. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukaemia less than RAI stage 3
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Myocardial Infarction
(First Heart Attack of specific severity)
I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
ii. New characteristic electrocardiogram changes
iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
The following are excluded:
i. Other acute Coronary Syndromes
ii. Any type of angina pectoris
iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. Open Chest CABG
I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive key hole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
II. The following are excluded:
i. Angioplasty and/or any other intra-arterial procedures

4. Open Heart Replacement Or Repair Of Heart Valves
I. The actual undergoing of open-heart valve Surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5. Kidney Failure Requiring Regular Dialysis

I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

6. Stroke Resulting In Permanent Symptoms

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:

i. Transient ischemic attacks (TIA)

ii. Traumatic Injury of the brain

iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

7. Major Organ / Bone Marrow Transplant

I. The actual undergoing of a transplant of:

i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

i. Other stem-cell transplants

ii. Where only islets of langerhans are transplanted

8. Permanent Paralysis Of Limbs

I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

9. Multiple Sclerosis With Persisting Symptoms

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

i. investigations including typical MRI findings, which unequivocally confirm the diagnosis to be multiple sclerosis and

ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. neurological damage such as SLE are excluded.

10. Coma of Specified Severity

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

i. no response to external stimuli continuously for at least 96 hours;

ii. life support measures are necessary to sustain life; and

iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

11. Motor Neurone Disease With Permanent Symptoms

I. Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

12. Loss of Vision (Blindness)

I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
II. The Blindness is evidenced by
i. corrected visual acuity being 3/60 or less in both eyes or;
ii. the field of vision being less than 10 degrees in both eyes.
III. The diagnosis of blindness must be confirmed and must not be correctable by aides or surgical procedure.

13. Third Degree Burns

I. There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

14. Parkinson's disease

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to us.
The diagnosis must be supported by all of the following conditions:
a. the disease cannot be controlled with medication;
b. signs of progressive impairment; and
c. inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

Activities of daily living:
i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
iii. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
v. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
vi. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence
Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

15. Benign Brain Tumor

I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or

ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

III. The following conditions are **excluded**:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

16. Alzheimer's Disease

Alzheimer's disease is a progressive degenerative Illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.

Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a specialist Medical Practitioner (Neurologist) and supported by Our appointed Medical Practitioner, evidenced by findings in cognitive and neuro radiological tests (e.g. CT scan, MRI, PET scan of the Brain). The disease must result in a permanent inability to perform three or more Activities with Loss of Independent Living" or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days

The following conditions are however not covered:

a. non-organic diseases such as neurosis and psychiatric Illnesses;

b. alcohol related brain damage; and

c. any other type of irreversible organic disorder/dementia.

17. Aorta Graft Surgery

The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "**Aorta**" shall mean the thoracic and abdominal aorta but not its branches.

The Insured Person understands and agrees that we will not cover:

a. Surgery performed using only minimally invasive or intra arterial techniques.

b. Angioplasty and all other intra arterial, catheter based techniques, "keyhole" or laser procedures.

The aorta is the main artery carrying blood from the heart. Aortic graft surgery benefit covers surgery to the aorta wherein part of it is removed and replaced with a graft.

18. Loss of Hearing (Deafness)

I. Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

19. Loss of Limbs

I. The physical separation of **two** or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded

20. Loss of Speech

I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by and Ear, Nose, Throat (ENT) specialist.

21. Aplastic Anaemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
a. Blood product transfusion;
b. Marrow stimulating agents;
c. Immunosuppressive agents; or
d. Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:
a. Absolute neutrophil count of 500/mm^3 or less
b. Platelets count less than 20,000/mm^3 or less
c. Absolute Reticulocyte count of 20,000/mm^3 or less

Temporary or reversible Aplastic Anaemia is excluded.
In this condition, the bone marrow fails to produce sufficient blood cells or clotting agents.

22. End Stage Liver Failure

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
i. Permanent jaundice; and
ii. Ascites; and
iii. Hepatic encephalopathy.
II. Liver failure secondary to alcohol or drug abuse is **excluded**.

23. End Stage Lung Failure

I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
iii. Arterial blood gas analysis with partial oxygen pressures of 55mmHg or less (PaO_2 <55 mm Hg); and

iv. Dyspnea at rest.

24. Primary (Idiopathic) Pulmonary Hypertension

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:

i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

25. Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal chord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities for Loss of Independent Living.

This diagnosis must be confirmed by:

a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and

b. A consultant neurologist certifying the diagnosis of bacterial meningitis.

Bacterial Meningitis in the presence of HIV infection is excluded.

26. Apallic Syndrome or Persistent Vegetative State (PVS)

Apallic Syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a universal necrosis of the brain cortex with the brainstem remaining intact. The patient should be in a vegetative state for a minimum of four weeks in order to be classified as UWS, PVS, Apallic Syndrome. The diagnosis must be confirmed by a Neurologist acceptable to Us and the condition must be documented for at least one month.

In this condition, the patient with severe brain damage progresses who was in coma, progresses to a wakeful conscious state, but not in a state of true awareness.

27. Coronary Angioplasty (PTCA)

I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

III. Diagnostic angiography or investigation procedures without angioplasty / stent insertion are excluded.

The maximum benefit pay-out for Coronary Angioplasty is restricted to the Sum Insured or INR 10,00,000 , whichever is lesser.

28. Encephalitis
Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 30 days, certified by a specialist Medical Practitioner (Neurologist)

The permanent deficit should result in permanent inability to perform three or more Activities for Loss of Independent Living.
Exclusions:
• Encephalitis in the presence of HIV infection is excluded.

29. Fulminant Hepatitis
A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:
a. Rapid decreasing of liver size;
b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
c. Rapid deterioration of liver function tests;
d. Deepening jaundice; and
e. Hepatic encephalopathy.

Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

30. Chronic Relapsing Pancreatitis
An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Doctor who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by relapses in the form of sub lethal attacks of acute pancreatitis, irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by elevated levels of pancreatic function tests including serum amylase, serum lipase, and radiographic and imaging evidence. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded

31. Major Head Trauma
I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology

III. Activities of Daily Living are:
i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
iv. Mobility: the ability to move indoors from room to room on level surfaces;
v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
vi. Feeding: the ability to feed oneself once food has been prepared and made available.
IV. The following are excluded:
i. Spinal cord injury;

32. Medullary Cystic Disease
A progressive hereditary disease of the kidneys characterised by the presence of cysts in the medulla, tubular atrophy and intestitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure. The diagnosis must be supported by renal biopsy.

33. Muscular Dystrophy
A group of hereditary degenerative diseases of muscle characterised by progressive and permanent weakness and atrophy of certain muscle groups. The diagnosis of muscular dystrophy must be unequivocal and made by a Neurologist acceptable to Us, with confirmation of at least 3 of the following 4 conditions:
a. Family history of muscular dystrophy;
b. Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
c. Characteristic electromygrom; or
d. Clinical suspicion confirmed by muscle biopsy.
The condition must result in the inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

34. Poliomyelitis
The unequivocal diagnosis of infection with the polio virus must be established by a Consultant Neurologist. The infection must result in irreversible paralysis as evidenced by impaired motor function or respiratory weakness. Expected permanence and irreversibility of the paralysis must be confirmed by a Consultant Neurologist after at least 6 months since the beginning of the event.
Exclusions:
• Cases not involving irreversible paralysis will not be eligible for a claim
• Other causes of paralysis such as Guillain-Barré Syndrome are specifically excluded.

35. Systemic Lupus Erythematous
A multi-system, multifactorial, autoimmune disorder characterised by the development of auto-antibodies directed against various self-antigens. Systemic lupus erythe-matosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V lupus nephritis, established by renal biopsy, and in accordance with the World Health Organization (WHO) classification). The final diagnosis must be confirmed by a registered Medical Practitioner specialising in Rheumatology and Immunology acceptable to Us, Other forms, discoid lupus, and those forms with only haematological and joint involvement are however not covered:
The WHO lupus classification is as follows:
a. Class I: Minimal change – Negative, normal urine.
b. Class II: Mesangial – Moderate proteinuria, active sediment.
c. Class III: Focal Segmental – Proteinuria, active sediment.

d. Class IV: Diffuse – Acute nephritis with active sediment and/or nephritic syndrome.
e. Class V: Membranous – Nephrotic Syndrome or severe proteinuria.

36. Brain Surgery:
The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy is performed.
Exclusion:
Burr hole surgery / brain surgery on account of an accident.

The Critical illness Benefit shall be offered in the below combination as specified in the Policy Schedule or Certificate of Insurance:

S. No	Critical Illness		Group				
		9 CIs	11 CI's	15 CI's	25 CI's	35 CI's	36 CIs
1	Cancer of specific severity	√	√	√	√	√	√
2	Myocardial Infarction (First Heart Attack – of Specific Severity)	√	√	√	√	√	√
3	Open Chest CABG	√	√	√	√	√	√
4	Open Heart Replacement or Repair of Heart Valves	√	√	√	√	√	√
5	Kidney Failure Requiring Regular Dialysis	√	√	√	√	√	√
6	Stroke Resulting in Permanent Symptoms	√	√	√	√	√	√
7	Major Organ / Bone Marrow Transplant	√	√	√	√	√	√
8	Permanent Paralysis of Limbs	√	√	√	√	√	√
9	Multiple Sclerosis with Persisting Symptoms	√	√	√	√	√	√
10	Coma of Specified Severity	×	√	√	√	√	√
11	Motor Neurone Disease with Permanent Symptoms	×	√	√	√	√	√
12	Loss of Vision (Blindness)	×	×	√	√	√	√
13	Major Burns	×	×	√	√	√	√
14	Parkinson's Disease	×	×	√	√	√	√
15	Benign Brain Tumor	×	×	√	√	√	√
16	Alzheimer's Disease	×	×	×	√	√	√
17	Aorta Graft Surgery	×	×	×	√	√	√
18	Loss of Hearing (Deafness)	×	×	×	√	√	√
19	Loss of Limbs	×	×	×	√	√	√
20	Loss of Speech	×	×	×	√	√	√
21	Aplastic Anaemia	×	×	×	√	√	√
22	End Stage Liver Failure	×	×	×	√	√	√
23	End Stage Lung Failure	×	×	×	√	√	√
24	Primary (Idiopathic) Pulmonary Hypertension	×	×	×	√	√	√
25	Bacterial Meningitis	×	×	×	√	√	√

S. No	Critical Illness		Group				
		9 CIs	11 CI's	15 CI's	25 CI's	35 CI's	36 CIs
26	Apallic Syndrome or Persistent Vegetative State (PVS)	×	×	×	×	√	√
27	Coronary Angioplasty (PTCA)[1]	×	×	×	×	×	√
28	Encephalitis	×	×	×	×	√	√
29	Fulminant Hepatitis	×	×	×	×	√	√
30	Chronic Relapsing Pancreatitis	×	×	×	×	√	√
31	Major Head Trauma	×	×	×	×	√	√
32	Medullary Cystic Disease	×	×	×	×	√	√
33	Muscular Dystrophy	×	×	×	×	√	√
34	Poliomyelitis	×	×	×	×	√	√
35	Systemic Lupus Erythematous	×	×	×	×	√	√
36	Brain Surgery	×	×	×	×	√	√

We shall not be liable to make any payment in respect of any Critical Illness which first occur within the number of days as specified in the Policy Schedule / Certificate of Insurance from the Inception Date.

2 Survival Period:

The payment under Section III.2.A.1 shall be subject to survival of the Insured Person for a number of days as specified in the Policy Schedule or Certificate of Insurance following the first diagnosis of the Critical Illness/undergoing the Surgical Procedure for the first time.

There is also an option for waiver of survival period under the Policy if specified in the Policy Schedule or Certificate of Insurance.

B: Optional Covers

The following Optional Covers will be available to the Insured Persons only if the premium in respect of the Optional Cover has been received in full and the Policy Schedule or Certificate of Insurance specifies that the Optional Cover is in force. The Policy Schedule/Certificate of Insurance will specify which of the following Optional Covers are in force and available for the Insured Persons under the Policy.

Benefits under this Section III.2.B are subject to the terms, conditions and exclusions of this Policy. The sub-limit for each Benefit under Section III.2.B is specified against that Benefit in the Policy Schedule or the Certificate of Insurance. Payment of the Benefit will be subject to the availability of the applicable sub-limit for that Benefit.

All claims under Section III.2.B must be made in accordance with the procedure set out in Section VI.2.

3 Second E-opinion

If an Insured Person is diagnosed with a Critical Illness during the Policy Period, the Insured Person may at his/her sole discretion choose to avail a Second E-opinion for the Critical Illness.

This Benefit can be availed by the Insured Person only once in the Policy Period for the same Critical Illness.

[1] The maximum benefit pay-out for Coronary Angioplasty is restricted to the Sum Insured or INR 10,00,000 , whichever is lesser

It is agreed and understood that the Second E-Opinion will be based only on the information and documentation provided to Us.
Under this Benefit, We are only providing the Insured Person with access to an E-opinion and We shall not be deemed to substitute the Insured Person's visit or consultation to an independent Medical Practitioner. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner. Costs under this Benefit shall not be available on a reimbursement basis.

4 Education Fund for Children
If We have accepted a claim under Critical Illness Benefit in accordance with Sections III.2.A.1, then in addition to the amount payable under that Section, We will pay a lump sum amount as specified in the Policy Schedule or Certificate of Insurance in respect of the surviving Dependent Child, up to 2 Dependent Children, if specified in the Policy Schedule or Certificate of Insurance, irrespective of whether the child is an Insured Person under this Policy.
This Benefit shall be payable subject to the Dependent Child being up to 25 years of Age as on date of occurrence of the event and provided that the Dependent Child does not have any independent source of income.

5 Marriage Fund for Children
If We have accepted a claim under Critical Illness Benefit in accordance with Sections III.2.A.1 then in addition to the amount payable under that Section, We will pay a lump sum amount as specified in the Policy Schedule or Certificate of Insurance in respect of each child of the Insured Person that is unmarried, up to 2 Dependent Children, if specified in the Policy Schedule or Certificate of Insurance, irrespective of whether the child is an Insured Person under this Policy.
This Benefit shall be payable subject to the Dependent Child being up to 25 years of Age as on date of occurrence of the event and provided that the Dependent Child does not have any independent source of income.

6 Rehabilitation/ Counseling Benefit
If We have accepted a claim for Critical Illness, in accordance with Section III.2.A.1, then in addition to any amount payable under that Section, We will reimburse the amount up to the limit specified in the Policy Schedule or Certificate of Insurance towards counselling and specialist consultation on an Out-patient basis,.
This Benefit shall be payable up to 1 year from the date of diagnosis of the Critical Illness.

7 Loan Protection
(This benefit is available for credit linked policies only)

If the Insured Person is diagnosed with a Critical Illness and We have accepted a claim under Section III.2.A.1, We will pay the Insured Person the number of EMI Amount(s) as specified in the Policy Schedule or Certificate of Insurance falling due in respect of the Loan from a Financial Institution (as per the account number as stated in the Policy Schedule or Certificate of Insurance), subject to a maximum of Rs 1 Lac per EMI.
EMI or EMI Amount means and includes the amount of monthly payment required to repay the principal amount of Loan and interest by the Insured Person as set forth in the amortization chart referred to in the Loan agreement (or any amendments thereto) between the Bank/Financial Institution and the Insured

Person prior to the date of occurrence of the event giving rise to a claim under Section III.2.A.1 of the Policy.
For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured Person prior to the occurrence of the event giving rise to a claim under Section III.2 will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured Person.

8 Wellness Coach
In order to educate, empower and engage Insured Persons to become more aware of their health and proactively manage it, each Insured Person shall have access to wellness coaching in areas such as:
(i) Weight management
(ii) Activity and fitness
(iii) Nutrition
(iv) Tobacco cessation
These coaches will be available as a chat service on Our mobile application and website or as a call back service.
It is agreed and understood that Our wellness coaches are not providing and shall not be deemed to be providing any Medical Advice, they shall only provide a suggestion for the Insured Person's consideration and it is the Insured Person's sole and absolute choice to follow the suggestion for any health related advice.

Doctor on call
Upon the Insured Person's request, We shall also provide access to a general Medical Practitioner, available as a chat service on Our mobile application and website or as a call back service.
We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations suggested under this Benefit.

3. Group Activ Secure - Hospital Cash

The Policy Schedule or Certificate of Insurance will specify which of the following Basic Covers and Optional Covers are in force and available for the Insured Persons under the Policy.

Benefits under this Section are subject to the terms, conditions and exclusions of this Policy. The sub-limit for each Benefit under this Section is specified against that Benefit in the Policy Schedule or the Certificate of Insurance. Payment of the Benefit will be subject to the availability of the applicable sub-limit for that Benefit.
Benefits shall be applicable on an Individual or a Family Floater basis as specified in the Policy Schedule or the Certificate of Insurance.
If the Policy Schedule or Certificate of Insurance specifies that the Benefits are available on an Individual basis, then the Sum Insured specified in the Policy Schedule or Certificate of Insurance for the Insured Person will be Our maximum, total and cumulative liability for any and all claims arising under this Benefit in respect of that Insured Person.

If the Policy Schedule or Certificate of Insurance specifies that the Benefits are available on a Family Floater basis, then the Floater Sum Insured specified in the Policy Schedule or Certificate of Insurance will be Our maximum, total and cumulative liability for any and all claims arising under this Benefit in respect of all the Insured Persons named in the Policy Schedule or Certificate of Insurance as being covered under the Floater Sum Insured.
All claims under this Section must be made in accordance with the procedure set out in Section VI.3.

A: Basic Covers

1 Hospital Cash Benefit

If the Insured Person is Hospitalized in India during the Policy Period for Medically Necessary Treatment of an Illness or Injury due to an Accident that occurred during the Policy Period, We will pay the Daily Cash Benefit specified in the Policy Schedule or Certificate of Insurance for each continuous and completed period of 24 hours of Hospitalization.

If the Insured Person is Hospitalized in an Intensive Care Unit (ICU) during the Policy Period for Medically Necessary Treatment of an Illness or an Injury that occurred during the Policy Period, We will pay 2 times the Daily Cash Benefit specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalisation.

2 Accidental Hospital Cash Benefit

If the Insured Person is Hospitalized during the Policy Period for Medically Necessary Treatment of an Injury due to an Accident that occurred during the Policy Period, We will pay the Daily Cash Benefit specified in the Policy Schedule or Certificate of Insurance for each continuous and completed period of 24 hours of Hospitalisation.

If the Insured Person is Hospitalized in an Intensive Care Unit (ICU) during the Policy Period for Medically Necessary Treatment of an Illness or an Injury that occurred during the Policy Period, We will pay 2 times the Daily Cash Benefit specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalisation.

Note: Either Benefits under Sections III.3.A.1 or Section III.3.A.2 can be opted for, both sections cannot be applied to an Insured Person. The Policy Schedule or Certificate of Insurance will specify which Benefits are in force.

3 Deductible

Benefits under Section III.3.A..1 or III.3.A.2 will trigger only after a Deductible of 1 day or 2 days, as specified in the Policy Schedule or Certificate of Insurance.

4 Limits per Hospitalization Claim

Benefits under this Section III.3.A.1 or III.3.A.2 shall not be payable for more than the number of days per Hospitalization claim per Policy Year as specified in the Policy Schedule or Certificate of Insurance.

5 Limit per Policy Year

Benefits under this Section III.3.A.1 or III.3.A.2 shall not be payable for more than the number of days per Policy Year as specified in the Policy Schedule or Certificate of Insurance.

In case of Family Floater Policy, such limit will be applicable to all members covered under the Policy.

6 30 Days Waiting Period (Code- Excl03)

i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

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

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

We also have an option to waive the '30 Days Waiting Period' if specified in the Policy Schedule or Certificate of Insurance.

7 Specified disease / procedure waiting period: (Code- Excl02) (One Year Waiting Period)

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with Us. This exclusion shall not be applicable for claims arising due to an accident.

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

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

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

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

f) List of specific diseases/procedures:

We also have an option to waive the 'One Year Waiting Period', if specified in the Policy Schedule or Certificate of Insurance.

	Body System	**Illness**	**Treatment/ Surgery**
1	Eye	Cataract	Cataract Surgery
		Glaucoma	Glaucoma Surgery
2	Ear Nose Throat	Serous Otitis Media	
		Sinusitis	Sinus Surgery
		Rhinitis	Surgery for the nose
		Tonsillitis	Tonsillectomy
		Tympanitis	Tympanoplasty
		Deviated Nasal Septum	Surgery for Deviated Nasal Septum
		Otitis Media	Surgery or Treatment for Otitis Media
		Adenoiditis	Adenoidectomy
		Mastoiditis	Mastoidectomy
		Cholesteatoma	Resection of the Nasal Concha
3	Gynecology	All Cysts & Polyps of the female genito urinary system	Dilatation & Curettage
		Polycystic Ovarian Disease	Myomectomy
		Uterine Prolapse	Uterine prolapsed Surgery

		Fibroids (Fibromyoma)	Hysterectomy unless necessitated by malignancy
		Breast lumps	Any treatment for Menorrhagia
		Prolapse of the uterus	
		Dysfunctional Uterine Bleeding (DUB)	
		Endometriosis	
		Menorrhagia	
		Pelvic Inflammatory Disease	
4	Orthopedic / Rheumatological	Gout	Joint replacement Surgery Surgery for Prolapse of the intervertebral disc
		Rheumatism, Rheumatoid Arthritis	
		Non infective arthritis	
		Osteoarthritis	
		Osteoporosis	
		Prolapse of the intervertebral disc	
		Spondylopathies	
5	Gastroenterology (Alimentary Canal and related Organs)	Stone in Gall Bladder and Bile duct	Cholestectomy / Surgery for Gall Bladder
		Cholecystitis	Surgery for Ulcers (Gastric / Duodenal)
		Pancreatitis	
		Fissure, Fistula in ano, hemorrhoids (piles), Pilonidal Sinus, Ano-rectal & Perianal Abscess	
		Rectal Prolapse	
		Gastric or Duodenal Erosions or Ulcers + Gastritis & Duodenitis	
		Gastro Esophageal Reflux Disease (GERD)	
		Cirrhosis	
6	Urogenital (Urinary and Reproductive system	Stones in Urinary system (Stone in the Kidney, Ureter, Urinary Bladder)	Prostate Surgery
		Benign Hypertrophy / Enlargement of Prostate (BHP / BEP)	
		Hernia, Hydrocele,	Surgery for Hydrocele, Rectocele and Hernia
		Varicocoele / Spermatocoele	Surgery for Varicocoele / Spermatocoele
7	Skin	skin tumour (unless malignant)	Removal of such tumour unless malignant
		All skin diseases	

8	General Surgery	Any swelling, tumour, cyst, nodule, ulcer, polyp anywhere in the body (unless malignant)	Surgery for cyst, tumour, nodule, polyp unless malignant
		Varicose veins, Varicose ulcers	Surgery for Varicose veins and Varicose ulcers
		Congenital Internal Diseases or Anomalies	

8 Pre- Existing Diseases Waiting Period (Code- Excl03)

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of the time period specified in the Policy Schedule or Certificate of Insurance, of continuous coverage after the date of inception of the first policy with insurer.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
d) Coverage under the policy after the expiry of the time period specified in the Policy Schedule or Certificate of Insurance, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

We also have an option to waive the 'Pre-Existing Disease Waiting Period', if specified in the Policy Schedule or Certificate of Insurance.

Note: In case waiver for '30 Days Waiting Period' under Section III.3.A.6 has not been selected and 'Pre-Existing Diseases Waiting Period' under section III.3.A.8 has been waived off, then Pre-Existing Diseases will be covered from 31st day from the Inception Date.

B: Optional Covers

The following Optional Covers will be available to the Insured Persons only if the premium in respect of the Optional Cover has been received in full and the Policy Schedule or Certificate of Insurance specifies that the Optional Cover is in force. The Policy Schedule/Certificate of Insurance will specify which of the following Optional Covers are in force and available for the Insured Persons under the Policy.

Benefits under this Section III.3.B are subject to the terms, conditions and exclusions of this Policy. The sub-limit for each Benefit under Section III.3.B is specified against that Benefit in the Policy Schedule or the Certificate of Insurance. Payment of the Benefit will be subject to the availability of the applicable sub-limit for that Benefit.

All claims under Section III.3.B must be made in accordance with the procedure set out in Section VI.3.

9 Maternity Benefit Expense Cover:

This Benefit is applicable for each continuous and completed period of 24 hours of Hospitalization arising from or traceable to pregnancy, child birth including normal/ caesarean section, for a maximum number of days as specified in the Policy Schedule or the Certificate of Insurance

1. These Benefits are admissible only if incurred in Hospital as In-patient in India.

2. A waiting period of 9 months is applicable for payment of any claim related to normal delivery, caesarean section and complications of maternity (including and not limited to medical complications).
3. We also have an option to waive waiting period under Section III.3.B.9.2 above, where this option is in force for the Insured Person.
4. Claim in respect of an Insured Person between the Ages of 18 years to 45 years up to a maximum of 2 events including (a) 2 deliveries (including twins) or (b) 2 medically necessary and lawful medical terminations or (c) 1 delivery (including twins) and 1 medically necessary and lawful termination during the lifetime of an Insured is covered.
5. Pre-natal and post natal expenses including expenses for the New Born Baby are not covered.

Note:

a) A deductible of 1 day is applicable under this Benefit
b) A limit of 5 days per Policy Year is applicable under this Benefit
c) When this Benefit is opted for in the Policy, Exclusion under Section IV..C.I.15 of the Policy stands deleted.
d) This option has to be exercised at the inception of the Policy Period and no refund is allowable in case of Insured Person's cancellation of this option during the Policy Period.

IV. Exclusions:

A. PERMANENT EXCLUSIONS Specific to Section III.1 (Personal Accident)

I. Specific Exclusions:

We shall not be liable to make any payment for any claim under any Benefit under Section III.1.A. or Section III.1.B., in respect of any Insured Person, directly or indirectly for, caused by or arising from or in any way attributable to any of the following:

1. Any Pre-Existing Disease or Injury or disability arising out of a Pre-Existing Diseases which is not direct cause of accident.
2. Any payment in case of more than one claim under the Policy during any one Policy Period by which Our maximum liability in that period would exceed the Sum Insured. This would not apply to payments made under the Additional Covers.
3. Suicide or attempted suicide, intentional self-inflicted Injury, acts of self-destruction whether the Insured Person is medically sane or insane.
4. Strokes, fits or convulsions which affect the entire body.
5. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's family.
6. Death or disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
7. Congenital external diseases, defects or anomalies or in consequence thereof.
8. Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident).
9. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
10. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule or Certificate of Insurance.
11. Death or disablement arising or resulting from the Insured Person committing any breach of law or

participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.

12. Death or disablement arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.
13. Death or disablement resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to Accident;
14. Death or disablement caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
15. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports and specified in the Policy Schedule.
16. Insured Persons involved in naval, military or air force operations.
17. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.
18. Accidental death or Injury occurring after twelve calendar months from the date of the Accident.
19. Death or disablement unless directly caused by an Accident.
20. Death or disablement or Injury 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.
    b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
    c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

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B. Permanent Exclusions specific to Section III.2 (Critical Illness cover)

We shall not be liable to make any payment under Section III.2.A or III.2.B of this Policy towards a covered Critical Illness, directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

I. Standard Exclusions:

1. Pre-existing Disease:
    - Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of the time period specified in the Policy Schedule or Certificate of Insurance, of continuous coverage after the date of inception of the first policy with insurer.
    - In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
    - If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

- Coverage under the policy after the expiry of the time period specified in the Policy Schedule or Certificate of Insurance, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

II. Specific Exclusions:

1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;
2. Any claim with respect to any Critical Illness diagnosed prior to the Inception Date.
3. Any Critical Illness arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen;
4. Narcotics used by the Insured Person unless taken as prescribed by a Medical Practitioner,
5. Any Critical Illness directly caused due to intentional self-injury, suicide or attempted suicide; whether the person is medically sane or insane;
6. Any Critical Illness directly, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;
7. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
8. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
9. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation;
10. Participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
11. Any loss resulting directly or indirectly contributed or aggravated or prolonged by childbirth or from pregnancy;
12. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis or treatment that is not scientifically recognized or Unproven/Experimental treatment, or is not medically necessary or any kind of self-medication and its complications;
13. Any treatment/Surgery for change of sex, cosmetic or plastic Surgery or any elective Surgery or cosmetic procedure that improve physical appearance, Surgical and non-Surgical treatment of obesity, including morbid obesity (unless certified to be life threatening) and weight control programs;
14. Any Critical Illness arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal intent;
15. In the event of the death of the Insured Person within the stipulated survival period as set out above.
16. Birth control procedures and hormone replacement therapy.
17. 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.

C. Permanent Exclusions specific to Section III.3 (Hospital Cash Benefit)
We shall not be liable to make any payment under Section III.3 of this Policy in respect of any Hospitalization, directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

I. Standard Exclusions

1. **Investigation & Evaluation (Code- Excl04)**
   a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
   b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. **Rest Cure, rehabilitation and respite care (Code- Excl05)**
   Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
   i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
   ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. **Obesity/ Weight Control (Code- Excl06)**
   Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
   1) Surgery to be conducted is upon the advice of the Doctor
   2) The surgery/Procedure conducted should be supported by clinical protocols
   3) The member has to be 18 years of age or older and
   4) Body Mass Index (BMI);
      a. greater than or equal to 40 or
      b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
   i. Obesity-related cardiomyopathy
   ii. Coronary heart disease
   iii. Severe Sleep Apnea
   iv. Uncontrolled Type2 Diabetes

4. **Change-of-Gender treatments: (Code- Excl07)**
   Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. **Cosmetic or plastic Surgery: (Code- Excl08)**
   Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. **Hazardous or Adventure sports: (Code- Excl09)**

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7. **Breach of law: (Code- Excl10)**
   Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

8. **Excluded Providers: (Code- Excl11)**
   Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer as per Annexure VI and as disclosed in website (www.adityabirlahealth.com/healthinsurance) / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)

10. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons (Code- Excl13).

11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14).

12. Refractive Error - Expenses related to the treatment for correction of eye sight due to refractive error less than 7 .5 dioptres. (Code- Excl15)

13. **Unproven Treatments:(Code- Excl16)**
    Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

14. **Sterility and Infertility: (Code- Excl17)**
    Expenses related to sterility and infertility. This includes:
    i. Any type of contraception, sterilization
    ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
    iii. Gestational Surrogacy
    iv. Reversal of sterilization

15. **Maternity Expenses (Code - Excl18):**
    i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

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

II.Specific Exclusions

16. **Circumstantial Exclusion**
    a. Treatment arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, uprising, revolution, insurrection, military participation or involvement in naval, military or air force operation
    b. Usurped acts, nuclear weapons / materials, chemical and biological weapons, ionizing radiation, contamination by radioactive material or radiation of any kind, nuclear fuel, nuclear waste.
    c. The Insured Person's direct participation in terrorist acts;

17. **Behavioural Exclusions**
    a. Suicide or attempted suicide, wilfully self-inflicted injury;
    b. Illegal act of the Insured Persons
    c. Any treatment for Injury resulting from the consumption of alcohol or any intoxicating substance, its intake or abuse thereof
    d. the use of drugs (other than drugs taken under treatment prescribed and directed by a Medical Practitioner but not for the treatment of drug addiction);

18. **Medical Exclusions**
    a. All routine examinations and preventive health check-ups.
    b. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment)
    c. All treatments that are availed as an out-patient basis (without any Hospitalization) shall be excluded
    d. Preventive care, vaccination including inoculation and immunizations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing
    e. Admission for nutritional and electrolyte supplements unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
    f. External Congenital Anomalies, diseases or defects
    g. Stem cell therapy or surgery (except Hematopoietic stem cells for bone marrow transplant for hematological conditions), or growth hormone therapy or Hormone Replacement Therapy
    h. Dentures, implants and artificial teeth
    i. Cost incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose
    j. Non-allopathic treatment.

19. **Specific treatment Exclusion**
    a. Treatment for Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy, KTP Laser Surgeries, cyber knife treatment, Femto laser surgeries, bioabsorbable stents, bioabsorbable valves, bioabsorbable implants, Use of Radio Frequency (RF) probe for ablation.
    b. Activities and Profession Exclusions
    c. Treatment taken from a person not falling within the scope of definition of Medical Practitioner with any state medical council/ medical council of India.
    d. Treatment charges or fees charged by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical council.

e. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him in the same residence, except if pre-approved by Us

V. General Terms and Clauses

I. Standard General Terms & 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.

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. 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. ln the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

6. Claim Settlement (provision for Penal lnterest)

i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

ii. ln the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. ln such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

iv. ln case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of lndia (RBl) at the beginning of the financial year in which claim has fallen due)

7. Withdrawal of Policy

ln 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.

lnsured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

8. Possibility of Revision of Terms of the Policy lncluding the Premium Rates

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

9. 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. ln the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement

(if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

10. Premium Payment in instalments

lf 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/Certificate of lnsurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

i. Grace Period of 15 days would be given to pay the instalment premium due for the policy.
ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
iii. 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.
iv. No interest will be charged lf the instalment premium is not paid on due date
v. ln case of instalment premium due not received within the grace period, the policy will get cancelled.
vi. ln the event of a claim, all subsequent premium instalments shall immediately become due and payable.
vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

11. Redressal of Grievance

In case of a grievance, the Insured Person/ Policyholder can contact Us with the details through:
Our website: www.adityabirlacapital.com/healthinsurance
Email: care.healthinsurance@adityabirlacapital.com
Toll Free : 1800 270 7000
Address: Aditya Birla Health insurance Co. Limited
9th Floor, Tower 1, One World Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013

lnsured person may also approach the grievance cell at any of the company's branches with the details of grievance

lf lnsured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at
For updated details of grievance officer, refer the link https://www.adityabirlacapital.com/healthinsurance/#!/homepage

For senior citizens, please contact the respective branch office of the Company or call at 1800 270 7000 or may write an e- mail at seniorcitizen.abh@adityabirla.com.

lf lnsured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of lnsurance Ombudsman of the respective area/region for redressal of grievance as per lnsurance Ombudsman Rules 2017. The contact details of the Ombudsman offices are provided on Our website and in this Policy at Annexure A

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https:/igms.irda.gov.in/

II. Specific Terms and Clauses:

1. **Material Change**
   Material information to be disclosed includes every matter that the Policyholder is aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form and which is relevant to Us in order to accept the risk of insurance. The Policyholder must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement of the contract. The Policy terms and conditions will not be altered.

2. **Alterations in the Policy**
   This Policy constitutes the complete contract of insurance. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us.

3. **No Constructive Notice**
   Any knowledge or information of any circumstance or condition in relation to the Policyholder/ Insured Person which is in Our possession and not specifically informed by the Policyholder / Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

4. **Eligibility**

	Group Activ Secure - Personal Accident	Group Activ Secure - Critical Illness	Group Activ Secure - Hospital Cash
Minimum Entry Age	5 years	18 years	91 days for Hospital Cash Benefit and 5 years for Accidental Hospital Cash Benefit
Maximum Entry ages	85 years (Coverage will be provided to Individuals above 65 years on a case to case basis)	65 years	85 years (Coverage will be provided to Individuals above 65 years on a case to case basis)
Cover ceasing Age	90	NA	NA

Following relationships can be covered as dependants:

Self, lawfully wedded spouse (more than one wife)/ Partner (including same sex partners), son (biological/ adopted), daughter (biological/ adopted), mother (biological/ foster), father (biological/ foster), brother (biological/ step) sister (biological/ step, mother in-law, father in-law, son in-law, daughter in-law, brother in-law, sister in-law

For the purpose of this section, **Partner** shall be taken as declared at the time of Inception Date and no change in the same would be accepted during a Policy Period. However, an Insured Person may request for change at the time of Renewal of the cover).
It is further clarified that for the purpose of availing this Policy, the Policyholder shall ensure that the minimum number of employees/members who will form a group to avail the benefits under this Policy shall be 7.

5. **Short Period Cover**
   For Group Activ Secure - Personal Accident Section only, the Policy can be issued for a period from one day to 364 days.

6. **On- Duty Cover**
   For Group Activ Secure - Personal Accident Section only, Policy can be issued for restricted time period of the day i.e. work duty hours only.

7. **Unnamed Policy Cover**
   For Group Activ Secure - Personal Accident Section only, Policies can be issued on an un-named basis.

8. **Geography**
   This Policy applies to events or occurrences taking place anywhere in the world unless limited under this Policy in a particular Benefit or definition or by Us through an endorsement.
   In case of group Critical Illness, Benefits shall be paid to an Insured Person provided he/ she is the Resident of India.
   Resident for the purpose of this Clause shall mean and include a person who satisfies the conditions prescribed under the Income Tax Act for treating a person as Resident of India for that Financial Year.

9. **Grace Period**
   The Policy may be renewed by mutual consent 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 Illness/Injury/ Accident that occurred during the Grace Period. The provisions of Section 64VB of the Insurance Act 1938 shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover.

10. **Renewal Terms**
    The Policy may be renewed by mutual consent 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 (as stated above).
    Renewals will not be denied except on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material facts or non-co-operation by the Insured Person.

    We may, revise the Renewal premium payable under the Policy or the terms of cover, provided that all such changes are approved in accordance with the IRDAI rules and regulations as applicable from time to time.
    Renewal premium will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.

11. **Portability**

Upon the Insured Person ceasing to be an employee/member of the Policyholder or Us discontinuing/withdrawing this product, such Insured Person shall have the option to migrate to an approved retail health insurance policy available with Us, provided that:

i. Continuity of benefits will be provided for the period based on the number of years of continuous coverage under this Policy with Us.
ii. We should have received the application for Portability with complete documentation at least 45 days before ceasing to be an employee of the Policyholder.
iii. We may subject such proposal to Our medical underwriting and decide the terms and conditions upon which We may offer cover, the decision as to which shall be in Our sole and absolute discretion.

After maintaining the retail health insurance policy with Us for a period of one year, the Insured Person may port the policy to any other retail product offered in the market in accordance with applicable law.

12. **Communication & Notices**

Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

i. The Policyholder's, at the address as specified in the Policy Schedule
ii. To Us , at the address specified in the Policy Schedule.
iii. No insurance agents, brokers, other person or entity is authorised to receive any notice on the behalf of Us unless explicitly stated in writing by Us.

13. **Premium**

The premium for each Policy will be determined based on the available data of each group and applicable discounts and loadings. Payment of premiums will be available in single mode or instalment options of monthly/ quarterly/ half yearly as agreed with the Policyholder.

14. **Special Provisions**

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

15. **Cancellation**

In case You are not satisfied with the Policy or our services, You can request for a cancellation of the policy by giving 15 days' notice in writing.

Refund Grid					
In-forced period of Policy (in Months)	Policy Tenure				
	12	24	36	48	60
1	73%	77%	78%	78%	79%
3	60%	70%	73%	75%	76%
6	40%	60%	67%	70%	72%
12	Nil	40%	53%	60%	64%

18		20%	40%	50%	56%
24		Nil	27%	40%	48%
30			13%	30%	40%
36			Nil	20%	32%
42				Nil	24%
48					16%
54					8%
60					Nil

You further understand and agree that We may cancel the Policy by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to Your last known address on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material fact by You without any refund of premium. We may also cancel the Policy with refund of premium in case of non-cooperation by You or the Insured Person.

16. **Electronic Transactions**

The Policyholder agrees to comply with all the terms and conditions of electronic transactions as We shall prescribe from time to time, and confirms that all transactions effected facilities for conducting remote transactions such as the internet, World Wide Web, electronic data interchange, call centres, 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, in respect of this Policy and claim related details, shall constitute legally binding when done in compliance with Our terms for such facilities.

Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Policyholder. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated / confirmed by the Policyholder.

17. **Policy Dispute**

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

18. **Records to be maintained**

You shall keep an accurate record containing all relevant medical records and shall allow Us or our representative(s) to inspect such records. You or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.

19. **Assignment**

The Policy and the benefits under this Policy cannot be assigned in whole or in part.

Section VI. Other Terms and Conditions:

1. Claims Process: For Group Activ Secure - Personal Accident section:

A. Intimation of Claim

We shall be given an intimation by calling Our call centre or by e-mail or by fax or by writing to Our office address along with the following details within 7 days from the date of Accident:

(1) The Policy number;
(2) Name of the Policyholder;
(3) Name and address of the Insured Person in respect of whom the request is being made;
(4) Photo ID, KYC documents
(5) Nature of Illness or Injury and the treatment/Surgery taken;
(6) Name and address of the attending Medical Practitioner;
(7) Hospital where treatment/Surgery was taken;
(8) Date of admission and date of discharge;
(9) Approximate expenses or approximate length of stay towards Hospitalization for Illness / Injury or percentage of disability.

Any other information that may be relevant to the Illness/ Injury/ Hospitalization

B. Claims Submission

The following documents as per the Benefit being sought must be provided to Us within 30 days of the occurrence of the event giving rise to a claim under the Policy.

Documents required for all Benefits

(a) Duly completed personal accident policy claim form signed by Nominee or Insured Person
(b) Photo ID of Insured Person & Nominee (where applicable)
(c) Claim intimation or claim reference number
(d) Attested copies of KYC documents of Insured Person & Nominee (where applicable) - PAN card, ration card, voter ID, etc.
(e) Original discharge card / day care summary / transfer summary (where applicable)
(f) Attested copy of medico legal certificate copy / first information report copy / Panchnama (spot / inquest) where applicable
(g) Copies of consultation letters detailing the treatment taken immediately after Accident. where applicable
(h) Radiological investigation reports like X ray, CT scan, MRI etc with films supporting the diagnosis of Injury
(i) Copies of medical documents towards treatment taken during disability period, including discharge summary of the Hospital where applicable
(j) Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details and patient's progress. where applicable
(k) In Case of employer – employee relationship:

* Employer certificate confirming the employee details, designation and sum insured (In case of unnamed policy)

* Total Head count of employee – designation or grade wise (In case of unnamed policy)* Copy of Company Accident notification register (if accident happened in Office / Factory / Plant)

(l) Bank account detail form stating bank name, branch name, MICR code, IFSC code, account number and account type - duly signed by Nominee along with personalised cancelled cheque i.e. name of account holder printed on it or copy of 1st page of pass book or bank account statement.

Documents required for Specific Benefits

If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation in respect of that request.

1) Accidental Death

(a) Attested copy of the death certificate issued by Government / Municipal Authorities
(b) Attested copy of cause of death certificate issued by treating Medical Practitioner/ Hospital
(c) Copy of burial certificate (wherever applicable)
(d) Attested copy of post-mortem Report
(e) Attested copy of viscera report and chemical analysis report
(f) Attested copy of witness statement (if available)
(g) Hospitalization and treatment papers (if available)
(h) Translation of all vernacular documents in English duly notarized.
(i) Salary slip with seal and signature of authorized signatory of the organization (if employed)
(j) Last 3 years financial years Income Tax Return for self-employed persons
(k) Legal heir certificate containing affidavit and indemnity bond both duly signed by all legal heirs and notarized (If Nominee name is not mentioned on Policy Schedule or Certificate of Insurance or Nominee is a minor, then legal guardian.)

2) Permanent Total Disablement / Permanent Partial Disablement

(a) Attested copy of disability certificate issued by Civil Surgeon of District Hospital mentioning the type and percentage of disability.
(b) Original photograph of the Insured Person reflecting the disablement or injured part for which the claim is made
(c) Leave records with seal and signature of authorized signatory of the organization (if employed)
(d) Salary slip with seal and signature of authorized signatory of the organization (if employed)
(e) Last 3 years financial years Income Tax Return for self-employed persons

3) Temporary Total Disablement

(a) Attested copy of disability certificate issued by Civil Surgeon of District Hospital mentioning the type and percentage of disability.
(b) Original photograph of the Insured Person reflecting the disablement or injured part for which the claim is made
(c) Leave records with seal and signature of authorized signatory of the organization (if employed)
(d) Salary slip with seal and signature of authorized signatory of the organization (if employed)
(e) Last 3 years financial years Income Tax Return for self-employed persons

4) Recovery Benefit

(a) Photocopy of Hospitalization documents:- i.e. discharge card, final Hospital bill, indoor case papers, etc.
(b) Any other document as per the check list for Hospitalization / In- patient claims in order to ascertain the genuineness of claim

5) Road Ambulance:

(a) Original invoice and paid receipt

6) Accidental In-patient Hospitalization (limited to India)

(a) Original discharge card / day care summary / transfer summary
(b) Original final Hospital bill with all original deposit and final payment receipt.

(c) Original invoice with payment receipt and implant stickers for all implants used during Surgeries i.e. sticker & invoice of nails, plates, screws, wires, implants, etc.
(d) All original diagnostic reports (including imaging and laboratory) along with the Medical Practitioner's prescription and invoice / bill with receipt from diagnostic center.
(e) All original medicine / pharmacy bills along with the Medical Practitioner's prescription.
(f) Medico legal certificate copy / first information report copy
(g) Copy of death summary and death certificate (in death claims only)
(h) Pre and post- operative imaging reports – where applicable
(i) Copy of the Hospital's registration certificate / copy of Form C in case of Hospitalization.

For Contribution Claims Only:

- Photocopy of entire claim document duly attested by previous insurer or TPA.
- Original payment receipts for expenses not claimed/settled by the previous insurer.
- Discharge voucher/settlement letter by previous insurer.

7) Transportation of Imported Medicine

(a) Original treating Medical Practitioner's prescription for use of imported medicine.
(b) Original freight invoice for such imported medicines.
(c) Document pertaining to the section under which the benefit is payable i.e. Permanent Total Disablement, Permanent Partial Disablement Benefit, Temporary Total Disablement or Accidental In-patient Hospitalization

8) Burns Benefit:

(a) Treating Medical Practitioner's certificate stating:
  i. Incident details of Accident / trauma.
  ii. Degree of burns & extent of area involved
  iii. Cause of burns whether Accidental or self inflicted
  iv. Whether the patient was under the influence of alcohol or any intoxicating substance during incident / accident.
  v. Photo of the Burns
(b) Medico Legal Certificate copy / First Information Report Copy

9) Broken Bones Benefit:

(a) All documents listed under Permanent Total Disablement / Permanent Partial Disablement and Temporary Total Disablement
(b) All original diagnostic reports (including imaging and laboratory) along with Medical Practitioner's prescription and invoice / bill with receipt from diagnostic center
(c) Pre and post operative radiological imaging reports with films confirming the extent of the fracture
(d) Medico legal certificate copy / first information report copy / Panchnama (spot / nquest)
(e) Medical documents / Hospital records evidencing the fracture.

10) Out-patient Expenses

(a) Original medicine prescription and advice from treating Medical Practitioner
(b) Original invoices, bills, receipts of Medical Practitioner consultations / laboratory reports / radiology investigations / pharmacy bills
(c) Original investigation report(s)

11) Funeral Expenses:

(a) All documents listed under Accidental Death benefit, invoice and payment receipt for expenses incurred during funeral.

12) Medical Expenses

(a) All documents listed under Accidental In-patient Hospitalization (limited to India) (under Section II.7) and Out-patient Expenses Benefit (under Section III.12)

13) Repatriation of Mortal Remains:

(a) All documents listed under Accidental Death benefit
(b) Proof of Repatriation (bills and payment receipt of transportation)

14) Hospital Cash:

(a) Photocopy of Hospitalization documents:- i.e. discharge card, final Hospital bill, indoor case papers, etc.
(b) Any other document as per the check list for Hospitalization / In- patient claims in order to ascertain the genuineness of claim

15) Damage to Personal Protective Equipment:

(a) Evidence of Injury due to an Accident
(b) Evidence of damage of equipment mitigating risk to health and safety

16) Coma Benefit:

(a) All documents listed under Permanent Total Disablement / Permanent Partial Disablement
(b) Condition of coma as confirmed by a specialist Medical Practitioner which documents:
   i. No response to external stimuli continuously for at least 96 hours
   ii. Life support measures are necessary to sustain life
   iii. Cause of coma
   iv. Whether coma has resulted from alcohol consumption or any intoxicating substance
   v. Clinical summary of the comatose patient (original discharge card / day care summary / transfer summary)

17) Modification Benefit (Residence):

(a) All documents listed under Permanent Total Disablement / Permanent Partial Disablement original bills and payment receipt of actual expenses incurred towards improvements carried out in the Insured Person's residence following the Insured Person's disablement

18) Modification Benefit (Vehicle):

(a) All documents listed under Permanent Total Disablement / Permanent Partial Disablement original bills and payment receipt of actual expenses incurred towards improvements carried out in the Insured Person's or vehicle following the Insured Person's disablement

19) Cost of Support Items:

(a) Document pertaining to the section under which the Benefit is payable i.e. Permanent Total Disablement / Permanent Partial Disablement / Temporary Total Disablement
(b) Prescriptions of treating specialist Medical Practitioner for support items
(c) Original invoice of actual expenses incurred

20) Education Fund for Children

(a) Document pertaining to the section under which the Benefit is payable i.e. Accidental Death and Permanent Total Disablement
(b) Proof of relationship with the Insured and Age proof of the Dependent Child

21) Marriage Fund for Children:

(a) Document pertaining to the section under which the benefit is payable i.e. Accidental Death Benefit and Permanent Total Disablement
(b) Proof of relationship of the child with the Insured Person

22) Orphan Benefit:

(a) All documents listed under Accidental Death Benefit
(b) Age proof of the surviving Dependent Child

23) Disappearance Benefit

(a) FIR/ missing complaint
(b) Proof of Accident
(c) Confirmation of death/certificate of death (legal assumption of death) post completion of relevant period applicable under law
(d) Certification of death by the local police authorities (where the Accident took place)
(e) Translation of all vernacular documents in English duly notarized.

24) Compassionate Visit:

(a) All documents listed under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement Benefit
(b) ticket of the Immediate Relative of the Insured Person to travel to the place of Hospitalization of the Insured Person
(c) Original bills and payment receipt for travel expense incurred
(d) proof of the relationship of the 'Immediate Relative' as defined in the Policy (such as marriage certificate, ration card)

25) Sports Activity Cover

(a) All documents listed under Accidental Death Benefit & Permanent Total Disablement / Permanent Partial Disablement Benefit

26) Loss of Job:

(a) Document pertaining to the section under which the following Benefit is payable i.e. Permanent Total Disablement / Permanent Partial Disablement
(b) Loss of employment/termination letter indicating the reason for termination.
(c) Proof of employment (appointment letter / salary slips)

27) Rehabilitation/ Counseling Benefit:

(a) Document pertaining to the section under which the following Benefit is payable i.e. Permanent Total Disablement / Permanent Partial Disablement
(b) A certificate from the treating consultant stating;
    i. Indication and advice for rehabilitation and counseling
    ii. Medical document evidencing counseling and specialist consultation

(c) Original invoices & receipts for the treatment given by such specialist / counsellor.

28) Second E Opinion:

(c) All documents listed under Permanent Total Disablement & Permanent Partial Disablement Benefit

29) Domestic Travel for Medical Treatment

(a) Document pertaining to the section under which the following benefit is payable i.e. Accidental Death/ Permanent Total Disablement / Permanent Partial Disablement
(b) All documents listed under Hospitalization / In- patient claims Benefit
(c) Original invoice of the travel expenses incurred
(d) The original ticket / boarding pass indicating the travel dates
(e) Medical Advice / certificate / fitness certificate for travel
(f) Prescription from the Medical Practitioner stating the line of medical treatment, the facility where medical treatment needs to be sought and the unavailability of such treatment in the current facility
(g) For Accident cases – copy of police report, Injury certificate issued by State Government Undertaking Hospital to assess the severity of disability.

30) Chauffeur Benefit

(a) Document pertaining to the section under which the Benefit is payable i.e. Permanent Total Disablement / Permanent Partial Disablement Benefit
(b) RC book copy of the Insured Person's vehicle
(c) Documented evidence of utilization of chauffeur service with bills / receipts

C. For Sections III.1.A.7 (Accidental In-patient Hospitalisation) OR III.1.A.14 (Medical Expenses), as applicable, please follow the process as under for Cashless Hospitalization:

1. For Availing Cashless facility

i. Cashless facilities can be availed only at Our Network Providers. The complete list of Network Providers is available on Our website and at Our branches and can also be obtained by contacting Us over the telephone.
ii. We reserve the right to modify, add or restrict any Network Provider for Cashless facilities at Our sole discretion. Before availing Cashless facilities, please check the applicable updated list of Network Providers.

a. <u>Process to be followed for availing Cashless facilities in Emergencies</u>

(i) We must be contacted to pre-authorise Cashless facility within 24 hours of the Insured Person's Hospitalization if the Insured Person has been Hospitalized in an Emergency. Each request for pre-authorisation must be accompanied with all the following details:
    (1) The health card We have issued to the Insured Person supported with the Insured Person's KYC documents.
    (2) The Policy number;
    (3) Name of the Policyholder;
    (4) Name and address of Insured Person in respect of whom the request is being made;
    (5) Nature of the Injury and the treatment/Surgery required;
    (6) Name and address of the attending Medical Practitioner;
    (7) Hospital where treatment/Surgery is proposed to be taken;
    (8) Proposed date of admission.

(ii) If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation in respect of that request.

(iii) When We have obtained sufficient details to assess the request, We will issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim, applicable Deductibles and non-payable items, if applicable, or reject the request for pre-authorisation specifying reasons for the rejection.

(iv) Once the request for pre-authorisation has been granted, the treatment must take place within 15 days of the pre-authorization date at a Network Provider and pre-authorization shall be valid only if all the details of the authorized treatment, including dates, Hospital and locations, match with the details of the actual treatment received. For Hospitalization where Cashless facility is pre-authorised by Us, We will make the payment of the amounts assessed to be due directly to the Network Provider.

b. Process for Obtaining Pre-Authorisation for Planned Treatment:

(i) We must be contacted to pre-authorise Cashless facility for planned treatment at least 72 hours prior to the proposed treatment. Each request for pre-authorisation must be accompanied with all the following details:

(1) The health card We have issued to the Insured Person supported with the Insured Person's KYC documents.
(2) The Policy number;
(3) Name of the Policyholder;
(4) Name and address of Insured Person in respect of whom the request is being made;
(5) Nature of the Injury and the treatment/Surgery required;
(6) Name and address of the attending Medical Practitioner;
(7) Hospital where treatment/Surgery is proposed to be taken;
(8) Proposed date of admission.

(ii) If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation in respect of that request.

(iii) When we have obtained sufficient details to assess the request, We will issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim, applicable Deductibles and non-payable items, if applicable, or reject the request for pre-authorisation specifying reasons for the rejection.

2 Claims Process: For Group Activ Secure - Critical Illness section

A. Intimation of Claim

We shall be given an intimation by calling Our call centre or by e-mail or by fax or by writing to Our office address along with the following details within 7 days of the diagnosis of the Critical Illness:

(1) The Policy number;
(2) Name of the Policyholder;
(3) Name and address of the Insured Person in respect of whom the request is being made;
(4) Photo ID, KYC documents
(5) Nature of Illness or Injury and the treatment/Surgery taken;
(6) Name and address of the attending Medical Practitioner;
(7) Hospital where treatment/Surgery was taken;

(8) Date of admission and date of discharge;
(9) Approximate expenses or approximate length of stay towards Hospitalization for Illness / Injury or percentage of disability

Any other information that may be relevant to the Illness/ Injury/ Hospitalization

B. Claims Submission

1. Critical Illness Benefit

The Insured Person at their own expenses shall submit the following documents within 90 (ninety) days of the earliest of the date of first diagnosis of the Critical Illness/ date of Surgical Procedure or date of occurrence of the medical event, as the case may be:

- Duly completed and signed claim form in original as prescribed by Us
- Medical certificate confirming the diagnosis of Critical Illness
- Certificate from attending Medical Practitioner confirming that the claim does not relate to any Pre-Existing Disease or Injury or any Illness or Injury which was diagnosed within the first 90 days of the Inception Date
- Discharge certificate/ card from the Hospital, if any
- Investigation test reports confirming the diagnosis,
- First consultation letter and subsequent prescriptions
- Indoor case papers if applicable
- KYC documents
- Specific documents listed under the respective Critical Illness
- Any other documents as may be required by Us
- In the cases where Critical Illness arises due to an accident, FIR copy or medico legal certificate will be required wherever conducted

We may call for any additional documents/information as required based on the circumstances of the claim.

2. Education Fund for Children

- Specific documents pertaining to the Critical Illness under which the Benefit is payable
- Proof of relationship with the Insured Person and Age proof of the Dependent Child

3. Marriage Fund for Children

- Specific documents pertaining to the Critical Illness under which the Benefit is payable
- Proof of relationship of the child with the Insured Person

4. Rehabilitation/ Counseling benefit

- Specific documents pertaining to the Critical Illness under which the Benefit is payable
- A certificate from the treating consultant stating;
  a) Indication and advice for rehabilitation and counseling
  b) Medical document evidencing counseling and specialist consultation

iii. Original invoices and receipts for the treatment given by such specialist / counsellor.

5. Loan Protection

- Specific documents pertaining to the Critical Illness under which the Benefit is payable
- Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amounts, EMI payment track with Principal Outstanding

3. Claims Process: For Group Activ Secure – Hospital Cash section:

A. Intimation of Claim

We shall be given an intimation by calling Our call centre or by e-mail or by fax or by writing to Our office address along with the following details within 7 days of admission in the Hospital

(1) The Policy number;
(2) Name of the Policyholder;
(3) Name and address of the Insured Person in respect of whom the request is being made;
(4) Photo ID, KYC documents
(5) Nature of Illness or Injury and the treatment/Surgery taken;
(6) Name and address of the attending Medical Practitioner;
(7) Hospital where treatment/Surgery was taken;
(8) Date of admission and date of discharge;
(9) Approximate expenses or approximate length of stay towards Hospitalization for Illness / Injury or percentage of disability

Any other information that may be relevant to the Illness/ Injury/ Hospitalization

B. Claims Submission

The following documents as per the benefit being sought must be provided to Us within 30 days of the occurrence of the event giving rise to a claim under the Policy or date of discharge from the Hospital.

(d) Duly filled claim form
(e) Photo ID and Age proof
(f) Photocopy of discharge card / day care summary / transfer summary
(g) Photocopy of the final bill
(h) Photocopy of the invoice and payment receipt.
(i) Photocopy of previous consultation papers indicating history and treatment details for current ailment.
(j) Photocopy of all diagnostic reports (including imaging and laboratory) along with the medical prescription & copy of invoice / bill and receipt from the diagnostic center.
(k) Photocopy of MLC / FIR copy – in Accidental cases only
(l) Photocopy of death summary & death certificate (in death claims only)
(m) KYC documents

If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation in respect of that request.

Please refer to Section on Terms and Conditions for general provisions pertaining to Claims Administration, Processing, Assessment and Repudiation.

4. Claims terms applicable to all benefits under the Policy

The fulfillment of the terms and conditions of this Policy (including payment of premium in full and on time) insofar as they relate to anything to be done or complied with by the Insured Person, including complying with the following in relation to claims, shall be conditions precedent to admission of Our liability under this Policy:

(1) On the occurrence or discovery of any Illness or Injury that may give rise to a claim under this Policy, the claims procedure set in the Policy shall be followed.
(2) The directions, advice and guidance of the treating Medical Practitioner shall be strictly followed. We shall not be obliged to make any payments that are brought about or contributed to as a consequence of or failure to follow such directions, advice or guidance.
(3) If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our

representatives must be permitted to inspect the medical and Hospitalisation records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.

(4) We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim.

5. Claims Assessment & Repudiation – Applicable to all benefits under the Policy

(a) At Our discretion, We may investigate claims to determine the validity of a claim. This investigation will be conducted within 15 days of the date of assigning the claim for investigation and not later than 6 months from the date of receipt of claim intimation. All costs of investigation will be borne by Us and all investigations will be carried out by those individuals/entities that are authorised by Us in writing.

(b) If there are any deficiencies in the necessary claim documents which are not met or are partially met, We will send a deficiency letter within 10 days of receipt of the claim documents.

(c) If deficiency is not met or partially met then we will send maximum of 3 (three) reminders following which We will send a rejection letter or make a part-payment if we have not received the deficiency documents after 45 days from the date of the initial request for such documents. However, documents/ details received beyond such period shall be considered if there are valid reasons for any delay.

(d) We may decide to deduct the amount of claim for which deficiency is intimated to the Insured Person and settle the claim if We observe that such a claim is otherwise valid under the Policy.

(e) We shall settle or repudiate a claim within 30 days of the receipt of the last necessary information and documentation set out above. In case of any suspected fraud, the last "necessary" document will include the receipt of the investigation report from Our investigator/representatives.

(f) Payment for reimbursement claims will be made to the Insured Person. In the unfortunate event of the Insured Person's death, We will pay the Nominee named in the Policy Schedule or Certificate of Insurance or their legal heir or legal representatives holding a valid succession certificate.

(g) In case of delay in payment, We shall be liable to pay 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 Us.

For details on the claims process or assistance during the process, the Insured Person may contact Us at Our call centre on the toll free number specified in the Policy Schedule or through the website

Annexure [A]: Ombudsman

CONTACT DETAILS	JURISDICTION OF OFFICE
AHMEDABAD – 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	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 | Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 | Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 | Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 | Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi
GUWAHATI 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	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C.	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 | Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@cioins.co.in	Rajasthan.
ERNAKULAM 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 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 | Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 | Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.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 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@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA 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@cioins.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 Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE 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 - 41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman offices are available on the IRDAI website: ww.irdai.gov.in, on the website of Council of Insurance Ombudsman http://www.cioins.co.in/ombudsman.html, Our website at: adityabirlahealth.com or can be obtained from any of Our offices.