

**LIFE INSURANCE CORPORATION OF INDIA**  
(Established by the Life Insurance Corporation Act, 1956)

**LIC's Non-linked Health Plan (UIN: 512N266V01)**

THE LIFE INSURANCE CORPORATION OF INDIA (hereinafter called 'Corporation') having received a Proposal and Declaration and the first premium from the Proposer and the Principal Insured named in the Schedule referred to herein below and the said Proposal and Declaration with the statements contained and referred to therein having been agreed to by the Proposer and Corporation as basis of this assurance do by this Policy agree, in consideration of and subject to due receipt of the subsequent premiums as set out in the Schedule, to pay the Benefits but without interest at the authorized/ designated office of the Corporation where this policy is serviced to the person or persons to whom the same is payable in terms of the said Schedule, on proof to the satisfaction of the Corporation of the Benefits having become payable as set out in the Schedule, of the title of the said person or persons claiming payment and the correctness of the age of the Insured stated in the Proposal if not previously admitted.

And it is hereby declared that this Policy of Assurance shall be subject to the 'Conditions and Privileges' attached herewith and that the following Schedule and every endorsement placed on the Policy by the Corporation shall be deemed part of this Policy.

**SCHEDULE**

|  |  |   |               |               |               |               |
|--|--|---|---------------|---------------|---------------|---------------|
| Policy Number  |  | Proposal Number                                     |               |               |               |               |
| Date of Commencement of Policy   |  | Date of Proposal                                    |               |               |               |               |
| No of members covered  |  | Plan  |               |               |               |               |
| Mode of premium payment  |  | Installment Premium due on                          |               |               |               |               |
| Name, Sex and Address of Principal Assured   |  | Total Instalment Premium                            |               |               |               |               |
|  |  | Name, sex and Relationship (to PI) of other Insured |               |               |               |               |
|  |  |   |               |               |               |               |
|  |  |   |               |               |               |               |
|  |  |   |               |               |               |               |
| Name, age and relationship of Nominee under Section 39 of the Insurance Act 1938   |  |   |               |               |               |               |
| <b>Particulars of the Insured and details of the Insurance Cover</b>   |  |   |               |               |               |               |
|  | Particulars                                | Principal Insured                                   | Other Insured | Other Insured | Other Insured | Other Insured |
| 1  | Date of Birth                              |   |               |               |               |               |
| 2  | Whether age admitted                       |   |               |               |               |               |
| 3  | Initial Daily Benefit (Rs.)                |   |               |               |               |               |
| 4  | Date of Cover commencement                 |   |               |               |               |               |
| 5  | Date of Cover Expiry under Basic Plan      |   |               |               |               |               |
| 6  | Date of Cover Expiry for optional Rider(s) |   |               |               |               |               |
| 7  | Accident Benefit Sum Assured (Rs.)         |   |               |               |               |               |
| 8  | Term Assurance Sum Assured (Rs.)           |   |               |               |               |               |
| 9  | Instalment premium (Rs.)                   |   |               |               |               |               |
| 10   | Exclusions and Disorders                   |   |               |               |               |               |
| 11   | Due Date of Payment of last premium        |   |               |               |               |               |
| For details of general exclusions under the Policy refer policy Conditions   |  |   |               |               |               |               |
| For details about reviewability of installment premiums refer policy Conditions  |  |   |               |               |               |               |
| <b>TO WHOM BENEFITS ARE PAYABLE.</b> The Principal Insured or Insured Spouse or his/her Nominees or proving Executors or Administrators or other Legal Representatives who should take out representation to his/ her Estate or limited to the moneys payable under this Policy subject to any order from any Court of any State or Union Territory of India |  |   |               |               |               |               |

**Period during which premium payable:** Till the stipulated Due Date of Payment of last premium or earlier termination of Insurance Cover as specified in the terms and conditions of this Policy

**Special Provisions:**

- (1) **Accident Benefit Rider:** If Accident Benefit Rider is opted for and the premiums paid, clause 17 of “Conditions and Privileges” shall apply for an amount equal to the Accident Benefit Sum Assured. If Accident Benefit cover is not opted for, clause 17 of “Conditions and Privileges” shall not apply.
- (2) **Term Assurance Rider:** If this rider is opted and the premiums paid, clause 18 of “Conditions and Privileges” shall apply for an amount equal to the Term Assurance Sum Assured. If this rider is not opted for, clause 18 of “Conditions and Privileges” does not apply.
- (3) Installment Premium for Basic Plan as stated in the Schedule are guaranteed for 3 years from the Date of Commencement of Policy. Installment Premium for Basic Plan for future years will be subject to revision based on the Corporation’s experience as specified in clause 10 of “Conditions and Privileges”.

Signed on behalf of the Corporation at the Branch Office whose address is given at the back of the policy

**Examined by**

**Date**

**Form NO.**

\_\_\_\_\_  
**p.Chief / Senior/Branch Manager**

|  |  |
|--|--|
| <b>Agency Code</b>                     |  |
| <b>Agency Name</b>                     |  |
| <b>Mobile Number / Landline Number</b> |  |

## CONDITIONS AND PRIVILEGES WITHIN REFERRED TO

### 1. DEFINITIONS:

The following words or terms shall have the meaning ascribed to them wherever they appear in this **Policy**, and references to the singular or to the masculine shall include references to the plural or to the female wherever the context so permits;

- i) **Accident** means a sudden, unintended, fortuitous, violent, visible and external event and does not include any naturally occurring condition or degenerative process.
- ii) **Accidental Bodily Injury** means physical bodily harm or injury (but does not include any mental sickness, disease or illness) which is caused by an Accident which first occurs during the Cover Period of the policy and requires inpatient treatment or surgery in a Hospital by a Physician or surgeon, as the case may be;
- iii) **Applicable Daily Benefit** means the amount of Daily Benefit in a Policy Year reckoned as follows:
  - a) In the Policy Year being the first year of cover starting from the Date of Cover Commencement in respect of an Insured under this Policy, the Applicable Daily Benefit due to Hospitalization shall be equal to the Initial Daily Benefit mentioned in the Schedule.
  - b) After the first year of cover and for each Policy Year commencing at a Policy anniversary on or after the first Policy anniversary and during the Cover Period in respect of an Insured, the Applicable Daily Benefit of the previous Policy Year shall be increased by arithmetic addition of an amount equal to 5% (five percent) of the Initial Daily Benefit. This shall be further enhanced if the policy attracts and is eligible for "No Claim Benefit" (as defined in clause 14(I)). And the resulting amount shall be the Applicable Daily Benefit for that Policy Year.

Thus, the Applicable Daily Benefit for each policy year, after the first policy year, shall consist of 2 parts:

    - An arithmetic addition of an amount equal to 5% (five percent) of the Initial Daily Benefit to the Applicable Daily Benefit of the previous Policy Year. Such increase in the Applicable Daily Benefit shall be effected on each Policy anniversary during the Cover Period and shall continue until it attains a maximum amount of 1.5 times the Initial Daily Benefit Thereafter, this amount in each Policy Year in future shall remain at that maximum level attained.
    - Further arithmetic addition of an amount equal to "No Claim Benefit" as defined in clause 14(I) provided the policy attracts and is eligible for it. There shall be no maximum limit for such increase which means that if this policy is eligible for "No Claim Benefit", the same shall be granted throughout the Cover Period without any maximum limit.
- iv) **Appropriate Authority** means those Governmental or regulatory bodies set up by the State or Central Government from time to time that are solely responsible for registering, permitting and monitoring hospitals and other similar places where medical treatment is provided;
- v) **Automatic Renewal Date** occurs in respect of each Insured on every third policy anniversary during the Cover Period starting from the Date of Cover Commencement for the Principal Insured. On every Automatic Renewal Date, subject to continued payment of premiums, Cover under the Policy will be extended for each Insured till the next Automatic Renewal Date unless the Cover terminates earlier as specified in the terms and conditions of this Policy;
- vi) **Cover Period** means the period between the Date of Cover Commencement and the corresponding Date of Cover Expiry (both dates inclusive) in respect of each Insured as specified in the Schedule, unless the Insurance Cover terminates earlier as specified in the terms and conditions of this Policy;
- vii) **Daily Benefit** means the amount of benefit payable per day;
- viii) **Date of Cover Commencement** means the date of commencement of cover under the policy for each Insured as specified in the Schedule;
- ix) **Date of Cover Expiry under the Basic Plan** means the date on which the health cover under the policy ceases for each Insured as specified in the Schedule ;
- x) **Date of Cover Expiry for optional rider(s)** means the date on which the cover under optional rider(s) under the policy ceases for each Insured as specified in the Schedule ;
- xi) **Date of Revival** is described in clause 13 and is relevant in the event that the Policy is revived after discontinuance of the Cover;
- xii) **Hospital** means an institution in India established for indoor care, offers allopathic treatment only for sickness and/or injuries and which:
  - a) is registered as a hospital or nursing home with the Appropriate Authorities and is under the supervision of a registered and qualified Physician, and
  - b) provides all the following facilities:
    - at least 10 inpatient beds , and

- a fully equipped operation theatre of its own where surgical operations are carried out, and
  - fully qualified nursing staff under its employment 24 hours per day, and
  - fully qualified Physicians in supervision 24 hours per day, and
  - maintains a daily medical record for each of its patients.
- c) For the purpose of this Policy, the term Hospital shall not include any institution which is primarily a rest home or convalescent facility, a place for custodial care, a facility for the aged or alcoholic or drug addicts or for the treatment of psychiatric or mental disorders; even if the institution has been registered as a hospital or nursing home with the Appropriate Authorities;
- xiii) **Hospitalization** means the Insured's required stay as an inpatient in a Hospital within India for medically necessary treatment following and due to Accidental Bodily Injury or Sickness;
- xiv) **Hospital Cash Benefit** means the benefit as specified under clause 2(I) below, subject to the terms and conditions of this Policy;
- xv) **Insured** means the person covered for the benefits under this Policy and shall include the Principal Insured , the Insured Spouse (if included by the Principal Insured) , the Insured Children (if included by the Principal Insured) and Insured Parents (if included by the Principal Insured) whose names are specified in the Schedule or in a valid endorsement made by the Corporation to the Schedule ;
- xvi) **Insured Child** means the named person(s) specified as such in the Schedule (under Relationship to Principal Insured), being a surviving legitimate child of the Principal Insured and of the Insured Spouse;
- xvii) **Insured Spouse** means the named person specified as such in the Schedule (under Relationship to Principal Insured), being the surviving legal spouse of the Principal Insured
- xviii) **Insured Parents** means the named person/persons specified as such in the Schedule (under Relationship to Principal Insured), being a surviving legitimate father and mother of the Principal Insured or being a surviving legitimate father in law and mother in law of the Principal Insured.
- xix) **Intensive Care Unit (ICU)** means a special ward in any Hospital that is used for the sole purpose of the treatment of patients with a critical or exigent condition, and where the patient is under 24 hour care and monitoring, by a Physician and a Nurse;
- xx) **Major Surgical Benefit** means the benefit as specified under clause 2(II) below, subject to the terms and conditions of this Policy;
- xxi) **Nurse** means a person who holds a certificate of a recognised Nursing Council;
- xxii) **Physician/ Surgeon** means a qualified allopathic medical practitioner holding a valid and subsisting license, granted by the appropriate licensing authority, and practicing within the scope of his license.
- xxiii) **Policy** means the proposal, the Schedule, Major Surgical Benefit Annexure and Day Care Procedure Benefit Annexure, the Policy document, and any endorsements attaching to or forming part thereof;
- xxiv) **Policy Year** means a period of one year between any two consecutive Policy anniversaries, commencing on a Policy anniversary and ending one day prior to the next succeeding Policy anniversary, during the continuance of policy ;
- xxv) **Pre-existing Condition** means any medical condition or any related condition (e.g. illnesses, symptoms, treatments, pains) that have arisen at some point prior to the Date of Cover Commencement or Date of Revival (if the Policy is revived after discontinuance of the Cover) in respect of each Insured, irrespective of whether any medical treatment or advice was sought. Any such condition or related condition about which the Principal Insured or other Insured knew or could reasonably have been assumed to have known, will be deemed to be pre-existing. The following conditions will also be deemed to be pre-existing:
- a) Conditions arising between signing the application form and confirmation of acceptance by the Corporation
  - b) Any sickness, illness, complication or ailment arising out of or connected to the pre-existing condition
- xxvi) **Principal Insured** means the named person with such title as specified in the Schedule. In case of death or expiry of cover of Principal Insured, the surviving Insured Spouse shall become the Principal Insured provided the option is exercised at the beginning of the contract and the policy will continue.
- xxvii) **Schedule** means the Schedule attached to and forming part of this Policy; It would also include any valid endorsements made to the Schedule made by the Corporation;
- xxviii) **Sickness** means a sickness or a disease which first manifests itself during the continuance of policy and requires inpatient treatment or Surgery in a Hospital by a Physician.
- xxix) **Major Surgical Benefit Sum Assured** is equal to 100 (one hundred) times the Applicable Daily Benefit in any Policy Year for each Insured;
- xxx) **Surgery or Surgical Procedure** means a medically necessary procedure or intervention performed by a qualified medical professional and carried out through a natural orifice or approached by the cutting or penetration of any part of the body to treat a disease, deformity or injury.
- xxxi) **Day Care Surgical Benefit** means the benefit as specified under clause 2 (III), subject to terms and conditions of the policy
- xxxii) **Other Surgical Benefit** means the benefit as specified under clause 2 (IV), subject to terms and conditions of the policy

For the purposes of this Policy, any medical terms not defined above shall have their respective meaning as ascribed to it by the Dorlands' Medical Dictionary.

## 2. BENEFITS:

### I) Hospital Cash Benefit:

In the event of Accidental Bodily Injury or Sickness first occurring or manifesting itself after the Date of Cover Commencement and during the Cover Period and causing an Insured's Hospitalization to exceed a continuous period of 24 hours within the Cover Period, then, subject to the terms and conditions, waiting period and exclusions of the Policy, the Daily Benefit is payable by the Corporation as follows, regardless of the actual costs incurred:

a. **In case of Hospitalisation in the general or special ward (i.e. a non-Intensive Care Unit ward/room) of a Hospital:**

The Applicable Daily Benefit in a Policy Year, for each continuous period of 24 hours or any part thereof (after having completed the 24 hours as above) provided any such part stay exceeds a continuous period of 4 hours of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Sickness, shall be payable.

b. **In case of Hospitalisation in the Intensive Care Unit of a Hospital:**

Two times the Applicable Daily Benefit reckoned under clause 2(I)(a) above for each continuous period of 24 hours or part thereof (after having completed the 24 hours as above) provided any such part stay exceeds a continuous period of 4 hours of Hospitalization in the Intensive Care Unit of a Hospital during any period of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Sickness shall be payable.

c. **Combined stay in Non-ICU and ICU ward/room:**

During one period of 24 continuous hours (i.e. one day) of Hospitalisation (after having completed the 24 hours as above), if the said Hospitalisation included stay in an Intensive Care Unit as well as in any other in-patient (non-Intensive Care Unit) ward of the Hospital, the Corporation shall pay benefits as if the admission was to the Intensive Care Unit provided that the period of Hospitalisation in the Intensive Care Unit was at least 4 continuous hours.

For every Hospitalization that extends for a continuous period of less than 7 (seven) days, no Hospital Cash Benefit would be paid for the first 24 hours (one day) of hospitalization, regardless of whether the Insured was admitted in a general or special ward or in an intensive care unit. However, in cases where the hospitalization extends for a continuous period of 7 days or more, the Hospital Cash Benefit would also be paid for the first 24 hours (day one) of hospitalization.

### II) Major Surgical Benefit:

In the event of an Insured under this Policy undergoing any specified Surgery (as mentioned in the Major Surgical Benefit Annexure) within the Cover Period in a Hospital due to Accidental Bodily Injury or Sickness first occurring or manifesting itself after the Date of Cover Commencement and during the Cover Period then, subject to the terms and conditions, waiting period and exclusions of this Policy, a percentage (as mentioned in the Major Surgical Benefit Annexure against the specified Surgery performed) of the Major Surgical Benefit Sum Assured shall be payable by the Corporation, regardless of the actual costs incurred.

In the event that a Major Surgical Benefit falling under Category 1 or Category 2 (as mentioned in the Major Surgical Benefit Annexure) is payable and emergency transportation costs by an ambulance have been incurred, an additional lump sum of Rs. 1,000 will be payable in lieu of ambulance expenses.

In the event that a Major Surgical Benefit falling under Category 1 or Category 2 (as mentioned in the Major Surgical Benefit Annexure) is payable in respect of any Insured, the total annualized premium i.e. total one year premium in respect of this Policy from the installment premium due date coinciding with or next following the date of the Surgery will be waived.

**III) Day Care Procedure Benefit:**

In the event of an Insured under this Policy undergoing any specified Day Care Procedure (as mentioned in the Day Care Procedure Benefit Annexure) within the Cover Period in a Hospital due to Accidental Bodily Injury or Sickness first occurring or manifesting itself after the Date of Cover Commencement and during the Cover Period then, subject to the terms and conditions, waiting period and exclusions of this Policy, an amount equal to 5 (five) times the Applicable Daily Benefit, shall be payable by the Corporation, regardless of the actual costs incurred.

**IV) Other Surgical Benefit:**

In the event of an Insured under this Policy undergoing within the Cover Period any Surgery not listed under Major Surgical Benefit or Day Care Procedure Benefit, in a Hospital due to Accidental Bodily Injury or Sickness first occurring or manifesting itself after the Date of Cover Commencement and during the Cover Period and causing an Insured's Hospitalization to exceed a continuous period of 24 hours within the Cover Period, then, subject to the terms and conditions, waiting period and exclusions of this Policy, a Daily Benefit equal to 2 (two) times the Applicable Daily Benefit, shall be payable by the Corporation, regardless of the actual costs incurred for each continuous period of 24 hours or part thereof provided any such part stay exceeds a continuous period of 4 hours of Hospitalization.

**3. BENEFIT LIMITS AND CONDITIONS:**

**I) Hospital Cash Benefit Limits and Conditions:**

- i. The Hospital Cash Benefit shall be payable only if Hospitalisation has occurred within India.
- ii. The total number of days for which hospital cash benefit would be payable, in respect of each Insured, in a Policy Year would be restricted to -
  - a. A maximum of 30 (thirty) days of Hospitalization out of which not more than 15 (fifteen) days shall be in an Intensive Care Unit in the first Policy Year following the Date of Cover Commencement in respect of that Insured
  - b. A maximum of 90 (ninety) days of Hospitalization out of which not more than 45 (forty five) days shall be in an Intensive Care Unit in the second and subsequent Policy Years following the Date of Cover Commencement in respect of that Insured
- iii. The total number of days of Hospitalization for which Hospital Cash Benefit is payable during the Cover Period, in respect of each and every Insured covered under the policy, shall be limited to a maximum of 720 (seven hundred and twenty) days out of which not more than 360 (three hundred and sixty) days shall be in an Intensive Care Unit. Upon attainment of this limit by an Insured, the Hospital Cash Benefit in respect of that Insured shall cease immediately.
- iv. The Benefit Limits specified in the above clauses in respect of an Insured under this Policy, shall solely and exclusively apply to that Insured. Any unclaimed Hospital Cash Benefit of any one Insured is not transferable to any other Insured.
- v. The Hospital Cash Benefit shall not be payable in the event of an Insured under this Policy undergoing any specified Day Care Procedure (as mentioned in the Day Care Procedure Benefit Annexure).

**II) Major Surgical Benefit Limits and Conditions:**

- i. If more than one Surgery is performed on the Insured, through the same incision or by making different incisions, during the same surgical session, the Corporation shall only pay for that Surgery performed in respect of which the largest amount shall become payable.
- ii. The Major Surgical Benefit shall be paid as a lump sum as specified for the benefit concerned and is subject to providing proof of Surgery to the satisfaction of the Corporation.
- iii. All Surgical Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.
- iv. The Major Surgical Benefit will be payable only after the Corporation is satisfied on the basis of medical evidence that the specified Surgery covered under the Policy has been performed.
- v. The Major Surgical Benefit shall be payable only if the Surgery has been performed within India.
- vi. The amount in lieu of ambulance expenses shall be payable only once in respect of each Insured in any Policy Year and is subject to providing satisfactory evidence to the Corporation.
- vii. The total amount payable in respect of each Insured under the Major Surgical Benefit in any Policy Year during the Cover Period shall not exceed 100% of the Major Surgical Benefit Sum Assured in that Policy

- year.
- viii. The total amount payable in respect of each Insured during the Cover Period under the Major Surgical Benefit shall not exceed a maximum limit of 800% of the Major Surgical Benefit Sum Assured. If the total amount paid in respect of an Insured equals this lifetime maximum limit, the Major Surgical Benefit in respect of that Insured will cease immediately.
  - ix. The Benefit Limits specified in the above clauses in respect of an Insured under this Policy, shall solely and exclusively apply to that Insured. Any unclaimed Major Surgical Benefit of any one Insured is not transferable to any other Insured.
  - x. The Major Surgical benefit for any surgery cannot be claimed and shall not be payable more than once for the same surgery during the term of the policy.

**III) Day Care Procedure Benefit Limits and Conditions:**

- i. If more than one Day Care Procedure is performed on the Insured, through the same incision or by making different incisions, during the same surgical session, the Corporation shall only pay for one Day Care Procedure performed.
- ii. The Day Care Procedure Benefit shall be paid as a lump sum and is subject to providing proof of Surgery to the satisfaction of the Corporation.
- iii. All Surgical Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.
- iv. The Day Care Procedure Benefit will be payable only after the Corporation is satisfied on the basis of medical evidence that the specified Surgical Procedure covered under the policy has been performed.
- v. The Day Care Procedure Benefit shall be payable only if the Surgical Procedure has been performed within India.
- vi. In respect of each Insured, the Day Care Procedure Benefit will be payable only up to a maximum of 3 (three) Surgical Procedures in any Policy Year during the Cover Period.
- vii. In respect of each Insured during the Cover Period, the Day Care Procedure Benefit will be payable only up to a lifetime maximum of 24 (twenty four) Surgical Procedures. If the number of Surgical Procedures eligible for the Day Care Procedure Benefit in respect of an Insured equals this lifetime maximum limit, the Day Care Procedure Benefit in respect of that Insured will cease immediately.
- viii. The Benefit Limits specified in the above clauses in respect of an Insured under this Policy, shall solely and exclusively apply to that Insured. Any unclaimed Day Care Procedure Benefit of any one Insured is not transferable to any other Insured.
- ix. If a Day Care Procedure Benefit is performed no Hospital Cash Benefit shall be paid.

**IV) Other Surgical Benefit Limits and Conditions:**

- i. If more than one Surgical Procedure is performed on the Insured, through the same incision or by making different incisions, during the same surgical session, the Corporation shall only pay for one Surgical Procedure.
- ii. The Other Surgical Benefit shall be paid as a Daily Benefit and is subject to providing proof of Surgery to the satisfaction of the Corporation.
- iii. All Surgical Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.
- iv. The Other Surgical Benefit will be payable only after the Corporation is satisfied on the basis of medical evidence that the specified Surgical Procedure covered under the policy has been performed.
- v. The Other Surgical Benefit shall be payable only if the Surgical Procedure has been performed within India.
- vi. The total number of days of Hospitalization for which the Other Surgical Benefit is payable during a Policy Year in respect of each and every Insured covered under the Policy shall not exceed 15 (fifteen) days in the first Policy Year following the Date of Cover Commencement in respect of that Insured and 45 (forty five) days for the second and subsequent Policy Years following the Date of Cover Commencement in respect of that Insured.
- vii. The total number of days of Hospitalization for which the Other Surgical Benefit is payable during the Cover Period, in respect of each and every Insured covered under the Policy shall not exceed a lifetime maximum limit of 360 (three hundred and sixty) days. Upon attainment of this lifetime maximum limit, the Other Surgical Benefit in respect of that Insured will cease immediately.
- viii. The Benefit Limits specified in the above clauses in respect of an Insured under this Policy, shall solely and

exclusively apply to that Insured. Any unclaimed Other Surgical Benefit on any one Insured is not transferable to any other Insured.

#### **4. COMMENCEMENT AND TERMINATION OF BENEFIT COVERS:**

The Hospital Cash Benefit, Major Surgical Benefit, Day Care Procedure Benefit and Other Surgical Benefit cover in respect of each Insured shall commence on the Date of Cover Commencement individually stated in the Schedule.

The Hospital Cash Benefit, Major Surgical Benefit, Day Care Procedure Benefit and Other Surgical Benefit cover in respect of each Insured shall terminate at the earliest of the following:

- i. The Date of Cover Expiry mentioned in the Schedule;
- ii. On attaining the lifetime maximum Benefit Limits as specified in clause 3 above;
- iii. On death or date of cover expiry of the Principal Insured and if the Policy does not continue with the Insured Spouse as the Principal Insured;
- iv. On death or date of cover expiry of Insured Spouse after the policy continues with the Insured Spouse as the Principal Insured after the Principal Insured dies or reaches his / her date of cover expiry;
- v. On death of the Insured;
- vi. In respect of the Insured Spouse, on divorce or legal separation from the Principal Insured;
- vii. On termination of the Policy due to non-payment of premium or any other reason.

#### **5. TERMINATION OF POLICY:**

##### **A) If policy is issued on single life:**

The policy shall terminate at the earliest of the following:

- i. Non-payment of premiums within the revival period described in Para 8;
- ii. On death;
- iii. On the Date of Cover Expiry mentioned in the Policy Schedule;
- iv. On exhausting all the lifetime maximum Benefit Limits as specified above.

##### **B) If policy is issued on more than one life:**

The policy shall terminate at the earliest of the following:

- i. Non-payment of premiums within the revival period;
- ii. On PI exhausting all the lifetime maximum Benefit Limits as specified above.
- iii. On death or Date of Cover Expiry, of the Principal Insured and if the Policy does not continue with the Insured Spouse as the Principal Insured.
- iv. On the death or Date of Cover Expiry, of Insured Spouse after the Policy continues with the Insured Spouse as the Principal Insured after the PI dies or reaches his/her Date of Cover Expiry.

#### **6. WAITING PERIOD:**

##### **General waiting period:**

There shall be no general waiting period in case Hospitalization or Surgery is due to Accidental Bodily Injury. There shall be a general waiting period during which no benefits shall be payable in the event of Hospitalization or Surgery, if the said Hospitalization or Surgery occurred due to Sickness.

- i. The general waiting period shall be 90 (ninety) days from the Date of Cover Commencement in respect of each Insured.
- ii. If the policy is revived after discontinuance of the Cover then the following shall apply in respect of each Insured:
  - a. If the request for revival is received by the Corporation within 90 (ninety) days from the due date of the first unpaid premium, then there shall be a general waiting period of 45 (forty five) days from the Date of Revival in respect of each Insured.
  - b. If the request for revival is received by the Corporation beyond 90 (ninety) days from the due date of the first unpaid premium, then there shall be a general waiting period of 90 (ninety) days from the Date of Revival in respect of each Insured.

##### **Specific waiting period:**



Besides the above, in respect of each Insured, no benefits are available hereunder and no payment will be made by the Corporation for any claim under this Policy on account of Hospitalization or Surgery directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following during the specific waiting period:

- i. Treatment for adenoid or tonsillar disorders
- ii. Treatment for anal fistula or anal fissure
- iii. Treatment for benign enlargement of prostate gland
- iv. Treatment for benign uterine disorders like fibroids, uterine prolapse, dysfunctional uterine bleeding etc
- v. Treatment for Cataract
- vi. Treatment for Gall stones
- vii. Treatment for slip disc
- viii. Treatment for Piles
- ix. Treatment for benign thyroid disorders
- x. Treatment for Hernia
- xi. Treatment for hydrocele
- xii. Treatment for degenerative joint conditions
- xiii. Treatment for sinus disorders
- xiv. Treatment for kidney or urinary tract stones
- xv. Treatment for varicose veins
- xvi. Treatment for Carpal tunnel syndrome
- xvii. Treatment for benign breast disorders e.g. fibroadenoma, fibrocystic disease etc

The specific waiting period in respect of the treatments specified in the list above shall be as follows:

- i. The specific waiting period shall be 2 (two) years from the Date of Cover Commencement in respect of each Insured.
- ii. If the policy is revived after discontinuance of the Cover then the following shall apply in respect of each Insured:
  - a. If the request for revival is received by the Corporation within 90 (ninety) days from the due date of the first unpaid premium, then the specific waiting period shall continue to be till 2 (two) years from the Date of Cover Commencement in respect of each Insured.
  - b. If the request for revival is received by the Corporation beyond 90 (ninety) days from the due date of the first unpaid premium, then there shall be a specific waiting period of 2 (two) years from the Date of Revival in respect of each Insured.

## **7. EXCLUSIONS:**

No benefits are available hereunder and no payment will be made by the Corporation for any claim under this policy on account of hospitalization or surgery directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

- i. Any Pre-existing Condition unless disclosed to and accepted by the Corporation prior to the Date of Cover Commencement or the Date of Revival (if the Policy is revived after discontinuance of the Cover).
- ii. Any treatment or Surgery not performed by a Physician/Surgeon or any treatment or Surgery of a purely experimental nature.
- iii. Any routine or prescribed medical check up or examination.
- iv. Medical Expenses relating to any treatment primarily for diagnostic, X-ray or laboratory examinations.
- v. Any Sickness that has been classified as an Epidemic by the Central or State Government.
- vi. Circumcision, cosmetic or aesthetic treatments of any description, change of gender surgery, plastic surgery (unless such plastic surgery is necessary for the treatment of Illness or accidental Bodily Injury as a direct result of the insured event and performed within 6 months of the same).
- vii. Hospitalisation expenses or Surgery for donation of an organ by donor.
- viii. Treatment for correction of birth defects or congenital anomalies.
- ix. Dental treatment or surgery of any kind unless necessitated by Accidental Bodily Injury.

- x. Convalescence, general debility, nervous or other breakdown, rest cure, congenital diseases or defect or anomaly, sterilisation or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long term care or hospitalization undertaken as a preventive or recuperative measure.
- xi. Self afflicted injuries or conditions (attempted suicide), and/or the use or misuse of any drugs or alcohol and complications arising from it.
- xii. Any sexually transmitted diseases or any condition directly or indirectly caused to or associated with Human Immuno Deficiency (HIV) Virus or any Syndrome or condition of a similar kind commonly referred to as AIDS.
- xiii. Removal or correction or replacement of any material/prosthesis/medical devices that was implanted in a former surgery before Date of Cover commencement or Date of Revival (if the Policy is revived after discontinuance of the Cover).
- xiv. Any diagnosis or treatment arising from or traceable to pregnancy (whether uterine or extra uterine), childbirth including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post natal care of the mother or the new born.
- xv. Hospitalisation for the sole purpose of physiotherapy or any ailment for which hospitalization is not warranted due to advancement in medical technology.
- xvi. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power of civil commotion or loot or pillage in connection herewith.
- xvii. Naval or military operations(including duties of peace time) of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
- xviii. Any natural peril (including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard).
- xix. Participation in any hazardous activity or sports including but not limited to racing, scuba diving, aerial sports, bungee jumping and mountaineering or in any criminal or illegal activities.
- xx. To any loss, damage or expense due to or arising out of, directly or indirectly, nuclear reaction, radiation or radioactive contamination regardless of how it was caused.
- xxi. Hospitalisation expenses related to non-allopathic methods of treatment or surgery.
- xxii. Participation in any criminal or illegal activities.
- xxiii. Treatment arising from the Insured's failure to act on proper medical advice.

#### **8. Proof of Age :**

The instalment premium in respect of each insured mentioned in the Schedule has been calculated on the age of that Insured, as declared in the Proposal. If the age of any of the Insured has been misstated or incorrectly mentioned in the proposal, then one of the following actions will be taken:

In case the age of any of the Insured is found higher than such age during the term of the policy, without prejudice to the Corporation's other rights and remedies, including those under the Insurance Act, 1938, the premium in such case shall be altered corresponding to the correct age at entry of that Insured and the same shall be payable from the Date of Cover commencement in respect of the concerned Insured till the Due Date of Payment of last premium as mentioned in the Schedule. The Principal Insured shall pay to the Corporation the accumulated difference between the premium for the correct age of the concerned Insured and the original premium, from the Date of Cover commencement in respect of the concerned Insured up to the date of such payment, with interest at the rate then prevailing and in such manner as is charged by the Corporation for the late payment of premium.

In case the Principal Insured fails to pay the difference of premiums with interest thereon as mentioned above and continues to pay the premium at the rates shown herein, then the accumulated difference of premiums from the Date of Cover commencement in respect of the concerned Insured up to the date on which the policy becomes a claim, with interest at the rate then prevailing, shall accrue and be treated as a debt due on the Principal Insured against the said Policy and will be deducted from the Policy moneys payable on the Policy becoming a claim.

If the correct age of any of the Insured is found to be lower than the age declared in the proposal, the premium in respect of that Insured under this policy shall be altered corresponding to the correct age of that Insured from the Date of Cover commencement in respect of the concerned Insured and the Corporation may, at its discretion, refund without interest, the accumulated difference between the original premium and the revised premium.

If the Principal Insured's correct age at entry is such as would have made him/her uninsurable under the Plan of Assurance specified in the Schedule, this policy shall be terminated and nothing shall be paid. However, in case if any other Insured's (other than Principal Insured) correct age at entry is such as would have made him/ her uninsurable under the class or terms of assurance specified in the said Schedule hereto, the coverage for the concerned Insured will cease and the policy will continue for the remaining Insured lives.

## 9. OPTIONS UNDER THE POLICY:

### I) **Cover to new additional members:**

If the Principal Insured gets married/ remarried during the Cover Period, the spouse and parents-in-law can be included in the Policy within six months from the date of marriage/remarriage, but the Cover shall start from the policy anniversary coinciding with or next following the date of inclusion. Enhanced premiums shall be due from such policy anniversary.

Any child born/legally adopted after taking the Policy can be covered from the policy anniversary coinciding with or next following the date on which the child completes the age of 3 months. If the age of the legally adopted child on the date of adoption is more than 3 months, the child can be covered from the policy anniversary coinciding with or next following the date of adoption. Enhanced premiums shall be due from such policy anniversary.

Such changes will be carried out subject to receipt of the proof of the event by the Corporation and will also be subject to fulfillment of underwriting conditions of the Corporation. Waiting periods and Exclusions as described earlier will apply for the new Insured.

Any addition of new lives shall be allowed by the Principal Insured only.

### II) **Removal of existing members:**

In the event of death or divorce, an Insured may be removed from coverage upon request by the Principal Insured in writing. This will be effective from the installment premium due date coinciding with or next following the date of such a request. No further premiums are due in respect of that Insured from such installment premium due date.

In any other circumstances, removal of an existing Insured will be permitted at the sole discretion of the Corporation.

### III) **Insured Spouse becomes Principal Insured:**

In case of death or expiry of cover of Principal Insured, the surviving Insured Spouse shall become the Principal Insured provided the option is exercised at the beginning of the contract and the policy will continue. In such case, the premium for the Insured Spouse will change from the coinciding or following installment premium due date and the new premium would be based on tabular premium rates applicable for Principal Insureds and the age for calculation of revised premium rate will be the age at entry of the spouse.

### IV) **Quick Cash facility:**

If any of the insured lives undergoes any eligible surgery falling under Category 1 or Category 2 (as mentioned in the Major Surgical Benefit Annexure) in any of the listed network hospitals, the PI will have an option to avail Quick Cash facility. Under this facility, 50% of eligible MSB amount would be made available even during the period of hospitalization of any of the insured lives covered (the surgery may be either planned or emergency due to accident) instead of waiting for making a claim for the benefit after discharge. It will be only an advance payment to the PI in the event of hospitalization for any MSB defined in the surgeries listed under categories I & II and permissible under the policy conditions of the plan. This will be, however, subject to approval from the Corporation, and the advance amount will be adjusted from the final settlement of MSB claim amount.

This facility of advance payment could be availed by submitting the Bank Account details of the PI in the prescribed format. The amount of advance shall be credited in the PI's bank account directly.

## 10. PREMIUMS

The installment premium, mode, due dates and dates of last payment are specified in the Schedule. Subject to the days of grace, the installment premiums must be received on or before their due dates.

The premium payable in respect of Principal Insured/ Insured Spouse will be “instalment premium” which includes

- (i) Instalment premium for Basic Plan,
- (ii) Instalment premium for Accident Benefit Rider,
- (iii) Instalment premium for Term Assurance Rider,

wherever these options have been exercised.

For other insured, the “instalment premium” shall be the instalment premium under the basic plan.

The installment premium for Basic Plan specified in the Schedule is guaranteed in respect of each Insured for a period of 3 (three) years from the Date of Cover Commencement of the Principal Insured. The installment premiums for Basic Plan are reviewable on the Automatic Renewal Dates in respect of all insured in the Policy. The premium rates for the basic plan applicable on renewal, i.e. from Automatic Renewal Date, shall be guaranteed for a further period of 3 years i.e. till next Automatic Renewal Date.

If any additional member is included in the policy after the date of cover commencement, the premium charged in respect of that member will also be guaranteed till the next Automatic Renewal Date and hence may change even before completion of 3 years from his/her joining the policy.

The installment premium for both the optional riders specified in the Schedule is however guaranteed throughout the term for which cover is provided.

On any Automatic Renewal Date in the future, the total installment premium in respect of each Insured will be based on the entry age of that Insured (i.e. age as on the date of commencement of policy / age at the time of inclusion into the policy, as the case may be) and the Corporation’s premium rates then prevailing for this product.

If the Insured Spouse becomes the Principal Insured (either due to the death of the Principal Insured or due to expiry of the Cover Period of the Principal Insured), then the premium in respect of the Insured Spouse shall be enhanced from the installment premium due date coinciding with or next following the date on which the Insured Spouse changed status to become the Principal Insured and the new premium would be based on tabular premium rates applicable for the Principal Insured and the age for calculation of revised premium will be the age at entry of the Spouse.

#### **11. DAYS OF GRACE:**

A grace period of one calendar month but not less than 30 (thirty) days shall be allowed for payment of yearly or half-yearly or quarterly premiums and 15 (fifteen) days shall be allowed if premiums are payable monthly (Electronic Clearing Service). If the due premiums are not paid within the days of grace the policy will lapse. The provisions of clause 12 (i.e. Discontinuance of Premiums) shall be applicable in that case.

#### **12. DISCONTINUANCE OF PREMIUMS:**

If premiums have not been paid within the days of grace under the Policy, the Policy will lapse and no benefits will be payable thereafter. The Principal Insured shall have an option to revive the policy at anytime within a period of 2 (two) years from the due date of first unpaid premium subject to conditions in clause 13 below.

#### **13. REVIVALS/REINSTATEMENT OF DISCONTINUED POLICIES:**

The Policy can be revived by the Principal Insured anytime during a period of 2 (two) years from the due date of first unpaid premium called the “period of revival” or “revival period”.

The revival will be subject to payment of outstanding premiums with interest, underwriting and may be on terms different from those offered earlier. Waiting periods and Exclusions as described earlier will apply on revival. The Principal Insured may need to provide satisfactory evidence of good health in respect of each Insured as required by the Corporation, at his own expense. The Date of Revival will be when all requirements for revival/reinstatement are met and approved by the Corporation at its sole discretion.

No benefit will be paid for an event that occurred during the lapse period till the Date of Revival when the Policy was in a discontinued state.

Further, if the Automatic Renewal Date falls between the revival period and revival is done after the Automatic Renewal Date, the premium before and after the Automatic Renewal Date may be different.

No revival /reinstatement will be allowed after the expiry of 2 years from the due date of first unpaid premium.

#### 14. OTHER BENEFITS:

- I) **No claim benefit:** A “No claim benefit” is payable in the event that during the period between Date of Commencement of policy and next Automatic Renewal Date or between two Automatic Renewal Dates, there have been no claims in respect of any Insured. The amount of the no claim benefit would be equal to 5% (five percent) of the Initial Daily Benefit in respect of each Insured and the resulting amount shall be added to arrive at the Applicable Daily Benefit in respect of each Insured for the Policy Year next following the most recent Automatic Renewal Date.
- II) **Premium Waiver Benefit:** In the event that a Major Surgical Benefit falling under Category 1 or Category 2 (as mentioned in the Major Surgical Benefit Annexure) is payable in respect of any Insured, the total annualized premium i.e. total one year premium in respect of this Policy for the Policy Year from the installment premium due date coinciding with or next following the date of the Surgery will be waived.
- III) **Surrender:** No surrender shall be allowed under the Policy.
- IV) **Loan:** No loan shall be allowed under this Policy.
- V) **Death Benefit under the basic plan:** No death benefits will be payable on the death of any Insured unless any of the Rider Benefits mentioned in clause 17 and 18 below has been opted for.

On death of the Principal Insured;

- a) The surviving Insured Spouse will become the Principal Insured provided the option was exercised at the beginning of the contract and the Policy will continue. The premium in respect of the Insured Spouse shall be enhanced from the date coinciding with or next following the installment premium due date as specified in clause 9 (III).
- b) If the Insured Spouse had predeceased the Principal Insured, then the other Insured will have the option to take a new policy and the existing Policy will terminate. In respect of these other Insured:
- i. The new policy will be issued without any underwriting if the new policy is bought within 90 days of the termination of the existing Policy.
  - ii. The maximum entry age condition will not apply for the new policy.
  - iii. The outstanding Waiting periods and outstanding period of any Exclusion will however apply under the new policy.
  - iv. Other terms and conditions including premium rates will be as applicable for the new policy.

In the event of death of an Insured person other than the Principal Insured, the policy will continue after removal of the Insured and change in premium will apply from the installment premium due date coinciding with or next following the date of intimation of death of the Insured.

- VI) **Maturity Benefit:** No benefits are payable at maturity of the Policy / at the end of the Cover Period and the Policy shall stand terminated.

#### 15. FORFEITURE IN CERTAIN EVENTS:

In case the premiums shall not be duly paid or in case any condition herein contained or endorsed hereon shall be contravened or in case it is found that any untrue or incorrect statement is contained in the proposal, personal statement, declaration and connected documents or in case any material information is withheld, then and in every such case but subject to the provisions of Section 45 of the Insurance Act, 1938, wherever applicable, this Policy shall be void and all claims to any benefit in virtue hereof shall cease and determine and all moneys that have been paid in consequence hereof shall belong to the Corporation, excepting always in so far as relief is provided in terms of the Privileges herein contained or as may be lawfully granted by the Corporation.

#### 16. ASSIGNMENTS AND NOMINATIONS:

No assignment will be allowed under this policy.

Notice of Nomination or change of Nomination should be submitted for registration to the Office of the Corporation, where this Policy is serviced. In registering a nomination the Corporation does not accept any responsibility or express any opinion as to its validity or legal effect.

#### **17. ACCIDENT BENEFIT RIDER:**

Accident benefit is available on payment of extra premium provided Term Assurance Rider has been opted for. The benefit will not be available under the policy on the life of any Insured other than Principal Insured and Insured Spouse.

If Accident Benefit is opted for, at any time when the Rider cover is in force, the Corporation agrees to pay an additional sum equal to the Accident Benefit Sum Assured under this policy if:

- the Insured is involved in an accident resulting in death or
- the Insured shall sustain any bodily injury resulting solely and directly from the accident caused by outward, violent and visible means and such injury shall within 180 days of its occurrence solely, directly and independently of all other causes result in the death of the Life Assured

and the same is proved to the satisfaction of the Corporation. ***However, the policy shall have to be in force at the time of accident irrespective of whether or not it is in force at the time of death.*** Further, such additional sum payable in respect of this policy shall not in any event exceed Rs.50,00,000 taking all existing policies of the Life Assured under individual as well as group policies including policies taken with Life Insurance Corporation of India and other insurance companies.

The Corporation will not be liable to pay the additional sum referred above, if death of the Insured shall:

- (i) be caused by intentional self injury, attempted suicide, insanity or immorality or whilst the Insured is under the influence of intoxicating liquor, drug or narcotic, or
- (ii) take place as a result of accident while the Insured is engaged in aviation or aeronautics in any capacity other than that of a fare paying, part-paying or non-paying passenger in any air-craft which is authorised by the relevant regulations to carry such passengers and flying between established aerodromes, the Insured having at that time no duties on board the aircraft or requiring descent there from;
- (iii) be caused by injuries resulting from riots, civil commotion, rebellion, war (whether war be declared or not), invasion, hunting, mountaineering, steeple chasing or racing of any kind, or
- (iv) result from the Insured committing any breach of law; or
- (v) (a) arise from employment of the Insured in the armed forces or military service of any country at war (whether war be declared or not) or  
(b) arise from being engaged in police duty in any military, naval or police organization. This exclusion is not applicable where the option to cover Accident Benefit arising on accident while engaged in policy duty, has been chosen.
- (vi) be caused by sun stroke or cold wave.

This benefit shall be available only till the cover under Term Assurance Rider is available. No premium for this benefit shall be deducted from the Policy anniversary at which the benefit ceases.

#### **18. TERM ASSURANCE RIDER:**

If this Rider is opted for by the Principal Insured and/or Insured Spouse, at any time when the Rider cover is in force, an additional amount equal to the Term Assurance Sum Assured will be payable on the death of the Insured. The maximum cover for this Rider will be Rs.25 lakh under all policies of the Insured with the Corporation taken together. In case it is subsequently revealed that the total Term Assurance Sum Assured exceeds the maximum limit of Rs.25 lakh, the excess shall not be payable.

This benefit shall be available only till the policy anniversary on which the age nearer birthday of the Insured is 60 years or for a term of 35 years starting from the date of cover commencement (as given in the schedule), whichever

is earlier. No premium for this benefit shall be deducted from the Policy anniversary at which the benefit ceases.

#### **19. CLAIM PAYMENTS:**

- i. It is a condition precedent to the Corporation's liability under this Policy that in the event of any Accidental Bodily Injury or Sickness that may give rise to a claim, the Principal Insured (or the Insured Spouse, only in case of prior death or cover expiry of the Principal Insured):
  - a. shall immediately and in any event within 30 days from the date of discharge provide the Corporation with written notification of a claim in the forms prescribed by the Corporation and along with the supporting evidences as prescribed by the Corporation and
  - b. shall take every other reasonable step and / or measure to minimize the consequences of the Bodily Injury or Sickness in respect of their own lives and all other Insureds, and
  - c. shall expeditiously provide the Corporation with or arrange for the Corporation to be provided with any and all information and documentation in respect of the claim and/or the Corporation's liability hereunder that may be requested, and submit himself for examination by the Corporation's medical advisors as often as may be considered necessary by the Corporation.
- ii. The benefits shall be paid as a lump sum and will be subject to providing proof of occurrence of Hospitalization or Surgery as applicable to satisfaction of the Corporation and subject to Hospitalization or Surgery being covered under the terms of this Policy.
- iii. The Corporation shall only make payment under this Policy to the Principal Insured or in the event of death of the Principal Insured, to the Insured Spouse, if existing. In case of death of any of the Insured, the Principal Insured (or the Insured spouse, in case of death or cover expiry of the Principal Insured) can claim the benefits in respect of the Hospitalization or Surgery that occurred prior to the death of the said deceased Insured, within 30 days of such death and provided that the death occurred during Hospitalization or within the time limit stipulated in clause 19(i)(a) above.
- iv. Any payment made in good faith to the Insured Spouse or the nominee by the Corporation as aforesaid shall operate as a complete and final discharge of the Corporation's liability to make payment under this Policy for such claim.
- v. A written certification from the Physician/Surgeon who attended on the patient and from the hospital where the patient was warded for medical treatment, as to the treatment in the Hospital having actually occurred during hospitalization as to the exact date and time of admission to and discharge from the Hospital is necessary for the Corporation to consider a claim.
- vi. In case of a Hospital Cash Benefit, claim treatment in an Intensive Care Unit needs to be certified by the Physician responsible for such treatment, to the effect that the treatment in the Intensive Care Unit as having been necessary with reasons for the same and the treatment in the Intensive Care Unit having actually occurred and the exact date and time of admission to and discharge from in the Intensive Care Unit along with a confirmation from a physician appointed by the Corporation.
- vii. The Corporation may use the services of one or more licensed Third Party Administrator (TPA) to manage various aspects of administration including but not limited to claims administration. The Insured agrees to provide all necessary and accurate information to such authorized TPA and follow the processes and instructions as stipulated by such TPA for smooth administration of the policy.
- viii. In processing of a claim, the Corporation reserves the right to call for any clinical, radiological, histological and laboratory evidence as may be required and the Principal Insured agrees to take on the responsibility of providing such evidence as required by the Corporation on his life and that of the other Insureds at his own expense. The Insured also agrees to submit himself and other Insureds and undergo at his own expense, any medical investigation (including physical examination) as may be required by the Corporation, by personnel/Doctors authorized by the Corporation and to comply and co-operate with such instructions of such investigation. No claim shall be considered in case of failure of the Principal Insured to provide such evidence or submit himself or any of the other Insureds to such medical investigations.

- ix. While the Corporation shall do its best to ensure that such investigation called for by the Corporation or by the TPAs at the Diagnostic Centres and / or by the Doctors authorized by the Corporation shall be carried out in a safe and professional manner, the Principal Insured shall not hold the Corporation and the Corporation shall not be responsible for any unprofessional conduct and unexpected effects of such investigation.
- x. The Insured/s also agree to the Corporation or its personnel or its authorized agents in seeking any personal information affecting the health of the Assured life as may be required by the Corporation from any Doctor, Medical attendant, Hospital, medical institution, pharmacy or any organisation including but not limited to the employer of the Insured. The Insured hereby authorize any such person, institution or organisation to provide the Corporation with the information requested.
- xi. **Documents Required for Claim:** The documents required for consideration of various types of claims are mentioned below :

- **Claim under the Basic Plan:**
  - a. Notification as specified in clause 19(i)(a) of the Policy
  - b. Claim form completed by the claimant (by nominee in case of death of claimant).
  - c. Original/attested copy of the following documents. The attestation of the photocopied documents will be accepted if done by the treating Doctor/Hospital or by the TPA or by authorized personnel of the Corporation after verification of the originals:
    1. Discharge card with details of treatment received, diagnosis and investigation done as well as the correct date and time of admission and discharge from hospital
    2. Copy or Summary of surgeon's operation notes where surgical intervention done (in case the claimant has undergone a surgery)
    3. A death summary in case of death of the patient while under treatment
    4. Certificate from Physician as under clause 19(vi) above
    5. Bills of expenses as proof of expenses during hospitalisation and/or Surgery (including emergency ambulance).
  - d. Proof of age, if the age is not admitted earlier.
  - e. Any other document that may be called for in the course of claim evaluation
- **Term Rider Benefit Claim:** Original Policy Bond, prescribed Claim Forms, duly completed, Original Death Certificate, Proof of title, Proof of medical treatment taken prior to and after the date of last illness in which death takes place, Age Proof, if the age is not admitted earlier.
- **Claim on Death due to Accident:** Besides the documents mentioned above under the caption 'Term Rider Benefit Claim', Proof of accident, Panchnama/ FIR, Police Investigation Report, Attending Physician's report/ Hospital Report, Discharge Summary, Post Mortem Report, whichever is applicable.

xii. **Fraud**

If any of the Insured or the claimant shall make or advance any claim knowing the same to be false or fraudulent as regards amount or otherwise, this Policy shall immediately become void, the premiums paid forfeited and all claims or payments in respect of all the Insured under this Policy shall be forfeited. Non-disclosure of any health event or ailment/condition/sickness/Surgery which occurred prior to the taking of this Policy, or during the lapsed period of this Policy, whether such condition is relevant or not to the ailment/disease/ Surgery for which the Insured is admitted/treated, shall also constitute Fraud or material non-disclosure by the Insured.

**20. GENERAL CONDITIONS:**

**I) Duties and Obligations and Due Observance of the Insured :**

- i. The Principal Insured shall immediately inform the Corporation of the death or legal separation of any other Insured.
- ii. The Insured Spouse, Insured Parent or Insured Child (or the Appointee, in case of the Insured Child/ren being minor/s) shall immediately inform the Corporation of the death of the Principal Insured.
- iii. The Principal Insured may apply to the Corporation in the manner required by it to include his or her legal spouse as an Insured Spouse at any time but within 6 (six) months of the marriage to the Insured Spouse.



The cover in respect of the Insured Spouse shall commence from the date as communicated by the Corporation to the Principal Insured, subject to the fulfillment of all evidence necessary and to the satisfaction of the Corporation.

- iv. The Principal Insured may apply to the Corporation in the manner required by it to include a legitimate child of the Principal Insured as an Insured Child at any time before the Policy anniversary that occurs immediately after the child attains 3 months of age. In case of a legally adopted child older than 3 months at the time of adoption, the Primary Insured may apply to the Corporation in the manner required by it to include the child as an Insured Child at any time before the Policy anniversary that occurs immediately after or coinciding the date of adoption of the child. The cover in respect of the Insured Child shall commence from the date as communicated by the Corporation, subject to the fulfillment of all evidence necessary and to the satisfaction of the Corporation.

## **II) Territorial Limits :**

The Benefits shall be payable if such Hospitalization and/or such Surgery has occurred only in India, and the Corporation's liability to make any payment shall be limited to payments within India and in Indian Rupees only.

### **21. LEGISLATIVE CHANGES:**

The Terms and Conditions including the premiums and benefits payable under this policy are subject to variation in accordance with the relevant Legislation & Regulations.

### **22. COOLING-OFF PERIOD:**

If the policyholder is not satisfied with the "Terms and Conditions" of the policy, he/she may return the policy to the Corporation within 15 days from the date of receipt of the policy. The Corporation will cancel the policy and return the premium paid subject to the following deductions: 1) Stamp duty on the policy 2) Risk Premium under the Basic Plan and Rider(s), if opted for. 3) Any expense borne by the Corporation on medical examination of the Insured persons.

### **SECTION 45 OF INSURANCE ACT, 1938**

"No policy of life insurance effected before the commencement of this act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issues of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and it was fraudulently made by the Policyholder and that the Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose:

Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life assured was incorrectly stated in the proposal."

### **NOTE:**

In case you have any complaint/grievance, you may approach Grievance Redressal Officer/Ombudsman whose address is as under:

Address of Grievance Redressal Officer

Address of Ombudsman

Note: In case of dispute in respect of interpretation of these terms and conditions and special provisions/conditions the English version shall stand valid.

**YOU ARE REQUESTED TO EXAMINE THIS POLICY, AND IF ANY MISTAKE BE FOUND THEREIN, RETURN IT IMMEDIATELY FOR CORRECTION.**

### **Day Care Procedure Benefit Annexure**

| <b>S.No.</b> | <b>DAY CARE SURGERIES</b>  |
|--------------|--|
|              | <b>Microsurgical Operations on the middle ear</b>  |
| 1            | Stapedotomy  |
| 2            | Stapedectomy   |
| 3            | Revision of Stapedectomy   |
| 4            | Other operations on the auditory Ossicles  |
| 5            | Myringoplasty (Type-I Tympanoplasty)   |
| 6            | Tympanoplasty (Closure of Eardrum Perforation / reconstruction of the Auditory Ossicles) |
| 7            | Myringotomy with grommet insertion   |
| 8            | Closure of Mastoid fistula   |
| 9            | Revision of a Tympanoplasty  |
| 10           | Other microsurgical operations on the Middle Ear   |
|              | <b>Other Operations on the Middle and Internal Ear</b>                                   |
| 11           | Myringotomy  |
| 12           | Benign Tumour removal from the external ear  |
| 13           | Incision of the mastoid process and Middle ear   |
| 14           | Simple Mastoidectomy   |
| 15           | Reconstruction of the middle ear   |
| 16           | Other excisions of the middle and inner ear  |
| 17           | Fenestration of the inner ear  |
| 18           | Revision of fenestration of the inner ear  |
| 19           | Petrous Apicectomy   |
| 20           | Other microsurgical operations on the inner Ear  |
|              | <b>Operations on the nose and nasal sinuses</b>  |
| 21           | Excision and destruction of diseased tissue of the nose                                  |
| 22           | Operation on Nasal Turbinates  |
| 23           | Septoplasty (medically necessitated)   |
| 24           | Functional Endoscopic Sinus Surgery  |
| 25           | Endoscopic placement /removal of stents  |
|              | <b>Operations on the Eyes</b>  |
| 26           | Dacryocystorhinostomy  |
| 27           | Other Operations for tear gland/ duct lesions  |
| 28           | Tarsorrhaphy   |
| 29           | Excision of the diseased tissue of the eyelid  |
| 30           | Operations of canthus and epicanthus when done for adhesions due to chronic infections   |
| 31           | Corrective surgery of entropion  |

| <b>S.No.</b> | <b>DAY CARE SURGERIES</b>   |
|--------------|---|
| 32           | Corrective surgery for blepharoptosis   |
| 33           | Excision of lacrimal sac and passage  |
| 34           | Removal of a deep or embedded foreign body from cornea  |
| 35           | Corrective surgery of ectropion   |
| 36           | Operations for Pterygium with or without grafting   |
| 37           | Other operations on the cornea  |
| 38           | Removal of a foreign body from the lens of the eye  |
| 39           | Removal of a foreign body from posterior chamber of the eye   |
| 40           | Removal of a foreign body from orbit and eyeball  |
| 41           | Cataract Surgery ( ECCE or Phacoemulsification with or without intraocular lens implant)  |
| 42           | Operation for glaucoma  |
| 43           | Repair of corneal laceration or wound with conjunctival flap  |
|              | Operations on the skin and subcutaneous tissues   |
| 44           | Surgery for pilonidal sinus   |
| 45           | Surgical wound toilet (Wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues under anaesthesia |
| 46           | Local excision or destruction of diseased tissue of skin and subcutaneous tissues under anaesthesia                             |
| 47           | Surgery for pilonidal cyst  |
| 48           | Free skin transplantation, recipient site   |
| 49           | Revision of skin plasty   |
| 50           | Chemosurgery for skin cancer  |
|              | <b>Operations on the tongue</b>   |
| 51           | Incision, excision and destruction of diseased tissue of the tongue.  |
| 52           | Partial glossectomy   |
| 53           | Reconstruction of the tongue  |
| 54           | Other Operations on the tongue  |
| 55           | Incision and lancing of salivary glands and Salivary ducts  |
| 56           | Excision of a diseased tissue of salivary glands and Salivary ducts   |
| 57           | Resection of a salivary gland with or without salivary duct   |
| 58           | Reconstruction of a salivary gland and salivary duct  |
| 59           | Open Sialolithotomy   |
|              | Other operations on the mouth and face  |
| 60           | External incision and drainage in the region of the mouth, jaw and face   |
| 61           | Excision of the diseased hard and soft palate   |
| 62           | Excision biopsy and/or destruction of diseased structures from the oropharynx.  |
| 63           | Palatoplasty  |
| 64           | Other operations in the mouth   |
|              | <b>Operations on the tonsils and adenoids</b>   |
| 65           | Transoral incision and drainage of a pharyngeal abscess   |
| 66           | Tonsillectomy without adenoidectomy   |
| 67           | Tonsillectomy with adenoidectomy  |
| 68           | Excision and destruction of a lingual tonsil  |
| 69           | Drainage of tonsillar abscess/quinsy  |
|              | Trauma surgery and orthopaedics   |
| 70           | Incision and Drainage of the bone for septic and aseptic conditions   |
| 71           | Closed reduction of fracture  |

| <b>S.No.</b> | <b>DAY CARE SURGERIES</b>  |
|--------------|--|
| 72           | Closed reduction of sub-luxation   |
| 73           | Epiphyseolysis with osteosynthesis   |
| 74           | Suture and other Operations on tendons and tendon sheath                                 |
| 75           | Reduction of dislocation under GA  |
| 76           | Arthroscopic knee aspiration   |
|              | <b>Operations on the breast</b>  |
| 77           | Incision and Drainage of breast abscess  |
| 78           | Operations on the nipple except congenitally inverted nipples                            |
|              | Operations on the digestive tract  |
| 79           | Incision and excision of tissue in the perianal region                                   |
| 80           | Surgical treatment of anal fistulas  |
| 81           | Surgical treatment of Haemorrhoids.  |
| 82           | Division of the anal sphincter (sphincterotomy)  |
| 83           | Other operations of the anus   |
| 84           | Ultrasound guided aspiration of deep seated rectal abscess                               |
| 85           | Sclerotherapy  |
| 86           | Dilation of digestive tract strictures   |
| 87           | Endoscopic gastrotomy  |
| 88           | Endoscopic decompression of colon  |
| 89           | Endoscopic Polypectomy   |
|              | <b>Operations on the female reproductive organs</b>                                      |
| 90           | Incision of the ovary  |
| 91           | Other operations on the Fallopian tubes  |
| 92           | Dilatation of the cervical canal   |
| 93           | Conisation of the uterine cervix   |
| 94           | Incision of the Uterus (Hysterotomy) not done as a part of MTP                           |
| 95           | Therapeutic / diagnostic dilatation and curettage ( not done as part of MTP)             |
| 96           | Culdotomy  |
| 97           | Hymenectomy  |
| 98           | Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas |
| 99           | Incision and drainage of the Vulva   |
| 100          | Operations on the Bartholin's glands(cyst)   |
| 101          | Hysteroscope guided biopsy of uterus   |
| 102          | Suprapubic cystostomy  |
|              | <b>Operations on the prostate and seminal vesicles</b>                                   |
| 103          | Drainage of Prostatic abscess  |
| 104          | Transurethral excision and destruction of prostate tissue                                |
| 105          | Percutaneous excision and destruction of prostate tissue                                 |
| 106          | Excision of seminal vesicle  |
| 107          | Incision and excision of periprostatic tissue  |
|              | Operations on the Scrotum and tunica vaginalis testis                                    |
| 108          | Incision and Drainage of the Scrotum and tunica vaginalis testis                         |
| 109          | Operations on testicular hydrocele   |
| 110          | Excision or Eversion of Hydrocele  |
|              | <b>Operations on the testis</b>  |
| 111          | Incision and drainage of the testis  |
| 112          | Excision or destruction of testicular lesion   |

| <b>S.No.</b> | <b>DAY CARE SURGERIES</b>   |
|--------------|---|
| 113          | Unilateral orchidectomy   |
| 114          | Other operations on the testis  |
|              | <b>Operations on the spermatic cord,Epididymis and ductus deferens</b>                        |
| 115          | Surgical treatment of a varicocele and hydrocele of a spermatic cord                          |
| 116          | Excision of epididymal cyst   |
| 117          | Epididymectomy  |
| 118          | Other operations on the spermatic cord, epididymis and ductus deferens (other than vasectomy) |
|              | <b>Operations on the Penis</b>  |
| 119          | Circumcision and other Operations on the foreskin (if medically necessitated)                 |
| 120          | Local excision and destruction of diseased tissue of the penis                                |
| 121          | Other operations on the penis   |
|              | <b>Operations on the Urinary system</b>   |
| 122          | Cystoscopic removal of stones   |
| 123          | Lithotripsy   |
|              | <b>Other Operations</b>   |
| 124          | Coronary angiography  |
| 125          | Bronchoscopic treatment of bleeding lesion  |
| 126          | Bronchoscopic treatment of fistula/stenting   |
| 127          | Bronchoalveolar lavage and biopsy   |
| 128          | Pericardiocentesis  |
| 129          | Insertion of filter in Inferior Vena cava   |
| 130          | Insertion of gel foam in artery or vein   |
| 131          | Carotid angioplasty   |
| 132          | Renal angioplasty   |
| 133          | Tumor embolisation  |
| 134          | Endoscopic drainage of pseudo pancreatic cyst   |
| 135          | Varicose vein stripping or ligation   |
| 136          | Excision of dupuytren's contracture   |
| 137          | Carpal tunnel Decompression   |
| 138          | PCNS (Percutaneous neprostomy)  |
| 139          | PCNL(Percutaneous nephro lithotomy)   |
| 140          | Nail bed deformity/resection and reconstruction   |

### Major Surgical Benefit Annexure

| Sl. No.    | LIST OF MAJOR SURGERIES  | % of Major Surgical Benefit Sum Assured | Category   |
|------------|--|---|------------|
| <b>I</b>   | <b>CARDIOVASCULAR SYSTEM</b>   |   |            |
| 1          | Major Surgery of Aorta   | 100%                                    | Category 1 |
| 2          | CABG (two or more coronary arteries must be bypassed) via open chest surgery                 | 100%                                    | Category 1 |
| 3          | Heart Valve Replacement using mechanical prosthesis  | 100%                                    | Category 1 |
| 4          | Heart/Heart-Lung Transplant  | 100%                                    | Category 1 |
| 5          | Aortic root transplantation with coronary artery reimplantation for proximal aortic aneurysm | 100%                                    | Category 1 |
| 6          | Pericardiectomy / Pericardectomy   | 60%                                     | Category 2 |
| 7          | Initial implantation of permanent pacemaker in the heart                                     | 60%                                     | Category 2 |
| 8          | Mitral valve repair  | 60%                                     | Category 2 |
| 9          | Aortic valve repair  | 60%                                     | Category 2 |
| 10         | Tricuspid valve repair   | 60%                                     | Category 2 |
| 11         | Pulmonary valve repair   | 60%                                     | Category 2 |
| 12         | Coronary Angioplasty with stent implantation (two or more coronary arteries must be stented) | 40%                                     | Category 3 |
| 13         | Major vein repair with or without grafting for traumatic & nontraumatic lesions              | 40%                                     | Category 3 |
| <b>II</b>  | <b>HAEMIC AND LYMPHATIC SYSTEM</b>   |   |            |
| 14         | Bone Marrow transplant (as recipient)  | 100%                                    | Category 1 |
| 15         | Major Excision and grafting of Lymphoedema   | 60%                                     | Category 2 |
| 16         | Splenectomy  | 60%                                     | Category 2 |
| <b>III</b> | <b>NERVOUS SYSTEM</b>  |   |            |
| 17         | Repair of Cerebral or Spinal Arterio- Venous Malformations or aneurysms                      | 100%                                    | Category 1 |
| 18         | Craniotomy for malignant Cerebral tumours  | 100%                                    | Category 1 |
| 19         | Excision of pineal gland   | 100%                                    | Category 1 |
| 20         | Excision of the pituitary gland  | 100%                                    | Category 1 |
| 21         | Craniotomy for non malignant space occupying lesions   | 60%                                     | Category 2 |
| 22         | Operations on Surbaracahnoid space of brain  | 60%                                     | Category 2 |
| 23         | Intracranial transection of Cranial nerve  | 60%                                     | Category 2 |
| 24         | Other operations on the meninges of the Brain  | 60%                                     | Category 2 |
| 25         | Microvascular decompression of cranial nerves/nervectomy                                     | 60%                                     | Category 2 |
| 26         | Craniotomy for Drainage of Extradural, subdural or intracerebral space                       | 40%                                     | Category 3 |
| 27         | Decompression surgery for Entrapment Syndrome  | 40%                                     | Category 3 |
| 28         | Unilateral or Bilateral sympathectomy  | 40%                                     | Category 3 |
| 29         | Peripheral nerve Graft   | 40%                                     | Category 3 |
| 30         | Free Fascia Graft for Facial Nerve Paralysis   | 40%                                     | Category 3 |
| 31         | Excision of deep seated peripheral nerve tumour  | 40%                                     | Category 3 |

| <b>Sl. No.</b> | <b>LIST OF MAJOR SURGERIES</b>   | <b>% of Major Surgical Benefit Sum Assured</b> | <b>Category</b> |
|----------------|--|--|-----------------|
| 32             | Multiple Microsurgical Repair of digital nerve                                 | 40%  | Category 3      |
| 33             | Bur-hole Drainage of Extradural, subdural or intracerebral space               | 20%  | Category 4      |
| <b>IV</b>      | <b>RESPIRATORY SYSTEM</b>  |  |                 |
| 34             | Lung Transplantation   | 100%   | Category 1      |
| 35             | Unilateral Pneumonectomy   | 60%  | Category 2      |
| 36             | Diaphragmatic/Hiatus Hernia Repair   | 60%  | Category 2      |
| 37             | Thoracoplasty  | 60%  | Category 2      |
| 38             | Open Lobectomy of Lung   | 60%  | Category 2      |
| 39             | Excision of benign mediastinal lesions   | 60%  | Category 2      |
| 40             | Partial Extirpation of Bronchus  | 60%  | Category 2      |
| 41             | Partial Pharyngectomy  | 60%  | Category 2      |
| 42             | Total Pharyngectomy  | 60%  | Category 2      |
| 43             | Total Laryngectomy   | 60%  | Category 2      |
| 44             | Excision of Diaphragmatic tumours  | 60%  | Category 2      |
| 45             | Pleurectomy or Pleural decortication   | 40%  | Category 3      |
| 46             | Tracheal reconstruction for various lesion                                     | 40%  | Category 3      |
| <b>V</b>       | <b>DIGESTIVE SYSTEM</b>  |  |                 |
| 47             | Excision of esophagus and stomach  | 100%   | Category 1      |
| 48             | Abdominal-Perineal Pull Through Resection of rectum with Colo-Anal Anastomosis | 100%   | Category 1      |
| 49             | Total excision of oesophagus   | 60%  | Category 2      |
| 50             | Total excision of stomach  | 60%  | Category 2      |
| 51             | Resection and Anastomosis of any part of digestive tract                       | 40%  | Category 3      |
| 52             | Open Surgery for treatment of Peptic Ulcer                                     | 40%  | Category 3      |
| 53             | Artificial opening into stomach  | 20%  | Category 4      |
| <b>VI</b>      | <b>ENDOCRINE SYSTEM</b>  |  |                 |
| 54             | Complete excision of adrenal glands  | 60%  | Category 2      |
| 55             | Complete excision of Thyroid gland   | 60%  | Category 2      |
| 56             | Complete excision of Parathyroid gland   | 60%  | Category 2      |
| 57             | Partial excision of adrenal glands   | 40%  | Category 3      |
| 58             | Partial excision of Thyroid gland  | 40%  | Category 3      |
| 59             | Partial excision of Parathyroid gland  | 40%  | Category 3      |
| <b>VII</b>     | <b>ENT</b>   |  |                 |
| 60             | Total ear amputation with reconstruction                                       | 60%  | Category 2      |
| 61             | Transmastoid removal cholesteatoma with extended Mastoidectomy                 | 60%  | Category 2      |
| 62             | Total Nasal Reconstruction due to Traumatic lesions                            | 60%  | Category 2      |
| 63             | Labyrinthomy for various lesions   | 40%  | Category 3      |
| <b>VIII</b>    | <b>ORAL</b>  |  |                 |
| 64             | Wide excision and Major reconstruction of malignant Oro-pharyngeal tumours     | 60%  | Category 2      |
| 65             | Total Glossectomy  | 40%  | Category 3      |

| <b>Sl. No.</b> | <b>LIST OF MAJOR SURGERIES</b>                                   | <b>% of Major Surgical Benefit Sum Assured</b> | <b>Category</b> |
|----------------|--|--|-----------------|
| 66             | Wide local Excision for oral leukoplakia                         | 20%  | Category 4      |
| <b>IX</b>      | <b>EYE</b>   |  |                 |
| 67             | Orbit Tumour Exenteration /Flap reconstruction                   | 40%  | Category 3      |
| 68             | Corneal or Retinal Repair for Traumatic eye injuries             | 20%  | Category 4      |
| 69             | Penetrating injuries of the eye or repair of ruptured globe      | 20%  | Category 4      |
| <b>X</b>       | <b>LIVER, GALL BLADDER &amp; PANCREAS</b>                        |  |                 |
| 70             | Liver Transplantation  | 100%   | Category 1      |
| 71             | Partial Resection of Liver                                       | 60%  | Category 2      |
| 72             | Partial Pancreatectomy   | 60%  | Category 2      |
| 73             | Cholecystectomy /Choledochotomy for various Gall bladder lesions | 40%  | Category 3      |
| <b>XI</b>      | <b>MUSCULOSKELETAL SYSTEM (due to accident only)</b>             |  |                 |
| 74             | Replantation of upper limb                                       | 60%  | Category 2      |
| 75             | Replantation of lower limb                                       | 60%  | Category 2      |
| 76             | Total prosthetic replacement of hip joint using cement           | 40%  | Category 3      |
| 77             | Total prosthetic replacement of hip joint not using cement       | 40%  | Category 3      |
| 78             | Other total prosthetic replacement of hip joint                  | 40%  | Category 3      |
| 79             | Total prosthetic replacement of knee joint using cement          | 40%  | Category 3      |
| 80             | Total prosthetic replacement of knee joint not using cement      | 40%  | Category 3      |
| 81             | Other total prosthetic replacement of knee joint                 | 40%  | Category 3      |
| 82             | Total prosthetic replacement of other joint using cement         | 40%  | Category 3      |
| 83             | Total prosthetic replacement of other joint not using cement     | 40%  | Category 3      |
| 84             | Other total prosthetic replacement of other joint                | 40%  | Category 3      |
| 85             | Prosthetic replacement of head of femur using cement             | 40%  | Category 3      |
| 86             | Prosthetic replacement of head of femur not using cement         | 40%  | Category 3      |
| 87             | Other prosthetic replacement of head of femur                    | 40%  | Category 3      |
| 88             | Prosthetic replacement of head of humerus using cement           | 40%  | Category 3      |
| 89             | Prosthetic replacement of head of humerus not using cement       | 40%  | Category 3      |
| 90             | Other prosthetic replacement of head of humerus                  | 40%  | Category 3      |
| 91             | Prosthetic replacement of any other bone using cement            | 40%  | Category 3      |
| 92             | Prosthetic replacement of any other bone not using cement        | 40%  | Category 3      |
| 93             | Other prosthetic replacement of any other bone                   | 40%  | Category 3      |
| 94             | Prosthetic interposition reconstruction of joint                 | 40%  | Category 3      |
| 95             | Other interposition reconstruction of joint                      | 40%  | Category 3      |
| 96             | Excision reconstruction of joint                                 | 40%  | Category 3      |
| 97             | Other reconstruction of joint                                    | 40%  | Category 3      |
| 98             | Implantation of prosthesis for limb                              | 40%  | Category 3      |
| 99             | Amputation of arm  | 40%  | Category 3      |
| 100            | Amputation of leg  | 40%  | Category 3      |



| <b>Sl. No.</b> | <b>LIST OF MAJOR SURGERIES</b>   | <b>% of Major Surgical Benefit Sum Assured</b> | <b>Category</b> |
|----------------|--|--|-----------------|
| 101            | Fixation of fracture of spine  | 40%  | Category 3      |
| 102            | Elevation, Exploration and Fixation of fractured Zygoma  | 40%  | Category 3      |
| 103            | Amputation of hand   | 20%  | Category 4      |
| 104            | Amputation of foot   | 20%  | Category 4      |
| 105            | Therapeutic endoscopic operations on cavity of knee joint  | 20%  | Category 4      |
| 106            | Replantation of finger following traumatic amputation  | 20%  | Category 4      |
| 107            | Surgical Drainage and Curettage for osteomyelitis  | 20%  | Category 4      |
| <b>XII</b>     | <b>ORO-MAXILLOFACIAL SURGERY</b>   |  |                 |
| 108            | Major reconstructive oro-maxillafacial surgery due to trauma or burns and not for cosmetic purpose | 60%  | Category 2      |
| 109            | Osteotomy including segmental resection with bone grafting for Mandibular and maxillary lesions    | 60%  | Category 2      |
| <b>XIII</b>    | <b>KIDNEY/URINARY TRACT/REPRODUCTIVE SYSTEM</b>  |  |                 |
| 110            | Renal transplant (recipient)   | 100%   | Category 1      |
| 111            | Hysterectomy for malignant conditions  | 60%  | Category 2      |
| 112            | Radical prostatovesiculectomy  | 60%  | Category 2      |
| 113            | Microvascular reattachment of penis following traumatic amputation                                 | 60%  | Category 2      |
| 114            | Total nephrectomy due to medical advice (not as a transplant donor)                                | 40%  | Category 3      |
| 115            | Partial excision of kidney   | 40%  | Category 3      |
| 116            | Open extirpation of lesion of kidney   | 40%  | Category 3      |
| 117            | Excision of ureter   | 40%  | Category 3      |
| 118            | Total excision of bladder  | 40%  | Category 3      |
| 119            | Kidney injury repair   | 40%  | Category 3      |
| 120            | Pyloplasty / Ureterocalycostomy for pelvic ureteric junction obstruction                           | 40%  | Category 3      |
| 121            | Amputation of penis  | 40%  | Category 3      |
| 122            | Excision of vagina   | 40%  | Category 3      |
| 123            | Unilateral or Bilateral excision of adnexa of uterus   | 40%  | Category 3      |
| 124            | Partial excision of bladder  | 20%  | Category 4      |
| 125            | Therapeutic ureteroscopic operations on ureter   | 20%  | Category 4      |
| 126            | Urinary diversion  | 20%  | Category 4      |
| 127            | Replantation of ureter   | 20%  | Category 4      |
| 128            | Unilateral or Bilateral excision of testes   | 20%  | Category 4      |
| 129            | Other operations on Scrotum and tunica vaginalis testis  | 20%  | Category 4      |
| 130            | Reconstruction of the testis   | 20%  | Category 4      |
| 131            | Open surgical excision and destruction of prostate tissue  | 20%  | Category 4      |
| 132            | Extirpation of lesion of vulva   | 20%  | Category 4      |
| 133            | Excision of vulva  | 20%  | Category 4      |
| <b>XIV</b>     | <b>Operations on the sinuses</b>   |  |                 |
| 134            | Operations on frontal sinus  | 40%  | Category 3      |

| <b>Sl. No.</b> | <b>LIST OF MAJOR SURGERIES</b>  | <b>% of Major Surgical Benefit Sum Assured</b> | <b>Category</b> |
|----------------|---|--|-----------------|
| 135            | Operations on maxillary antrum using sublabial approach                           | 20%  | Category 4      |
| <b>XV</b>      | <b>Others</b>   |  |                 |
| 136            | Radical Mastectomy  | 60%  | Category 2      |
| 137            | Malignant soft tissue tumour excision and reconstruction                          | 40%  | Category 3      |
| 138            | Excision and Major Flap Repair of skin and Subcutaneous tissue due to Major Burns | 40%  | Category 3      |
| 139            | Simple Mastectomy   | 20%  | Category 4      |
| 140            | TIPS procedure for portal Hypertension  | 20%  | Category 4      |