



LIFE INSURANCE CORPORATION OF INDIA
(Established by the Life Insurance Corporation Act, 1956)
Registration Number: 512

LIC's JEEVAN AROGYA (WITHOUT PROFIT) (UIN: 512N266V02)
(A Non-linked, Non-Participating, Individual, Health Insurance Plan)

Ref: NB

(Branch Office):

Date:

Dear Policyholder,

Re: Your Policy No. _____

We have pleasure in forwarding herewith the above policy document which please find in order.

We would also like to draw your kind attention to the information mentioned in the Schedule of the Policy and the benefits available under the Policy.

Some of our plans have certain options (including riders) available under them. It is important that the options, if any, available under this plan and mentioned in the policy document are noted carefully as it will be helpful to you, in case you decide to exercise any of the available options. It is also essential to note that such option, if available and mentioned in the document of this plan has to be exercised in the right manner and during the stipulated time limit as prescribed herein.

Free Look Period

We would request you to go through the terms and conditions of the Policy and in case you disagree to any of the terms and conditions, you may return the Policy within a period of 15 days from the date of receipt of policy document stating the reasons of your objections and disagreement. On receipt of the policy we shall cancel the same and the amount of premium deposited by you shall be refunded to you after deducting the **proportionate risk premium (for Base Policy and riders, if any) for the period of cover and charges for medical examination, special reports, if any and stamp duty.**

We would also like to draw your attention to the following aspects:

- 1) Change of Address: In case you change your residence, kindly ensure that you inform the change in address to the servicing branch.
- 2) Nomination: Nomination should be in accordance with provision of Section 39 of the Insurance Act, 1938 as amended from time to time. The current provisions of Section 39 are enclosed in Annexure-I for reference.
- 3) Section 45 of Insurance Act, 1938: The current provision of the same is enclosed in Annexure-II.
- 4) The approved version of Policy Document in respect of this plan is available on our website : www.licindia.in
- 5) Please avail LIC's e-services. Visit our website: www.licindia.in to enable us to serve you better.

These measures will enable us to serve you better.

If you find any errors in this document, you may return this Policy for corrections.

Thanking you.

Yours faithfully,

p. Chief/Sr. Branch Manager

Agent's/Intermediary's Code	Agent's/ Intermediary's Name	Agent's/Intermediary's Mobile Number / Landline Number

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						
Particulars of the Insured and details of the Insurance Cover						
	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 Base Policy					
6	Date of Cover Expiry for LIC's Accident Benefits Rider					
7	Date of Cover Expiry for LIC's New Term Assurance Rider					
8	Accident Benefit Sum Assured (Rs.)					
9	Term Assurance Sum Assured (Rs.)					
10	Instalment premium (Rs.)					
11	Exclusions and Disorders					
12	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						
TO WHOM BENEFITS ARE PAYABLE. The Principal Insured or Insured Spouse or his/her Nominees under Section 39 of the Insurance Act, 1938 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) **LIC's Accident Benefit Rider (512B203V03):** 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) **LIC's New Term Assurance Rider (512B210V01):** 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 Base Policy as stated in the Schedule are guaranteed for 3 years from the Date of Commencement of Policy. Installment Premium for Base Policy 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

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, unforeseen and involuntary event caused by external, visible and violent means.
- 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) **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- vii) **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- viii) **Continued Insurability** is the determination of insurability of each Insured on revival of policy with rider(s) if opted for, to the satisfaction of the Corporation based on the information, documents and reports that are already available and any additional information in this regard if and as may be required in accordance with the Underwriting Policy of the Corporation at the time of revival.
- ix) **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;
- x) **Daily Benefit** means the amount of benefit payable per day;
- xi) **Date of Cover Commencement** means the date of commencement of cover under the policy for each Insured as specified in the Schedule;
- xii) **Date of Cover Expiry under the Base Policy** means the date on which the health cover under the policy ceases for each Insured as specified in the Schedule ;
- xiii) **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 ;
- xiv) **Date of Revival** is described in clause 13 and is relevant in the event that the Policy is revived after

- discontinuance of the Cover;
- xv) **Day Care Procedure Benefit** means the benefit as specified under clause 2 (III), subject to terms and conditions of the policy
- xvi) **Day care centre** means any institution established for day care treatment of illness and / or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-
- has qualified nursing staff under its employment
 - has qualified medical practitioner (s) in charge
 - has a fully equipped operation theatre of its own where surgical procedures are carried out
 - maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
- xvii) **Dental treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.
- xviii) **Disclosure to Information-** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- xix) **Experimental/Unproven treatment-** Treatment, including drug Experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- xx) **Grace period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre existing diseases. Coverage is not available for the period for which no premium is received
- xxi) **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has qualified nursing staff under its employment round the clock;
 - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places:
 - has qualified medical practitioner (s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains a daily records of patients and makes these accessible to the insurance company's authorized personnel.
- xxii) **Hospitalization-** Means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours within India for medically necessary treatment
- xxiii) **Hospital Cash Benefit** means the benefit as specified under clause 2(I) below, subject to the terms and conditions of this Policy;
- xxiv) **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- xxv) **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- xxvi) **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 ;
- xxvii) **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;
- xxviii) **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
- xxix) **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.
- xxx) **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards;
- xxxi) **Inpatient care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event
- xxxii) **Major Surgical Benefit** means the benefit as specified under clause 2(II) below, subject to the terms and conditions of this Policy;
- xxxiii) **Medical Advice-** Any consultation or advice from a Medical Practitioner including the issue of any

- prescription or repeat prescription.
- xxxiv) **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment
- xxxv) **Medically necessary treatment** is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which;
- is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner,
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India
- xxxvi) **Medical Practitioner**- A Medical practitioner is a person who holds a valid registration from the medical council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence. The treating Medical Practitioner should not be the Insured himself or a close family member of the Insured(s).
- xxxvii) **Newborn Baby** means those babies born during the Policy Period and is aged between 1 day and 90 days, both days inclusive
- xxxviii) **Notification of Claim**- Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
- xxxix) **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.
- xl) **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;
- xli) **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 ;
- xlii) **Pre-Existing Disease/Condition**- Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the date of commencement of this policy.
- xliii) **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.
- xliv) **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods
- xlv) **Revival** of a policy means restoration of the policy, which was discontinued due to non-payment of premium, by the insurer with all the benefits mentioned in the policy document, with or without rider benefits if any, upon the receipt of all the premiums due and other charges or late fee, if any, as per the terms and conditions of the policy, upon being satisfied as to the **Continued Insurability** of the each Insured.
- xlvi) **Revival Period** means the period of five consecutive years from the date of first unpaid premium, during which period the policyholder is entitled to revive the policy which was discontinued due to the non-payment of premium.
- xlvii) **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;
- xlviii) **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.
- xliv) **Major Surgical Benefit Sum Assured** is equal to 100 (one hundred) times the Applicable Daily Benefit in any Policy Year for each Insured;
- l) **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.
- li) **OPD(Out-Patient) treatment** is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- lii) **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 or Day Care Centre 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;
- 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. 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).
- xiii. 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.
- xiv. Hospitalisation for the sole purpose of physiotherapy or any ailment for which hospitalization is not warranted due to advancement in medical technology.
- xv. 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.
- xvi. 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.
- xvii. Any natural peril (including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard).
- xviii. 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.
- xix. 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.
- xx. Hospitalisation expenses related to non-allopathic methods of treatment or surgery.
- xxi. Participation in any criminal or illegal activities.
- xxii. 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. However, the original cover of the insured spouse shall remain unaltered.

IV) Option to migrate:

Children covered under this plan shall have the option to take a suitable new health insurance policy (subject to underwriting) at the end of the specified exit age or at the renewal of the policy after completion of 18 years of age.

- i) The new policy should be purchased within 90 days of the termination of child's cover from the existing policy.
- ii) The Insured member shall be eligible for suitable credits gained for pre-existing conditions and time bound exclusions for all the previous years, provided the policy is in-force. The outstanding Waiting periods and outstanding period of any Exclusion will however apply under the new policy.
- iii) These credits shall be available up to a maximum of the current SA level under the existing policy.
- iv) Other terms and conditions including premium rates will be as applicable for the new policy.

V) 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 Base Policy,
- (ii) Instalment premium for LIC's Accident Benefit Rider,
- (iii) Instalment premium for LIC's New Term Assurance Rider,

wherever these options have been exercised.

For other insured, the "instalment premium" shall be the instalment premium under the Base Policy.

The installment premium for Base Policy 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 Base Policy are reviewable on the Automatic Renewal Dates in respect of all insured in the Policy. The premium rates for the Base Policy 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 premiums. 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 5(five) years from the due date of first unpaid premium subject to conditions in clause 13 below.

13. REVIVALS/REINSTATEMENT OF DISCONTINUED POLICIES:

An Insurance Policy would lapse on non-payment of due premium within the days of grace. A Policy in lapsed condition may be revived during the life time of the Principal Insured but within the Revival Period and before the Date of Maturity, as the case may be.

The revival shall be effected on payment of all the arrears of premium(s) together with interest (compounding half-yearly) at such rate as may be fixed by the Corporation from time to time and on satisfaction of Continued Insurability of each Insured on the basis of information, documents and reports that are already available and any additional information in this regard if and as may be required in accordance with the Underwriting Policy of the Corporation at the time of revival, being furnished by the Principal Insured/Insured at his/her own expense. Waiting periods and Exclusions as described earlier will apply on revival.

The Corporation, however, reserves the right to accept at original terms, accept with modified terms or decline the revival of a discontinued policy as per the "Underwriting Policy" of the Corporation. The revival of the discontinued policy shall take effect only after the same is approved by the Corporation and is specifically communicated to the Life Assured.

Revival of Rider(s), if opted for, will only be considered along with the revival of the Base Policy and not in isolation.

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 on account of revision in rates. In such a case the rates as applicable on respective due date shall apply.

No revival /reinstatement of the policy will be allowed after the expiry of revival period.

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 Base Policy:** 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. However, the cover available under new policy shall not exceed the amount of cover under 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 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 any material information is withheld, then and in every such case this policy shall be void and all claims to any benefit in virtue hereof shall be subject to the provisions of Section 45 of the Insurance Act, 1938, as amended from time to time.

16. ASSIGNMENTS AND NOMINATIONS:

No assignment will be allowed under this policy.

Nomination by the holder of a policy of life assurance is required as per section 39 of the Insurance Act, 1938, as amended from time to time. The current provisions of Section 39 are contained in Annexure-I of this policy document.

The notice of nomination or change of nomination should be submitted for registration to the office of the Corporation, where the policy is serviced. In registering nomination the Corporation does not accept any responsibility or express any opinion as to its validity or legal effect.

17. LIC's ACCIDENT BENEFIT RIDER(UIN: 512B203V03):

Accident benefit is available on payment of additional premium provided LIC's New 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. LIC's Accidental Benefit Rider can be opted for at any time provided the outstanding premium paying term of the LIC's New Term Assurance Rider is atleast five years but before the policy anniversary on which the age nearer birthday of life assured is 65 years.

Subject to stated above, if the LIC's Accident Benefit Rider is opted for, at any time when the Rider cover is in force for the full Sum Assured as on date of accident, this benefit shall be available only till the date of cover expiry of LIC's New Term Assurance Rider or LIC's Accident Benefit Rider, whichever is earlier.

The additional premium for this benefit will not be required to be paid from the policy anniversary after the expiry of LIC's New Term Assurance Rider or LIC's Accident Benefit Rider, whichever is earlier. However, the premium under the Base Policy shall continue to be paid years till the end of policy term, wherever applicable.

The maximum aggregate limit of Accident Benefit cover shall be as under:

(A) For LIC's Jeevan Shiromani with minimum Basic Sum Assured of Rs. 100 lakhs

The maximum aggregate limit of assurance under all policies including policies with in-built Accident Benefit taken with Life Insurance Corporation of India under individual policies as well as group policies on the same life to which following benefits apply shall not in any event exceed Rs.200 lakhs of Accident Benefit Sum Assured (including LIC's Jeevan Shiromani). If there be more policies than one and if the total Accident Benefit Sum Assured exceeds Rs. 200 lakhs (including a minimum of 100 lakhs under LIC's Jeevan Shiromani) the benefits shall apply to the first Rs. 200 lakhs Accident Benefit Sum Assured in order of date of policies issued.

(B) For all other plans (excluding LIC's Jeevan Shiromani):

The maximum aggregate limit of assurance under all policies including policies with in-built Accident Benefit taken with Life Insurance Corporation of India under individual policies as well as group policies on the same life to which following benefits apply shall not in any event exceed Rs.100 lakhs of Accident Benefit Sum Assured. If there be more policies than one and if the total Accident Benefit Sum Assured exceeds Rs. 100 lakhs, the benefits shall apply to the first Rs. 100 lakhs Accident Benefit Sum Assured in order of date of policies issued.

In any case, the maximum Accident Benefit cover offered to an individual including the policies taken under (A) above, will not exceed Rs. 200 lakhs.

If the Insured is involved in an accident at any time when this Policy is in force for the full Sum Assured and such injury shall within 180 days of its occurrence solely, directly and independently of all other causes result in death of the Insured and the same is proved to the satisfaction of the Corporation, the Corporation agrees to pay an additional sum equal to the Accident Benefit Sum Assured under this policy. 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.

The Corporation will not be liable to pay the additional sum referred above, if or the 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 or consumption of intoxicating liquor, narcotic or drug (unless prescribed by doctor as a part of treatment); or
- (ii) be caused by injuries resulting from taking any part in riots, civil commotion, rebellion, war (whether war be declared or not), invasion, hunting, mountaineering, steeple chasing, racing of any kind, paragliding or parachuting, taking part in adventurous sports; or
- (iii) result from the Insured committing any criminal act with criminal intent; or
- (iv) (a) arise from employment of the Insured in the armed forces or military service. This exclusion is not applicable if the Insured was involved in an accident when he is not on duty or was involved in any rescue operations while combating natural calamities in our country; or

(b) arise from being engaged in police duty (which excludes administrative assignments) in any police organization other than paramilitary forces. This exclusion is not applicable where the option to cover Accident Benefit arising on accident while engaged in police duty, has been chosen; or
- (v) occur after 180 days from the date of accident of the Insured.

18. LIC's NEW TERM ASSURANCE RIDER (UIN: 512B210V01):

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 75 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. However delay in intimation of the genuine claim may be condoned by the Corporation, on merit, and where delay is proved to be for the reasons beyond his/her control; 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 Base Policy:
 - 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. TAX:

Taxes, if any, shall be as per the Tax laws and the rate of tax shall be as applicable from time to time. The amount of tax as per the prevailing rates shall be payable by the policyholder on premiums including extra premiums, if any.

22. 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.

23. FREE LOOK 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) Proportionate Risk Premium for the period of cover 3) Any expense borne by the Corporation on medical examination and special reports, if any of the Insured persons.

SECTION 45 OF INSURANCE ACT, 1938

The provisions of Section 45 of the Insurance Act, 1938 shall be applicable as amended from time to time. The current provisions are contained in Annexure-II of this policy document.

Grievance Redressal Mechanism:**Of the Corporation:**

The Corporation has Grievance Redressal Officers at Branch/ Divisional/ Zonal/ Central Office to redress grievances of customers. For ensuring quick redressal of customer grievances the Corporation has introduced Customer friendly Integrated Complaint Management System through our Customer Portal (website) which is <http://www.licindia.in>, where a registered policy holder can directly register complaint/ grievance and track its status. Customers can also contact at e-mail id co_crmgrv@licindia.com for redressal of any grievances.

Claimants not satisfied with the decision of death claim repudiation have the option of referring their cases for review to Zonal Office Claims Dispute Redressal Committee or Central Office Claims Dispute Redressal Committee. A retired High Court/ District Court Judge is member of each of the Claims Dispute Redressal Committees.

Of IRDAI:

In case the customer is not satisfied with the response or do not receive a response from us within 15 days, then the customer may approach the Grievance Cell of the IRDAI through any of the following modes:

- Calling Toll Free Number 155255 / 18004254732 (i.e. IRDAI Grievance Call Centre)
- Sending an email to complaints@irdai.gov.in
- Register the complaint online at <http://www.igms.irdai.gov.in>
- Address for sending the complaint through courier / letter:
Consumer Affairs Department, Insurance Regulatory and Development Authority of India, Survey No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad- 500032, Telangana.

Of Ombudsman:

For redressal of Claims related grievances, claimants can also approach Insurance Ombudsman who provides for low cost and speedy arbitration to customers.

The Ombudsman, as per Insurance Ombudsman Rules, 2017, can receive and consider complaints or disputes relating to the matters such as:

- (a) Delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999;
- (b) Any partial or total repudiation of claims by the life insurer, General insurer or the health insurer;
- (c) Disputes over premium paid or payable in terms of insurance policy;
- (d) Misrepresentation of policy terms and conditions at any time in the policy document or policy contract;
- (e) Legal construction of insurance policies in so far as the dispute relates to claim;
- (f) Policy servicing related grievances against insurers and their agents and intermediaries;
- (g) Issuance of life insurance policy, general insurance policy including health insurance policy which is not in conformity with the proposal form submitted by the proposer;
- (h) Non-issuance of insurance policy after receipt of premium in life insurance and general insurance including health insurance; and
- (i) Any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f)

Address of Grievance Redressal Officer

Special Provisions for Senior Citizens:
Email address: co_healthsc@licindia.com
Health Toll free Number: 18004259876

Address and e-mail id of Branch Office:

Address and contact details of Insurance 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

S.No.	DAY CARE SURGERIES
	Microsurgical Operations on the middle ear
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
	Other Operations on the Middle and Internal Ear
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

S.No.	DAY CARE SURGERIES
18	Revision of fenestration of the inner ear
19	Petrous Apicectomy
20	Other microsurgical operations on the inner Ear
	Operations on the nose and nasal sinuses
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
	Operations on the Eyes
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
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
	Operations on the tongue
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

S.No.	DAY CARE SURGERIES
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
	Operations on the tonsils and adenoids
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
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
	Operations on the breast
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
	Operations on the female reproductive organs
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
	Operations on the prostate and seminal vesicles
103	Drainage of Prostatic abscess

S.No.	DAY CARE SURGERIES
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
	Operations on the testis
111	Incision and drainage of the testis
112	Excision or destruction of testicular lesion
113	Unilateral orchidectomy
114	Other operations on the testis
	Operations on the spermatic cord,Epididymis and ductus deferens
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)
	Operations on the Penis
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
	Operations on the Urinary system
122	Cystoscopic removal of stones
123	Lithotripsy
	Other Operations
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
I	CARDIOVASCULAR SYSTEM		
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
II	HAEMIC AND LYMPHATIC SYSTEM		
14	Bone Marrow transplant (as recipient)	100%	Category 1
15	Major Excision and grafting of Lymphoedema	60%	Category 2
16	Splenectomy	60%	Category 2
III	NERVOUS SYSTEM		
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 Subarachnoid 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
32	Multiple Microsurgical Repair of digital nerve	40%	Category 3
33	Bur-hole Drainage of Extradural, subdural or intracerebral	20%	Category 4

Sl. No.	LIST OF MAJOR SURGERIES	% of Major Surgical Benefit Sum Assured	Category
	space		
IV	RESPIRATORY SYSTEM		
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
V	DIGESTIVE SYSTEM		
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
VI	ENDOCRINE SYSTEM		
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
VII	ENT		
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
VIII	ORAL		
64	Wide excision and Major reconstruction of malignant Oro-pharyngeal tumours	60%	Category 2
65	Total Glossectomy	40%	Category 3
66	Wide local Excision for oral leukoplakia	20%	Category 4
IX	EYE		
67	Orbit Tumour Exenteration /Flap reconstruction	40%	Category 3

Sl. No.	LIST OF MAJOR SURGERIES	% of Major Surgical Benefit Sum Assured	Category
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
X	LIVER, GALL BLADDER & PANCREAS		
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
XI	MUSCULOSKELETAL SYSTEM (due to accident only)		
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
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

Sl. No.	LIST OF MAJOR SURGERIES	% of Major Surgical Benefit Sum Assured	Category
106	Replantation of finger following traumatic amputation	20%	Category 4
107	Surgical Drainage and Curettage for osteomyelitis	20%	Category 4
XII	ORO-MAXILLOFACIAL SURGERY		
108	Major reconstructive oro-maxillofacial 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
XIII	KIDNEY/URINARY TRACT/REPRODUCTIVE SYSTEM		
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
XIV	Operations on the sinuses		
134	Operations on frontal sinus	40%	Category 3
135	Operations on maxillary antrum using sublabial approach	20%	Category 4
XV	Others		
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

Sl. No.	LIST OF MAJOR SURGERIES	% of Major Surgical Benefit Sum Assured	Category
140	TIPS procedure for portal Hypertension	20%	Category 4

Nomination - As Section 39 of the Insurance Act 1938

(1) The holder of a policy of life insurance on his own life may, when effecting the policy or at any time before the policy matures for payment, nominate the person or persons to whom the money secured by the policy shall be paid in the event of his death:

Provided that, where any nominee is a minor, it shall be lawful for the policy holder to appoint any person in the manner laid down by the insurer, to receive the money secured by policy in the event of his death during the minority of the nominee.

(2) Any such nomination in order to be effectual shall, unless it is incorporated in the text of the policy itself, be made by an endorsement on the policy communicated to the insurer and registered by him in the records relating to the policy and any such nomination may at any time before the policy matures for payment be cancelled or changed by an endorsement or a further endorsement or a will, as the case may be, but unless notice in writing of any such cancellation or change has been delivered to the insurer, the insurer shall not be liable for any payment under the policy made bona fide by him to a nominee mentioned in the text of the policy or registered in records of the insurer.

(3) The insurer shall furnish to the policy holder a written acknowledgement of having registered a nomination or a cancellation or change thereof, and may charge such fee as may be specified by regulations for registering such cancellation or change.

(4) A transfer or assignment of a policy made in accordance with section 38 shall automatically cancel a nomination:

Provided that the assignment of a policy to the insurer who bears the risk on the policy at the time of the assignment, in consideration of a loan granted by that insurer on the security of the policy within its surrender value, or its reassignment on repayment of the loan shall not cancel a nomination, but shall affect the rights of the nominee only to the extent of the insurer's interest in the policy:

Provided further that the transfer or assignment of a policy, whether wholly or in part, in consideration of a loan advanced by the transferee or assignee to the policyholder, shall not cancel the nomination but shall affect the rights of the nominee only to the extent of the interest of the transferee or assignee, as the case may be, in the policy:

Provided also that the nomination, which has been automatically cancelled consequent upon the transfer or assignment, the same nomination shall stand automatically revived when the policy is reassigned by the assignee or retransferred by the transferee in favour of the policyholder on repayment of loan other than on a security of policy to the insurer.

(5) Where the policy matures for payment during the lifetime of the person whose life is insured or where the nominee or, if there are more nominees than one, all the nominees die before the policy matures for payment, the amount secured by the policy shall be payable to the policyholder or his heirs or legal representatives or the holder of a succession certificate, as the case may be.

(6) Where the nominee or if there are more nominees than one, a nominee or nominees survive the person whose life is insured, the amount secured by the policy shall be payable to such survivor or survivors.

(7) Subject to the other provisions of this section, where the holder of a policy of insurance on his own life nominates his parents, or his spouse, or his children, or his spouse and children, or any of them, the nominee or nominees shall be beneficially entitled to the amount payable by the insurer to him or them under sub-section (6) unless it is proved that the holder of the policy, having regard to the nature of his title to the policy, could not have conferred any such beneficial title on the nominee.

(8) Subject as aforesaid, where the nominee, or if there are more nominees than one, a nominee or nominees, to whom sub-section (7) applies, die after the person whose life is insured but before the amount secured by the policy is paid, the amount secured by the policy, or so much of the amount secured by the policy as represents the share of the nominee or nominees so dying (as the case may be), shall be payable to the heirs or legal representatives of the nominee or nominees or the holder of a succession certificate, as the case may be, and they shall be beneficially entitled to such amount.

(9) Nothing in sub-sections (7) and (8) shall operate to destroy or impede the right of any creditor to be paid out of the proceeds of any policy of life insurance.

(10) The provisions of sub-sections (7) and (8) shall apply to all policies of life insurance maturing for payment after the commencement of the Insurance Laws (Amendment) Act, 2015.

(11) Where a policyholder dies after the maturity of the policy but the proceeds and benefit of his policy has not been made to him because of his death, in such a case, his nominee shall be entitled to the proceeds and benefit of his policy.

(12) The provisions of this section shall not apply to any policy of life insurance to which section 6 of the Married Women's Property Act, 1874, applies or has at any time applied;

Provided that where a nomination made whether before or after the commencement of the Insurance Laws (Amendment) Act, 2015, in favour of the wife of the person who has insured his life or of his wife and children or any of them is expressed, whether or not on the face of the policy, as being made under this section, the said section 6 shall be deemed not to apply or not to have applied to the policy.

Section 45 as per the Insurance Act 1938

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

(2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later on the ground of fraud:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

Explanation I- For the purposes of this sub-section, the expression "fraud" means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:-

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

Explanation II- Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

(3) Notwithstanding anything contained in subsection (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the misstatement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such misstatement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

Explanation – A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer.

(4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Explanation - For the purposes of this sub-section, the misstatement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

(5) 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 insured was incorrectly stated in the proposal.