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

LIC's Health Shield (UIN: 512N369V01)
(A Non-Par, Non-linked, Health, Individual, Pure Risk Plan)

PART-A

Ref: NB

(Address and e-mail id of Branch Office):

Space for Name and Address of Policyholder

Space for Address and e-mail id of Branch Office

Dear Policyholder,

Date:

Re: Your Policy No. _____

We have pleasure in forwarding herewith the above policy document comprising of Part A to Part G along with Customer Information Sheet (CIS).

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 Rider(s)) 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 options, if available and mentioned in the document of this plan have 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 with any of the terms and conditions, you may return the Policy within a period of 30 days from the date of receipt of the electronic or physical mode of the Policy Document, whichever is earlier, stating the reasons for your objections. On receipt of the Policy Document, we shall cancel the same and the amount of premium deposited by you shall be refunded to you after deducting the applicable proportionate risk premium for the Base Policy and riders, if any, for the period of cover and charges for medical examination (including special reports, if any) of the Insured persons and for stamp duty.

In case you have any Complaints/Grievance, you may approach the Branch office on the address mentioned above or Grievance Redressal Officer/Ombudsman, whose addresses are as under:

Address of Grievance Redressal Officer:

Address and contact details of Insurance Ombudsman:

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

Thanking you.

Yours faithfully,

Chief/Sr. Branch Manager

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

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 Office.

2) Nomination: Nomination should be in accordance with the 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) Policyholder or the claimant, as applicable, is required to intimate the Corporation, about the happening of the insured event resulting into a claim under the insurance policy, at the earliest possible time.

4) The provisions of Section 45 of the Insurance Act 1938, as amended from time to time shall be applicable. The current provisions of the same are enclosed in Annexure-II.

5) Various Sections of the Insurance Act, 1938, applicable to LIC to apply as amended from time to time.

6) The approved version of Policy Document in respect of this plan is available on our website: www.licindia.in

7) Please avail LIC's e-services. Visit our website: www.licindia.in to enable us to serve you better.

8) For Customer Services, you can contact LIC call centre at +91-022 68276827 whose services are available 24*7 in English, Hindi and 8 Regional Languages.

These measures will enable us to serve you better.

PREAMBLE

THE LIFE INSURANCE CORPORATION OF INDIA (hereinafter called “the Corporation”) having received a Proposal along with 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 said Proposer and the 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 Authorised/Designated Branch 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 this Policy Document, of the title of the said person or persons claiming payment and of the correctness of the age of the Insured(s) stated in the Proposal if not previously admitted.

And it is hereby declared that this Policy of Assurance shall be subject to the Definitions, Benefits, Conditions related to Servicing Aspects, Other Terms and Conditions and Statutory Provisions printed in this Policy and that the Schedule and every endorsement placed on the Policy by the Corporation shall be deemed part of the Policy.

SCHEDULE

DIVISIONAL OFFICE: **BRANCH OFFICE:**

Policy Number		Proposal Number	
UIN		Date of Proposal	
Date of Commencement of Policy		Date of Issuance of Policy	
No of members covered		Plan Number	
Policy Term		Premium Payment Term	
Mode of premium payment		Instalment Premium due on	
Due Date of Payment of Last Premium for Base Policy		Date of Maturity	
Name, Gender and Address of Principal Insured		Total Instalment Premium (Taxes, if any, as applicable from time to time are charged extra.)	

	Name, Gender and Relationship (to PI) of other Insured		
1			
2			
3			
4			
5			
6			

Particulars of the Insured and details of the Insurance Cover

	Particulars	Principal Insured	Other Insured					
			1	2	3	4	5	6
1.	Date of Birth							
2.	Age of the Life Insured							
3.	Whether age admitted							
4.	Initial Daily Benefit (Rs.)							
5.	Effective Date of Cover							
6.	Date of Cover Expiry under Base Policy							
7.	Rider Opted							
8.	Rider UIN							
9.	Date of Commencement of Risk for LIC's Accident Benefit Rider							
10.	Date of Commencement of Risk for LIC's Term Assurance Rider							
11.	Date of Cover Expiry for LIC's Accident Benefit Rider#							
12.	Date of Cover Expiry for LIC's New Term Assurance Rider#							
13.	Accident Benefit Sum Assured (Rs.)							
14.	Term Assurance Rider Sum Assured (Rs.)							
15.	Instalment premium for Base policy (Rs.)							
16.	Instalment premium for LIC's Accident Benefit Rider (Rs.)							
17.	Instalment premium for LIC's New Term Assurance Rider (Rs.)							
18.	Instalment premium (Rs.)							
19.	Exclusions and Disorders							
20.	Due Date of Payment of last premium for LIC's Accident Benefit Rider							

21.	Due Date of Payment of last premium for LIC's New Term Assurance Rider							

Details of Nominee(s) under Section 39 of the Insurance Act,1938

Type of Nomination:

Nominee(s) Name	Nominee's Age (in yrs)	Percentage Share	Relationship to the Principal Insured	Appointee Name (in case the Nominee is a minor)

For details of exclusions under the Policy refer Condition 10 of Part C of this document.
Conditions of the rider(s) opted and mentioned above are enclosed as endorsement to the policy.

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 Condition 8 of Part C of this document.

Dates when premiums are payable	On the stipulated due date in

Signed on behalf of the Corporation at the above mentioned Branch Office whose address and e-mail ID is given at the first page and to which all communications relating to the policy should be addressed.

Examined by

Date

Chief / Senior/Branch Manager

Form NO.

PART– B: DEFINITIONS

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

1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Accidental Bodily Injury** means physical bodily harm or injury (but does not include any 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.
3. **Age** is the age last birthday of the Insured(s) at the time of commencement of the policy/ Effective Date of Cover in respect of an Insured except at minimum age at entry in respect of insured children where age is 90 days completed.
4. **Applicable Daily Benefit** at the inception of policy/Effective Date of Cover in respect of an Insured, shall be equal to the Initial Daily Benefit chosen by the Principal Insured. Subsequently, the Applicable Daily Benefit may increase by way of 'No Claim Benefit' (as specified under Condition 2.I of Part C of this Policy Document).
5. **Appointee** is the person to whom the proceeds/benefits secured under the Policy are payable if the benefit becomes payable to the nominee and nominee is minor as on the date of claim payment.
6. **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.
7. **Ambulance benefit** means the benefit as specified under Condition 1. II.a of Part C of this Policy Document, subject to the terms and conditions of this Policy.
8. **Auto Health Cover (AHC) Benefit** means the benefit as specified under Condition 2.III.i). of Part C of this Policy Document, subject to the terms and conditions of this Policy.
9. **Base Policy** is that part of the Policy referring to basic benefit (benefits referred to in this Policy Document excluding benefits covered under Rider(s), if opted for). Endorsement(s), if any, on exercise of Option to include new member under the Policy shall be deemed to be part of the Base Policy.
10. **Beneficiary/Claimant** means the person(s) /entity who is/are entitled to receive benefits under this Policy. The Beneficiary to whom benefits are payable is the Principal Insured or his/her Nominee(s)

under Section 39 of the Insurance Act, 1938, as amended from time to time or proved 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 from any Court of any State or Territory of the Union of India, as applicable. In case of minor insured lives, on exit of last successive PI, the legal guardian of minor life shall be the beneficiary.

11. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
12. **Congenital Anomaly** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
    a) Internal Congenital Anomaly: Congenital anomaly which is not in the visible and accessible parts of the body.
    b) External Congenital Anomaly: Congenital anomaly which is in the visible and accessible parts of the body.
13. **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.
14. **Corporation** means the Life Insurance Corporation of India established under Section 3 of the LIC Act, 1956.
15. **Cover Period** means the period between the 'Effective Date of Cover' and the corresponding 'Date of Cover Expiry' under the Base Policy 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. This period includes the 'Effective Date of Cover' and excludes the 'Date of Cover Expiry under the Base Policy
16. **Daily Benefit** means the amount of benefit payable per day.
17. **Date of commencement of policy** is the start date of this Policy.
18. **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. i.e. on expiry of the Policy Term.
19. **Date of Cover Expiry for LIC's Accident Benefit rider** means the date on which the cover under LIC's Accident Benefit rider under the policy ceases for each Insured as specified in the Schedule.
20. **Date of Cover Expiry for LIC's New Term Assurance rider** means the date on which the cover under LIC's New Term Assurance rider under the policy ceases for each Insured as specified in the Schedule.
21. **Date of issuance of policy** is a date when a proposal after underwriting is accepted as a policy and this contract gets effected.
22. **Date of Maturity** means the date specified in the Schedule on which the Policy Term expires.
23. **Date of Revival** is described in Condition 3 of Part D of this Policy Document and is relevant in the event that the Policy is revived.
24. **Day Care Procedure Benefit** means the benefit as specified under Condition 1.III of Part C of this Policy Document, subject to terms and conditions of the policy.
25. **Day care centre** means any institution established for day care treatment of illness and / or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum 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.
26. **Dental treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
27. **Due Date** means a fixed date on which the policy premium is due and payable by the Policyholder.
28. **Effective Date of Cover** in respect of an Insured is the date on which the Corporation after underwriting accepts the risk for insurance (cover) in respect of that Insured as specified in the Schedule.
29. **Endorsement means conditions attached/** affixed to this Policy incorporating any amendments or modifications agreed to or issued by the Corporation.
30. **Experimental/Unproven treatment** means the treatment, including drug eexperimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
31. **Extended Hospitalisation Benefit** means the benefit as specified under Condition 1. VI of Part C this Policy Document, subject to the terms and conditions of this Policy.
32. **Extra premium** means a charge due to underwriting decision, for any additional risk not provided for, in minimum contract premium.
33. **Free Look Period** is the period of 30 days from the date of receipt of the electronic or physical mode of the Policy Document, whichever is earlier, by the Pol**ic**yholder to review the terms and conditions of this policy and where the Policyholder disagrees to any of those terms and conditions, he/ she has the

option to return this policy as detailed in Condition 8 of Part D of this Policy Document.

34. **Government Security (G-Sec)** in this Policy Document refers to the tradeable instruments issued by Central Government for various durations, declared as benchmark securities corresponding to the stated tenors, by Reserve Bank of India.
35. **Grace period** means the specified period of time from the premium due date during which premium payment can be made to continue a policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing diseases. Coverage is available during grace period, if the premium is paid in instalments during the policy period.
36. **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:
    i. has qualified nursing staff under its employment round the clock;
    ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places:
    iii. has qualified medical practitioner (s) in charge round the clock;
    iv. has a fully equipped operation theatre of its own where surgical procedures are carried out:
    v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
37. **Hospitalisation**- Means admission in a Hospital for a minimum period of 24 consecutive "*In patient Care"* hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
38. **Hospital Cash Benefit** means the benefit as specified under Condition 1.I of Part C this Policy Document, subject to the terms and conditions of this Policy.
39. **In-force Policy** means a policy in which all due premiums have been paid and the premiums are not outstanding beyond grace period.
40. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
    (a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
    (b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
        1. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests.
        2. It needs ongoing or long-term control or relief of symptoms.
        3. It requires rehabilitation for the patient or for the patient to be specially trained to cope with it.
        4. It continues indefinitely.
        5. It recurs or is likely to recur.
41. **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.
42. **Inpatient care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
43. **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.
44. **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.
45. **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.
46. **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.
47. **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.
48. **IRDAI** means Insurance Regulatory and Development Authority of India earlier called as Insurance Regulatory and Development Authority (IRDA).
49. **Lapse** is the status of the Policy when due premium is not paid within the grace period.
50. **Major Surgical Benefit** means the benefit as specified under Condition 1.II of Part C this Policy Document, subject to the terms and conditions of this Policy.
51. **Major Surgical Benefit Restoration** means the benefit as specified under Condition 1.II.c of Part C

this Policy Document, subject to the terms and conditions of this Policy.

52. **Major Surgical Benefit Sum Assured** in respect of an Insured in a policy year is equal to 100 times of Applicable Daily Benefit in respect of that Insured for that Policy Year.
53. **Material information** shall mean all important, essential and relevant information and documents explicitly sought by the Corporation in the proposal form.
    The information already known to the Insured(s) at the time of obtaining a policy which has a bearing on underwriting of the proposal /Policy submitted constitutes Material Information.
54. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
55. **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.
56. **Medical Management Benefit** means the benefit as specified under Condition 1. V of Part C this Policy Document, subject to the terms and conditions of this Policy.
57. **Medically necessary treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which;
    i. is required for the medical management of the illness or injury suffered by the insured;
    ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
    iii. must have been prescribed by a medical practitioner;
    iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
58. **Medical Practitioner** means a person who holds a valid registration from the medical council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence. The treating Medical Practitioner should not be the Insured himself or a close family member of the Insured(s).
59. **Minor** is a person who has not completed 18 years of age.
60. **No Claim Benefit means** the benefit as specified under Condition 2. I of Part C of this Policy Document, subject to the terms and conditions of this Policy.
61. **Nomination** is the process of nominating a person(s) who is (are) named as “Nominee(s)” in the proposal form or subsequently included/ changed by an endorsement. Nomination should be in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.
62. **Nominee(s)** means the person(s) nominated by the Policyholder under this Policy who is (are) authorised to receive the claim benefit payable under this Policy and to give a valid discharge to the Corporation on settlement of the claim.
63. **Non-par products** means products where policies are not entitled for any share in surplus (profits) during the term of the policy.
64. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
65. **OPD (Out-Patient) treatment** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
66. **Original Principal Insured** means the person named as ‘Principal Insured’ in the Schedule who is the legal owner of the Policy at inception.
67. **Other Insured(s)** means the person(s) insured under the policy other than Principal Insured and are named as ‘Other Insured(s)’ in the Schedule.
68. **Other Surgical Benefit** means the benefit as specified under Condition 1.IV of Part C this Policy Document, subject to terms and conditions of the policy.
69. **Physician/ Surgeon** means a qualified medical practitioner holding a valid and subsisting license, granted by the appropriate licensing authority, and practicing within the scope of his license.
70. **Policy/Policy Document** means this document comprising of Part A to Part G along with the Major Surgical Benefit Annexure, Day Care Procedure Benefit Annexure and any endorsements attaching to or forming part thereof issued by the Corporation, which is a legal contract between the Policyholder and the Corporation.
71. **Policy Anniversary** means one year from the Date of Commencement of the Policy and the same date falling each year thereafter, till the Date of Maturity.
72. Policyholder is the legal owner of the Policy.
73. **Policy term** is the period, in years as mentioned in the Schedule, commencing from the Date of commencement of policy and ending on the Date of Maturity.
74. **Policy Year** is the period between two consecutive policy anniversaries. This period includes the first day and excludes the next policy anniversary day
75. **Pre-Existing Disease/Condition** means any condition, ailment, injury or disease:
    a) That is/are diagnosed by a physician within 36 months prior to the effective date of cover or date

of revival of policy; or

b) For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of cover or date of revival of policy.

76. **Premium** is the contractual amount payable by the Principal Insured at specified times periodically as mentioned in the Schedule of this Policy Document to secure the benefits under the policy. The premium payable will be "Total Instalment Premium" which includes
    a) Instalment Premium for Base Policy and
    b) Instalment Premium for Rider(s), if rider(s) has been opted for.

    If the spouse or any child(ren) are included in the policy later, an additional premium(s) shall be payable. Instalment Premium for Base Policy and Rider(s), if opted for, shall include such additional premium(s) from the policy anniversary from which the additional cover shall be effective (as specified under Condition 6.I of Part D of this Policy Document).

    The term 'Premium' used anywhere in this Policy Document does not include any taxes, if any, which are payable separately.
77. **Premium Paying Term** means the period, in years, during which premium is payable.
78. **Principal Insured (PI)** is the Policyholder of this Policy. On exit of the Original PI in the event of death or on Original PI exhausting all the lifetime maximum Benefit Limits the surviving Insured Spouse/Eldest of the surviving major Insured shall become the Principal Insured as specified in Condition 4 of Part C of this Policy Document and the policy will continue.
79. **Proposer** is a person who proposes the life insurance proposal.
80. **Pure risk products** means insurance products (without any savings element) where the payment of agreed amount is assured on the happening of insured event within the term of the policy.
81. **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 premium(s) due and other charges / late fee, if any, during the Revival Period as per the terms and conditions of the policy, upon being satisfied as to the **Continued Insurability** of the each Insured.
82. **Revival Period** means the period of five consecutive complete 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.
83. **Rider** means the insurance cover(s) added to a base product for additional premium or charge. The rider shall be available on the life of PI and/or Insured Spouse only.
84. **Rider Benefits** means an amount of benefit payable on occurrence of a specified event offered under the Rider, and is an additional benefit to the benefit under Base Policy.
85. **Rider Premium** is the premium payable by the Policyholder along with the premium under Base Policy towards the additional cover/benefit opted under the rider, if opted.
86. **Rider Sum Assured** is the assured amount payable on happening of a specified event covered under the Rider, if opted.
87. **Schedule** is the part of policy document that gives the specific details of your policy.
88. **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.
89. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
90. **Surrender** means complete withdrawal or termination of the entire policy contract.
91. **UIN** means the Unique Identification Number allotted to this plan by the IRDAI.
92. **Underwriting** is the term used to describe the process of assessing risk and ensuring that the cost of the cover is proportionate to the risks faced by the individual concerned. Based on underwriting, a decision on acceptance or rejection of cover as well as applicability of suitable premium or modified terms, if any, is taken.

PART– C: BENEFITS

1. The following benefits are payable on Hospitalisation during the Cover Period under an in-force policy:

I) Hospital Cash Benefit (HCB):

In the event of Accidental Bodily Injury or Sickness first occurring or manifesting itself on or after the Effective Date of Cover and during the Cover Period causing an Insured's Hospitalisation to exceed a continuous period of 24 hours, then, subject to Benefit Limits 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 for each continuous period of 24 hours or any part thereof (after having completed the 24 hours) provided any such part stay exceeds a continuous period of 4 hours of Hospitalisation 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 of Applicable Daily Benefit for each continuous period of 24 hours or part thereof (after having completed the 24 hours) provided any such part stay exceeds a continuous period of 4 hours of Hospitalisation in the Intensive Care Unit (ICU) of a Hospital during any period of Hospitalisation 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, 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.

II) Major Surgical Benefit (MSB):

In the event of an Insured due to medical necessity, undergoing any specified Surgery as listed in the Major Surgical Benefit Annexure, in a Hospital due to Accidental Bodily Injury or Sickness first occurring or manifesting itself on or after the Effective Date of Cover in respect of that Insured and during the Cover Period then, subject to Benefit Limits and Conditions, Waiting Period and Exclusions of this Policy, a percentage (as mentioned in Major Surgical Benefit Annexure against the specified Surgery performed) of the Major Surgical Benefit Sum Assured, shall be payable, regardless of the actual costs incurred. Where, Major Surgical Benefit Sum Assured is equal to 100 times of Applicable Daily Benefit for that Policy Year in respect of each Insured.

Hospital Cash Benefit will be paid over and above the lump sum Major Surgical Benefit based on the length of stay in the hospital.

In addition, the following benefits shall also be available under Major Surgical Benefit:

a. Ambulance Benefit:
In the event that a Major Surgical Benefit (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.

b. Premium Waiver Benefit for one year:
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, instalment premiums under the Base Policy for one year in respect of all Insured(s), from the date of instalment premium due coinciding with or next following the date of the Surgery will be waived. However, premiums in respect of any riders on the life of PI/Insured Spouse, if opted for, shall not be waived and shall continue to be paid as per respective rider conditions.

In case of multiple MSB claims (in respect of multiple/same Insured), falling under Category 1 or Category 2 (as mentioned in the Major Surgical Benefit Annexure) in the same Policy year, Premium Waiver Benefit will be available only once during the policy year i.e. the premium due coinciding with or next following the date of first surgery will be waived for one year.

c. Major Surgical Benefit Restoration:
In the event that Major Surgical Benefit Sum Assured is exhausted in a policy year in respect of an Insured due to the previous Major Surgical Benefit claims in that policy year, the next Major Surgical Benefit claim (i.e. in case of any specified surgeries as mentioned in the Major Surgical Benefit Annexure) in that policy year, post exhaustion of Major Surgical Benefit Sum Assured, will be covered, subject to:

i. The subsequent Major Surgical Benefit claim should not be arising from or due to the previous Major Surgical Benefit claims in that policy year.
ii. The subsequent Major Surgical Benefit claim should be for a different category/bucket (e.g. Cardiovascular System, Digestive System etc.) than any of the previous Major Surgical Benefit claims in that policy year.
iii. The subsequent Major Surgical Benefit claim should be for a different procedure (e.g. CABG, Pancreatolithotomy etc.) than any of the previous Major Surgical Benefit claims in that policy year.

III) Day Care Procedure Benefit:

In the event of an Insured, due to medical necessity, undergoing any specified Day Care Procedure (as mentioned in the Day Care Procedure Benefit Annexure) in a Hospital or Day Care Centre due to Accidental Bodily Injury or Sickness first occurring or manifesting itself on or after the Effective Date of Cover in respect of that Insured and during the Cover Period then, subject to Benefit Limits and Conditions, Waiting Period and Exclusions of this Policy, a lump sum amount equal to 5 times of 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, due to medical necessity, undergoing 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 on or after the Effective Date of Cover in respect of that Insured and during the Cover Period, then, subject to the Benefit Limits and Conditions, Waiting Period and Exclusions of this Policy, a Daily Benefit equal to 2.5 times of 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 Hospitalisation.

Other Surgical Benefit shall be payable only if inpatient Hospitalisation stay exceeds 24 hours.

Hospital Cash Benefit will be paid over and above the Other Surgical Benefit based on the length of stay in the hospital.

V) Medical Management Benefit:

In the event of an insured covered under this policy undergoing inpatient Hospitalisation due to the following major medical conditions first occurring or manifesting itself on or after the Effective Date of Cover in respect of that Insured and during the Cover Period then, subject to Benefit Limits and Conditions, Waiting Period and Exclusions of this Policy, a lump-sum of 2.5 times of Applicable Daily Benefit shall be payable by the Corporation regardless of the actual cost incurred:

a) Dengue
b) Malaria
c) Pneumonia
d) Pulmonary Tuberculosis
e) Viral Hepatitis A

Hospital Cash Benefit will be paid over and above the Medical Management Benefit based on the length of stay in the hospital.

VI) Extended Hospitalisation Benefit:

In the event of an Insured undergoing a single period of continuous inpatient Hospitalisation in excess of 30 days, due to Accidental Bodily Injury or Sickness first occurring or manifesting itself on or after the Effective Date of Cover in respect of that Insured and during the Cover Period then, subject to Benefit Limits and Conditions, Waiting Period and Exclusions of this Policy, a lump-sum of 10 times of Applicable Daily Benefit shall be payable by the Corporation, regardless of the actual costs incurred.

Extended Hospitalisation benefit would be payable in addition to any applicable Hospital Cash Benefit, Major Surgical Benefit, Other Surgical Benefit, Day Care Benefit or Medical Management Benefit payable for the same event of inpatient Hospitalisation.

2. Other Benefits:

I. No Claim Benefit:

The No Claim Benefit shall be equal to **10%** of the **Initial Daily Benefit** of the respective Insured and shall be subject to the following conditions:

a) No Claim Benefit shall be added to the Applicable Daily Benefit at the end of three consecutive claim-free policy years, reckoned from
   - Date of Commencement of the Policy, or
   - Date on which the previous No Claim Benefit was added,

   whichever is later.

b) Upon such addition, the Applicable Daily Benefit shall remain unchanged until the policy completes the next block of three consecutive claim-free policy years.

c) There shall be no maximum limit on the total No Claim Benefit that may accumulate over the entire policy period.

d) "**Claim-free policy year**" shall be interpreted with reference to the policy as a whole. A policy year shall be considered claim-free only if no claims are made under any of the benefits specified in Condition 1 of Part C above (i.e. Hospital Cash Benefit, Major Surgical Benefit, Other Surgical Benefit, Day Care Procedure Benefit or Medical Management Benefit) for any insured person covered under the policy during that policy year.

e) No Claim Benefit shall apply irrespective of whether the Auto Health Cover Benefit (as mentioned in Condition III.i) below is triggered.

f) If any additional insured is included after the Date of Commencement of the Policy, the date of accrual of the No Claim Benefit for such Insured shall coincide with that of the Principal Insured (PI). That is, the No Claim Benefit for an additional Insured shall be added from the policy anniversary on which the No Claim Benefit is added for the Principal Insured.

g) No Claim Benefit in respect of any such additional member may accrue even after a minimum period of one year from Effective Date of Cover and before completion of three policy years from his/her joining the policy.

h) Thereafter, No Claim Benefit for the Principal Insured and all additional insureds shall accrue concurrently, regardless of their respective dates of joining the policy.

II. Health Check-up Benefit:

Under an in-force policy, Health Check-up Benefit is payable in respect of each of the Insured after completion of first three policy years from Effective Date of Cover. Thereafter, this benefit is payable once every three years until the end of cover period, provided the policy is in-force and three years have been completed from the Date of previous Health Check-up done under the policy. Under this benefit, an amount equal to the actual expenses incurred but not exceeding One Half of Applicable Daily Benefit shall be payable towards Health Check-up expenses provided the Insured undergoes Health Check-up and shares a copy of the medical report and the medical bills.

III. Death Benefit:

i) On death of Original Principal Insured:

Auto Health Cover (AHC) Benefit:

On death of Original Principal Insured, Auto Health Cover (AHC) Benefit shall be available wherein all the future premiums in respect of all surviving Insured(s) under the Base Policy shall be waived, from the policy anniversary coinciding with or next following the date of death of the Principal Insured. The policy shall continue with new successive PI (as specified in Condition 4 below) along with other surviving Insured(s) covered under the policy.

Conditions applicable for Auto Health Cover Benefit shall be as under:

a. AHC Benefit shall be available in case of death of Original Principal Insured only.

b. The policy should be in-force on the date of death of the Original PI.

c. AHC Benefit shall be available from the policy anniversary coinciding with or next following the date of death of the Principal Insured. In case of Half-yearly mode of premium payment, any premium falling due before such policy anniversary is required to be paid.

d. Premiums in respect of any riders on the life of Insured Spouse, if opted for, shall not be waived and shall continue to be paid as per respective rider conditions. In case the rider premiums are not paid within the grace period, the rider benefits shall cease. Once the rider is ceased, it cannot be re-opted during the cover period.

e. The benefit payable under the Base Policy shall be based on the Applicable Daily Benefit as applicable in respect of each Insured as on the date of death of Original PI. This Applicable Daily Benefit shall continue to increase by way of 'No Claims Benefit'.

f. AHC benefit shall not be available on death of new successive Principal Insured.

g. AHC Benefit shall not be applicable if Principal Insured (whether sane or insane) commits suicide at any time within 12 months from the Effective Date of Cover or within 12 months from the date of revival.

ii) On death of an Insured person other than the Principal Insured:
No death benefit is payable and the policy shall continue in respect of other Insured(s) and premium payable in respect of the deceased Insured shall cease from the instalment premium due date coinciding with or next following the date of death of the Insured.

IV. Maturity Benefit:
No Maturity benefits are payable.

3. Rider Benefits:

The following two optional rider(s) (or amended version of these rider(s)) shall be available under this policy:

A. **LIC's New Term Assurance Rider**
This rider is available only on the life of Original Principal Insured and/or Insured Spouse on payment of additional premium, only at the inception/inclusion into the policy provided the outstanding term of the policy as well as rider is at least five years and policy is in-force but before the policy anniversary on which the age nearer birthday of Insured is 60 years. The Rider Sum Assured under the policy for each eligible insured (PI/Insured Spouse) shall not exceed the respective Major Surgical Benefit Sum Assured under Base Policy. The Rider Sum Assured of the insured spouse shall not exceed the Rider Sum Assured of PI.

B. **LIC's Accident Benefit Rider**:
Under an in-force policy, this rider can be opted for only on the life of Original Principal Insured and/or Insured Spouse on payment of additional premium, at any time within the cover period of base policy, provided the outstanding premium paying term of the Base Policy as well as rider is at least five years but before the policy anniversary on which the age nearer birthday of the insured is 65 years. The benefit cover under this rider shall be available during outstanding Premium Payment Term of the Base Policy or (70- Age at entry) years, whichever is lower. The Accident Benefit Sum Assured under the policy for each eligible insured (PI/Insured Spouse) shall not exceed the respective Major Surgical Benefit Sum Assured under Base Policy. The Accident Benefit Sum Assured of the insured spouse shall not exceed the Accident Benefit Sum Assured of PI.

Conditions of rider(s), if opted, are enclosed as endorsement to this policy.

4. Default provision for Insured Spouse/ Eldest of Surviving Major Insured to become Principal Insured on exit of Original PI from the policy:

On the exit of Original PI in the event of death or on Original PI exhausting all the lifetime maximum Benefit Limits, the policy shall continue with the surviving Insured Spouse as new successive PI along with other eligible surviving Insured(s). If there is no Insured Spouse under the Policy; or if Insured Spouse has predeceased the Original PI; or if the Insured Spouse has exited from the policy, the policy shall continue with eldest of the surviving major Insured as new successive PI along with other eligible surviving Insured(s). In case of minor lives, on exit of last successive PI the legal guardian of minor life shall be the beneficiary.

The premium for such new successive PI (if AHC Benefit is not applicable), would be based on the tabular premium ratesof Principal Insured and the age for calculation of revised premium rate will be his/her age at entry. Such change in premium of new successive PI shall be effective from the coinciding or following instalment premium due date. However, the existing level of cover in respect of the new successive PI shall remain unaltered as applicable to him /her. The premium rates for other Insured(s) shall remain same.

5. Premiums:

a) The instalment premium, mode, due dates and dates of last payment are specified in the Schedule of this policy document. Subject to the days of grace, the instalment 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 (if opted for),
(iii) Instalment premium for LIC's New Term Assurance Rider (if opted for),

For other insured(s), the "Instalment premium" shall be the instalment premium for the Base Policy.

b) The Total Instalment Premium payable under this Policy shall be the sum of the Instalment Premiums in respect of each Insured covered under the Policy.
c) The policyholder has to pay the Total Instalment Premium on the due dates along with applicable taxes, if any, from time to time.
d) The Corporation does not have any obligation to issue a notice that premium is due or for the amount that is due.

6. Grace Period:

A grace period of 30 days shall be allowed for payment of yearly or half-yearly premiums from the date of First unpaid premium. During this period, the policy will be considered as in-force with the risk cover without any interruption as per the terms of the policy. If premiums have not been paid before the expiry of the days of grace under the Policy, the Policy will lapse and no benefits will be payable thereafter.

If any claim occurs within the grace period but before the payment of the premium then due, the benefits shall be paid after deductions of the said unpaid premium.

The above grace period will also apply to rider premiums, if opted, which are payable along with premium for Base policy.

7. Benefit Limits and Conditions:

I) Hospital Cash Benefit Limits and Conditions:

i. 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 days of Hospitalisation (inclusive of stay in Intensive Care Unit) in the first Policy Year from the Effective Date of Cover in respect of that Insured
   b. A maximum of 90 days of Hospitalisation (inclusive of stay in Intensive Care Unit) in the second and subsequent Policy Years following the Effective Date of Cover in respect of that Insured

   Hospital Cash Benefit paid for hemodialysis and radiotherapy will also be included under this maximum limits.
ii. The total number of days of Hospitalisation 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 900 days (inclusive of stay in ICU). Upon attainment of this limit by an Insured, the Hospital Cash Benefit in respect of that Insured shall cease immediately.
iii. The Hospital Cash Benefit shall not be payable in the event of an Insured undergoing any specified Day Care Procedure (as mentioned in Day Care Procedure Benefit Annexure) except for maintenance hemodialysis and radiotherapy.
iv. Though hemodialysis and radiotherapy are Day Care Procedure, the Hospital Cash Benefit shall also be payable for these two procedures even if stay in hospital/day care centre is less than 24 hrs.
v. The Benefit Limits specified in the above clauses in respect of an Insured under the 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.
vi. The Hospital Cash Benefit shall be payable only if Hospitalisation has occurred within India.

II) Major Surgical Benefit Limits and Conditions:

i. 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 Major Surgical Benefit Sum Assured in that Policy year. In the event that the Major Surgical Benefit Sum Assured is exhausted in a policy year the next Major Surgical Benefit claim shall be subject to Major Surgical Benefit Restoration.
ii. 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 10 times 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. Hence, on receipt of a claim during a Policy year, the maximum lifetime limit and Annual limit shall be calculated based on ADB applicable for that Policy year to decide the amount payable.
iii. The Major Surgical Benefit for any surgery cannot be claimed and shall not be payable more than once for the same surgery during the Cover Period. Also, PTCA (Percutaneous Transluminal Coronary Angioplasty) conducted under multiple sittings cannot be claimed and shall not be payable more than once.

iv. If more than one Surgery is performed on the Insured during the same surgical session, the Corporation shall pay 100% of the eligible amount as per the category in respect of the most severe Surgery performed and for other surgeries 25% of the eligible amount shall be paid. This benefit shall be paid for each of the additional surgery done in the single session and is subject to the overall annual and lifetime limits.
v. If Major Surgical Benefit is payable, Medical Management Benefit would not be payable for the same event of hospitalisation.
vi. The Benefit Limits specified in the above clauses in respect of an Insured under the 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.
vii. 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.
viii. All Surgical Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.
ix. 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 Plan has been performed.
x. The Major Surgical Benefit shall be payable only if the Surgery has been performed within India.

Ambulance Benefit Limits and Conditions:

The lump sum payable in case of Ambulance transportation expenses shall be payable for covered Major Surgical Benefit in respect of each Insured, provided the ambulance transportation is medically necessary and is subject to providing satisfactory evidence to the Corporation.

Major Surgical Benefit Restoration Benefit Limits and Conditions:

i. The Major Surgical Benefit Restoration claim shall be payable only once in any Policy year in respect of each Insured i.e. the total amount payable in respect of each Insured under such Major Surgical Benefit Restoration claim in any Policy Year during the Cover Period shall not exceed Major Surgical Benefit Sum Assured in that Policy year.
ii. The Major Surgical Benefit Restoration claim shall be payable only up to a maximum of 10 times during the Cover Period in respect of each Insured.
iii. The Benefit Limits specified in the above clauses in respect of an Insured, shall solely and exclusively apply to that Insured. Any unclaimed Major Surgical Benefit Restoration claim on any one Insured is not transferable to any other Insured.
iv. The Major Surgical Benefit Restoration claim 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.
v. All Surgical Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.
vi. The Major Surgical Benefit Restoration claim will be payable only after the Corporation is satisfied on the basis of medical evidence that the specified Surgery covered under the Plan has been performed.
vii. The Major Surgical Benefit Restoration claim shall be payable only if the Surgery has been performed within India.

III) Day Care Procedure Benefit Limits and Conditions:

i. In respect of each Insured, the Day Care Procedure Benefit shall be payable only up to a maximum of 3 Day Care Procedures in any Policy Year during the Cover Period.
ii. In respect of each Insured during the Cover Period, the Day Care Procedure Benefit shall be payable only up to a lifetime maximum limit of 30 Day Care Procedures. If the number of Day Care 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.
iii. 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.
iv. If a Day Care Procedure is performed, no Hospital Cash Benefit shall be paid (except for maintenance hemodialysis and radiotherapy) even if the Hospitalisation for a day care procedure exceeds 24 hours.
v. If Day Care Benefit is payable, Medical Management Benefit would not be payable for the same event of hospitalisation.
vi. The Benefit Limits specified in the above clauses in respect of an Insured under the 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.
vii. The Day Care Procedure Benefit shall be paid as a lump sum and is subject to providing proof of Surgery/Procedure to the satisfaction of the Corporation.

viii. All Day Care Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.
ix. The Day Care Procedure Benefit will be payable only after the Corporation is satisfied on the basis of medical evidence that the specified Day Care Procedure covered under the Plan has been performed.
x. The Day Care Procedure Benefit shall be payable only if the Day Care Procedure has been performed within India.

IV) Other Surgical Benefit Limits and Conditions:

i. The total number of days of Hospitalisation 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 days in the first Policy Year from the Effective Date of Cover in respect of that Insured and 45 days for the second and subsequent Policy Years following the Effective Date of Cover in respect of that Insured.
ii. The total number of days of Hospitalisation 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 450 days. Upon attainment of this lifetime maximum limit, the Other Surgical Benefit in respect of that Insured will cease immediately.
iii. 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.
iv. If Other Surgical Benefit is payable, Medical Management Benefit would not be payable for the same event of Hospitalisation.
v. The Benefit Limits specified in the above clauses in respect of an Insured under the 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.
vi. 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.
vii. All Surgical Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.
viii. 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 Plan has been performed.
ix. The Other Surgical Benefit shall be payable only if the Surgical Procedure has been performed within India.

V) Medical Management Benefit Limits and Conditions:

i. In respect of each Insured, the Medical Management Benefit would be payable maximum of 2 times in each Policy Year during the Cover Period
ii. In respect of each Insured during the Cover Period, the Medical Management Benefit will be payable only up to a lifetime maximum limit of 20 times. If the Medical Management Benefit in respect of an Insured equals this lifetime maximum limit, the Medical Management Benefit in respect of that Insured will cease immediately.
iii. Medical Management Benefit would not be payable if Major Surgical Benefit, Other Surgical Benefit or Day Care benefits are payable for the same event of inpatient Hospitalisation.
iv. The Benefit Limits specified in the above clauses in respect of an Insured, shall solely and exclusively apply to that Insured. Any unclaimed Medical Management Benefit on any one Insured is not transferable to any other Insured.
v. The Medical Management Benefit shall be paid as a lump sum, subject to providing proof of hospitalisation for the specified medical condition, to the satisfaction of the Corporation.
vi. The Medical Management benefit shall be payable only if Hospitalisation and treatment has occurred within India.

VI) Extended Hospitalisation Benefit Limits and Conditions:

i. In respect of each Insured, the Extended Hospitalisation Benefit would be payable only once in each Policy Year during the Cover Period.
ii. In respect of each Insured during the Cover Period, the Extended Hospitalisation Benefit shall be payable only up to a lifetime maximum limit of 10 times. If the Extended Hospitalisation Benefit in respect of an Insured equals this lifetime maximum limit, the Extended Hospitalisation Benefit in respect of that Insured will cease immediately.
iii. The Benefit Limits specified in the above clauses in respect of an Insured under the Policy, shall solely and exclusively apply to that Insured. Any unclaimed Extended Hospitalisation Benefit of any one Insured is not transferable to any other Insured.
iv. Extended Hospitalisation Benefit shall be paid as a lump sum, subject to providing proof of inpatient hospitalisation to the satisfaction of the Corporation.
v. Extended Hospitalisation Benefit shall be payable only if Hospitalisation has occurred within India.

VII) Health Check-up Benefit Limits and Conditions:

i. During the cover period, this benefit shall be first payable after completion of three policy years from Effective Date of Cover in respect of each Insured and thereafter it shall be payable after completion of three years from the Date of previous Health Check-up.
ii. The Benefit Limits specified in the above clause in respect of an Insured, shall solely and exclusively apply to that Insured. Any unclaimed Health Check-up Benefit on any one Insured is not transferable to any other Insured.
iii. Health Check-up Benefit shall be payable only if the Health Check-up is done within India.

8. Commencement and Termination of Benefit Covers:

The Hospital Cash Benefit, Major Surgical Benefit, Day Care Procedure Benefit, Other Surgical Benefit, Medical Management Benefit and Extended Hospitalisation Benefit cover in respect of each Insured covered under the policy shall commence on their respective Effective Date of Cover individually stated in the Schedule subject to the Terms and Conditions, Waiting Period and Exclusions.

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

i. The 'Date of Cover Expiry under Base Policy' mentioned in the Schedule;
ii. On death of the Insured;
iii. On exhausting the lifetime maximum Benefit Limits as specified in Condition 7 above;
iv. In respect of the Insured Spouse, on divorce or legal separation from the Principal Insured;
v. On non-payment of premium within the revival period in respect of such Insured;
vi. On termination of the Policy.

9. Waiting Period:

General waiting period:

There shall be no general waiting period in case Hospitalisation or Surgery is due to Accidental Bodily Injury occurring on or after the Effective Date of Cover. There shall be a general waiting period during which no benefits shall be payable in the event of Hospitalisation or Surgery, if the said Hospitalisation or Surgery occurred due to Sickness.

i. The general waiting period shall be 90 days from the Effective Date of Cover 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 days from the due date of the first unpaid premium, then there shall be a general waiting period of 45 days from the Date of Revival in respect of each Insured.
    b. If the request for revival is received by the Corporation beyond 90 days from the due date of the first unpaid premium, then there shall be a general waiting period of 90 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 Hospitalisation 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
xviii. Treatment for Benign Ovarian disorders
xix. Treatment for Gastric/Duodenal Ulcer
xx. Treatment for Retinal disorders
xxi. Treatment for Knee/Joint Replacement Surgery (other than caused by an accident)
xxii. Treatment for Osteoporosis or Osteoarthritis
xxiii. Treatment for Chronic renal failure or end stage renal failure

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 years from the Effective Date of Cover 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 days from the due date of the first unpaid premium, then the specific waiting period shall continue to be till 2 years from the Effective Date of Cover in respect of each Insured.
    b. If the request for revival is received by the Corporation beyond 90 days from the due date of the first unpaid premium, then there shall be a specific waiting period of 2 years from the Date of Revival in respect of each Insured.

10. Exclusions:

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

1. Any Pre-existing Condition (As defined in Part B above) unless disclosed to and accepted by the Corporation prior to the Effective Date of Cover or the Date of Revival (if the Policy is revived after discontinuance of the Cover).
2. Any treatment or Surgery not performed by a Physician/Surgeon or any treatment or Surgery of a purely experimental nature.
3. Any experimental or unproven pharmacological regimens or usage of any unproven treatment devices; any conditions (injuries or illnesses) arising due to advocation of any experimental or unproven pharmacological regimens or treatment devices or diagnostic tests.
4. Admission, diagnosis, or treatment in a Hospital outside India. Admission into a Hospital for routine examination, preventive medical check-up, vaccinations or any medical examination that are customarily carried out on an Out Patient Basis.
5. Any Surgery/ Surgical Procedure carried out purely for the purposes of diagnosis, screening and investigation, e.g. lower/upper GI Endoscopy or true- cut needle biopsy unless otherwise specified.
6. Admission into a hospital for any cosmetic, plastic surgery, aesthetic or related treatment of any type, also including any complications attributable to such treatments, irrespective of the reason behind such treatment, unless medically necessary for the treatment of illness or as a result of an injury or accident and performed within 6 months of the same.
7. Hospitalisation or Surgery for donation of an organ by donor.
8. Any dental examination, surgery or treatment except as necessitated due to any accident.
9. Any Hospitalisation for treatment under Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy (AYUSH) are excluded unless such treatment is undertaken in an Indian State/Central Government hospital or in any Institute recognized by the Government of India or the Government of any Indian State and involves inpatient care for a minimum of 24 hours.
    a. Any Hospitalisations for AYUSH treatments for preventive, rejuvenating, or beautification purposes, including massages, steam baths, detoxification programs, and similar procedures are excluded from coverage.
    b. Any Hospitalisations for treatment in nature cure clinics, health hydros, spas or similar establishments are excluded from coverage
10. Any Hospitalisation for Acupressure, acupuncture, magnetic and other therapies.
11. Convalescence, general debility, rest cure, external congenital disease or defect or anomaly, sterilization or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long term care or Hospitalisation undertaken as a preventive or recuperative measure or for sole purpose of physiotherapy.
12. Any Hospitalisation related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
    a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

13. Any claim arising out of any condition directly or indirectly due to attempted suicide or intentional self-inflicted injury, by the life insured, whether sane or not at the time.
14. Life insured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner.
15. Removal or correction or replacement of any material/prosthesis/medical devices that was implanted in a former surgery before Effective Date of Cover or Date of Revival (if the Policy is revived after discontinuance of the Cover).
16. Any diagnosis or treatment arising from or traceable to pregnancy (This exclusion does not apply in case of ectopic pregnancy), 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.
17. Any treatment directly or indirectly arising from or consequent to War (declared or undeclared), invasion, act of foreign enemy, hostilities (declared or undeclared), civil war, riots, civil commotion, rebellion, revolution or any warlike operations / terrorism / acts of terrorism.
18. Any claim occurring as a direct or indirect result of Service in the military/ para- military, naval, air forces or police organizations and participation in operations requiring the use of arms or which are ordered by such authorities for combating terrorists, rebels and the like.
19. Any claim in respect of treatment due to conditions arising out of Life Insured engaging in or taking part in professional sport(s) or competitive sports or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping, racing, scuba diving, aerial sports.
20. Any treatment directly or indirectly arising from Exposure of Insured to Radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or Accident arising from such nature.
21. Any treatment directly or indirectly arising from or consequent to Participation by the life insured in a criminal or unlawful act.
22. Any claim arising as a direct or indirect consequence of Participation by the life insured in any flying activity other than as a bona fide passenger (whether paying or not), in a licensed aircraft provided that the life insured does not, at that time, have any duty on board such aircraft.
23. Admission into a Hospital for supply or fitting of eyeglasses or hearing aids. LASIK / PRK / Phakik IOL implants or any other procedures carried out for purpose of correcting refractive errors like Myopia.
24. Admission into a Hospital for diagnosis and Treatment of sterility, any fertility, sub-fertility or assisted conception procedure or birth control/contraceptive measures or of a sexually transmitted / veneral disease.
25. Admission into a Hospital for a sex change operation.
26. Any other stem cell therapies except Bone Marrow Transplantation as a receiver.
27. Hormone replacement therapy.
28. Any treatment related to sleep disorder or Sleep Apnoea Syndrome, obesity and any other weight control programmed.
29. Pre and Post Hospitalisation treatment.
30. Treatment for any illness or injury where the period of confinement in a hospital is less than twenty four hours (excludes day care procedures and HCB paid out to hemodialysis/ radiotherapy.)
31. General Waiting Period of 90 days/45 days as specified in Condition 9 of Part C shall be applicable for all the benefits covered under the Policy except in case of Hospitalisation due to an accident or a trauma which occurred after the inception of the policy where this waiting period will not apply.
32. Specific Waiting Period of 24 months as specified in Condition 9 of Part C for certain conditions and procedures and any complications arising out of them will apply to all benefits covered under the policy.

PART – D: CONDITIONS RELATED TO SERVICING ASPECTS

1) Proof of Age:

The Premium payable under the Base Policy and Premium for optional Rider(s) in respect of each insured as mentioned in the Schedule have been calculated on the age of that Insured, as declared in the Proposal Form.

In case, the age of any of the Insured has been misstated in the Proposal Form and correct age is found to be different (higher or lower) than such age, without prejudice to the Corporation's other rights and remedies, including the provisions under Insurance Act, 1938, as amended from time to time, Corporation shall check the eligibility of that Insured based on the correct age as on the date of commencement of policy/ effective date of cover and the following action shall be taken:

If the Insured remains eligible for Base Policy and Rider(s) opted for, if any:

Subject to the then existing underwriting norms, the premium for the Base Policy and Rider(s) opted, if any shall be recalculated on the Initial Daily Benefit and Rider(s) Sum Assured respectively for the correct age and the revised premium(s) shall be payable by the policyholder under the Base Policy and Rider(s).

In case the age of any of the Insured is found higher than such age, the Policyholder shall pay to the Corporation the accumulated difference between the premium for the correct age of such Insured and the Original premium, from the Effective Date of Cover/ Date of Commencement of Risk of Rider(s) in respect of such Insured up to the date of such payment, with interest at the rate as may be fixed by the Corporation from time to time. Any outstanding premium and/or interest, if unpaid the same shall be recoverable from any claim proceeds payable under the policy.

If the correct age is found to be lower than the declared age, excess Premium for Base Policy and Rider(s) premium collected shall be refunded without interest.

If the Insured is ineligible for Base Policy:

If the Principal Insured's correct age at entry is such as would have made him/her uninsurable, the Base Policy along with the opted rider(s) 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, the coverage for such Insured will cease and the policy will continue for the remaining Insured lives.

If the Insured is eligible for Base Policy but ineligible for any of the opted Riders:

Such Rider(s) shall be cancelled and the Premiums paid in respect of such Rider(s) shall be refunded without interest, subject to deduction of all applicable expenses like proportionate risk premium for Rider(s) for the period of cover, applicable taxes and charges for medical examination, special reports, if any and stamp duty, incurred in respect of the Rider(s). The respective Rider(s) shall terminate on said payment. However, the Base Policy shall continue with the altered terms.

2) Forfeiture and Non-forfeiture Regulations:

Forfeiture Regulations:

i. If the premium has not been paid within the Grace Period, then all the benefits shall cease after the expiry of grace period from the date of First Unpaid Premium and nothing shall be payable and the premiums paid hitherto are also not refundable.

ii. Forfeiture in Certain Other Events: In case any condition herein contained or endorsed hereon 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 by virtue of this policy shall be subject to the provisions of Section 45 of the Insurance Act, 1938, as amended from time to time.

Non-forfeiture Regulations: This provision does not apply to this plan as it does not acquire any Paid-up Value and the plan benefits cease to apply if the Policy is in lapsed condition.

3) Revivals of Discontinued Policies:

An Insurance Policy would lapse on non-payment of due premium before the expiry of the days of grace. A Policy in lapsed condition may be revived by the Principal Insured within the Revival Period but before the expiry of Policy Term, as the case may be.

The revival shall be effected on payment of all the arrears of premium(s) as applicable 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 such Insured whose cover is to be revived 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. The revival of the discontinued policy shall take effect only after the same is approved, accepted and revival receipt is issued by the Corporation.

In case of revival of a lapsed policy, Applicable Daily Benefit as on the date of revival shall be considered taking into account any increase by way of "No Claim Benefit" in respect of each Insured(s), if applicable. Such increase shall be as per the terms and conditions mentioned as would be effected under an in-force policy.

The rate of interest applicable for revival under this policy for every 12 months' period from 1st May to 30th April shall not exceed 10 year G-Sec Rate as p.a. compounding half-yearly as at the last trading day of previous financial year plus 3% or the yield earned on the Corporation's Non-Linked Non- Participating fund plus 1%, whichever is higher. For the 12 months' period commencing from 1st May, 2026 to 30th April, 2027 the applicable interest rate shall be 9.5% p.a. compounding half-yearly. The basis for determination of interest rate for policy revival is subject to change.

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/cover was in a discontinued state. The policy will terminate at the end of revival period if the same is not revived. No revival of the policy/cover will be allowed after the expiry of revival period.

4) Surrender:

No surrender value shall be available under the policy.

5) Policy Loan:

No loan shall be allowed under this Policy.

6) Options under the policy:

I) <u>Cover to new additional members</u>:

If the Original Principal Insured gets married/ remarried during the Cover Period, the spouse can be included in the policy within twelve months from the date of marriage/ remarriage provided the outstanding term of the policy is at least five years from the date of commencement of cover. The Cover Period in respect of such Spouse shall start from the policy anniversary coinciding with or next following the date of inclusion. Enhanced premium shall be due from such policy anniversary.

Any child born/legally adopted after taking the policy can be included in the policy within twelve months from the date of birth/adoption subject to following terms & conditions:

- The outstanding term of the policy shall be at least five years from the date of commencement of cover.
- The cover Period in respect of such Child shall commence from the policy anniversary coinciding with or next following the date of inclusion provided the child completes the 90 days on such policy anniversary. If child has not completed 90 days on such policy anniversary, the cover Period shall commence from the next succeeding policy anniversary.
- Enhanced premiums shall be due from such policy anniversary when the cover commences.
- All the eligible surviving children have already been covered under the policy.

Inclusion of each additional Insured shall be subject to receipt of the proof of the event by the Corporation and shall also be subject to fulfillment of underwriting conditions of the Corporation. Waiting periods and Exclusions as described in Condition 9 and 10 of Part C respectively, shall apply for the new Insured.

Addition of new member in any other case shall not be allowed.

Any addition of new members shall be allowed by the Original Principal Insured only. After the death of Original Principal Insured, no addition will be allowed.

II) Removal of existing Insured(s):

In the event of death or divorce, an Insured may be removed from coverage upon request by the Principal Insured in writing. This shall be effective from the instalment 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 instalment premium due date.

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

III) Quick Cash facility:

If any of the insured lives undergoes any eligible surgery covered under Category 1 or Category 2 of Major Surgical Benefit (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 Major Surgical Benefit amount would be made available even during the period of hospitalisation 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 Principal Insured in the event of hospitalisation for any Major Surgical Benefit defined in the surgeries listed under categories 1 or 2 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 Major Surgical Benefit claim amount.

7) 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 as specified in Condition 3 of Part D;
ii. On death;
iii. On the Date of Cover Expiry under Base policy mentioned in the Policy Schedule;
iv. On exhausting all the lifetime maximum Benefit Limits as specified in Condition 7 of Part C.
v. On payment of Free Look cancellation amount
vi. On grounds of misrepresentation, fraud or non-disclosure of the insured as per the provisions of Section 45 of Insurance Act, 1938 as amended from time to time.

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 due in respect of covered Insured(s) within the revival period as applicable and as specified in Condition 3 of Part D;
ii. On the earliest of the following in respect of the last surviving Insured:
    a. on expiry of cover period;
    b. on death;
    c. on exhaustion of all the lifetime maximum Benefit Limits as specified in Condition 7 of Part C;
iii. On payment of Free Look cancellation amount;
iv. On grounds of misrepresentation, fraud or non-disclosure as per the provisions of Section 45 of Insurance Act, 1938 as amended from time to time.

8) Free look period:

During the Free Look Period of 30 days from the date of receipt of the electronic or physical mode of Policy Document, whichever is earlier, by the Policyholder, if the Policyholder is not satisfied with the Terms and Conditions of the policy, he/she may return the policy to the Corporation stating the reasons of objections. On receipt of the same, the Corporation shall cancel the policy and return the amount of premium deposited subject to following deductions: 1) Stamp duty on the policy. 2) Applicable Proportionate Risk Premium for the Base Policy and Rider(s), if opted for) for the period of cover. 3) Any expense incurred on medical examination (including special reports, if any) of the Insured persons.

PART E

Not Applicable.

PART – F: OTHER TERMS AND CONDITIONS

1. a) Assignment:
No assignment will be allowed under this policy.

b) Nomination: Nomination by the holder of a policy of life assurance on his/her own life is allowed 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.

2. Tax:
Statutory Taxes, if any, imposed on such insurance plans by the Government of India or any other constitutional tax Authority of India shall be as per the Tax laws and the rate of tax as applicable from time to time.
The amount of applicable taxes as per the prevailing rates, shall be payable by the policyholder on premiums (for Base Policy and rider(s), if any) including extra premiums, if any, which shall be collected separately over and above in addition to the premiums payable by the policyholder. The amount of tax paid shall not be considered for the calculation of benefits payable under the plan.

3. 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/Beneficiary:

   a. shall intimate the Corporation, about the happening of the insured event resulting into a claim under the policy at the earliest possible time and in any event 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,

   b. shall take every other reasonable step and/or measure to minimise 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 Hospitalisation or Surgery as applicable to the satisfaction of the Corporation and subject to Hospitalisation or Surgery being covered under the terms of this Policy.

iii. In case of death of any of the Insured, the Principal Insured can claim the benefits in respect of the Hospitalisation or Surgery that occurred prior to the death of the said deceased Insured, at the earliest possible time after such death and provided that the death occurred during Hospitalisation.

iv. Any payment made in good faith 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 hospitalisation 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 shall 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 authorise 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 under the Base Policy are mentioned below:

a. Notification as specified in Condition 3.(i)(a)of Part F of the Policy
b. Claim form completed by the claimant (by nominee in case of death of claimant) along with NEFT mandate from the Claimant for direct credit of the claim amount to the bank account.
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 Condition 3.(vi)of Part F 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

In addition to the above, any requirement mandated under any statutory provision or as may be required as per law shall also be required to be submitted.

4. General Conditions:

I) <u>Duties and Obligations and Due Observance of the Insured</u>:

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 legal guardian 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 12 (twelve) months of the marriage/ remarriage provided the outstanding term of the policy is at least five years from the date of commencement of cover.. The cover period in respect of such Insured Spouse shall commence from the policy anniversary coinciding with or next following the date of inclusion subject to the

fulfillment of all evidence necessary and to the satisfaction of the Corporation. Enhanced premium shall be due from such policy anniversary.

iv. The Principal Insured may apply to the Corporation in the manner required by it to include a legitimate child born/ legally adopted as an Insured Child at any time but within twelve months from the date of birth/adoption provided the outstanding term of the policy is at least five years from the date of commencement of cover and all the eligible surviving children have already been covered under the policy. The cover period in respect of the Insured Child shall commence from the policy anniversary coinciding with or next following the date of inclusion provided the child completes the age of 90 days on such policy anniversary subject to the fulfillment of all evidence necessary and to the satisfaction of the Corporation. If child has not completed 90 days on such policy anniversary, the cover period shall commence from the next succeeding policy anniversary. Enhanced premiums shall be due from such policy anniversary.

II) Territorial Limits:
The Benefits shall be payable if such Hospitalisation 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.

5. 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.

6. Issuance of Duplicate Policy:
The Policyholder can make an application for duplicate Policy on payment of policy preparation charges, policy stamp charges and applicable taxes, if any, which are specified from time to time* upon loss of policy document along with other requirements as may be prescribed by the Corporation .

*As on January 2026, the applicable duplicate policy preparation charge is Rs 75.00 and policy stamp charge is 0.20 paise per 1000 Major Surgical Benefit Sum Assured (i.e. sum of Major Surgical Benefit Sum Assured in respect of all Insured(s)). In addition, Indemnity Bond notarized as per requisite stamp value is also required and the stamp fee for the same shall be borne by the Policyholder.

7. Governing Law and Jurisdiction:
The Policy shall be governed by the laws of India and the Indian Courts shall have jurisdiction to settle any disputes arising under the Policy.

PART – G: STATUTORY PROVISIONS

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

Grievance Redressal Mechanism:
Of the Corporation:
The Corporation has Grievance Redressal Officers (GROs) at Branch/ Divisional/ Zonal/ Central Office to redress grievances of customers. The customers can visit our website (https://licindia.in/web/guest/grievances) for names and contact details of the GROs and other information related to grievances.

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_complaints@licindia.com for redressal of any grievances.

Claimants not satisfied with the decision of 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.

For Senior Citizens:
Email address: co_healthsc@licindia.com
Health Toll free Number: 18004259876

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 Policyholder's Protection and Grievance Redressal Department through any of the following modes:

- Calling Toll Free Number 155255 / 18004254732 (i.e. IRDAI Grievance Call Centre - (BIMA BHAROSA SHIKAYAT NIVARAN KENDRA))
- Sending an email to complaints@irdai.gov.in
- Register the complaint online at https://bimabharosa.irdai.gov.in/
- Address for sending the complaint through courier / letter:
  General Manager, Policyholders Protection and Grievance Redressal 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)

Note: In case of dispute in respect of interpretation of these terms and conditions mentioned in this document, 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

Sl. No.	DAY CARE PROCEDURE LIST
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
11	Myringotomy
12	Benign Tumour removal from the external ear
13	Incision of the mastiod process and Middle ear
14	Simple Mastoidectomy
15	Reconstruction of the middle ear
16	Other excisions of the middle and inner ear
17	Fenestration of the inner ear
18	Revision of fenestration of the inner ear
19	Petrous Apicectomy
20	Other microsurgical operations on the inner Ear
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
26	Dacrocystorhinostomy
27	Other Operations for tear gland/ duct lesions
28	Tarsorraphy
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
44	Surgery for pilonidal sinus
45	Surgical excisional debridement of 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
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
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
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
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	Arthoscopic knee aspiration
77	Incision and Drainage of breast abscess
78	Operations on the nipple except congenitally inverted nipples
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
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 (Hysterectomy) 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 cytostomy
103	Drainage of Prostatic abscess
104	Transurethral excision and destruction of prostate tissue
105	Percutaneous excision and destruction of prostate tissue
106	Excision of seminal vesicle
107	Incision and excision of periprostatic tissue
108	Incision and Drainage of the Scrotum and tunica vaginalis testis
109	Operations on testicular hydrocele
110	Excision or Eversion of Hydrocele
111	Incision and drainage of the testis
112	Excision or destruction of testicular lesion
113	Unilateral orchidectomy
114	Other operations on the testis
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)
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
122	Cystoscopic removal of stones
123	Lithotripsy
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 or Artherectomy
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
141	Vertebral angioplasty or Atherectomy
142	Injection of sclerosing agent into vein
143	Repair of esophageal stricture
144	Incision of rectal stricture
145	Repair of perirectal fistula
146	Ablation of esophageal neoplasm by endoscopic approach
147	Control of esophageal bleeding by endoscopic approach
148	Insertion of Sengstaken tube (Esophageal tamponade for bleeding varices)
149	Esophageal varices banding by endoscopic approach
150	Injection of esophageal varices by endoscopic approach
151	Laparoscopic appendectomy
152	Open Appendectomy
153	Closure of appendiceal fistula
154	Percutaneous [endoscopic] gastrostomy [PEG]
155	Endoscopic excision or destruction Gastric varices
156	Percutaneous aspiration of gallbladder
157	Endoscopic retrograde cholangiography [ERC]
158	Endoscopic retrograde pancreatography [ERP]
159	Endoscopic insertion of stent (tube) into bile duct
160	Endoscopic Retrograde Cholangiopancreatography (ERCP) with or without insertion of Stent into Bile duct
161	Intra-abdominal venous shunt-mesocaval
162	Intra-abdominal venous shunt-portacaval
163	Intra-abdominal venous shunt-portal vein to inferior vena cava
164	Intra-abdominal venous shunt-splenic and renal veins
165	TIPS procedure for portal Hypertension (trans jugular intrahepatic Porto systemic shunt)
166	Incision and lancing of parotid gland and duct
167	Closure of salivary fistula
168	Suture of laceration of salivary gland
169	Probing of salivary duct
170	Injection of hemorrhoids
171	Temporary colostomy
172	Removal of foreign body from tonsil and adenoid by incision

173	Excision of lesion of tonsil and adenoid
174	Drainage (oral) (transcervical) of retropharyngeal abscess
175	Drainage (oral) (transcervical) of peritonsillar abscess
176	Drainage (oral) (transcervical) of parapharyngeal abscess
177	Other Operations on the Middle and Internal Ear
178	Adenoidectomy without tonsillectomy
179	Tracheostomy
180	Correction of Eyelid ptosis
181	Repair of postoperative wound dehiscence of cornea
182	Destruction of chorioretinal lesion by laser photocoagulation/cyrotherapy
183	Repair of retinal tear by photocoagulation
184	Repair of retinal detachment with cryotherapy
185	Repair of retinal detachment with laser photocoagulation
186	Laproscopic/ Abdominal Hysterectomy for begnin conditions (with/without Pelvic floor repair, with/without Salpingo- Oophorectomy)
187	Removal of ectopic pregnancy
188	Operation On Ovarian Cyst
189	Amputation of toe/fingers
190	Open reduction of fracture with internal fixation (carpals and metacarpals, phalanges of hand, tarsals and metatarsals, phalanges of foot)
191	Debridement of open fracture, unspecified site
192	Open reduction of fracture with internal fixation, unspecified site
193	Application of external fixator device (Humerus, Radius and Ulna, Carpals & Metacarpals)
194	Application of external fixator device (Femur, Patella, tibia and fibula, tarsals and metatarsals)
195	Application of external fixator device, Scapula, Clavicle and thorax
196	Reduction of alveolar fracture with stabilization of teeth
197	Insertion of intercostal catheter for drainage
198	Release of tarsal tunnel
199	Repair of Hernia
200	Biopsy of bone marrow
201	Injection or infusion of cancer chemotherapeutic substance(Chemoembolization/Injection or infusion of antineoplastic agent)
202	Radioisotopic Teleradiotherapy
203	Superficial radiation (Contact radiation [up to 150 KVP])
204	Orthovoltage radiation (Deep radiation [200-300 KVP])

205	Infusion of liquid brachytherapy radioisotope - I-125 radioisotope (Includes: removal of radioisotope)
206	Intracavitary brachytherapy (Includes: removal of radioisotope)
207	Teleradiotherapy of other particulate radiation (Neutrons/Protons/Non specifc)
208	Implantation or insertion of radioactive elements - Intravascular brachytherapy
209	Injection or instillation of radioisotopes
210	Other radiotherapeutic procedure
211	Arterio -Venous Fistula for renal Dialysis
212	Prostatolithotomy
213	Drainage of periprostatic abscess
214	Excision of hematocele of tunica vaginalis
215	Fulguration of lesion of scrotum
216	Reduction of elephantiasis of scrotum
217	Partial scrotectomy of scrotum
218	Repair of scrotal fistula
219	Suture of laceration of scrotum and tunica vaginalis
220	Excision or destruction of lesion or tissue of scrotum
221	Removal of blood clot from ureter or renal pelvis without incision
222	Removal of calculus from ureter or renal pelvis without incision
223	Removal of foreign body from ureter or renal pelvis without incision
224	Maintenance Heamo Dialysis for Chronic renal failure
225	Peritoneal dialysis or Heamo Dialysis for Acute Renal Failure
226	Extracorporeal shockwave lithotripsy [ESWL] of the kidney, ureter and/or bladder
227	Cutting of urethral sphincter
228	Internal urethral meatotomy
229	Urethrolysis
230	Dilation of urethrovesical junction
231	Passage of sounds through urethra
232	Removal of calculus from urethra without incision
233	Closed [percutaneous] [needle] biopsy of kidney
234	Open biopsy of kidney
235	Excision of vocal cords
236	Excision of laryngeal cartilage
237	Epiglottidectomy
238	Other lavage of bronchus and trachea
239	Closure of bronchostomy

240	Marsupialization of laryngeal cyst
241	Full-thickness skin graft to hand
242	Other skin graft to hand
243	Full-thickness skin graft to other sites

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 (Coronary Artery Bypass Grafting)	100%	Category 1
3	Heart Valve Replacement using Tissue or Prosthetic valve	100%	Category 1
4	Aortic root transplantation with coronary artery reimplantation for proximal aortic aneurysm	100%	Category 1
5	Endovascular repair of defect of thoracic aorta with graft(s) or device(s)	100%	Category 1
6	Endovascular repair of abdominal aortic aneurysm with graft(s) or device(s)	100%	Category 1
7	Resection of vessel with anastomosis, aorta	100%	Category 1
8	Initial implantation of permanent pacemaker in the heart	60%	Category 2
9	Mitral valve repair (Open Heart Valvuloplasty)	60%	Category 2
10	Aortic valve repair (Open Heart Valvuloplasty)	60%	Category 2
11	Tricuspid valve repair (Open Heart Valvuloplasty)	60%	Category 2
12	Pulmonary valve repair (Open Heart Valvuloplasty)	60%	Category 2
13	Excision of benign mediastinal lesions	60%	Category 2
14	Excision of Malignant mediastinal lesions	60%	Category 2
15	Pericardectomy	40%	Category 3
16	Coronary Angioplasty with Stent implantation (two or more coronary arteries or two or more stents implanted)	40%	Category 3
17	Major vein repair with or without grafting for traumatic & nontraumatic lesions	40%	Category 3
18	Percutaneous angioplasty with or without insertion of intracranial vascular stent(s)	40%	Category 3
19	Basilar angioplasty or Atherectomy	40%	Category 3
20	Closed Heart Valvotomy	40%	Category 3
21	Construction of venous valves (peripheral)	40%	Category 3
22	Other endovascular repair (of aneurysm) of other vessels with Endograft(s)	40%	Category 3
23	Other endovascular repair (of aneurysm) of other vessels with Coil embolization or occlusion	40%	Category 3
24	Other endovascular repair (of aneurysm) of other vessels with Liquid tissue adhesive (glue) embolization or occlusion	40%	Category 3
25	Repair of blood vessel with tissue patch graft or with Synthetic patch graft.	40%	Category 3
26	Embolectomy / Thrombectomy with or without Graft	40%	Category 3
27	Endarterectomy with or without Graft	40%	Category 3
28	Pericardiotomy	20%	Category 4
29	Clipping or repair of Aneurysm	20%	Category 4
30	Coronary Angioplasty with Single Stent implantation	20%	Category 4
31	Exploratory thoracotomy	20%	Category 4
32	Arterioplasty (Non Specific)	20%	Category 4
33	Plication of vein (peripheral)	20%	Category 4
34	Percutaneous (balloon) Valvuloplasty	20%	Category 4

35	Ligation of vena cava (inferior) (superior)	20%	Category 4
II	**NERVOUS SYSTEM**		
36	Repair of Cerebral or Spinal Arterio- Venous Malformations or aneurysms	100%	Category 1
37	Craniotomy for malignant Cerebral tumours	100%	Category 1
38	Excision of pineal gland	100%	Category 1
39	Total Excision of the pituitary gland, unspecified approach	100%	Category 1
40	Hemispherectomy	100%	Category 1
41	Lobectomy of brain	100%	Category 1
42	Curettage/ Debridement of brain	100%	Category 1
43	Marsupialization of brain cyst	100%	Category 1
44	Trans temporal (mastoid) excision of brain tumor	100%	Category 1
45	Lobotomy and tractotomy (Division of Brain tissue/ Cerebral tracts)	100%	Category 1
46	Percutaneous (radiofrequency) cingulotomy	100%	Category 1
47	Amygdalohippocampotomy	100%	Category 1
48	Drainage of intracerebral hematoma	100%	Category 1
49	Craniotomy for non-malignant space occupying lesions	60%	Category 2
50	Operations on Surbaracahnoid space of brain	60%	Category 2
51	Intracranial transection of Cranial nerve	60%	Category 2
52	Other operations on the meninges of the Brain	60%	Category 2
53	Microvascular decompression of cranial nerves/nervectomy	60%	Category 2
54	Craniotomy with removal of epidural abscess	60%	Category 2
55	Craniotomy with removal of foreign body of skull	60%	Category 2
56	Open biopsy of brain	60%	Category 2
57	Craniectomy (Debridement/Sequestrectomy) of skull	60%	Category 2
58	Excision of acoustic neuroma by craniotomy	60%	Category 2
59	Craniotomy for Drainage of Extradural, subdural or intracerebral space	40%	Category 3
60	Decompression surgery for Entrapment Syndrome	40%	Category 3
61	Peripheral nerve Graft	40%	Category 3
62	Free Fascia Graft for Facial Nerve Paralysis	40%	Category 3
63	Excision of deep seated peripheral nerve tumour	40%	Category 3
64	Multiple Miscrosurgical Repair of digital nerve	40%	Category 3
65	Fixation of fracture of spine	40%	Category 3
66	Biopsy of skull	40%	Category 3
67	Closed [percutaneous] [needle] biopsy of brain (Burr hole approach/Stereotactic method)	40%	Category 3
68	Closed [percutaneous] [needle] biopsy of cerebral meninges	40%	Category 3
69	Decompression of trigeminal nerve root	40%	Category 3
70	Other cranial nerve decompression	40%	Category 3
71	Division of trigeminal nerve (Retrogasserian neurotomy)	40%	Category 3
72	Endovascular removal of obstruction from head and neck vessel(s)	40%	Category 3
73	Anastomosis of ventricle to cisterna magna/Ventriculocisternal intubation and Insertion of Holter valve (Ventriculostomy)	40%	Category 3
74	Cranial nerve Graft	40%	Category 3
75	Cryohypophysectomy, complete transfrontal approach (Total)	40%	Category 3

76	Ablation of pituitary by implantation (strontium-yttrium) (Y) transfrontal approach (Total)	40%	Category 3
77	Partial excision of pituitary gland, transfrontal approach	40%	Category 3
78	Partial excision of pituitary gland, unspecified approach	40%	Category 3
79	Bur-hole Drainage of Extradural, subdural or intracerebral space	20%	Category 4
80	Cranial puncture Aspiration of: subdural space	20%	Category 4
81	Cranial puncture Aspiration of: anterior fontanel	20%	Category 4
82	Decompression of spinal canal-laminectomy/Foraminotomy	20%	Category 4
83	Laminectomy for exploration of intraspinal canal	20%	Category 4
84	Excision or destruction of intervertebral disc	20%	Category 4
85	Ventricular shunt to thoracic cavity (Ventriculopleural anastomosis)	20%	Category 4
86	Ventricular shunt to abdominal cavity and organs (Ventriculocholecystostomy/Ventriculoperitoneostomy)	20%	Category 4
87	Replacement of ventricular shunt	20%	Category 4
88	Total/Partial Excision of pituitary gland, transsphenoidal approach	20%	Category 4
III	**RESPIRATORY SYSTEM**		
89	Pneumonectomy	60%	Category 2
90	Diaphragmatic/Hiatus Hernia Repair	60%	Category 2
91	Thoracotoplasty	60%	Category 2
92	Open Lobectomy of Lung	60%	Category 2
93	Partial Extirpation of Bronchus	60%	Category 2
94	Partial Pharyngectomy	60%	Category 2
95	Total Pharyngectomy	60%	Category 2
96	Total Laryngectomy	60%	Category 2
97	Excision of Diaphragmatic tumours	60%	Category 2
98	Wide excision and Major reconstruction of malignant Oro-pharyngeal tumours	60%	Category 2
99	Thoracoscopic segmental resection of lung/Partial lobectomy	60%	Category 2
100	Open Segmental resection of lung/Partial lobectomy	60%	Category 2
101	Thoracoscopic lobectomy of lung	60%	Category 2
102	Resection (wide sleeve) of bronchus	60%	Category 2
103	Pleurectomy or Pleural decortication	40%	Category 3
104	Tracheal reconstruction for various lesion	40%	Category 3
105	Hemilaryngectomy	40%	Category 3
106	Partial laryngectomy	40%	Category 3
107	Other excision or destruction of lesion or tissue of larynx	40%	Category 3
IV	**DIGESTIVE SYSTEM**		
108	Excision of esophagus and stomach	100%	Category 1
109	Abdominal-Perineal Pull Through Resection of rectum with Colo-Anal Anastomosis	100%	Category 1
110	Total Pancreatectomy with synchronous duodenectomy	100%	Category 1
111	One-stage pancreaticoduodenal resection with choledochojejunal anastomosis, pancreaticojejunal anastomosis, and gastrojejunostomy	100%	Category 1
112	Two-stage pancreaticoduodenal resection (first stage) (second stage)	100%	Category 1
113	Radical Pancreaticoduodenectomy (Whipples procedure)	100%	Category 1
114	Splenectomy	60%	Category 2

115	Total excision of oesophagus	60%	Category 2
116	Total excision of stomach	60%	Category 2
117	Partial Resection of Liver	60%	Category 2
118	partial pancreatectomy	60%	Category 2
119	Total hepatic lobectomy with partial excision of other lobe	60%	Category 2
120	Radical subtotal pancreatectomy	60%	Category 2
121	Unilateral or Bilateral sympathectomy	40%	Category 3
122	Resection and Anastomosis of any part of digestive tract	40%	Category 3
123	Open Surgery for treatment of Peptic Ulcer	40%	Category 3
124	Total Glossectomy	40%	Category 3
125	Cholecystectomy /Choledochotomy for various Gall bladder lesions	40%	Category 3
126	Pancreatolithotomy	40%	Category 3
127	Transcatheter embolization for gastric or duodenal bleeding for Peptic ulcer	40%	Category 3
128	Partial excision of esophagus	40%	Category 3
129	Partial Gastrectomy	40%	Category 3
130	Radical glossectomy with Neck dissection and tracheostomy	40%	Category 3
131	Excision or avulsion of sympathetic nerve	40%	Category 3
132	Surgical/ Open Gastrostomy	20%	Category 4
133	Permanent colostomy	20%	Category 4
V	**MUSCULOSKELETAL SYSTEM**		
134	Replantation of upper limb	60%	Category 2
135	Replantation of lower limb	60%	Category 2
136	Major reconstructive oro-maxillafacial surgery due to trauma or burns and not for cosmetic purpose	60%	Category 2
137	Total prosthetic replacement of hip joint using cement	40%	Category 3
138	Total prosthetic replacement of hip joint not using cement	40%	Category 3
139	Other total prosthetic replacement of hip joint	40%	Category 3
140	Total prosthetic replacement of knee joint using cement	40%	Category 3
141	Total prosthetic replacement of knee joint not using cement	40%	Category 3
142	Other total prosthetic replacement of knee joint	40%	Category 3
143	Total prosthetic replacement of other joint using cement	40%	Category 3
144	Total prosthetic replacement of other joint not using cement	40%	Category 3
145	Other total prosthetic replacement of other joint	40%	Category 3
146	Prosthetic replacement of head of femur using cement	40%	Category 3
147	Prosthetic replacement of head of femur not using cement	40%	Category 3
148	Other prosthetic replacement of head of femur	40%	Category 3
149	Prosthetic replacement of head of humerus using cement	40%	Category 3
150	Prosthetic replacement of head of humerus not using cement	40%	Category 3
151	Other prosthetic replacement of head of humerus	40%	Category 3
152	Prosthetic replacement of any other bone using cement	40%	Category 3
153	Prosthetic replacement of any other bone not using cement	40%	Category 3
154	Other prosthetic replacement of any other bone	40%	Category 3
155	Prosthetic interposition reconstruction of joint	40%	Category 3
156	Other interposition reconstruction of joint	40%	Category 3
157	Excision reconstruction of joint	40%	Category 3
158	Other reconstruction of joint	40%	Category 3

159	Implantation of prosthesis for limb	40%	Category 3
160	Amputation of arm	40%	Category 3
161	Amputation of leg	40%	Category 3
162	Elevation, Exploration and Fixation of fractured Zygoma	40%	Category 3
163	Forequarter amputation (Interthoracoscapular amputation)	40%	Category 3
164	Hindquarter amputation (Abdominopelvic amputation/ Hemipelvectomy)	40%	Category 3
165	Atlas-axis spinal fusion with or without Bone Graft/device (s)	40%	Category 3
166	Other cervical fusion, anterior technique, C2 level or below with or without Bone Graft/device (s)	40%	Category 3
167	Other cervical fusion, posterior technique with or without Bone Graft/device (s)	40%	Category 3
168	Dorsal and dorsolumbar fusion, anterior technique, with or without Bone Graft/device (s)	40%	Category 3
169	Dorsal and dorsolumbar fusion, posterior technique, with or withoutBone Graft/device (s)	40%	Category 3
170	Anterior lumbar interbody fusion (ALIF), with or without Bone Graft/device (s)	40%	Category 3
171	Lumbar and lumbosacral fusion, lateral transverse process technique, with or without Bone Graft/device (s)	40%	Category 3
172	Lumbar and lumbosacral fusion, Posterior lumbar interbody fusion (PLIF), with or without Bone Graft/device (s)	40%	Category 3
173	Lumbar and lumbosacral fusion, Transforaminal lumbar interbody fusion (TLIF), with or without Bone Graft/device (s)	40%	Category 3
174	Amputation of hand	20%	Category 4
175	Amputation of foot	20%	Category 4
176	Therapeutic endoscopic operations on cavity of knee joint	20%	Category 4
177	Replantation of finger following traumic amputation	20%	Category 4
178	Surgical Drainage and Curettage for osteomyelitis	20%	Category 4
179	Disarticulation of elbow, wrist, shoulder,hip, ankle and knee	20%	Category 4
180	Thumb reattachment	20%	Category 4
181	Toe reattachment	20%	Category 4
182	Foot reattachment	20%	Category 4
183	Open reduction of fracture with internal fixation, humerus	20%	Category 4
184	Open reduction of fracture with internal fixation, radius and ulna	20%	Category 4
185	Open reduction of fracture with internal fixation, femur	20%	Category 4
186	Open reduction of fracture with internal fixation, tibia and fibula	20%	Category 4
187	Excision of Semilunar cartilage of knee	20%	Category 4
188	Synovectomy, knee	20%	Category 4
189	Five-in-one repair of knee (Medial meniscectomy, medial collateral ligament repair, vastus medialis advancement, semitendinosus advancement, and pes anserinus transfer)	20%	Category 4
190	Triad knee repair (Medial meniscectomy with repair of the anterior cruciate ligament and the medial collateral ligament O'Donoghue procedure)	20%	Category 4
191	Repair of the cruciate ligaments of joint of lower extremity	20%	Category 4
192	Therapeutic endoscopic operations on cavity of Shoulder joint	20%	Category 4
VI	**ORO-MAXILLOFACIAL SURGERY**		

193	Osteotomy including segmental resection with bone grafting for Mandibular and maxillary lesions	60%	Category 2
194	Debridement of compound fracture of skull (due to trauma or burns and not for cosmetic purpose)	60%	Category 2
195	Decompression of skull fracture due to trauma or burns(due to trauma or burns and not for cosmetic purpose)	60%	Category 2
196	Reduction of skull fracture (due to trauma or burns and not for cosmetic purpose)	60%	Category 2
197	Closed/Open reduction of orbital fracture/Orbit rim or wall (due to trauma or burns and not for cosmetic purpose)	40%	Category 3
VII	**ENDOCRINE SYSTEM**		
198	Unilateral/Bilateral excision of adrenal gland	60%	Category 2
199	Complete excision of Thyroid gland	60%	Category 2
200	Complete excision of Parathyroid gland	60%	Category 2
201	Partial excision of adrenal glands	40%	Category 3
202	Partial excision of Thyroid gland	40%	Category 3
203	Partial excision of Parathyroid gland	40%	Category 3
204	Unilateral Thyroid lobectomy/Hemithyroidectomy	40%	Category 3
VIII	**RENAL/GENITO URINARY SYSTEM**		
205	Radical prostatovesiculectomy	60%	Category 2
206	Microvascular reattachment of penis following traumatic amputation	60%	Category 2
207	Total nephrectomy due to medical advice (not as a transplant donor)	40%	Category 3
208	Partial nephrectomy due to medical advice (not as a transplant donor)	40%	Category 3
209	Open extirpation of lesion of kidney	40%	Category 3
210	Partial ureterectomy (Excision of lesion of ureter/Shortening of ureter with reimplantation)	40%	Category 3
211	Total excision of bladder (total cystectomy with urethrectomy)	40%	Category 3
212	Kidney injury repair	40%	Category 3
213	Pyloplasty / Ureterocalcycostomy for pelvic ureteric junction obstruction	40%	Category 3
214	Amputation of penis	40%	Category 3
215	Total ureterectomy	40%	Category 3
216	Non Specified Uretrectomy.	40%	Category 3
217	Nephrotomy	40%	Category 3
218	Radical cystectomy	40%	Category 3
219	Partial cystectomy (Urinary bladder) - Trigonectomy, Wedge resection of bladder, Excision of bladder	20%	Category 4
220	Therapeutic ureteroscopic operations on ureter	20%	Category 4
221	Urinary diversion	20%	Category 4
222	Replantation of ureter	20%	Category 4
223	Unilateral or Bilateral excision of testes	20%	Category 4
224	Other operations on Scrotum and tunica vaginalis testis	20%	Category 4
225	Reconstruction of the testis	20%	Category 4
226	Open surgical excision and destruction of prostate tissue	20%	Category 4
227	Suprapubic prostatectomy	20%	Category 4
228	Retropubic prostatectomy	20%	Category 4

229	Endoscopic resection of bladder lesion/Tissue	20%	Category 4
230	Orchiopexy	20%	Category 4
231	Radical bilateral orchiectomy (with epididymectomy and lymph node dissection)	20%	Category 4
IX	**ORGAN TRANSPLANT**		
232	Heart/Heart-Lung Transplant	100%	Category 1
233	Bone Marrow transplant (as recipient)	100%	Category 1
234	Lung Transplantation (as recipient)	100%	Category 1
235	Liver Transplantation (as recipient)	100%	Category 1
236	Renal transplant (as recipient)	100%	Category 1
X	**ENT**		
237	Total ear amputation with reconstruction	60%	Category 2
238	Transmastoid removal cholesteatoma with extended Mastoidectomy	60%	Category 2
239	Total Nasal Reconstruction due to Traumatic lesions	60%	Category 2
240	Labyrinthotomy for various lesions	40%	Category 3
241	Operations on frontal sinus	40%	Category 3
242	Operations on maxillary antrum using sublabial approach	20%	Category 4
XI	**EYE**		
243	Orbit Tumour Exenteration /Flap reconstruction	40%	Category 3
244	Corneal or Retinal Repair for Traumatic eye injuries	20%	Category 4
245	Penetrating injuries of the eye or repair of ruptured globe	20%	Category 4
XII	**GYNECOLOGY**		
246	Hysterectomy for malignant conditions	60%	Category 2
247	Excision of vagina	40%	Category 3
248	Unilateral or Bilateral excision of adnexa of uterus	40%	Category 3
249	Extirpation of lesion of vulva	20%	Category 4
250	Excision of vulva	20%	Category 4
XIII	**STEREOTACTIC RADIOSURGERY**		
251	Stereotactic radiosurgery- Single source photon radiosurgery (Linear accelerator -LINAC/High energy x-rays)	60%	Category 2
252	Stereotactic radiosurgery- Particulate radiosurgery (Particle beam radiation (cyclotron)/Proton accelerator)	60%	Category 2
253	Stereotactic radiosurgery- Multi-source photon radiosurgery (Cobalt 60 radiation/Gamma irradiation)	60%	Category 2
254	Other Stereotactic radiosurgery	40%	Category 3
XIV	**OTHERS**		
255	Major Excision and grafting of Lymphoedema	60%	Category 2
256	Radical Mastectomy	60%	Category 2
257	Malignant soft tissue tumour excision and reconstruction	40%	Category 3
258	Excision and Major Flap Repair of skin and Subcutaneous tissue due to Major Burns	40%	Category 3
259	Excision of Retroperitoneal Tumor	40%	Category 3
260	Wide local Excision for oral leukoplakia	20%	Category 4
261	Simple Mastectomy	20%	Category 4
262	Repair of Hernia - Inguinal, Incisional, Femoral, Umblical	20%	Category 4
263	Radical Excision of malignant tumor in bones	20%	Category 4

Nomination - As per 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.