THE NEW INDIA ASSURANCE CO. LTD

Regd. & Head Office: 87, M.G. Road, Fort, Mumbai – 400001

NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY

Applicable for ICAI Members/Students/Employees

(Attached to and forming part of master policy No.11180034230400000017)

Who can take the Policy: Any person fulfilling the eligibility norms given below.

Eligibility

The policy can be issued on Floater Sum Insured basis covering up to 6 members of the family. Family comprises of Self, Legal Spouse, dependent children and dependent parents or dependent parents in law.

- Cross selection of parents and parents in law is not allowed.
- Parents/parents-in-laws can be covered only at the inception of policy
- For parents/parents-in-laws sum insured remains same as long as policy is with this programme. Max Sum insured allowed for parents is 10 Lacs.

Age of Entry:

- Proposer: 18 to 65 Years
- Other Members: 3 Months to 65 Years.

NOTE: There is no cover ceasing age in case of renewal.
Dependent Children between the age of 3 months and 25 years can be covered provided at least one parent is covered simultaneously

**** Persons with following Critical Illness are not eligible to take Insurance under this program**

List of Critical Illnesses
Cancer
Myocardial Infraction
Open Chest CABG
Open Heart Replacement or Repair Of Heart Valves
COMA of specified severity
Kidney failure
Stroke
Major Organ/ Bone Marrow Transplant
Permanent paralysis of limbs
Motor Neuron disease with permanent symptoms
Multiple Sclerosis with Persisting symptoms
Angioplasty
Benign Brain Tumour
Blindness
Deafness
End stage Lung failure
Loss of speech
Loss of limbs
Major Head Trauma
Primary (Idiopathic) Pulmonary Hypertension
Third degree burns

Procedure for taking a Policy

- LOGIN into the portal(www.icai.newindia.co.in):-
- USERID- membership no. of institute
- PASSWORD- Mentioned under Customer Registration
- Select the product and click on "BUY NOW".
- Online Proposal form has to be filled and the premium will be paid online using "PAY NOW".
- Policy No. will be generated and soft copy of the policy schedule, premium receipt and premium certificate will be available for downloading on user dashboard along with policy clause.

Tenure of the Policy: This policy will be valid for a period of one year from the date of policy issuance.

Sum Insured

The Sum Insured available are: (in lacs)

Members	**5,7,10,15,20,25,30,35,40,45,50**	**Members Parents/Parents in Law**	**5,7,10**
Employees	**3,5,10,15,20**	**Employees Parents/Parents in Law**	**3,5**
Students	**1,2,5,10**	**Students Parents**	**2,5,10**

1.0 Whereas Insured designated in the Schedule hereto has by a proposal and declaration dated asstated in the Schedule which shall be the basis of this Contract and is deemed to be incorporated herein, has applied to THE NEW INDIA ASSURANCE CO. LTD. (hereinafter called the COMPANY) for the insurance herein after set forth in respect of Employees/Members (including their eligible Family Members) named in the Schedule hereto (herein after called the INSURED PERSON) and has paid premium as consideration for such insurance.

2.0 NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed or otherwise expressed here on the Company undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal any Insured Person shall contract any Illness (herein defined) or sustain any Injury (herein defined) and if such Injury shall require any such Insured Person, upon the advice of a duly qualified Medical practitioner (herein defined) or a surgeon to incur Medical Expenses/Surgery at any Hospital / Day Care Center (herein defined) in India as an Inpatient, the Company will pay to the Insured Person the amount of such expenses as would fall under different heads mentioned below, and as are Reasonably and Customarily, and Medically Necessarily incurred thereof by or on behalf of such Insured Person.

2.1 Room rent, Boarding, DMO / RMO / CMO / RMP Charges, Nursing (Including Injection / Drugs and Intra venous fluid administration expenses), not exceeding 1.5% of Sum Insured per day. (Restricted to a maximum capping of Rs.30,000/- per day)

2.2 Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU), Intensivist charges, Monitorand Pulse Oxymeter expenses, not exceeding 3% of the sum insured per day (Restricted to a maximum capping of Rs.30,000/- per day)

2.3 Associate Medical Expenses; such as Professional fees of Surgeon, Anesthetist, Consultant, Specialist; Anesthesia, Blood, Oxygen, Operating Theatre Charges and Procedure Charges such as Dialysis, Chemotherapy, Radiotherapy & similar medical expenses related to the treatment.

2.4 Cost of Pharmacy and Consumables, Cost of Implants and Medical Devices and Cost of Diagnostics.

2.5 Pre-hospitalization medical charges up to 30 days period.

2.6 Post-hospitalization medical charges up to 60 days period.

2.7 The Company will pay Hospital Cash at the rate of 0.1% of the Sum Insured, for each day of Hospitalization, admissible under the Policy. The payment under this Clause for Any One Illness shall not exceed 1% of the Sum Insured. The payment under this Clause is applicable only where the period of Hospitalization exceeds twenty-four hours.

2.8 **AYUSH:** Expenses incurred for Ayurvedic / Homeopathic / Unani Treatment are admissible up to 25% of the sum insured provided the treatment for Illness and accidental injuries, is taken in AYUSH Hospital.
While Expenses incurred for Ayurvedic / Homeopathic / Unani Treatment are admissible up to 100% of the sum insured provided the treatment for Illness and accidental injuries, is taken in AYUSH Hospital (**For the policies issued with effect from 1st April 2024**).

2.9 **Ambulance service** – 1.0 % of the sum insured or actual, whichever is less, subject to maximum of Rs. 2,500/- in case patient has to be shifted from residence to hospital for admission in Emergency Ward or ICU or from one Hospital to another Hospital by fully equipped ambulance for better medical facilities.

2.10 Hospitalization expenses (excluding cost of organ) incurred on the donor during the course of organ transplant to the insured person. The Company's liability towards expenses incurredon the donor and the insured recipient shall not exceed the sum insured of the insured personreceiving the organ.

2.11 Subject to the terms and Conditions of the Policy,

(a) Persons paying Zone I premium can avail treatment in any Zone.
(b) Persons paying Zone II premium
i) Can avail treatment in Zone II and Zone III,
ii) Availing treatment in Zone I, will have to bear 10% of each claim.
(c) Persons paying Zone III premium
i) Can avail treatment in Zone III
ii) Availing treatment in Zone II, will have to bear 10% of each claim.
iii) Availing treatment in Zone I, will have to bear 20% of each claim.

Zone I – Anywhere in India
Zone II – Anywhere in India (Except Mumbai and Greater Mumbai)
Zone III – Anywhere in India (Except Mumbai, Greater Mumbai, Delhi and NCR andBangalore)

2.12 Air Ambulance charges not exceeding Rs. 50000/- per policy year.

2.13 Hospital expenses will be payable without any deduction against consumables or non- medical expenses in the event of death of insured member during the hospitalization provided that the hospitalization is admissible under the policy.

2.14 Free health check-up for primary member (proposer) of policy not exceeding Rs. 2000/- provided the preceding 4 policy years are completed under this plan without any claim. This can be availed once in 2 years and claimed through reimbursement mode only.

2.15 **LIMIT ON PAYMENT FOR CATARACT**: Company's liability for payment of any claim relating to Cataract, for each eye, shall not exceed 10% of the Sum Insured subject to a maximum of Rs. 50,000.

2.16 **SPECIFIC COVERAGES:**

a) **Impairment of Persons' intellectual faculties** by usage of drugs, stimulants or depressants as prescribed by a medical practitioner is covered up to 5% of Sum Insured, maximum up to Rs. 25,000 per policy period subject to it arising during treatment of covered illness for an admissible claim. This amount shall be part of the Sum Insured.

b) **Artificial life maintenance**, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of Health under any circumstances unless in a vegetative state as certified by the treating medical practitioner,is covered up to 10% of Sum Insured and for a maximum of 15 days per policy period following admission for a covered illness. (Explanation: Expenses up to the date of confirmation by the treating doctor that the patient is in vegetative state shall be covered as per the terms and conditions of the policy contract). Such expenses shall be payable if required in conjunction to an admissible claim and shall be within the Sum insured.

c) **Puberty and Menopause related Disorders:** Treatment for any symptoms, Illness, complications arising due to physiological conditions associated with Puberty, Menopause such as menopausal bleeding or flushing is covered only as Inpatient procedure after 24 months of continuous coverage. This cover will have a sub-limit of up to 25% of Sum Insured per policy period.

d) **Age Related Macular Degeneration (ARMD)** is covered after 36 months [APPLICABLE WEF 01/10/2024] of continuous coverage only for Intravitreal Injections and anti – VEGF medication. This cover will have a sub-limit of 10% of Sum Insured, maximum upto Rs. 75,000 per policy period. This limit shall be within the Sum Insured and does not increase the overall Sum Insured.

e) **Behavioural and Neuro Developmental Disorders:** Disorders of adult personality and Disorders of speech and language including stammering, dyslexia; are covered as Inpatient procedure after 24 months of continuous coverage. This cover will have a sub-limit of 25%of Sum Insured per policy period. This limit shall be within the Sum Insured and does not increase the overall Sum Insured.

f) **Genetic diseases** or disorders are covered with a sub-limit of 25% of Sum Insured per policy period with 36 months [APPLICABLE WEF 01/10/2024] waiting periods. This limit shall be within the Sum Insured and doesnot increase the overall Sum Insured.

NOTE: For the coverages defined in 2.16(a) to (f), waiting periods, if any, shall be applicable afresh i.e. for both New and Existing Policyholders w.e.f 1st October 2020 or date of inception of first policy, whichever is later. Coverage for such illness or procedures shall only be available after completion of the said waiting periods.

g) **Treatment of mental illness, stress or psychological disorders and neurodegenerative disorders** The Company shall indemnify the Hospital or the Insured the Medical Expenses related to following and they are covered after a waiting period of 36 months [APPLICABLE

WEF 01/10/2024] with a sub- limit up to 25% of Sum Insured per policy period.

The below covers are subject to the patient exhibiting any of the following traits and requiring Hospitalisation as per the treating Psychiatrist's advice.

1. Major Depressive Disorder- when the patient is aggressive or violent.
2. Acute psychotic conditions- aggressive/violent behavior or hallucinations, incoherent talking or agitation.
3. Schizophrenia- esp. Psychotic episodes.
4. Bipolar disorder- manic phase.

NOTE: Treatment of any Injury due to exhibiting Suicidality shall not be covered.

Condition

Treatment shall be undertaken at a hospital categorized as Mental Health Establishment Or at a Hospital with a specific department for Mental Illness, under a Medical Practitioner qualified as Mental Health Professional.

Exclusion

Any kind of Psychological counselling, cognitive/family/group/behavior/palliative therapyor other kinds of psychotherapy for which Hospitalization is not necessary shall not be covered.

NOTE: For the coverages defined in 2.16(g), waiting period shall be applicable for both New and Existing Policyholders w.e.f 16th August 2018 or date of inception of first policy, whichever is later. This coverage shall only be available after completion of the said waiting periods.

2.17 COVERAGE FOR MODERN TREATMENTS or PROCEDURES:

The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to the limit specified against eachprocedure during the policy period.

S. No.	Treatment or Procedure	Limit (Per Policy Period)
2.17.1	Uterine Artery Embolization and HIFU(High intensity focused ultrasound)	Upto 20% of Sum Insuredsubject to a Maximum upto Rs. 2 Lakh
2.17.2	Balloon Sinuplasty.	Upto 20% of Sum Insuredsubject to a Maximum upto Rs. 2 Lakh
2.17.3	Deep Brain stimulation	Upto 50% of Sum Insuredsubject to a maximum upto Rs. 5 Lakh
2.17.4	Oral chemotherapy	Upto 10% of Sum Insuredsubject to Maximum upto Rs. 1 Lakh.
2.17.5	Immunotherapy- Monoclonal Antibody tobe given as injection	Upto 25% of Sum Insuredsubject to a Maximum of Rs 2 Lakh
2.17.6	Intravitreal injections	Upto 10% of Sum Insuredsubject to a Maximum of Rs.75,000
2.17.7	Robotic surgeries	Upto 50% of Sum Insuredsubject to Maximum of Rs. 5 Lakh
2.17.8	Stereotactic radio surgeries	Upto 50% of Sum Insuredsubject to Maximum Rs. 3 Lakh
2.17.9	Bronchial Thermoplasty	Upto 50% of Sum Insuredsubject to Maximum of Rs. 2.5 Lakh

2.17.10	Vaporization of the prostrate (Green laser treatment or holmium laser treatment)	Upto 50% of Sum Insuredsubject to Maximum of Rs. 2.5 Lakh
2.17.11	IONM - (Intra Operative Neuro Monitoring)	Upto 10% of Sum Insured subject to Maximum of Rs. 50,000
2.17.12	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered.	Upto 50% of Sum Insured subject to Maximum of Rs. 2.5 Lakh.

2.18 ADD ON COVERS (Cover Applicable for Sum Insured 10 lacs & above)

2.18.1 OPTIONAL COVER I: REVISION IN LIMIT OF CATARACT

This optional cover, if opted, will be in addition to limit specified in Clause 2.15 On payment of additional Premium as mentioned in Schedule, it is declared and agreed that following additional amount for Cataract shall become payable but not exceeding the actual expenses incurred:
Additional Cataract limit Rs. 75000/-

Note: Benefit of this cover will be available after the expiry of twelve months from the date of opting this cover.

2.18.2 OPTIONAL COVER II: MATERNITY EXPENSES BENEFIT

On the payment of additional Premium as mentioned in Schedule, it is hereby agreed and declared that Clause 4.4.14 stands deleted for the members as mentioned in the Schedule. Our liability for claim admitted for Maternity shall not exceed Rs. 50,000/- for normal delivery or Rs.75,000/- caesarian section.

Special conditions applicable to Maternity Expenses Benefit:

1. These Benefits are admissible only if the expenses are incurred in Hospital as inpatients in India.
2. A waiting period of twenty-four months is applicable, from the date of opting this cover, for payment of any claim relating to normal delivery or caesarian section or abdominal operation for extra uterine pregnancy. The waiting period may be relaxed only in case of miscarriage or abortion induced by accident or other medical emergency.
3. Claim in respect of delivery for only first two children and / or surgeries associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof.
4. Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered. Pre-natal and post-natal expenses are not covered unless admitted in Hospital and treatment is taken there. The maternity limit mentioned above shall be applicable per event for all the Policies of Our Company including Group Policies. Even if two or more Policies of New India are invoked, sublimit of the Policy chosen by Insured shall prevail and our liability is restricted to stated sublimit.

NEWBORN BABY: It is hereby declared and agreed at the request of the Insured that "Newborn Baby" stands covered from day one [**subject to maternity add-on cover availed and 24 months waiting period is completed**]. The limits will be as mentioned in the schedule.

2.18.3 OPTIONAL COVER III: OPD COVERAGE

It is hereby declared and agreed at the request of the Insured that Expenses related to Outpatient treatment covered can be obtained on specific loading on base premium rate. The limits will be as mentioned in the Schedule.

You and all the members covered in this Policy are entitled for OPD coverage for an aggregate amount of Rs. 10000* or Rs. 20,000*.

The cover can be availed for:

1.Dental Treatment (Excluding cleaning, treatment for cosmetic purpose, dentures, braces)

2. Health Check-up.
3. Consultation with a Medical Practitioner.
4. Drugs and medicines as prescribed by a Medical Practitioner.
5. Investigations as prescribed by a Medical Practitioner.
6. Vision – Only for consultation diagnostics and medicines, Routine eye checkup, cost of spectacles to be excluded.

NOTE – Sub limits to be imposed.

*The amount will not be carried forward to the next year.

NOTE: For the coverages defined in 2.18 (2.18.1 & 2.18.2), waiting period shall be applicable for both New and Existing Policyholders w.e.f 28th December 2023 or date of inception of first policy, whichever is later. This coverage shall only be available after completion of the said waiting period. This coverage is applicable for Sum Insured 10 lacs & above.

NOTE: SUB-LIMIT CLAUSE

1. **Proportionate Deduction:** Proportionate Deduction is applicable on the Associate Medical Expenses, if the Insured Person opts for a higher Room than his eligible category. It shall be effected in the same proportion as the eligible rate per day bears to the actual rate per day of Room Rent. However, it is not applicable on
   1. Cost of Pharmacy and Consumables
   2. Cost of Implants and Medical Devices
   3. Cost of Diagnostics.

   Proportionate Deduction shall also not be applied in respect of Hospitals which do not follow differential billing or for those expenses in which differential billing is not adopted based on the room category, as evidenced by the Hospital's schedule of charges / tariff.

2. No payment shall be made under 2.3 other than as part of the hospitalization bill.

3. However, the bills raised by Surgeon, Anesthetist directly and not included in the hospitalization bill may be reimbursed in the following manner:
   a) The reasonable, customary and Medically Necessary Surgeon fee and Anesthetist fee would be reimbursed, limited to the maximum of Rs. 20,000/-. The payment shall be reimbursed provided the insured pays such fee(s) through cheque and the Surgeon / Anesthetist provides a numbered bill. Bills given on letter-head of the Surgeon, Anesthetist would not be entertained.
   b) Fees paid in cash will be reimbursed up to a limit of Rs. 10,000/- only, provided the Surgeon/Anesthetist provides a numbered bill.

   NOTE: Company's Liability in respect of all claims admitted during the Policy Period shall not exceed the Sum Insured per person mentioned in the schedule. In case of Floater basis, the limit shall apply to the Floater Sum Insured and not to per person.

3.0 DEFINITIONS:

3.1 ACCIDENT: An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

3.2 AGE means age of the Insured person on last birthday as on date of commencement of the Policy.

3.3 ANY ONE ILLNESS means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

3.4 **AYUSH TREATMENT** refers to Hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

3.5 **AYUSH HOSPITAL** is a Healthcare facility wherein medical / surgical / para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

a) Central or State Government AYUSH Hospital or

b) Teaching hospital attached to AYUSH College recognized by the Central Government / Central Council of Indian Medicine / Central Council for Homeopathy; or

c) AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

i) Having at least 5 in-patient beds;

ii) Having qualified AYUSH Medical Practitioner in charge round theclock;

iii) Having dedicated AYUSH therapy sections as required and/or hasequipped operation theatre where surgical procedures are to be carried out;

iv) Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

3.6 **AYUSH DAY CARE CENTRE** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health center which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both underthe supervision of registered AYUSH Medical Practitioner(s) on day care basis without in- patient services and must comply with all the following criterion:

i. Having qualified registered AYUSH Medical Practitioner(s) in charge;

ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

3.7 **BREAK IN POLICY** means the period of gap that occurs at the end of the existing policy term,when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

3.8 **CASHLESS FACILITY** means a facility extended by the insurer to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the policyterms and conditions, are directly made to the network provider by the Company to the extent pre-authorization approved.

3.9 **CONDITION PRECEDENT:** Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

3.10 **CONGENITAL ANOMALY:** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

i. **CONGENITAL INTERNAL ANOMALY** means a Congenital Anomaly which is not in the visible and accessible parts of the body.

ii. **CONGENITAL EXTERNAL ANOMALY** means a Congenital Anomaly which is in the visibleand accessible parts of the body

3.11 **DAY CARE CENTRE:** A day care center means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has beenregistered with the local authorities, wherever applicable, and is under 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.

3.12 **DAY CARE TREATMENT** refers to medical treatment or Surgery which are:

- Undertaken under General or Local Anesthesia in a Hospital/Day Care Centre in less than24 hours because of technological advancement, and
- Which would have otherwise required a hospitalization of more than 24 hours.

NOTE: Treatment normally taken on an out-patient basis is not included in the scope of thisdefinition.

3.13 **DENTAL TREATMENT** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery / implants.

3.14 **DISCLOSURE TO INFORMATION NORM**: The policy shall be void and all premium paid thereonshall be forfeited to us in the event of misrepresentation, mis-description or non-disclosure of any material fact.

3.15 **EMERGENCY CARE** means management for an Illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long-term impairment ofthe Insured Person's health.

3.16 **FLOATER BENEFIT** means the sum insured as specified for a particular insured and the members of his/her family as covered under the policy and is available for any or all the members of his/her family for one or more claims during the tenure of the policy.

3.17 **GRACE PERIOD** means the specified period of time immediately following the premium due date during which premium payment can be made to renew or continue a Policy in force without loss of continuity benefits pertaining to waiting period and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received. The grace period for payment of the premium is thirty days.

3.18 **HOSPITAL** means any institution established for Inpatient Care and Day Care treatment of Illness and / or Injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishment (Registration and Regulation) Act, 2010 or under the enactments specified under the schedule of Section 56(1) of the said act OR complies with all minimum criteria as under:

- has at least 10 inpatient beds, in those towns having a population of less than 10,00,000and at least 15 inpatient beds in all other places;
- has qualified nursing staff under its employment round the clock;
- has qualified medical practitioner (s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out

- maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

NOTE: The term 'Hospital' shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel or a similar place.

3.19 **HOSPITALISATION** means admission in a Hospital for a minimum period of 24 in patient Care consecutive hours except for specified procedures/ treatments, where such admissioncould be for a period of less than 24 consecutive hours.

Anti-Rabies Vaccination	Hysterectomy
Appendectomy	Inguinal/Ventral/Umbilical/Femoral Hernia
Coronary Angiography	Lithotripsy (Kidney Stone Removal)
Coronary Angioplasty	Parenteral Chemotherapy
Dental surgery following an accident	Piles / Fistula
Dilatation & Curettage (D & C) of Cervix	Prostate
Eye surgery	Radiotherapy
Fracture / dislocation excluding hairline Fracture	Sinusitis
Gastrointestinal Tract system	Stone in Gall Bladder, Pancreas, and BileDuct
Haemo-Dialysis	Tonsillectomy,
Hydrocele	Urinary Tract System

OR any other Surgeries / Procedures agreed by TPA/Company which require less than 24hours hospitalization due to advancement in Medical Technology.

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

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

i. Acute Condition means 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.
ii. Chronic Condition means a disease, Illness, or Injury that has one or more of the following characteristics
   a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
   b. it needs ongoing or long-term control or relief of symptoms
   c. it requires rehabilitation for the patient or for the patient to be special trained to cope with it
   d. it continues indefinitely
   e. it recurs or is likely to recur

3.22 **INPATIENT CARE** means treatment for which the Insured Person has to stay in a Hospital formore than 24 hours for a covered event.

3.23 **INSURED PERSON** means person(s) named in the schedule of the Policy.

3.24 **INTENSIVE CARE UNIT (ICU)** means an identified section, ward or wing of a Hospital whichis under the constant supervision of a dedicated Medical Practitioner, and which is speciallyequipped 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.

3.25 **ICU (INTENSIVE CARE UNIT) CHARGES** means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

3.26 **MEDICAL ADVICE** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

3.27 **MEDICAL EXPENSES** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Injury 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.

3.28 **MEDICALLY NECESSARY** treatment is defined as any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which

- is required for the medical management of the Illness or Injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a Medical Practitioner;
- must confirm to the professional standards widely accepted in international medical practice or by the medical community in India.

3.29 **MEDICAL PRACTITIONER** is a person who holds a valid registration from the Medical Councilof 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 practicemedicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.
NOTE: The Medical Practitioner should not be the insured or close family members.

3.30 **NETWORK HOSPITAL** means Hospitals enlisted by the Company, TPA or jointly by the Company and TPA to provide medical services to an Insured by a cashless facility.

3.31 **NON-NETWORK HOSPITAL** means any Hospital that is not part of the network.

3.32 **NOTIFICATION OF CLAIM** means the process of intimating a claim to the Company or TPA through any of the recognized modes of communication.

3.33 **PRE-EXISTING DISEASE (PED)** means any condition, ailment, Injury or Illness

a) That is/are diagnosed by a physician not more than 36 months [APPLICABLE WEF 01/10/2024] prior to the date of commencement of policy issued by insurer or

b) For which medical advice or treatment was recommended by, or received from, a physician not more than 36 months prior to the date of commencement of policy.

3.34 **PRE-HOSPITALISATION MEDICAL EXPENSES** mean Medical Expenses incurred during the period preceding the Insured Person is Hospitalized, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and

ii. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

3.35 **POST-HOSPITALISATION MEDICAL EXPENSES** mean Medical Expenses incurred during the period immediately after the Insured Person is discharged from the hospital provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and

ii. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

3.36 **POLICY** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to The Insured person.

3.37 **POLICY PERIOD** means period of one policy year as mentioned in the schedule for which the Policy is issued.

3.38 **POLICY SCHEDULE** means the Policy Schedule attached to and forming part of the Policy.

3.39 **POLICY YEAR** means a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule.

3.40 **PREFERRED PROVIDER NETWORK (PPN)** means network providers in specific cities which have agreed to a cashless packaged pricing for specified planned procedures for our policyholders. The list of planned procedures is available with Us / TPA and subject to amendment from time to time. Reimbursement of expenses incurred in PPN for the procedures (as listed under PPN package) shall be subject to the rates applicable to PPN package pricing.

3.41 **QUALIFIED NURSE** Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

3.42 **REASONABLE AND CUSTOMARY CHARGES** mean the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.

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

3.44 **ROOM RENT** means the amount charged by a Hospital for the occupancy of a bed per day (24 hours) basis and shall include associated medical expenses.

3.45 **SUB-LIMIT** means a cost sharing requirement under this policy in which we would not be liable to pay any amount in excess of the pre-defined limit.

3.46 **SUM INSURED** is the maximum amount of coverage opted for each Insured Person and shown in the Schedule.

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

3.48 **THIRD PARTY ADMINISTRATORS (TPA)** means a Company registered with the Authority, and engaged by an Insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.

3.49 **WAITING PERIOD** means a period from the inception of this Policy during which specified diseases / treatments are not covered. On completion of the period, diseases / treatments shall be covered provided the Policy has been continuously renewed without any break.

3.50 **ASSOCIATE MEDICAL EXPENSES** means medical expenses such as Professional fees of Surgeon, Anesthetist, Consultant, Specialist; Anesthesia, Blood, Oxygen, Operating Theatre Charges and Procedure Charges such as Dialysis, Chemotherapy, Radiotherapy & similar medical expenses related to the treatment.

3.51 **NEW BORN BABY COVERAGE:** A New Born Baby is covered for any Illness or Injury from the date of birth till the expiry of this Policy, within the terms of this Policy [**subject to maternity add-on cover availed and 24 months waiting period is completed**]. Any expense incurred towards post-natal care, pre-term or pre-mature care or any such expense incurred in connection with delivery of such New Born Baby would not be covered.

NOTE 1: Congenital External Anomaly of the New Born Baby is covered only after 36 months [APPLICABLE WEF 01/10/2024] waiting Period.
NOTE 2: Waiting Period for Congenital Internal Disease would not apply to a New Born Baby during the year of Birth and also subsequent renewals, if Premium is paid for such New Born Baby and the renewals are effected before or within thirty days of expiry of the Policy.
NOTE 3: No coverage for the New Born Baby would be available during subsequent renewals unless the child is declared for insurance and covered as an Insured Person

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

4.0 EXCLUSIONS

The Company shall not be liable to make any payment under this policy in respect of:

4.1 PRE-EXISTING DISEASES (Code- Excl01)

a) Treatment of any Pre-existing Condition/Disease, until 24 months of Continuous Coverage of such Insured Person have elapsed. For Continuous coverage of less than 24 months, the amount payable shall be restricted to a specified % of the admissible claim amount SUBJECT TO A MAXIMUM OF % OF THE SUM INSURED, as per Table below

Amount payable is % of admissible claim amount subject to a maximum of % of the sum insured, for continuous coverage	
Of Less Than 12 Months	25%
Exceeding 12 months but less than 24 months	50%

b) In case of enhancement of Sum Insured the waiting period shall apply afresh to the extentof Sum Insured increase.

c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

d) Coverage under the policy for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

4.2 Waiting period for specified diseases/ailments/conditions (Code-Excl02)

a) For those Insured Persons with less than twenty-four months of Continuous Coverage, the policy will cover the following diseases/ailments/conditions only up to

S. No.	Name of Disease / Ailment / Surgery	Continuous coverage	
		Of less than twelve months	Exceeding twelve months but less than twenty four months
1	Any Skin disorder	25%	50%
2	All internal & external benign tumors, cysts, polyps of anykind, including benign breast lumps	25%	50%
3	Benign Ear, Nose, Throat disorders	25%	50%
4	Benign Prostate Hypertrophy	25%	50%
5	Cataract & age related eye ailments	25%	50%
6	Diabetes mellitus	25%	50%
7	Gastric/ Duodenal Ulcer	25%	50%
8	Gout & Rheumatism	25%	50%
9	Hernia of all types	25%	50%
10	Hydrocele	25%	50%
11	Hypertension	25%	50%
12	Hysterectomy for Menorrhagia /Fibromyoma, Myomectomy and Prolapse of uterus	25%	50%
13	Non Infective Arthritis	25%	50%
14	Piles, Fissure and Fistula in Anus	25%	50%
15	Pilonidal Sinus, Sinusitis and related disorders	25%	50%
16	Prolapse Inter Vertebral Disc unlessarising from accident	25%	50%
17	Stone in Gall Bladder & Bile duct	25%	50%
18	Stones in Urinary Systems	25%	50%
19	Unknown Congenital internal Disease/defects	25%	50%
20	Varicose Veins and Varicose Ulcers	25%	50%

b) For those Insured Persons with less than thirty-six months of Continuous Coverage, the policy will cover the following diseases/ailments/conditionsonly up to the limits specified below.

Sr.No	Name of Disease/Ailment/Surgery	CONTINUOUS COVERAGE		
		Of less than 12 months	Exceeding 12 months but less than 24 months	Exceeding 24 months but less than 36 months
1.	Age related Osteoarthritis & Osteoporosis	25%	25%	75%
2.	Joint Replacements due to Degenerative Condition	25%	50%	75%

NOTE: AMOUNT PAYABLE IS % OF ADMISSIBLE CLAIM AMOUNT SUBJECT TO A MAXIMUM OF % OF THE SUM INSURED, AS SPECIFIED AT (A) AND (B) ABOVE

c) In case of enhancement of sum insured the waiting period shall apply afresh to the extent of sum insured increase.
d) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
e) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
f) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

4.3 FIRST THIRTY DAYS WAITING PERIOD (Code- Excl03)

a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4.4 PERMANENT EXCLUSIONS: Any medical expenses incurred for or arising out of:

4.4.1 INVESTIGATION & EVALUATION (Code- Excl04)

a. Expenses related to any admission primarily for diagnostics and evaluation purposes.
b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

NOTE: Treatment for any symptoms, Illness, complications arising due to physiological conditions for which etiology is unknown is not excluded. It is coveredwith a Sub-Limit of upto 10% of Sum Insured per policy period.

4.4.2 REST CURE, REHABILITATION AND RESPITE CARE (Code- Excl05)

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

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 eitherby 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.

NOTE: Expenses related to any admission primarily for enteral feedings is notexcluded, if the Oral intake is absent for a period of at-least 5 days. It will be covered for a Maximum period of 14 days in a Policy Period.

4.4.3 OBESITY/ WEIGHT CONTROL (Code- Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the belowconditions:

a. Surgery to be conducted is upon the advice of the Doctor

b. The surgery/Procedure conducted should be supported by clinical protocols

c. The member has to be 18 years of age or older and

d. Body Mass Index (BMI):

1. greater than or equal to 40 or
2. greater than or equal to 35 in conjunction with any of the following severeco-morbidities following failure of less invasive methods of weight loss:
   - **i.** Obesity-related cardiomyopathy
   - **ii.** Coronary heart disease
   - **iii.** Severe Sleep Apnea
   - **iv.** Uncontrolled Type2 Diabetes

4.4.4 CHANGE-OF-GENDER TREATMENTS (Code- Excl07)

Expenses related to any treatment, including surgical management, to changecharacteristics of the body to those of the opposite sex.

4.4.5 COSMETIC OR PLASTIC SURGERY (Code- Excl08)

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

4.4.6 BREACH OF LAW (Code- Excl09)

Expenses for treatment directly arising from or consequent upon any Insured Personcommitting or attempting to commit a breach of law with criminal intent.

4.4.7 EXCLUDED PROVIDERS (Code-Excl10)

Expenses incurred towards treatment in any hospital or by any Medical Practitioneror any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life- threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

4.4.8 Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof**. (Code- Excl11)**

4.4.9 Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **(Code- Excl12)**

4.4.10 Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure**.** **(Code- Excl13)**

4.4.11 REFRACTIVE ERROR (Code- Excl14)

Expenses related to the treatment for correction of eye sight due to refractive errorless than 7.5 diopters.

4.4.12 UNPROVEN TREATMENTS (Code- Excl15)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, proceduresor supplies that lack significant medical documentation to support their effectiveness.

4.4.13 STERILITY AND INFERTILITY (Code- Excl16)

Expenses related to sterility and infertility. This includes:

a. Any type of contraception, sterilization
b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
c. Gestational Surrogacy
d. Reversal of sterilization

4.4.14 MATERNITY EXPENSES (Code - Excl17)

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

4.4.15 War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

4.4.16 Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in anyother sequence to the loss, claim or expense. For the purpose of this exclusion:

a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, releaseor escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably

distributed, is capable of causing any Illness, incapacitating disablement or death.

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

4.4.17 Circumcision unless required to treat Injury or Illness.

4.4.18 Vaccination & Inoculation.

4.4.19 Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, durable medical equipment.

4.4.20 All types of Dental treatments except arising out of an accident.

4.4.21 Convalescence, general debility.

4.4.22 Bodily injury or sickness due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, attempted suicide. However, Failure to seek or follow medical advice or failure to follow treatment is not excluded. It is covered with a sub-limit of 10% of Sum Insured per policy period.

4.4.23 Treatment of any bodily injury sustained whilst or as a result of participating in any criminal act.

4.4.24 Naturopathy Treatment.

4.4.25 Instrument used in treatment of Sleep Apnea Syndrome (C.P.A.P.) and continuous Peritoneal Ambulatory dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition.

4.4.26 Stem cell implantation / surgery for other than those treatments mentioned in clause2.17.12.

4.4.27 Domiciliary Hospitalization.

4.4.28 Treatment taken outside India.

4.4.29 Change of treatment from one system to another unless recommended by theconsultant / hospital under whom the treatment is taken.

4.4.30 Any kind of Service charges, Surcharges, Luxury Tax and similar charges levied bythe Hospital.

4.4.31 Treatment such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy.

5.0 CONDITIONS:

5.1 **COMMUNICATION:** You must send all communications and papers regarding a claim to the TPA at the address shown in the schedule. For all other matters relating to the policy, communication must be sent to our policy issuing office. Communications you wish to rely upon must be in writing.

5.2 **PREMIUM PAYMENT:** The premium payable under this policy shall be paid in advance.No receipt for Premium shall be valid except on the official form of the Company. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this policy by the Insured Person in so far as they relateto anything to be done or complied with by the Insured Person shall be condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid, unless made in writing and signed by an authorized official of the Company.

5.3 **NOTICE OF CLAIM:** Preliminary notice of claim with particulars relating to Policy Number, name of insured person in respect of whom claim is to be made, nature of illness/injury and Name and Address of the attending Medical Practitioner/Hospital/Nursing Home should be given to the Company/TPA within 7 days from the date of hospitalization in respect of reimbursement claims.

Final claim along with hospital receipted original Bills/Cash memos, claim form and documents as listed in the claim form below should be submitted to the Policy issuing Office/TPA not later than 30 days of discharge from the hospital. The insured may alsobe required to give the Company/TPA such additional information and assistance as the Company/TPA may require in dealing with the claim.

a. Bill, Receipt and Discharge certificate / card from the Hospital.
b. Cash Memos from the Hospitals(s) / Chemists(s), supported by proper prescriptions.
c. Receipt and Pathological test reports from Pathologist supported by the note fromthe attending Medical Practitioner / Surgeon recommending such Pathological tests / pathological.
d. Surgeon's certificate stating nature of operation performed and Surgeons' bill and receipt.
e. Attending Doctor's/ Consultant's/ Specialist's / Anesthetist's bill and receipt, and certificate regarding diagnosis.
f. Certificate from attending Medical Practitioner / Surgeon that the patient is fully cured.

WAIVER: Waiver of period of intimation may be considered in extreme cases of hardships where it is proved to the satisfaction of the Company/TPA that under the circumstances in which the insured was placed it was not possible for him or any otherperson to give such notice or file claim within the prescribed time limit. This waiver cannot be claimed as a matter of right.

5.4 **PHYSICAL EXAMINATION:** Any medical practitioner authorized by the Company shall be allowed to examine the Insured Person in case of any alleged injury or Disease requiring Hospitalization when and as often as the same may reasonably be required on behalf of the Company.

5.5 The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.

5.6 **MULTIPLE POLICIES:**

1. In case of multiple policies taken by Insured Person during a period from the Company or one or more Insurers to indemnify treatment costs, Insured Person shall have the right to require a settlement of Insured Person's claim in terms of anyof his/her policies. In all such cases the Company, if chosen by Insured Person, shallbe obliged to settle the claim as long as the claim is within the limits of and according to the terms of this Policy
2. Insured having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies, even if the Sum Insured is not exhausted. Then we shall independently settle the claim subject to the terms and conditions of this Policy.
3. If the amount to be claimed exceeds the Sum Insured under a single policy after, Insured Person shall have the right to choose Insurers from whom You wants to claim the balance amount.
4. Where an Insured has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured shall only be indemnified the Hospitalisation costs in accordance with the terms and conditions of the chosen policy.

NOTE: The Insured Person must disclose such other insurance at the time of making a claim under this Policy.

5.7 **CANCELLATION CLAUSE:** The policy may be renewed by mutual consent. The companyshall not however be bound to give notice that it is due for renewal and the Company may at any time cancel this Policy by sending the insured 30 days' notice by registeredletter at the Insured's last known address and in such event the Company shall refund tothe Insured a pro-rata premium for unexpired Period of Insurance. The Company shall,however, remain liable for any claim which arose prior to the date of cancellation. [APPLICABLE WEF 01/10/2024]

The policyholder may cancel his/her policy at any time during the term, by giving 7 days' notice in writing.

The Insurer shall

a. refund proportionate premium for unexpired policy period, if the term of policy up to one year and there is no claim (s) made during the policy period.

b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

5.8 **DISCLAIMER OF CLAIM:** If the Company shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the dateof receipt of the notice of such disclaimer notify the Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

5.9 All medical/surgical treatment under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency.

6.0 CASHLESS SERVICE THROUGH TPA'S

Claims in respect of Cashless access services will bethrough the agreed list of network of hospital and is subject to pre-admission authorization. The TPA shall, upon getting the related medical information from the insured person /network provider, verify that the person is eligible to claim under the policy and after satisfying itself will issue a pre-authorization letter / guarantee of payment letter to the hospital mentioning the sum guaranteed as payable also the ailment for which the person is seeking to be admitted as a patient. The TPA reserves the right to deny pre-authorization in case the insured person is unable to provide therelevant medical details as required by the TPA. The TPA will make it clear to the insured person that denial of Cashless Access is in no way construed to be denial of treatment. The insured person may obtain the treatment as per his /her treating Medical Practitioners medical advice and later on submit the full claim papers to the TPA for reimbursement.

7.0 FRAUD, MISREPRESENTATION, CONCEALMENT:

The policy shall be null and void and nobenefits shall be payable in the event of misrepresentation, misdescription or nondisclosure of any material fact/particulars if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his/her behalf.

8.0 FREE LOOK PERIOD:

The free look period shall be applicable at the inception of the first policy only. Insured person will be allowed a period of 30 days [APPLICABLE WEF 01/10/2024] from the date of issuance of the policy to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy.
If the insured has not made any claim during the free look period, he/she shall be entitled to:

i. A refund of the premium paid less any expenses incurred by insurer on medical examination and the stamp duty charges or;

ii. where the risk has already commenced and the option of return of the policy isexercised by the insured, a deduction towards the proportionate risk premium for period of cover or;

iii. Where only a part of the risk has commenced, such proportionate risk premiumcommensurate with the risk covered during such period.

9.0 RENEWAL CLAUSE:

The Company sends renewal notice as a matter of courtesy. If the insured does not receive the renewal notice it will not amount to any deficiency of service.

The Company shall not be responsible or liable for non-renewal of the policy due to non-receipt /delayed receipt of renewal notice or due to any other reason whatsoever.
We shall be entitled to decline renewal if:

a) Any fraud, moral hazard/misrepresentation or suppression by You or any one acting on Your behalf is found either in obtaining insurance or subsequently in relation thereto, or non-cooperation of the Insured Person, or

b) We have discontinued issue of the Policy, in which event You shall however have the option for renewal under any similar Policy being issued by Us; provided however, benefits payable shall be subject to the terms contained in such other Policy, or

c) You fail to remit Premium for renewal before expiry of the Period of Insurance. Wemay accept renewal of the Policy if it is effected within thirty days (grace period) of the expiry

of the Period of Insurance. On such acceptance of renewal, we, however shall not be liable for any claim arising out of Illness contracted or Injury sustainedor Hospitalization commencing in the interim period after expiry of the earlier Policy and prior to date of commencement of subsequent Policy.

ENHANCEMENT OF SUM INSURED: If the policy is to be renewed for enhanced sum insured then the restrictions i.e. 4.1, 4.2 and 4.3 will apply to additional sum insured as if it is a new policy.

NOTE: Enhancement of Sum Insured will not be considered for the policy in which any of the member had undergone Hospitalization in the preceding one year.

NO CLAIM DISCOUNT: Discount of 5% on the premium on renewal in respect of each Claim free year, subject to maximum of 20% shall be allowed, provided the policy is renewed under the scheme with the Company without any break. In case, any claim is admitted under the policy, the entire no claim discount earned shall be forfeited on renewal of the said policy. However, the No Claim Discount shall continue to accrue afresh from the next claim free year.

DISCOUNT IN PREMIUM IN LIEU OF CUMULATIVE BONUS: The discount in premium inlieu of cumulative bonus at the time of inception of this policy is offered as a onetime measure, in lieu of Cumulative Bonus offered by the previous insurer. This discount in premium in lieu of cumulative bonus would continue to be extended as long as no claimis reported under the policy.

NOTE: If there is a claim during the current year, next year, there will be no discount in premium in lieu of cumulative bonus and whatever discount is allowed would stand withdrawn at the time of renewal. Even if the claim is for a smaller amount and for onlyone person in the family, the Discount in premium in lieu of cumulative bonus will be withdrawn in the next year.

10.0 COMPANY'S LIABILITY:

The Company's aggregate liability in respect of all claims admitted during the period of insurance in respect of all persons insured under the policy shall not exceed the Sum Insured stated in the Schedule.

11.0 MEDICAL EXPENSES INCURRED UNDER TWO POLICY PERIODS:

If the claim event falls within two policy periods, the claim shall be paid taking into consideration the available sum insured for the expiring policy only. Sum Insured of the renewed Policy will not be available for the Hospitalisation (including Pre & Post Hospitalisation Expenses), which has commenced in the expiring Policy. Claim shall be settled on per event basis.

12.0 REPUDIATION OF CLAIM:

A claim, which is not covered under the Policy conditions, canbe rejected. All the documents submitted to TPA shall be electronically collected by Usfor settlement and denial of the claims by the appropriate authority.

With Our prior approval Communication of repudiation shall be sent to you, explicitly mentioning the grounds for repudiation, through Our TPA.

13.0 PROTECTION OF POLICY HOLDERS' INTEREST:

This policy is subject to IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024.

14.0 GRIEVANCE REDRESSAL:

In the event of Insured has any grievance relating to the insurance, Insured Person may contact any of the Grievance Cells at Regional Offices ofthe Company or Office of the Insurance Ombudsman under the jurisdiction of which the Policy Issuing Office falls. The contact details of the office of the Insurance Ombudsmanare provided in the Annexure II.

15.0 PAYMENT OF CLAIM:

i. The Company shall settle or reject a claim, as may be the case, within thirty days of the receipt of the last 'necessary' document.
ii. While efforts will be made by the Company to not call for any document not listed in Clause5.3, where any additional document or clarification is necessary to take a decisionon the claim, such additional documents will be called for.
iii. All necessary claim documents pertaining to Hospitalisation should be furnished by the Insured Person in original to the TPA (as mentioned in the Schedule), within thirtydays from the date of discharge from the Hospital. However, claims filed even beyond such period will be considered if there are valid reasons for delay in submission.
    a. In case of any deficiency in submission of documents, the TPA shall issue adeficiency request.
    b. In case of non-submission of documents requested in the deficiency requestwithin seven days from the date of receipt of the deficiency request, three reminders shall be sent by the TPA at an interval of seven days each.
    c. The claim shall stand repudiated if the documents, mandatory for taking the decision of admissibility of the Claim, are not submitted within seven days of thethird reminder. If the required documents are such that it does not affect the admissibility of the claim and is limited to payment of certain expenditure only, the Claim will be paid after reducing such amount from the admissible amount.

In case of any delay, such claims shall be paid by us with a penal interest as per Regulation 9(6) of IRDA (Protection of Policyholders' Interests) Regulations, 2017 asmodified from time to time.

NOTE: All admissible claims shall be payable in Indian Currency.

16.0 ARBITRATION:

If we admit liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration.
The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996.
No reference to Arbitration shall be made unless we have admitted our liability for a claim in writing.
If a claim is declined and within twelve calendar months from such disclaimer any suit or proceeding is not filed then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

17.0 PORTABILITY AND MIGRATION:

Migration:

You will have the option to migrate the policy to other Health Insurance products/plans offered by the company by applying for migration of the policy at-least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If You are presently covered and has been continuously covered without any lapses under any Health Insurance product/plan offered by the Company, then you can transfer the credit gained to the extent of the sum insured, no claim bonus, specific waiting period for pre-existing diseases, moratorium period etc. in the previous policy to the migrated policy.

Portability:

You will have the option to port the policy to other Insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at-least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If policyholder is presently covered and has been continuously covered without any lapses under any Health Insurance policy with an Indian General or Health Insurer, then policyholder can transfer the credit gained to the extent of the sum insured, specific waiting period for pre-existing diseases, moratorium period etc. from the existing insurer to the acquiring insurer in the previous policy.

ANNEXURE I:

LIST OF EXPENSES EXCLUDED ("NON-MEDICAL")

SNO	LIST OF EXPENSES EXCLUDED ("NON-MEDICAL")	SUGGESTIONS
	TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	M01STUR1SER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine.
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (FOR SITE PREPARATIONS)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable

36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by In surer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable
62	HORMONE REPLACEMENT THERAPY	Not Payable
63	HOME VISIT CHARGES	Not Payable
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Not Payable
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not Payable
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not Payable
69	DONOR SCREENING CHARGES	Not Payable
70	ADMISSION/REGISTRATION CHARGES	Not Payable

71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not Payable
74	STEM CELL IMPLANTATION/ SURGERY AND STORAGE	Not Payable
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the Hospital
77	MICROSCOPE COVER	Payable under OT Charges, not separately
78	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	Payable under OT Charges, not separately
79	SURGICAL DRILL	Payable under OT Charges, not separately
80	EYE KIT	Payable under OT Charges, not separately
81	EYE DRAPE	Payable under OT Charges, not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	ANTISEPTIC OR DISINFECTANT LOTIONS	Not Payable - Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
88	COTTON	Not Payable -Part of Dressing Charges
89	COTTON BANDAGE	Not Payable- Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable – Part of Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable
93	TORNIQUET	Not Payable
94	ORTHOBUNDLE, GYNAEC BUNDLE	Not Payable, Part of Dressing Charges
95	URINE CONTAINER	Not Payable

ELEMENTS OF ROOM CHARGE		
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part of room charge, Not Payable separately
98	HOUSE KEEPING CHARGES	Part of room charge, Not Payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge, Not Payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Part of room charge, Not Payable separately
101	SURCHARGES	Part of room charge, Not Payable separately
102	ATTENDANT CHARGES	Part of room charge, Not Payable separately
103	IM IV INJECTION CHARGES	Part of nursing charge, Not Payable separately
104	CLEAN SHEET	Part of Laundry / Housekeeping, Not Payable separately
105	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by Hospital is payable
106	BLANKET/WARMER BLANKET	Part of room charge, Not Payable separately
ADMINISTRATIVE OR NON - MEDICAL CHARGES		
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	Payable under Post-Hospitalisation where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTENANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable

124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable up to 24 hrs., shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP – COST	Device not payable
136	OXYGEN CYLINDER (for usage outside the hospital)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	SP02 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBOSACRAL BELT	Payable for surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable

155	ABDOMINAL BINDER	Essential and should be paid in post-surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
156	BETADINE / HYDROGEN PEROXIDE / SPIRIT / DISINFECTANTS ETC	Not Payable
157	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES Post hospitalization nursing charges	Not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGESDIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE Tablets	Payable -Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS	Payable when prescribed (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
161	Digestion gels	Payable when prescribed
162	ECG ELECTRODES	One set every second day is Payable.
163	GLOVES Sterilized	Gloves payable / unsterilized gloves not payable
164	HIV KIT	payable Pre-operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during Hospitalisation is Payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost

OTHERS		
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT,ETC]	Not Payable
181	EXAMINATION GLOVES	Not payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Payable in case of PIVD requiring traction
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometer/ Strips)	Not payable pre Hospitalisation or post Hospitalisation / Reports and Charts required /Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs. and then 1 in 24 hrs.
197	URINE BAG	Payable where Medically Necessary - maximum 1 per 24 hrs.
198	SOFTOVAC	Not Payable
199	STOCKINGS	Payable for case like CABG etc.

ANNEXURE II: CONTACT DETAILS OF INSURANCE OMBUDSMEN

AHMEDABAD - **Shri ColluVikas Rao** **Office of the Insurance Ombudsman,** **Jeevan Prakash Building, 6th floor,** **Tilak Marg, Relief Road, Ahmedabad – 380 001.** **Tel.: 079 - 25501201/02/05/06** **Email: bimalokpal.ahmedabad@cioins.co.in**	BHOPAL - **Shri R. M. Singh** **Office of the Insurance Ombudsman,** **JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office,** **Near New Market, Bhopal – 462 003.** **Tel.: 0755 - 2769201 / 2769202** **Fax: 0755 - 2769203** **Email: bimalokpal.bhopal@cioins.co.in**
BHUBANESHWAR - **Shri Manoj Kumar Parida** **Office of the Insurance Ombudsman,** **62, Forest park, Bhubneshwar – 751 009.** **Tel.: 0674 - 2596461 /2596455** **Fax: 0674 - 2596429** **Email: bimalokpal.bhubaneswar@cioins.co.in**	CHANDIGARH - **MrAtulJerath** **Office of the Insurance Ombudsman,** **S.C.O. No. 101, 102 & 103, 2nd Floor,** **Batra Building, Sector 17 – D, Chandigarh – 160 017.** **Tel.: 0172 - 2706196 / 2706468** **Fax: 0172 - 2708274** **Email: bimalokpal.chandigarh@cioins.co.in**
CHENNAI - **Shri Segar Sampathkumar** **Office of the Insurance Ombudsman,** **Fatima Akhtar Court, 4th Floor, 453,** **Anna Salai, Teynampet, CHENNAI – 600 018.** **Tel.: 044 - 24333668 / 24335284** **Fax: 044 - 24333664** **Email: bimalokpal.chennai@cioins.co.in**	DELHI - **MsSunita Sharma** **Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building,** **Asaf Ali Road, New Delhi – 110 002.** **Tel.: 011 - 23232481/23213504** **Email: bimalokpal.delhi@cioins.co.in**
GUWAHATI - **Shri Somnath Ghosh** **Office of the Insurance Ombudsman,** **JeevanNivesh, 5th Floor,** **Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM).** **Tel.: 0361 - 2632204 / 2602205** **Email: bimalokpal.guwahati@cioins.co.in**	HYDERABAD - **Shri N. Sankaran** **Office of the Insurance Ombudsman,** **6-2-46, 1st floor, "Moin Court",** **Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool,** **Hyderabad - 500 004.** **Tel.: 040 - 23312122** **Fax: 040 - 23376599** **Email: bimalokpal.hyderabad@cioins.co.in**
ERNAKULAM - **Shri G. Radhakrishnan** **Office of the Insurance Ombudsman,** **2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road,** **Ernakulam - 682 015.** **Tel.: 0484 - 2358759 / 2359338** **Fax: 0484 - 2359336** **Email: bimalokpal.ernakulam@cioins.co.in**	KOLKATA - **Ms Kiran Sahdev** **Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072.** **Tel.: 033 - 22124339 / 22124340** **Fax : 033 - 22124341** **Email: bimalokpal.kolkata@cioins.co.in**
LUCKNOW -**Shri. AtulSahai** **Office of the Insurance Ombudsman,** **6th Floor, JeevanBhawan, Phase-II,** **Nawal Kishore Road, Hazratganj, Lucknow - 226 001.** **Tel.: 0522 - 2231330 / 2231331** **Email: bimalokpal.lucknow@cioins.co.in**	MUMBAI - **Shri Bharatkumar S. Pandya** **Office of the Insurance Ombudsman,** **3rd Floor, JeevanSevaAnnexe,** **S. V. Road, Santacruz (W), Mumbai - 400 054.** **Tel.: 022 - 69038821/23/24/25/26/27/28/28/29/30/31** **Email: bimalokpal.mumbai@cioins.co.in**
JAIPUR - **Shri Rajiv Dutt Sharma** **Office of the Insurance Ombudsman,** **JeevanNidhi – II Bldg., Gr. Floor, Bhawani Singh Marg,** **Jaipur - 302 005.** **Tel.: 0141 - 2740363** **Email: bimalokpal.jaipur@cioins.co.in**	PUNE - **Shri Sunil Jain** **Office of the Insurance Ombudsman,** **JeevanDarshan Bldg., 3rd Floor,** **C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030.** **Tel.: 020-41312555** **Email: bimalokpal.pune@cioins.co.in**
BENGALURU - **MrVipinAnand** **Office of the Insurance Ombudsman,** **JeevanSoudhaBuilding,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road,** **JP Nagar, Ist Phase, Bengaluru – 560 078.** **Tel.: 080 - 26652048 / 26652049** **Email: bimalokpal.bengaluru@cioins.co.in**	NOIDA - **Shri Bimbadhar Pradhan** **Office of the Insurance Ombudsman,** **BhagwanSahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15,** **Distt: GautamBuddh Nagar, U.P-201301.** **Tel.: 0120-2514252 / 2514253** **Email: bimalokpal.noida@cioins.co.in**
PATNA - **MsSusmita Mukherjee** **Office of the Insurance Ombudsman,** **2nd Floor, LalitBhawan,** **Bailey Road,** **Patna 800 001.Tel.: 0612-2547068** **Email: bimalokpal.patna@cioins.co.in**	