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Group Hospi-Cash Connect Policy
Prospectus
(UIN –LIBHLGP21497V022021)

Annexure II

INTRODUCTION

Liberty Videocon's **GROUP HOSPI-CASH CONNECT** Policy guards the Insured Person/(s) against the trauma of increased financial burden during Hospitalization, Deductible applicable or unpaid expenses in your regular Hospitalization Policy.

This Policy pays FIXED daily hospital cash along with a host of covers with the freedom to choose and pick covers as per the group's need.

Note: The information provided herein is only indicative, we request to refer the Policy document for better understanding of the covers, Sum Insured, exclusions and conditions and deductibles.

ELIGIBILITY CRITERIA

- Minimum Entry Age : 18 Years for Adults and 91 days for children
- Renewability: Lifelong
- Policy Tenure: 1 Year
- Relationships covered: Primary Insured, Spouse, Children, Parents, Parent-in- laws, Siblings, Son-in-law, Daughter-in-law Grand- children, Grand-parents

KEY FEATURES

- **Selection of covers available** as per your needs.
- **Special care on Minor/Major Surgical Procedures**
- **Double Accident benefit**
- **Double ICU benefit**
- **Double Critical Illness benefit**

SCOPE OF COVER

A. Basic Cover

This Policy offers selection of either of the below cover.

1. **Daily Hospital Cash Benefit (DHC):** In case of Hospitalization of the Insured/ Insured Person/s for a Medically Necessary treatment (including AYUSH Treatment#) due to any Illness or accidental bodily Injury sustained or contracted within the Policy Period, for a continuous period of more than 24 hours, a daily Hospital cash benefit as mentioned in the Schedule to the Policy, shall be payable for every completed 24 hours of Hospitalization, subject to per event /Hospitalisation limited to 30 days (inclusive of both ICU & Non-ICU stay) and upto balance Sum Insured for that Policy Year.

2. **Daily Hospital Cash (DHC)-Accident:** In case of Hospitalization of the Insured/ Insured Person/s due to accidental bodily Injury and/or any Illness/sickness arising due to consequences of accidental bodily Injury sustained or contracted during the Policy Period, for a continuous period of more than 24 hours, a Daily Hospital Cash– Accident as mentioned in the Schedule to the Policy shall be payable, for every completed 24 hours of Hospitalization subject to per event/

Hospitalisation limited to 30 days (inclusive of both ICU & Non-ICU stay) and upto balance Sum Insured for that Policy Year.

#Added pursuant to "Guidelines on providing AYUSH Coverage in Health insurance policies" dated 31 January, 2024 issued by the IRDAI effective 1st April 2024.

B. Choose and Pick Covers

The Policy would also offer covers as listed below which are available as optional covers and may be opted individually or for the entire Group and as specified in the Schedule to this Policy.

1. **Double Accident Benefit (DAB)**:In case of Hospitalization of the Insured/Insured Person/s due to accidental bodily Injury and/or any illness/sickness arising due to consequences of accidental bodily injury sustained or contracted during the Policy Period, for more than 3 consecutive completed days, then the Daily Hospital Cash benefit as mentioned in the Schedule to the Policy shall be doubled and the Insured would be entitled to a Double Accident Benefit payable for every completed 24 hours of Hospitalization, subject to per event/Hospitalisation limited to 30 days(inclusive of both ICU & Non-ICU stay), payable upto balance Sum Insured for that Policy Year.
   If this cover is admissible, We will then not pay separately for the Daily Hospital Cash benefit or Daily Hospital Cash-Accident as applicable under the Policy.

2. **Double ICU Benefit (DIB)-Sickness:** In case the Insured/Insured Person/s is required to be admitted in an Intensive Care Unit (ICU) for a Medically Necessary treatment due to any Illness not traceable to accidental bodily injury, for a continuous period of more than 24 hours, a Daily Hospital Cash Benefit as mentioned in the Schedule to the Policy shall be doubled and payable for every completed 24 hours in an ICU, subject to per event/Hospitalisation limited to 30 days (inclusive of both ICU & Non-ICU stay), payable upto balance Sum Insured for that Policy Year.
   If this cover is admissible, We will then not pay separately for the Daily Hospital Cash benefit or Daily Hospital Cash-Accident as applicable under the Policy.

3. **Double ICU Benefit(DIB)-Accident:** In case the Insured/Insured Person/s is required to be admitted in an Intensive Care Unit (ICU) for a Medically Necessary treatment due to accidental bodily Injury and includes any illness/sickness arising from such accidental bodily injury sustained or contracted within the Policy period, for a continuous period of more than 24 hours, a Daily Hospital Cash Benefit or Daily Hospital Cash –Accident, as per the selected Sum Insured under the chosen Plan will be doubled and payable for every completed 24 hours in an ICU, subject to per event/Hospitalisation limited to 30 days (inclusive of both ICU & Non-ICU stay), payable upto balance Sum Insured for that Policy Year.
   If this cover is admissible, then We will not pay Daily Hospital Cash benefit or Daily Hospital Cash benefit-Accidents as applicable under the Policy.

4. **Recovery Benefit:** In case of Hospitalization of the Insured/Insured Person/s for a Medically Necessary treatment due to any Illness or accidental bodily Injury sustained or contracted within the Policy Period, for more than 15 consecutive days of Hospitalization then a onetime lump sum payment as mentioned in the Schedule to the Policy will be payable towards Recovery in addition to Daily Hospital Cash Benefit and/or any other lump sum benefits applicable subject to the maximum of balance Sum Insured for that Policy Year.

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5. **Convalescence benefit:** If in case 2 or more Family members covered under this Policy are hospitalized due to the same Accident sustained or contracted within the Policy Period, for more than 24 consecutive hours, and the hospitalization of the members is within a weeks' time from the first date of accident of an Insured member, then a onetime lump sum payment, as mentioned in the Schedule to the Policy will be payable towards convalescence individually and separately, in addition to the Daily Hospital Cash Benefit and/or any other lump sum benefits applicable subject to the maximum of balance Sum Insured for that Policy Year.

6. **Special Care on Listed Minor Surgeries**: In case the Insured/Insured Person/s is/are hospitalized and has incurred expenses more than the threshold limit of Rs 50,000 for a Medically Necessary treatment due to any Illness or accidental Injury involving minor Surgical Procedure as listed below, then a onetime lump sum payment as specified under Schedule of the Policy shall be payable, in addition to Daily Hospital Cash Benefit and/or any other lump sum benefits applicable subject to the maximum of balance Sum Insured for that Policy Year.

List of Minor Surgeries	
Sr.No	**Minor Surgeries**
1	Removal of Appendix
2	Removal of Renal Calculi
3	Haemorrhoidectomy
4	Removal of Gall Stone/Gall Bladder
5	All types of Hernia repair
6	Benign Prostatic Hypertrophy (TURP)

7. **Special Care on Listed Major Surgeries:** While this Policy is in force, in case the Insured/Insured Person/s is/are hospitalized and has incurred expenses more than the threshold limit of Rs 2,00,000, for a Medically Necessary treatment due to any Illness or accidental Injury involving a Major Surgical Procedure as listed below, then a onetime lump sum payment as specified under Schedule of the Policy shall be payable, in addition to Daily Hospital Cash Benefit and/or any other lump sum benefits applicable subject to the maximum of balance Sum Insured for that Policy Year.

List of Major Surgeries	
Sr.No	**Major Surgeries**
1	CABG- Coronary Artery Bypass Grafting
2	Angioplasty – PTCA
3	Brain Surgery including Craniotomy, tumor removal and intracranial drainage
4	Major organ transplant (Heart, Lung, Liver, Pancreas, kidney)
5	Bone marrow transplant Surgery

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6	Post traumatic Surgeries including Skull fracture, amputation of upper and / or lower limb, pelvis fracture / hip fracture, compound communicated fracture of any part where ORIF is required.
7	Knee replacement (traumatic / septic arthritis, severe irreparable knee Injury)
8	Knee ligament Surgery -trauma related
9	Hip replacement (traumatic hip Injury- both partial and total)
10	Spinal surgeries
11	Heart valve replacement
12	Surgery of Aorta
13	Thyroidectomy

8. **Restore Benefit:** The Policy provides, a Restore Sum Insured equivalent to the opted Sum Insured as per the Plan selected, if the Sum Insured is exhausted due to claims made and paid during the Policy year or made during the Policy Year and accepted as payable, for the particular policy year, provided that:

   a. The Restored Sum Insured will be utilized only after the selected Sum Insured have been completely exhausted in that Policy year; and
   b. The Restored Sum Insured will be available during the Policy year till it is exhausted completely.
   c. Any unutilized restored amount cannot be carried forward to any subsequent Policy year.
   d. The total amount of restored Sum Insured shall not exceed the selected Sum Insured for that Policy year and shall be available for all the covers specified under the Policy Schedule.
   e. In case of Portability, the credit for Sum Insured would be given only to the extent of Sum Insured selected at first policy inception date and would not include any amount available by way of Restore Benefit.

9. **Double Critical Illness Benefit (DCI)-**: In case of Hospitalization of the Insured/Insured Person/s for a Medically Necessary treatment for any of the below listed Critical Illness/s herein below contracted within the Policy Period, for a continuous period of more than 24 hours, a daily hospital cash benefit applicable as per the Sum Insured as mentioned in the Schedule to the Policy will be doubled and payable for every completed 24 hours of Hospitalization, subject to the maximum of balance Sum Insured for that Policy Year.

   If this cover is admissible, then We will not pay Daily Hospital Cash benefit or Daily Hospital Cash benefit-Accidents as applicable under the Policy.

Covered Critical Illness:

C1	Cancer of specified severity
C2	Kidney Failure requiring regular Dialysis
C3	Multiple Sclerosis with persisting symptoms
C4	Major Organ/Bone marrow Transplant
C5	Open Heart Valve Replacement/Repair of Heart Valves
C6	Open Chest Coronary Artery Bypass Graft
C7	Stroke resulting in permanent symptoms

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C8	Permanent Paralysis of Limbs
C9	First Heart Attack of specified Severity
C10	Benign Brain Tumor
C11	Parkinson's Disease
C12	Alzheimer's Disease
C13	End Stage Liver Disease
C14	Surgery of Aorta
C15	Major Burns
C16	Loss of Speech
C17	Deafness
C18	Coma of specified severity

10. Day Care Procedure cash (DCP)-: In case of Hospitalization of the Insured/Insured Person/s for a Medically Necessary treatment as an inpatient for less than 24 hours in a Hospital or standalone Day Care Centre for any of the below listed Procedures, then We will pay Day care Procedure Cash as mentioned in the Schedule to this Policy, for each procedure undertaken subject to the maximum of Yearly Sum Insured for that Policy Year.

Covered Day Care Procedures:

1.	Cataract
2.	Dilatation and Curettage
3.	Lithotripsy
4.	Manipulation for Dislocation under General Anesthesia
5.	Cystoscopy

11. Wellness & Assistance Program-

The below services will be available when the Insured/Insured member/s is/are more than 150 kilometers within Indian territory from their residential address. The services would be provided by Us /through our appointed Service provider, with prior intimation and acceptance by the Company.

i. **Medical Consultation, Evaluation and Referral**- In case of any emergency situation, We/our Service Provider will evaluate, troubleshoot and make immediate recommendations including referrals to qualified doctors and/or hospitals.
The company will only arrange for the medical consultant, the consultant fee will be borne by the policyholder

ii. **Medical Monitoring and Case Management-** A team of doctors, nurses, and other medically trained personnel would be in regular communication with the attending physician and hospital, monitors appropriate levels of care and relay necessary and legally permissible information to the members of the Family / employer.

iii. **Emergency Medical Evacuation-** If the Insured / Insured member/s becomes ill or injured in an area where appropriate care is not available, the Company /via Service Provider will intervene and use available transportation, equipment and personnel necessary to evacuate the Individual safely to the nearest facility for medical care.

iv. **Compassionate Visit:** When an Insured Peron/s is/are hospitalized for more than seven (7) consecutive days, The Company/ Service Provider will arrange for a family member or a personal friend to travel to visit the Insured Person/s, by providing an appropriate means of transportation

12. Special Care –
You can opt for this cover and get a fully recharged Policy without any Duration limits as specified under Schedule of Benefits attached to this document. This option is available only for Insured member/s below 60 years of age.

13. Special Limits-
You can opt for this cover and select lower Daily Hospital Cash (DHC) Benefit than eligible as per the Schedule of Benefits attached to this document. The minimum DHC limit can be 0.5% of Sum Insured.

C. Extensions

The following extensions are available on payment of premium as applicable.

1. **Thirty (30) days waiting period waiver**
With this extension, the waiting period of thirty (30) days shall be waived off for the Insured member/s (as applicable) under the Policy.

2. **Ninety (90) days waiting period waiver**
With this extension, the waiting period of ninety (90) days shall be waived off for the Insured member/s covered under the benefit '**Double Critical Illness Benefit (DCI)'** under the Policy.

3. **First year waiting period waiver**
With this extension, the First year waiting period shall be waived off for the Insured member/s (as applicable) under the Policy.

4. **Two years waiting period waiver**
With this extension, the Two years waiting period shall be waived off for the Insured member/s (as applicable) under the Policy

5. **Pre- existing Conditions coverage**
By opting this extension, the Policy exclusion of Pre- existing Conditions coverage shall be deleted for the Insured member/s (as applicable) under the Policy.

6. **Baby day one cover**
The Policy is extended to include the new born child from Day one under this extension. The inclusion of new born baby under the said extension shall be subject to ' Addition/Deletion of members' clause as mentioned in D.1 below.

By this extension, the Policy is extended to include Inpatient Ayurveda, Unani, Sidha or Homeopathy treatment.

D. Addendum to the Policy

1. **Additions/Deletion of Members**
The Insured shall provide data in the prescribed format for all the additions and deletions in the member information as per the agreed intervals & timelines and premium thereon will be calculated on a pro rata basis.

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a) During the currency of the Policy, additions will be permitted for new joiners and their Family members, newly married spouse, newborn child subject to the Age criteria under this Policy. The deletions will be permitted for the employees (including their Family members) leaving the organization. No interchange of Family members is allowed under this Policy.

b) The cover will commence from the joining date to the Group for such Insured Person/s (as requested by the Insured and agreed to by the Insurance Company) subject to adequate premium balance maintained with the insurer for such additions. In case of inadequate premium balance with the Insurer on the day of inclusion of the additional members, the balance premium available as on that date would be reckoned for such members as per the serial number of the list received from the Insured. Where no such premium balance is maintained, the cover for such additions will commence from the date of receipt of premium by the Insurer.

c) In case of intimation received beyond the stipulated time period, the risk commencement date for additional members would be from the date of intimation to the Insurer or as otherwise specifically agreed to by the Insurer subject to adequate premium balance.

d) Refunds in respect of any deletion of Insured Persons shall be made on pro-rata basis from the date of deletion until the expiry date of the Policy provided no claim has been made in respect of that Insured Person.

All other terms, conditions, warranties & exclusions of the Policy remain unaltered.

2. **Payment of premium on Installment basis**

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly or any other specific frequency as mentioned in the policy Schedule/Certificate of Insurance the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

i. The grace period of fifteen days (where premium is paid in monthly installments) and thirty days (where premium is paid in quarterly/half-yearly/annual installments) is available on the premium due date, is available to the policyholder to pay the premium.
ii. If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.
iii. If the policy is renewed during grace period, all the credits (Sum Insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected.
iv. In case of instalment premium due not received within the grace period, the policy will get cancelled.
v. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
vi. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

DISCOUNTS/ LOADINGS

The following discount is applicable on the Premium as provided in the Annexure-Premium Rate Chart:

1. **Group discount-** It is permissible as per the following scale depending upon the total number of Insured persons covered under the Group policy at the inception This discount mainly reflects savings on expenses in large group policies.

No. of Persons Insured under the Group Policy	Group Discounts %
Up to 100 persons	0%
101 Persons - 250 Persons	2.5%
251 Persons - 500 Persons	5%

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501 Persons – 1000 Persons	7.5%
1001 Persons - 2000 Persons	10%
2001 Persons - 5000 Persons	12.5%
5001 Persons – 10000 Persons	15%
10001 Persons - 15000 Persons	20%
15001 Persons - 25000 Persons	22%
25001 Persons - 50000 Persons	25%
Above 50001 Persons	30%

RENEWAL BENEFITS

1. Lifelong Renewal without any exit Age
2. Enhancement of Sum Insured: Change in Sum Insured or enhancement in Sum Insured can be done subject to Our approval.

POLICY EXCLUSIONS

1. Pre-Existing Diseases [Excl 01]

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
d) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified disease/procedure waiting period [Excl 02]

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of twelve (12) months* and twenty four (24) months** of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
f) *List of specific diseases/procedures/treatments is as under for 12 months of waiting period:
g) Cataract, Benign Prostatic Hypertrophy, Hernia, Hydrocele, Fistula in anus, piles, Sinusitis and related disorders, Fissure, Gastric and Duodenal ulcers, gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus, polycystic ovarian diseases; skin tumors unless malignant, benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); & Congenital Internal Diseases

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h) **List of specific diseases/procedures/treatments is as under for 24 months of waiting period:
i) Calculus diseases of Gall bladder and Urogenital system, Hypertension and Diabetes and related complications, Joint Replacement due to Degenerative condition, Surgery for prolapsed inter vertebral disc unless arising from accident, Age related Osteoarthritis and Osteoporosis, Spondylosis / Spondylitis, Surgery of varicose veins and varicose ulcers.
j) Diabetes & related complications including but not limited to: Diabetic Retinopathy, Diabetic Nephropathy, Diabetic Foot/Wound, Diabetic Angiopathy, Diabetic Neuropathy, Hypo/Hyperglycemic Shocks.
k) Hypertension & related complications including but not limited to: Coronory Artery Disease, Cerebrovascular Accident, Hypertensive Nephropathy, Internal Bleed/Haemorrhages.

3. 30-day waiting period [Excl 03]

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.

a) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
b) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4. Investigation & Evaluation [Excl 04]

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

5. Rest Cure, rehabilitation and respite care [Excl 05]

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

1. 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.
2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6. Obesity/ Weight Control Code [Excl 06]

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

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

7. Change-of-Gender treatments [Excl 07]

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

8. Cosmetic or plastic Surgery [Excl 08]

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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.

9. Hazardous or Adventure sports [Excl 09]

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

10. Breach of law [Excl 10]

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

11. Excluded Providers [Excl 11]

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or 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.

12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof [Excl 12]

13. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons [Excl 13]

14. 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. [Excl14]

15. Refractive Error [Excl 15]

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

16. Unproven Treatments [Excl 16]

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

17. Sterility and Infertility [Excl 17]

Expenses related to sterility and infertility. This includes:

i. Any type of contraception, sterilization
ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
iii. Gestational Surrogacy
iv. Reversal of sterilization

18. Maternity [Excl 18]

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

19. 90 days Waiting Period Exclusion:
A waiting period of 90 days from the commencement date of the first Policy will apply to Critical Illness (es) contracted other than accidental bodily Injury requiring Hospitalization .

20. Any dental treatment Surgery which is corrective, cosmetic or of aesthetic procedure, unless it requires Hospitalization and is carried out under general anesthesia and is necessitated by Illness or Accidental Injury.

21. Any OPD treatment

22. Treatment received outside India

23. Suicide, attempted suicide or willfully self-inflicted injury or illness

24. Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not or caused during service in the armed forces of any country) including Chemical & Biological. civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, radiation of any kind

a) "Chemical" shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

b) "Biological" shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials

25. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an Accident.

26. Any treatment/loss required arising from Insured Person's participation in any hazardous activity including but not limited to scuba diving, engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parachuting, hang gliding, rock or mountain climbing, winter sports, mountaineering (where ropes or guides are customarily used), caving or potholing, hunting or equestrian, ski diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), polo, snow and ice sports, professional sports or any other potentially dangerous sport.

27. We shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

GENERAL TERMS AND CONDITIONS APPLICABLE

1. Disclosure of information norm

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The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact by the policyholder.
"Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

2. Condition Precedent to Admission of Liability
The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

3. Complete Discharge
Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

4. Fraud
If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

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

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

5. Cancellation
(i) The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Company shall
a. refund proportionate premium for unexpired policy period, if the term of policy upto 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.
(ii) The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

6. Migration (If applicable)

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The Insured Person 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 atleast 30 days before the policy renewal date as per the IRDA Guidelines on Migration. If such person is presently covered and has been continuously covered without any lapse under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDA Guidelines on Migration.

7. Portability (If applicable)

The insured person 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 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. lf such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

8. Renewal of Policy ((If applicable)

The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person.

i. The Company shall give notice for renewal atleast 30 days prior to expiry of the policy

ii. Renewal of a health insurance policy shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy.

iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

9. Free look period (if applicable)

The insured person shall be allowed free look period of 30 days from date of receipt of the policy document 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. The Free Look Period shall be applicable only for new individual health insurance policies, except for those policies with tenure of less than a year and not on renewals.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to -

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or

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

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

10. Withdrawal of Policy

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

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

11. Moratorium Period (If applicable)

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds

of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.
Note :The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.

12. Reasonable Care
The Insured shall take all reasonable steps to safeguard the interests of the Insured against accidental loss or damage that may give rise to the claim.

13. Alterations to the Policy
This Policy together with the Policy Schedule constitutes the complete contract of insurance. This Policy cannot be changed or varied by any one (including an insurance agent or broker) except the Company, and any change We make will be evidenced by a written endorsement signed and stamped by the Company.

14. Material Change
It is a Condition Precedent to the Company's liability under the Policy that the Insured Person/s shall immediately notify the Company in writing of any material change in the risk on account of change in nature of occupation or business at his/ their own expense. The Company may, in its discretion, adjust the scope of cover and/or the premium paid or payable, accordingly.

15. Records to be maintained
The Insured Person/s shall keep an accurate record containing all relevant medical records and shall allow the Company to inspect such record. The Insured Person/s shall furnish such information to the Company as may be required under this Policy at any time during the Policy Period or until the final adjustment, if any and resolution of all Claims under this Policy.

16. Notice of charge
The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured Person/s, his/her nominees or legal representatives, as the case may be, of any Medical Expenses or compensation or benefit under the Policy shall in all cases be complete and construe as an effectual discharge in favor of the Company.

17. Assignment
You can assign this policy under intimation to Us. Assignment of a policy shall be in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time .

1) An assignment of a policy of insurance, wholly or in part, whether with or without consideration, may be made only by an endorsement upon the policy itself or by a separate instrument, signed in either case by the assignor or his duly authorised agent and attested by at least one witness, specifically setting forth the fact of assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made.

(2) An insurer may, accept the assignment, or decline to act upon any endorsement made under sub-section (1), where it has sufficient reason to believe that such assignment is not bona fide or is not in the interest of the Insured Person or in public interest or is for the purpose of trading of insurance policy.

(3) The insurer shall, before refusing to act upon the endorsement, record in writing the reasons for such refusal and communicate the same to the Insured Person not later than thirty days from the date of the Insured Person giving notice of such assignment.

(4) Any person aggrieved by the decision of an insurer to decline to act upon such assignment may within a period of thirty days from the date of receipt of the communication from the insurer containing reasons for such refusal, prefer a claim to the Authority.

(5) Subject to the provisions in sub-section (2), the assignment shall be complete and effectual upon the execution of such endorsement or instrument duly attested but except, where the assignment is in favour of the insurer, shall not be operative as against an insurer, and shall not confer upon the assignee, or his legal representative, any right to sue for the amount of such policy or the moneys secured thereby until a notice in writing of the assignment and either the said endorsement or instrument itself or a copy thereof certified to be correct by both assignor and assignee or their duly authorised agents have been delivered to the insurer: Provided that where the insurer maintains one or more places of business in India, such notice shall be delivered only at the place where the policy is being serviced.

(6) The date on which the notice referred to in sub-section (5) is delivered to the insurer shall regulate the priority of all claims under the assignment as between persons interested in the policy; and where there is more than one instrument of assignment the priority of the claims under such instruments shall be governed by the order in which the notices referred to in sub-section (5) are delivered: Provided that if any dispute as to priority of payment arises as between assignees, the dispute shall be referred to the Authority.

(7) Upon the receipt of the notice referred to in sub-section (5), the insurer shall record the fact of such assignment together with the date thereof and the name of the assignee and shall, on the request of the person by whom the notice was given, or of the assignee, on payment of such fee as may be specified by the regulations, grant a written acknowledgement of the receipt of such notice; and any such acknowledgement shall be conclusive evidence against the insurer that he has duly received the notice to which such acknowledgment relates.

(8) Subject to the terms and conditions of the assignment, the insurer shall, from the date of the receipt of the notice referred to in sub-section (5), recognise the assignee named in the notice as the absolute assignee entitled to benefit under the policy, and such person shall be subject to all liabilities and equities to which the assignor was subject at the date of the assignment and may institute any proceedings in relation to the policy, obtain a loan under the policy or surrender the policy without obtaining the consent of the assignor or making him a party to such proceedings. Explanation. Except where the endorsement referred to in sub-section (1) expressly indicates that the assignment is conditional in terms of subsection (10) hereunder, every assignment shall be deemed to be an absolute assignment and the assignee shall be deemed to be the absolute assignee.

(9) Notwithstanding any law or custom having the force of law to the contrary, an assignment in favour of a person made upon the condition that —

(a) the proceeds under the policy shall become payable to the Insured Person or the nominee or nominees in the event of either the assignee predeceasing the insured Person; or

(b) the Insured Person surviving the term of the policy, shall be valid: Provided that a conditional assignee shall not be entitled to obtain a loan on the policy or surrender a policy.

(10) In the case of the partial assignment of a policy of insurance under sub-section (1), the liability of the insurer shall be limited to the amount secured by partial assignment and such insured person shall not be entitled to further assign the residual amount payable under the same policy.

18. Possibility of Revision of Terms of the Policy Including the Premium Rates

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

19. Entry Age

Minimum entry Age: Adult –18 Years and 91 days for children

Liberty General Insurance Ltd.
Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656

20. Multiple Policies

a) Indemnity based policies: In case of multiple policies held by Insured person, insured person has a choice to file claim settlement under any policy. if insured person chooses to file such claim under policy held with the Company, then same shall be treated as the primary Insurer. In case the available coverage under the said policy is less than the admissible claim amount, then we, Liberty General Insurance as primary Insurer shall seek the details of other available policies of the Insured and shall coordinate with other Insurers to ensure settlement of the balance amount as per the policy conditions, without causing any hassles to the Insured.

b) Benefit based Policies: On occurrence of the insured event, the policyholders can claim from all Insurers under all policies.

21. Sum Insured Enhancement

The Sum Insured can be enhanced only at the time of Renewal and subject to approval and acceptance by the Company.

22. Disclaimer

It is being expressly agreed and declared that if the Company shall disclaim liability for any claim hereunder and such claim shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in a court of law then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

23. Area of Validity

The Policy shall provide for eligible medical treatment taken within India & all the benefits under the Policy shall be payable in Indian rupees only.

24. Policy Disputes

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to, by both the Insured and the Company to be subject to Indian law. Each party agrees to be subject to the executive jurisdiction of Court in Mumbai and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

25. Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no dispute or difference shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy. It is hereby expressly stipulated and declared that it shall be a Condition Precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

26. Notice

Every notice and communication to the Company required by this Policy shall be in writing, within specified time and be addressed to the nearest office of the Company. In case the Policy is sold via voice log the notice to the Company may be placed via same mode.

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27. Electronic Transaction

The Insured agrees to adhere to and comply with all such terms, conditions and exclusions as the Company may prescribe from time to time, and hereby agrees and validates that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the policy or its terms, or the Company's other products and services, has his concurrence and full understanding of the terms and conditions affecting this Contract and shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. Sales through such electronic transactions shall ensure adherence to conditions of section 41 of the Insurance Act 1938 with full disclosures on terms, conditions and exclusions. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and sent to the Insured Person, duly validated/confirmed by the Insured Person.

28. Notices: Any notice, direction or instruction given under this policy shall be in writing and delivered by hand, post, or fax to:

In case of Insured –
As mentioned in the schedule

In case of the Company:
Liberty General Insurance Limited
Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013
Tel: +91 22 6700 1313
Fax : +91 22 6700 1606

Notice and instruction will be deemed served 7 days after posting or immediately upon recipient in the case of hand delivery, fax or e-mail.

29. Customer Service: If at any time the Insured requires any clarification or assistance, the insured may contact the offices of the Company at the address specified during normal business hours.

30. Entire Contract: The Policy constitutes the complete contract of insurance. No change or alteration in this Policy, shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an Endorsement on the Policy. No agent shall or has the authority to change in any respect whatsoever, any term of this Policy or waive any of its provisions.

CLAIMS PROCEDURE

A) Notification and Submission of Claim-

Upon the happening of any event giving rise or likely to give rise to a claim under this Policy, a notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of Illness/Injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us immediately or not later than 7 days from the date of Hospitalization /Injury/death.

Please ensure to send the claim form duly completed in all respects along with all the following documents within 15 days from the date of discharge from Hospital.

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The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons beyond the control of the Insured Person/s. The Insured Person/s shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder. The Company shall settle claims, including its rejection, within thirty working days of receipt of the last required documents.

B) Documentation-

a. You shall deliver to Us, within 15 days from the date of discharge a detailed statement in writing as per the claim form together with bills, vouchers and any other material particular, relevant to the making of such claim.

b. We may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons Your beyond the control.

C) Claim Settlement (provision for Penal Interest)

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

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

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

In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

("Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

CHECK LIST OF ENCLOSURES FOR SUBMISSION OF CLAIM

In-patient Treatment /Day Care Procedures

- ❑ Duly filled and signed Claim Form.
- ❑ Photocopy of ID card / Photocopy of current Year policy.
- ❑ Attested copy of Detailed Discharge Summary / Day care summary from the Hospital.
- ❑ Attested copy of consolidated Hospital bill with bill no and break up of each Item, duly signed by the insured.
- ❑ Attested copy of payment Receipt of the Hospital bill with receipt number.
- ❑ First Consultation letter and subsequent Prescriptions.
- ❑ Attested copy of bills, original payment receipts and Reports for investigation supported by the note from Attending Medical Practitioner / Surgeon demanding such test.
- ❑ Surgeons certificate stating nature of Operation performed and Surgeons Bills and Receipts
- ❑ Attending Doctors/ Consultants/ Specialist's/ Anesthetist Bill and receipt and certificate regarding same
- ❑ Attested copy of medicine bills and receipts with corresponding Prescriptions.
- ❑ Attested copy of invoice/bills for Implants (viz. Stent /PHS Mesh/ IOL etc.) with original payment receipts.

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Road Traffic Accident

In addition to the In-patient Treatment documents:

- ❑ Copy of the First Information Report from Police Department / Copy of the Medico-Legal Certificate

In Non Medico legal cases

- ❑ Treating Doctor's Certificate giving details of injuries (How, when and where Injury sustained)

In Accidental Death cases

- ❑ Copy of Post Mortem Report (if conducted) & Death Certificate

For Death Cases

In addition to the In-patient Treatment documents:

- ❑ Attested copy of Death Summary from the Hospital.
- ❑ Attested copy of of the Death certificate from treating doctor or the Hospital authority.
- ❑ Attested copy of of the Legal heir certificate, if the claim is for the death of the principle insured.

We may call for additional documents/ information as relevant to the claim.

Applicable to all claims under the Policy:

- In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, We shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider.
- The Insured Person must give Us at his expense, all the information We ask for about the claim and he must help Us to take legal action against anyone if required.
- We are entitled to verify medical records of the case retained by the Hospital as and when required for verification of claim.
- If required, the Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
- If required, the Insured person must agree to be examined by a medical practitioner of our choice at Our expenses.
- The Policy would generally exclude the Standard List of excluded items as may be stipulated by the Authority from time to time unless otherwise agreed upon by the Company and specified so in the Policy document.
- In an event claim event falls within two Policy Period then We shall settle claim by taking into consideration the available Sum Insured and applicable deductible in the two Policy Periods. Such eligible claim amount to be payable to the Insured shall be reduced to the extent of premium to be received for the renewal /due date of the premium of health insurance policy, if not received earlier.

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BENEFIT SCHEDULE

Hospi-Cash Connect			
	Sum Insured per Annum (Rs.)	**Range for selection: Rs 10,000 to Rs 15,00,000 (in multiples of '00)**	**Duration Limits**
A.	**Basic Cover: Mandatory Cover**		
	Daily Hospital Cash (DHC) Benefit(Rs./day)	1% of SI	Per event/Hospitalization limit- Upto 30 days
OR	Daily Hospital Cash (DHC)- Only Accidents Benefit(Rs./day)	1% of SI	Per event/Hospitalization limit- Upto 30 days
B.	**Choose and Pick covers: Optional**		
1	Double Accident Benefit (DAB)- in case of Hospitalization more than 3 days	Double the DHC limit	Per event/Hospitalization limit- Upto 30 days
2	Double ICU Benefit (DIB) –Sickness	Double the DHC limit	Per event/Hospitalization limit- Upto 30 days
3	Double ICU Benefit (DIB) –Accident	Double the DHC limit	Per event/Hospitalization limit- Upto 30 days
4	Double Critical Illness Benefit (DCI)- Listed Critical Illnesses	Double the DHC limit	Per event/Hospitalization limit- Upto 30 days
5	Day care Procedure Cash- Listed Procedures	50% of DHC Limit	Max upto 5 Day Care Procedures
6	Recovery Benefit	Up to 15 times of DHC limit	Range (Min INR 100, Max INR 15,000*15=2,25,000)
7	Convalescence Benefit	Up to 15 times of DHC limit	Range (Min INR 100, Max INR 15,000*15=2,25,000)
8	Special care on Minor Surgeries	Up to 15 times of DHC limit	Range (Min INR 100, Max INR 15,000*15=2,25,000)
	Threshold Limit Applicable of Rs. 50000		
9	Special care on Major Surgeries	Up to 15 times of DHC limit	Range (Min INR 100, Max INR 15,000*15=2,25,000)
	Threshold Limit Applicable of Rs. 200000		
10	Restore Benefit	Equivalent to the Sum Insured	
11	Wellness & Assistance Program	Available and serviced by Us/Our Service Provider	
12	Special Limit	Option to select lower DHC limit (minimum 0.5% of the Sum Insured)	
13	**Special Care**	Policy without any Duration limits. This option is available only for the Insured member/s below 60 years of age	

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Unit 1501&1502, 15th Floor, Tower 2, One International Center,
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PREMIUM RATE CHART

Base Premium will depend on the Sum insured/daily cash benefit, policy tenure, age. The same is as per enclosed rate chart.

If statistically credible information is not available/fully credible or the characteristics of the proposed group are entirely different from the groups whose experience is available, then the
Base Premium would be based on rates as mentioned in the Premium chart which will be suitably adjusted based on partial credible group experience which will depend on factors like Size of the group, Attrition rates, Sum insured changes, Additional covers sought, delay in reporting of claims, exceptional claims proportion, Heterogeneity in group.

Claim payment illustration

Details of covers Opted		Details/Limits
Policy Tenure		1 Year (1 April 2015- 31 March 2016)
Family Definition		Self+ Spouse + 2 C
Sum Insured Opted (in Rs) per member		Rs 200,000
Basic Cover		
Daily Hospital Cash Benefit (DHC)	✓	Rs 2,000 per day
Daily Hospital Cash - Accident	×	NA
Choose and Pick covers		
Double Accident Benefit (DAB)	✓	Rs 4,000 per day
Double ICU Benefit- Sickness	✓	Rs 4,000 per day
Double ICU Benefit- Accident	✓	Rs 4,000 per day

Individual Sum Insured (in Rs) (A)	200,000	200,000
Daily Hospital Cash Benefit (DHC) (in Rs per day)	2,000	2,000

Claim 1 : May 20, 2015			
If the Insured and his Son (both covered under policy) met with an Accident and are Hospitalized for 35 days, with initial 5 days in ICU. Due to incurred injuries, the insured had to be operated for "Spinal Surgeries". The treatment cost for Spinal surgery was Rs 3,00,000. The claim paid shall be as below	**For Insured**	**For his Son**	**Reasons**
Daily Hospital Cash Benefit (DHC) (Rs 2,000 for 30 days)	-	-	Triggered and paid under DAB and DIC hence separate

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			payment under DHC will not be paid.
Double Accident Benefit (for 25 days)	120,000	120,000	Coverage is limited to 30 days per hospitalization
Double ICU Benefit- Accident (for 5 days in ICU)	20,000	20,000	
Total Claim 1 Amount (in Rs) (B)	140,000	140,000	

Claim 2 : September 1, 2015	
If the Insured is hospitalized for 10 days against treatment for "Gall Stones" and the Cost of treatment is Rs 2,50,000.	**For Insured**
Daily Hospital Cash Benefit (DHC) (for 10 days)	20,000
Total Claim 2 Amount (in Rs) (C)	20,000
Policy Balance Sum Insured (in Rs) after claim 1 (D=A-B)	60,000
Claim 2 Amount (in Rs)	20,000
New Balance Sum Insured (in Rs) after claim 2 (E=D-C)	**40,000**

STATUTORY NOTICE: INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION