

**Group Assurance Health Plan - Optional Benefits**

On payment of additional premium the following benefits shall be added to the Policy coverage

**Optional Benefit No. 1 – Room Rent Limit**

Room and boarding expenses are subject to a limit as specified in the table below.

**Options available**

Options	Details
I	No room rent limit (Default option)
II	1% of Sum Insured Per day limit option and 2% of Sum Insured Per day limit option for ICU
III	2% of Sum Insured Per day limit option and 4% of Sum Insured Per day limit option for ICU

**Applicable to Option II & III:** In case of admission to a room at rates exceeding the aforesaid limits, the reimbursement/ payment of Room Rent (including Associated Medical Expenses) incurred at the Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent/ ICU charges.

**Optional Benefit No. 2 – Pre-hospitalisation Expenses**

The coverage under Pre-Hospitalisation benefit is as per limit specified in the table below.

Pre-hospitalisation Expenses	[XX] Days*
------------------------------	------------

**\*For regulatory reference**

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned in the above Table.

Pre-hospitalisation Expenses	*15 Days	60 Days	90 Days
------------------------------	----------	---------	---------

\*The premium will be suitably reduced.

**Optional Benefit No. 3 – Post-hospitalisation Expenses**

The coverage under Post Hospitalisation benefit is subject to the limit as specified in the table below

Post - hospitalisation Expenses	[XX] Days*
---------------------------------	------------

**\*For regulatory reference**

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned in the above Table.

Post-hospitalisation Expenses	*30 Days	90 Days	180 Days
-------------------------------	----------	---------	----------

\*The premium will be suitably reduced.

**Optional Benefit No. 4 – Hospital Daily Cash**

If an Insured Person suffers an Illness or an Accident during the Policy Period that requires that Insured Person's Hospitalisation as an in-patient, then

- i) We will pay Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is Hospitalised subject to maximum number of days as specified in the below table, and

Benefit	Description	
Hospital Daily Cash	Per Day Amount (Rs.)*	Maximum No. of Days *
	XXXX	XX

# HDFC ERGO General Insurance Company Limited

## Policy Wording



- ii) Our maximum liability shall be restricted to the amount mentioned in the table above and limit for the benefit will apply on individual basis.
- iii) We will pay twice the Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is admitted in an Intensive Care Unit, subject to maximum of 15 days per Policy Year. Whenever Intensive Care Unit benefit is admissible under the Policy, We will not pay for Daily Cash benefit in i) above for the period when the Insured Person is in Intensive Care Unit.
- iv) Any claim made in respect of this benefit will not be subject to In-patient Sum Insured and will not affect entitlement to Cumulative Bonus or Health Check-up benefit, if applicable.

### \*For regulatory reference

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned in the above Table.

Per day Amount (Rs.)	50 per day	100 per day	150 per day	200 per day	250 per day	300 per day
	400 per day	500 per day	750 per day	1000 per day	1500 per day	2000 per day
	2500 per day	3000 per day	3500 per day	4000 per day	4500 per day	5000 per day
Maximum No. Of Days	15	30	60	90	180	

### Optional Benefit No. 5 – Preventive Health Checkup (For every claim free Year)

We will reimburse the reasonable costs incurred by an Insured Person of obtaining a health check-up as per details below

- i. If no claim has been made in respect of Section 1 under this Policy, then at each claim free renewal We will pay the amount mentioned below towards the cost of a preventive medical check-up
- ii. This benefit is available ONLY to those Insured Persons who were insured in the previous Policy Year.
- iii. In case of family floater, if any of the members have made a claim under this Policy, the health check-up benefit will not be offered to the whole family
- iv. Any claim made in respect of this benefit will not be subject to In-patient Sum Insured and will not affect entitlement to a Cumulative Bonus, if applicable.

### Option 1

Plan	1 L – 15.00 L
Individual Plan	Upto 1% of Sum Insured per Insured Person, at the end of every Policy Year subject to max of Rs 7500
Family Floater Plan	Upto 1% of Sum Insured per Policy, at the end of every Policy Year subject to max of Rs 7500

### Option 2

Rs 500 to Rs 7500 (in multiples of 500) on per member basis for individual policy and policy basis for floater policies.

**IMPORTANT:** This benefit is not available for expenses incurred on a preventive health check-up in the first policy year. This benefit will NOT be carried forward if it is not claimed and would not be provided if the Group Assurance Health Plan Insurance Policy is not renewed further

Preventive Health Check-up means a package of medical test(s) undertaken for general assessment of health status, it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease.

### Optional Benefit No. 6 – Preventive Health Check-up Benefit (At every renewal irrespective of claim status)

We will reimburse the reasonable costs incurred by an Insured Person of obtaining a health check-up as per details below

- i. At the end of each year We will pay upto the amount mentioned below towards the cost of a preventive medical check-up.
- ii. This benefit is available ONLY to those Insured Persons who were insured in the previous Policy Year.
- iii. Any claim made in respect of this benefit will not be subject to In-patient Sum Insured and will not affect entitlement to a Cumulative Bonus, if applicable.

**Option 1**

Plan	1 L – 15.00 L
Individual Plan	Upto 1% of Sum Insured per Insured Person, at the end of every Policy Year subject to max of Rs 7500
Family Floater Plan	Upto 1% of Sum Insured per Policy, at the end of every Policy Year subject to max of Rs 7500

**Option 2**

Rs 500 to Rs 7500 (in multiples of 500) on per member basis for individual policy and policy basis for floater policies.

**IMPORTANT:** This benefit is not available for expenses incurred on a preventive health check-up in the first policy year. This benefit will NOT be carried forward if it is not claimed and would not be provided if the Group Assurance Health Plan Insurance Policy is not renewed further

**Preventive Health Check-up** means a package of medical test(s) undertaken for general assessment of health status, it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease.

**Optional Benefit No. 7 – Co-payment**

If opted, a Co-payment of [X%] shall apply to all claims admitted under Section 1)a) of Policy. The Insured Person shall bear percentage as specified, of the eligible claim amount under the Policy and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

**\*For regulatory reference**

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned.

Copayment	10%	15%	20%	30%
-----------	-----	-----	-----	-----

**Optional Benefit No. 8 – Reduction / waiver of Pre-existing Disease waiting Period**

The waiting period for Pre-existing Conditions have been reduced to [XX]\* months instead of 48 months as provided under Section 2 A)iii) of Policy wording.

**\*For regulatory reference**

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned above.

Waiting Period	Waived	12 months	24 months	36 months
----------------	--------	-----------	-----------	-----------

**Optional Benefit No. 9 –Reduction / waiver of 24 months waiting period for listed conditions**

The waiting period for listed disease/conditions under Section 2 A)ii) of Policy wordings have been reduced to [XX]\* months instead of 24 months.

**\*For regulatory reference**

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned above.

Waiting Period	Waived	12 months
----------------	--------	-----------

**Optional Benefit No. 10 – 30 days waiting period waiver**

Waiting period of 30 days under Section 2 A)i) of Policy wording has been waived .

**Optional Benefit No. 11 – AYUSH Benefit**

The coverage under this Policy is extended to reimburse the Medical Expenses incurred in Ayush Hospital for In-patient

# HDFC ERGO General Insurance Company Limited

## Policy Wording



treatment taken under Ayurveda, Unani, Sidha or Homeopathy.

and exclusion 2 B. 34 stands deleted for all Insured Persons to this extent, provided that:

i. Our maximum liability will be limited to the amounts specified in the table below

Benefit	Description
AYUSH Benefit	[XX]% of In-patient Sum Insured*

ii. This limit will apply on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy

iii. We will not cover treatment, costs or expenses where hospitalisation is for evaluation and or for investigation purpose only, any treatment availed outside India.

Any claim made in respect of this benefit will be subject to In-patient Sum Insured and will affect entitlement to a Cumulative Bonus and Health Check-up benefit, if applicable.

### \*For regulatory reference

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned in the Table above.

Ayush Benefit	10% of In-patient Sum Insured	25% of In-patient Sum Insured	50% of In-patient Sum Insured	100% of In-patient Sum Insured
---------------	-------------------------------	-------------------------------	-------------------------------	--------------------------------

### Optional Benefit No. 12 – E-Opinion in respect of Critical Illness

We shall arrange and pay for a second opinion from Our panel of Medical Practitioners, if:

- The Insured Person suffers a Critical Illness during the Policy Period; and
- He requests an E-opinion; and

The Insured Person can choose one of Our panel Medical Practitioners. The opinion will be directly sent to the Insured Person by the Medical Practitioner.

"Critical Illness" includes Cancer of specified severity, Open Chest CABG, Myocardial Infarction (First Heart Attack of specific severity), Kidney Failure requiring regular dialysis, Major Organ/Bone Marrow Transplant, Multiple Sclerosis with persisting symptoms, Permanent Paralysis of Limbs and Stroke resulting in permanent symptoms,

We will not pay for:

- i) More than one claim for this benefit in a Policy Year.
- ii) More than one claim for the same Critical Illness.
- iii) Any other liability due to any errors or omission or representation or consequences of any action taken in reliance of the E-opinion provided by the Medical Practitioner.

Any claim made in respect of this benefit will not be subject to In-patient Sum Insured and will not affect entitlement to a Cumulative Bonus and Health Checkup benefit, if applicable.

### Optional Benefit No. 13 – Restore Benefit

Instant addition of 100% Basic Sum Insured on complete or partial utilization of Your existing Policy Sum Insured and Cumulative Bonus (if applicable) during the Policy Year. The Total amount (Basic sum insured, Cumulative Bonus and Restore sum insured) will be available to all Insured Persons for all claims under In-patient Benefit during the current Policy Year and subject to the condition that single claim in a Policy Year cannot exceed the sum of Basic Sum Insured and the Cumulative Bonus (if applicable).

Conditions for Restore benefit:

- a. The Sum Insured will be restored only once in a Policy Year.

- b. If the Restored Sum Insured is not utilized in a Policy Year, it shall not be carried forward to any subsequent Policy Year.
- c. In case of a Family Floater Policy, Restore Sum Insured will be available on floater basis for all Insured Persons in the Policy.
- d. This benefit would only be offered where Base Sum Insured is 1 lac and above.
- e. The Restore Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Section

### Optional Benefit No. 14 – Double Restore Benefit

- i. Instant addition of 100% Basic Sum Insured on complete or partial utilization of Your existing Policy Sum Insured and Cumulative Bonus (if applicable) during the Policy Year. The Total amount (Basic sum insured, Cumulative Bonus and Restore Sum Insured when added) will be available to all Insured Persons for all claims under In-patient Benefit during the current Policy Year and subject to the condition that single claim in a Policy Year cannot exceed the sum of Basic Sum Insured and the Cumulative Bonus (if applicable).
- ii. Post complete utilization of your Basic Sum Insured and Cumulative Bonus (if applicable), if You partially or completely utilize your Restore Sum Insured (as given in i above), another 100% of Basic sum insured would be added to Your Restored sum insured available to all Insured Persons for claims under In-patient Benefit during the current Policy Year and subject to the condition that single claim in a Policy Year cannot exceed the Basic Sum Insured.
  - a. The Restore or Double Restore Sum Insured will be applied only once for the Insured Person during a Policy Year
  - b. If the Restore or Double Restore Sum Insured is not utilized in a Policy Year, it shall not be carried forward to any subsequent Policy Year.
  - c. In case of a Family Floater Policy, Restore or Double Restore Sum Insured will be available on floater basis for all Insured Persons in the Policy.
  - d. This benefit would only be offered where Base Sum Insured is 1 lac and above.
  - e. The Restore or Double Restore Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Section 1

### Optional Benefit No. 15 – Cumulative Bonus

- i. A Cumulative Bonus of 10% will be applied on the Sum Insured for next Policy Year by automatically increasing the Sum Insured under the Policy after every CLAIM FREE Policy Year, provided that the Policy is renewed with Us and without a break. The maximum Cumulative Bonus shall not exceed [XX%]\* of the Sum Insured in any Policy Year.
- ii. In relation to a Family Floater Policy, the Cumulative Bonus so applied will only be available in respect of claims made by those Insured Persons who were Insured Persons in the claim free Policy Year and continue to be Insured Persons in the subsequent Policy Year.
- iii. If a Cumulative Bonus has been applied and a claim is made, then in the following Policy Year We will automatically decrease the Cumulative Bonus by 10% of the Sum Insured. There will be no impact on the Inpatient Sum Insured, only the accrued Cumulative Bonus will be decreased.
- iv. If the Insured Persons in the expiring Policy are covered on individual basis and thus have accumulated the No Claim Bonus for each member in the expiring Policy, and such expiring Policy is renewed with Us on a Family Floater basis, then the No Claim Bonus to be carried forward for credit in the Policy would be the least No Claim Bonus amongst all the Insured Persons.

#### \*For regulatory reference

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned above.

Maximum Cumulative Bonus	50%	100%
--------------------------	-----	------

### Optional Benefit No. 16 – Daily Cash for choosing shared Accommodation

Daily cash amount will be payable per day as per table below, if the Insured Person is Hospitalised in Shared Accommodation in a

Sum Insured	Limit (Rs)
[XXXX]	Rs. [XX] per day maximum of Rs. [XXXX]

# HDFC ERGO General Insurance Company Limited

## Policy Wording



Network Hospital for each continuous and completed period of 24 hours if the Hospitalisation exceeds 48 hours.

We will not pay for:

- i) Daily Cash Benefit for time spent by the Insured Person in an intensive care unit
- ii) Claims which have NOT been admitted under Section 1
- iii) Any other exclusion applied in Section 2A and Section 2B

**Shared Accommodation** means hospitalization in a Hospital room with two or more In-patient beds

### \*For regulatory reference

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned above.

Sum Insured (Rs) per day	500 per day	800 per day	1000 per day	1500 per day	2000 per day
Maximum Number of Days		6	10	15	

### Optional Benefit No. 17 – Critical Illness

We will pay the Critical Illness Sum Insured as a lump sum in addition to Our Payment under this Policy, provided that:

- a) The Insured Person is first diagnosed as suffering from a Critical Illness during the Policy Period, and
- b) The Insured Person survives atleast 30 days following such diagnosis,
- c) This benefit is payable once during the Policy Period and would terminate on the occurrence of the first Critical Illness. The Insured Person shall receive the sum insured as per applicable guidelines post which the benefit will cease and coverage under this benefit would not be renewed any further. However the other insured members (if any) will continue to be covered under this benefit if opted.
- d) This benefit is offered only on Individual Sum Insured basis.
- e) Any claim made in respect of this benefit will not be subject to In-patient Sum Insured and will not affect entitlement to a Cumulative Bonus and Health Checkup benefit, if applicable.

We will not make payment if:

The Insured Person is first diagnosed as suffering from a Critical Illness within 90 days of the Commencement Date and the Insured Person has not previously been insured continuously and without interruption under this Policy.

S.No*	Critical Illness*
Waiting Period	90 days
Survival Period	30 days
Important terms You should know: Survival period means the period after an insured event that the insured person has to survive before a claim is payable	

*Please refer to Section 4 (Definition 12) of Policy wordings for the definitions of the Critical Illnesses and also exclusions specifically applicable to the critical illness covered.*

### \*For regulatory reference

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned above.

# HDFC ERGO General Insurance Company Limited

## Policy Wording



Sum insured basis	Upto 100% of base SI, subject to min of 50000 and max of 15 Lacs	
Number of CI	4	12
Waiting Period	90 days	
Survival Period	30 days	

Option 1	Option 2
1. Cancer of specified severity	1. Cancer of specified severity
2. Myocardial Infarction (First Heart Attack of specific severity)	2. Myocardial Infarction (First Heart Attack of specific severity)
3. Stroke resulting in Permanent Symptoms	3. Stroke resulting in Permanent Symptoms
4. Major Organ/Bone Marrow Transplant	4. Major Organ/Bone Marrow Transplant
	5. Open Chest CABG
	6. Open Heart Replacement or Repair of Heart Valves
	7. Kidney Failure Requiring Dialysis
	8. Coma of Specified Severity
	9. Permanent Paralysis of Limbs
	10. Motor Neuron Disease with Permanent Symptoms
	11. Multiple Sclerosis with Persisting Symptoms
	12. Major Head Trauma

### Optional Benefit No. 18 – Critical Illness (Indemnity based)

An additional limit of Rs [XX]\* shall be available for coverage of expenses incurred on Inpatient and Day Care treatment of the below listed number of critical illnesses.

- [XX]\*
- [XX]\*

### \*For regulatory reference

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned above.

Critical Illness (Rs)	100000	200000	300000	400000	500000	750000	1000000	1500000
-----------------------	--------	--------	--------	--------	--------	--------	---------	---------

### The following listed critical illnesses would be mentioned above as opted by the customer

Option 1	Option 2
1. Cancer of specified severity	1. Cancer of specified severity
2. Myocardial Infarction (First Heart Attack of specific severity)	2. Myocardial Infarction (First Heart Attack of specific severity)
3. Stroke resulting in Permanent Symptoms	3. Stroke resulting in Permanent Symptoms
4. Major Organ/Bone Marrow Transplant	4. Major Organ/Bone Marrow Transplant
	5. Open Chest CABG
	6. Open Heart Replacement or Repair of Heart Valves

	7. Kidney Failure Requiring Dialysis
	8. Coma of Specified Severity
	9. Permanent Paralysis of Limbs
	10. Motor Neuron Disease with Permanent Symptoms
	11. Multiple Sclerosis with Persisting Symptoms
	12. Major Head Trauma

**Optional Benefit No. 19 – Double Sum Insured for Critical Illness (Indemnity based)**

We will increase the Sum Insured for an insured person by 100% if he is diagnosed as suffering from a critical Illness under this Policy, provided that:

- i) The insured person is first diagnosed as suffering from a critical illness during the Policy period, and
- ii) The benefit is utilised only by the insured person diagnosed with the critical illness, and
- iii) We have accepted an inpatient hospitalisation claim under in-patient treatment benefit

For this benefit Critical Illness means :

- [XX]\*
- [XX]\*

**\*For regulatory reference**

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned above.

**The following listed critical Illnesses would be mentioned above as opted by the customer**

Option 1	Option 2
1. Cancer of specified severity	1. Cancer of specified severity
2. Myocardial Infarction (First Heart Attack of specific severity)	2. Myocardial Infarction (First Heart Attack of specific severity)
3. Stroke resulting in Permanent Symptoms	3. Stroke resulting in Permanent Symptoms
4. Major Organ/Bone Marrow Transplant	4. Major Organ/Bone Marrow Transplant
	5. Open Chest CABG
	6. Open Heart Replacement or Repair of Heart Valves
	7. Kidney Failure Requiring Dialysis
	8. Coma of Specified Severity
	9. Permanent Paralysis of Limbs
	10. Motor Neuron Disease with Permanent Symptoms
	11. Multiple Sclerosis with Persisting Symptoms
	12. Major Head Trauma

**Optional Benefit No. 20 – Double Sum Insured for Cancer of specified severity (Indemnity based)**

We will increase the Sum Insured for an insured person by 100% if he is diagnosed as suffering from cancer of specified



severity under this Policy, provided that:

- i) The Insured Person is first diagnosed as suffering from a cancer during the Policy period, and
- ii) The benefit is utilised only by the Insured Person diagnosed with the illness, and
- iii) We have accepted an inpatient hospitalisation claim under in-patient treatment benefit

Cancer of specified severity means:

- A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- The following are excluded:
  - a) All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
  - b) Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
  - c) Malignant melanoma that has not caused invasion beyond the epidermis;
  - d) All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
  - e) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
  - f) Chronic lymphocytic leukaemia less than RAI stage 3
  - g) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
  - h) All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

**Optional Benefit No. 21 – Outpatient Benefit**

The coverage under this Policy is extended to reimburse expenses incurred on Outpatient Treatment for the Insured Persons mentioned in the Policy Schedule, provided that

- i. You have renewed the Policy consecutively without a break for the period as stated in the table below

Benefit	Maximum Sum Insured (Rs.)
Out-patient Benefit with waiting period of [X]years	XXXXXXX

- ii. Our maximum liability shall be limited to the amount specified in the table above. This limit will apply on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy and
- iii. The condition of minimum Hospitalisation of 24 hours as an in-patient under Benefit 1 a) stands deleted.
- iv. For the purpose of this endorsement Out-patient Treatment means medical treatment taken by an Insured Person without him being Hospitalised for 24 hours.
- v. The reimbursement of claims under this extension shall be done only once during each Policy Year of the Policy Period. No claim will be admissible which is made 30 days after the expiry of Policy.
- vi. Any claim made in respect of this benefit will not be subject to In-patient Sum Insured and will not affect entitlement to a Cumulative Bonus and Health Check-up, if applicable.

**\*For regulatory reference**

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned above.

Sum Insured (Rs)

1000	2000	3000	4000	5000
------	------	------	------	------

**Waiting Period**

1 year	2 years	3 years
--------	---------	---------

### Optional Benefit No. 22 – Health and Wellness Portal

Health and Wellness services to be offered to the Insured Person through an integrated portal providing solutions on healthy living, health and lifestyle information.

### Optional Benefit No. 23 – Geographical Premium

For the purpose of policy issuance, the premium will be computed based on point of sale location

The premium that would be applicable zone wise and the cities defined in each zone are as under:

- Zone 1- Delhi NCR/Mumbai MMR- Delhi, Gurgaon, Noida, Faridabad, Ghaziabad, Greater Noida, Mumbai, Navi Mumbai, Thane, Kalyan, Dombivali, Bhayandar, Ulhasnagar, Bhiwandi, Vasai, Virar
- Zone 2- Rest of India- All other cities The premium will be modified in case of mid-term address change involving migration from one zone to another and would be calculated on pro-rata basis. Also, We will not apply any co-payment where an Insured Person pays premium in Zone 2 and avails treatment in a Zone 1.

### Optional Benefit No. 24 – Personal Accident

It is hereby agreed that in the event of any Accidental Bodily Injury we will provide the Benefits as detailed below for an event or occurrence described in any of the Benefits that occurs during the Policy Period.

Each Benefit is subject to its Sum Insured, but Our liability to make payment in respect of any and all Benefits shall be limited to the Accidental Death Sum Insured unless expressly stated to the contrary. Sum Insured limit for the benefit will apply on individual basis.

### For regulatory reference

If opted by the customer, Accidental Death Benefit is mandatory under this benefit. However, all other benefits i.e. Optional Benefit 24.2 to Optional Benefit 24.6 would be added if opted by the customer.

### Optional Benefit No. 24.1 – Accidental Death

#### 1) Accidental Death

If an Insured Person suffers an Accident during the Policy Period and this is the sole and direct cause of his death within 365 days from the date of the Accident, then We will pay the Sum Insured.

#### 2) Transportation of Mortal Remains

If We have accepted a claim under 1), then We will in addition reimburse the lower of 2% of the Sum Insured under Benefit 1 above and the actual amount incurred in transporting the mortal remains of the Insured Person from the place of the Accident or the Hospital to his residence or Hospital or to a cremation or burial ground.

#### 3) Cremation Ceremony

If We have accepted a claim 1), then We will in addition pay the lumpsum Sum Insured towards the costs of the cremation or burial of the Insured Person.

### Optional Benefit No. 24.2 – Permanent Total Disablement

- If an Insured Person suffers an Accident during the Policy Period and within 365 days from the date of the Accident which is the sole and direct cause of his permanent total disablement in one of the ways detailed in the table below, then We will pay the percentage of the Sum Insured shown in the table.

Loss of:	% of Sum Insured
Loss of 2 Limbs (both hands or both feet or one hand and one foot)	100%
Loss of a Limb and an eye	100%
Complete and irrecoverable loss of sight of both eyes	100%
Complete and irrecoverable loss of speech & hearing of both ears	100%
Loss of a Limb	50%
Complete and irrecoverable loss of sight of an eye	50%

- In this Benefit:
  - a. Limb means a hand at or above the wrist or a foot above the ankle.
  - b. Loss of Limb means:
    - i. the physical separation of a Limb above the wrist or ankle respectively, or
    - ii. the total loss of functional use of a Limb for at least 365 days from the date of onset of such disability provided that We must be satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement.

**Optional Benefit No. 24.3 – Permanent Partial Disablement**

- If an Insured Person suffers an Accident during the Policy Period and within 365 days from the date of the Accident which is the sole and direct cause of his permanent partial disablement in one of the ways detailed in the table below, then We will pay the percentage of the Sum Insured shown in the table.

Loss of:	% of Sum Insured
Each arm at the shoulder joint	70%
Each arm to a point above elbow joint	65%
Each arm below elbow joint	60%
Each hand at the wrist	50%
Each thumb	20%
Each index finger	10%
Each other finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%
Each leg to a point below the knee	50%
Each leg up to the center of tibia	45%
Each foot at the ankle	40%
Each big toe	5%
Each other toe	2%
Each eye	50%
Hearing in each ear	30%
Sense of smell	10%
Sense of taste	5%

- In this Benefit:
  - a) Loss means:
    - i. the physical separation of a body part, or
    - ii. the total loss of functional use of a body part or organ provided this has continued for at least 365 days from the onset of such disability provided that We are satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement.

- If an Insured Person suffers a Loss not mentioned in the table above, then We will assess the degree of disablement with an independent medical advisors and determine the amount of payment to be made.
- If a claim in respect of a whole member (any organ, organ system or a limb) also encompasses some or all of its parts, Our liability to make payment will be limited to the member only and not any of its parts or constituents.

**Optional Benefit No. 24.4 – Emergency Ambulance**

If We have accepted a claim under this Policy and following the Accident it is necessary to immediately transfer the Insured Person to the nearest Hospital by ambulance offered by a healthcare or ambulance service provider, then We will in addition reimburse the actual expenses of the transfer using the shortest route upto Rs 2000.

**Optional Benefit No. 24.5 – Out-patient Accident Treatment**

If any Insured Person suffers an Accident during the Policy Period that requires Outpatient Treatment, then We will in addition reimburse the Medical Expenses incurred for such Insured Person provided that the Treatment commences within the Policy Period. Our liability to meet Medical Expenses caused by such Accident will be upto Benefit Sum Insured as mentioned in Policy Schedule.

**Optional Benefit No. 24.6 – Broken Bones**

If an Accident causes an Insured Person to suffer a fracture (a break in the continuity of a bone) and this is certified by a Doctor and also confirmed by imaging investigations such as by X-ray, then We will pay the percentage of the Sum Insured specified in the table below.

<b>Loss of:</b>	<b>% of Sum Insured</b>
Injury to vertebral body resulting in spinal cord damage	100%
Pelvis	100%
Skull (excluding nose and teeth)	30%
Chest (all ribs and breast bone)	50%
Shoulder (collar bone and shoulder blade)	30%
Arm	25%
Leg	25%
Vertebra – vertebral arch (excluding coccyx)	30%
Wrist (collies or similar fractures)	10%
Ankle (Potts or similar fracture)	10%
Coccyx	5%
Hand	3%
Finger	3%
Foot	3%
Toe	3%
Nasal bone	3%

**Special Exclusions applicable with Personal Accident Benefit:** Following exclusions will be applicable only for Personal Accident Benefit.

- a. Special Exclusions to Optional Benefit No 24.1 – 24.5
  - i. Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
  - ii. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- b. Special Exclusion to Optional Benefit No 24.6
  - i. Sickness or disease.
  - ii. Any fracture due to osteoporosis or a malignant disease.
  - iii. Any hair line fracture.
- c. General Exclusion applicable to all Benefits
  - i. Any Pre-existing Condition or any complication arising from the same.
  - ii. Intentional self-injury or attempted suicide while sane or insane.
  - iii. War or similar situations:  
Treatment arising from or consequent upon war or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
  - iv. Hazardous or Adventure Sports: Code – Excl09  
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.
  - v. Breach of Law: Code – Excl10  
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
  - vi. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
  - vii. Maternity: Code – Excl18
    - 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.
  - viii. External congenital diseases, defects or anomalies or in consequence thereof.
  - ix. Treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family.
  - x. Any non-allopathic treatment.

**Special Conditions applicable with Personal Accident Benefit:** In addition to the General Conditions mentioned in the Section 3 of policy wordings, the below mentioned conditions are applicable for Personal Accident Benefits and when applicable.

- a. Notification of claim
  - i. We must be informed of any event or occurrence that may give rise to a claim under this Policy within 30 days of it happening
  - ii. For all benefits contingent on Our prior acceptance of a claim under Optional Benefit 24.1 – 24.3, We must be informed within 30 days of the event or occurrence that may give rise to a contingent benefit claim.
  - iii. If any time period is specifically mentioned in Optional Benefit 24, then this shall supersede the time periods mentioned at i) and ii) above.
- b. Claims Payment Supporting Documentation & Examination
  - i. We must be provided with any documentation and information We may request to establish the circumstances of the claim, its quantum or Our liability for it including, Our claim form duly completed and all reports, including death certificate, post mortem report, disability certificate, medical reports, case histories, investigation reports, treatment papers and discharge summaries. Please note that in case of a non-disclosure or/and a fraud suspicion we may ask for additional documentation/reports.

- ii. The Insured Person additionally hereby consents to:
  - a) The disclosure to Us of documentation and information that may be held by medical professionals and other insurers.
  - b) The Insured Person shall be examined by any medical practitioner We authorise for this purpose when and so often as We may reasonably require.

**c. Claims Payment**

- i) If We accept a claim and become liable to make payment under Permanent Total Disablement Benefit, Permanent Partial Disablement Benefit and Broken Bones (the first claim) and there is a subsequent claim under other Benefit or Accidental Death Benefit in respect of the same Insured Person and the same Accident within 365 days of the date of the Accident (the second claim), then We will only be liable to pay the difference between the amount payable for the first claim and the amount payable for the second claim.
- ii) Payments under this Benefit shall only be made in Indian Rupees irrespective of the location of accident which has given rise to the claim.

**d. Insured Person**

If an Insured Person opts for Optional Benefit No. 24, then We will cover any Insured Persons from the age of 91 days onwards and there is no cover ceasing age for this benefit.

**e. Change of Occupation**

You will give Us a written notice in the format prescribed by Us of any change in the business or occupation of any Insured Person within 30 days of such change and We will issue an endorsement to this effect.

If at the time a claim arises under this Policy the Insured Person has changed his occupation without Us being notified, then Our maximum liability will be limited to the amount that would have been payable for the premium paid and the new occupation.

**f. Geography**

This Benefit of Personal Accident applies to events or occurrences taking place anywhere in the world unless limited by Us in a particular Benefit or definition or through an endorsement.

**g. Nomination**

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.