

On payment of additional premium the following benefits shall be added to the Policy and shall be integrated into and construed as a part of the standard terms and conditions.

Optional Benefit No. 1. Room Rent/Room Class Limit

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

Options available

Options	Details	SI Limits (Rs.)		
		1.00-2.00 L	3.00 L –10.00 L	Above 11.00 L
I	Default option	No room rent limit		
II	Room Class based option	On twin sharing basis	Single AC room	Any room class
III	Per day limit option based on Sum Insured	1% of sum insured	1% of sum insured maximum Rs. 7,500	1% of sum insured; maximum Rs. 15,000

PI Note:

Applicable to Option II: In an event Insured Person accesses room class higher than eligible room class, an additional co payment of 20% shall apply.

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

Optional Benefit No. 2. Pre- hospitalisation Expenses

It is hereby agreed that, the coverage under Pre-Hospitalisation benefit is extended or reduced to a limit as specified in the table below.

Pre-hospitalisation Expenses	[XX] Days
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Optional Benefit No. 3. Post- hospitalisation Expenses

It is hereby agreed that, the coverage under Post Hospitalisation benefit is extended or reduced to a limit as specified in the table below.

Post-hospitalisation Expenses	[XX] Days
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Optional Benefit No. 4. Ayush Benefit

It is hereby agreed that, the coverage under this Policy is extended to reimburse the Medical Expenses incurred for In-patient treatment taken in Ayush Hospital under Ayurveda, Unani, Sidha or Homeopathy and exclusion 3 B. xxxviii) of policy wording 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	Rs. XXXXX

ii. If We accept any claim under this benefit, then We will not make any payment under allopathic treatment for the same Insured Person and the same Illness or Accident under this policy.

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

iv. We will not pay if

a) the Hospitalisation is for evaluation, Investigation only

b) Treatment is availed outside India

c) Treatment is taken at a healthcare facility which is NOT a Hospital or Ayush Hospital.

- d) Any other exclusions applied under exclusion 3 B. xxxviii)
- v. Any claim made in respect of this benefit will be subject to In-patient Sum Insured and will affect entitlement to a Cumulative Bonus/multiplier benefit and health check up, if applicable.

Optional Benefit No. 5. Maternity Expenses

It is hereby agreed that the coverage under this Policy is extended to reimburse Medical Expenses for a delivery (including caesarean section) while Hospitalised or the lawful medical termination of pregnancy during the Policy Period limited to 2 deliveries or terminations or either during the lifetime of the Insured Person, exclusion 3 B. xviii) of policy wording stands deleted for eligible Insured Person to this extent, provided that:

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

Benefit	Description			
Maternity Expenses with waiting period of [x] years	In-patient Sum Insured (Rs.)	Maternity Sum Insured	Pre/Post Natal Limit	New Born Baby Limit
	XXXX	XXXX	XXXX	XXXX
	XXXX	XXXX	XXXX	XXXX

- ii. Our maximum liability per delivery or termination including pre and post natal expenses shall be limited to the amount specified in the table above , and
- iii. We will pay the Medical Expenses of pre-natal and post-natal expenses per delivery or termination upto the amount stated in the table above , and
- iv. We will cover the Medical Expenses incurred for the medically necessary treatment of the new born baby upto the amount stated in the table above unless the new born baby is covered under Section 1 i) of policy wording, and
- v. This benefit is not available for Dependents other than Your spouse under this Policy, and
- vi. Pre- and post-hospitalisation expenses under 1b and 1 c of policy wording are are not covered under this benefit, and
- vii. The Insured Person must have been an Insured Person under Our Policy for the period of time specified in the table mentioned above
- viii. Any claim made in respect of this benefit will be not be subject to In-patient Sum Insured and will not affect entitlement to a Cumulative Bonus/ Multiplier benefit and health check up, if applicable.

Optional Benefit No. 6. Out-patient Benefit

It is hereby agreed that 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	Sub Limit (Rs.)
Out-patient Benefit with waiting period of [x]years	xxxxxxxx

- 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 be not be subject to In-patient Sum Insured and will not affect entitlement to a Cumulative Bonus/multiplier benefit and health check up, if applicable.

Optional Benefit No. 7. Out-patient Dental Benefit

It is hereby agreed that the coverage under this Policy is extended to reimburse reasonable charges of any necessary dental treatment taken from a Network dentist by an Insured Person who has been covered under this policy benefit and exclusion 3 B xxv) of policy wording stands deleted for all Insured Persons to this extent, provided that:

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

Benefit	Description	
Out-patient Dental Benefit with waiting period of [x] years and a co-pay of [x]%	In-patient Sum Insured (Rs.)	Sub-Limit (Rs.)
	XXXX	XXXX

- ii. Our maximum liability shall be limited to the amount specified in the table. 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. We will only pay for X-rays, extractions, amalgam or composite fillings, root canal treatments and prescribed drugs for the same, and
 - iv. We will not pay for any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury or cancer.
 - v. If applicable, a Co-payment shall apply to each and every claim as mentioned in the table above
 - vi. Any claim made in respect of this benefit will be not be subject to In-patient Sum Insured and will not affect entitlement to a Cumulative Bonus/multiplier benefit and health check up, if applicable.

Optional Benefit No. 8. Spectacles, Contact Lenses, Hearing Aid

It is hereby agreed that the coverage under this Policy is extended to reimburse expenses incurred on one pair of spectacles or contact lenses, or a hearing aid, excluding batteries and exclusion 3 B. xxxiii) of policy wording stands deleted for all Insured Persons to this extent, provided that:

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

Benefit	Description	
Spectacles, Contact Lenses, Hearing Aid with waiting period of [x] years and a co-pay of [x]%	In-patient Sum Insured (Rs.)	Sub-Limit (Rs.)
	XXXX	XXXX

- ii) If the costs claimed are incurred as Outpatient Treatment expenses then these items must be prescribed by a Network EYE/ENT specialised Medical Practitioner, and
- iii) Our maximum liability shall be limited to the amount mentioned in the table above, and
- iv) Under a Family Floater, Our liability shall be limited to either one pair of spectacles or hearing aid per family.
- v) If applicable a Co-payment shall apply to each and every claim as mentioned in the table above
- vi) Any claim made in respect of this benefit will be not be subject to In-patient Sum Insured and will not affect entitlement to a Cumulative Bonus/multiplier benefit and health check up, if applicable.

Optional Benefit No. 9. Hospital Daily Cash

It is hereby agreed that, If an Insured Person suffers an Illness or an Accident during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, 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 table below , and

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

- ii. 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.
- iii. Our maximum liability shall be restricted to the amount mentioned in the table above and limit for the benefit will apply on individual basis.
- iv. A continuous and completed period of less than 24 hours of Hospitalisation will be deemed to be a continuous and completed period of 24 hours if such period extends to atleast 12 hours and also includes the period 0200 to 0330 hours.
- v. Any claim made in respect of this benefit will be not be subject to In-patient Sum Insured and will not affect entitlement to a Cumulative Bonus/multiplier benefit and health check up, if applicable.

Optional Benefit No. 10. Cumulative Bonus

- i. Cumulative bonus will be applied as specified below 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 50% of the Sum Insured in any Policy Year.
- ii. In relation to the For the Family Floater policy, the no claim bonus shall be available on floater basis and accrue only if no claims have been in respect of any Insured Person during the expiring Policy Year. The no claim bonus which is accrued during the claim free Policy Year will only be available to 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 subsequent Policy Year We will automatically decrease the cumulative bonus as specified below in that following Policy Year. 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.
- v. Portability benefit will be offered to the extent of sum of previous sum insured and accrued cumulative bonus (if opted for), portability benefit shall not apply to any other additional increased sum insured.
- vi. In policies with a two year Policy Period, the application of above guidelines of Cumulative Bonus shall be post completion of each Policy Year.

Options available

Option	Increase	Decrease
Cumulative Bonus	XX %	XX %

Optional Benefit No. 11. Multiplier Benefit

- i. Multiplier Benefit 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. We will apply a bonus to the next Policy Year by automatically increasing the Basic Sum Insured for the next Policy Year by 50% of the Basic Sum Insured for this Policy Year. The maximum bonus will not exceed 100% of the Basic Sum Insured in any Policy Year.
- ii. In relation to a Family Floater policy, the multiplier benefit shall be available on floater basis and accrue only if no claims have been in respect of any Insured Person during the expiring Policy Year. The multiplier benefit which is accrued during the claim free Policy Year will only be available to 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 bonus has been applied and a claim is made, then in the subsequent Policy Year We will automatically decrease the multiplier bonus by 50% of the basic Sum Insured in the following Policy Year. There will be no impact on the Inpatient Sum Insured, only the accrued bonus will be decreased.
- iv. If the Insured Persons in the expiring policy are covered on individual basis and thus have accumulated the multiplier benefit for each member in the expiring policy, and such expiring policy is renewed with Us on a Family Floater basis, then the bonus to be carried forward for credit in the Policy would be the least bonus amongst all the Insured Persons.
- v. Portability benefit will be offered to the extent of sum of previous sum insured and accrued cumulative bonus (if opted for), portability benefit shall not apply to any other additional increased sum insured.
- vi. In policies with a two year Policy Period, the application of above guidelines of Multiplier Benefit shall be post completion of each Policy Year.

Optional Benefit No. 12. Health Check-up Benefit including eye & dental examination (at the end of block of continuous claim free years)

We will reimburse the reasonable costs incurred by an Insured Person of obtaining a health check-up including eye and dental examination, as per details below

- i. If no claim has been made in respect of Section 1 of policy wording under this Policy and You have maintained this Policy with Us for the period of time mentioned in the table below without any break, then at the end of each block of continuous claim free years (as mentioned in the table below) We will pay upto the percentage (mentioned below) of the Sum Insured for this Policy Year or the subsequent Policy Years (whichever is lower) towards the cost of a medical check-up for those Insured Persons who were insured for the number of previous Policy Years mentioned in the Schedule.

Plan	1.00L - 5.00 L	6.00 L –10.00 L	11.00 L-15.00 L	20.00L and above
Individual Plan	Upto 1% of Sum Insured per Insured Person, only once at the end of a block of every continuous 2/3/4 claim free years.	Upto 1% of Sum Insured subject to a Maximum of Rs.5,000 per Insured Person, only once at the end of a block of every continuous 2/3 claim free years	Upto 1% of Sum Insured subject to a Maximum of Rs.7,500 per Insured Person, only once at the end of a block of every continuous 1/2 claim free years	Upto 1% of Sum Insured subject to a Maximum of Rs.10,000 per Insured Person, only once at the end of a block of every continuous 1/2 claim free years

Family Floater Plan	Upto 1% of Sum Insured per policy, only once at the end of a block of every continuous 2/3/4 claim free years.	Upto 1% of Sum Insured per Policy subject to a Maximum of Rs.5,000 per Insured Person, only once at the end of a block of every continuous 2/3 claim free years	Upto 1% of Sum Insured per Policy subject to a Maximum of Rs.7,500 per Insured Person, only once at the end of a block of every continuous 1/2 claim free years	Upto 1% of Sum Insured subject to a Maximum of Rs.10,000 per Insured Person, only once at the end of a block of every continuous 1/2 claim free years
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- ii. 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.

Optional Benefit No. 13. Health Check-up Benefit including eye & dental examination (at every renewal irrespective of claim status)

We will reimburse the reasonable costs incurred by an Insured Person of obtaining a health check-up including eye and dental examination, as per details below

- i. At the end of each year We will pay upto the percentage (mentioned in the Schedule of Benefits) of the Sum Insured for this Policy Year towards the cost of a medical check-up for those Insured Persons who were insured during the Policy Year(s) mentioned in the Schedule.

Plan	1.00L - 5.00 L	6.00 L –10.00 L	11.00 L-15.00 L	20.00L and above
Individual Plan	Upto 1% of Sum Insured per Insured Person, at the end of every Policy Year	Upto 1% of Sum Insured subject to a Maximum of Rs.5,000 per Insured Person, at the end of every Policy Year	Upto 1% of Sum Insured subject to a Maximum of Rs.7,500 per Insured Person, at the end of every Policy Year	Upto 1% of Sum Insured subject to a Maximum of Rs.10,000 per Insured Person, at the end of every Policy Year
Family Floater Plan	Upto 1% of Sum Insured per Policy, at the end of every Policy Year	Upto 1% of Sum Insured per Policy subject to a Maximum of Rs. 5,000 per Insured Person, the end of every Policy Year.	Upto 1% of Sum Insured per Policy subject to a Maximum of Rs. 75,00 per Insured Person, the end of every Policy Year.	Upto 1% of Sum Insured per Policy subject to a Maximum of Rs. 10,000 per Insured Person, the end of every Policy Year.

Optional Benefit No. 14. Co-payment

It is hereby agreed that, if opted and mentioned on the Policy Schedule that a Co-payment is effective, and a claim has been admitted under Section 1 of policy wording then, the Insured Person shall bear percentage of the eligible claim amount under the Policy as specified in the Schedule and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

Co-payment	[XX]%
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Optional Benefit No. 15. Pre-existing diseases waiting period

It is hereby agreed that 48 months waiting period for all Pre-existing Conditions under Section 3 A)iii) stands reduced to [XX] months.

Optional Benefit No. 16. Geographical Limitations

Following shall apply if this benefit is opted,

- Persons paying Zone I premium can avail treatment in any Zone. Our maximum liability will be 100% of the Sum Insured.
- Persons paying Zone II premium
 - Availing treatment in Zone II and Zone III, the Company's liability will be 100% of the sum insured.
 - Availing treatment in Zone I will have to bear 20% of each claim. Our maximum liability will not exceed 80% of the sum insured.
- Persons paying Zone III premium
 - Availing treatment in Zone III, Our maximum liability will be 100% of the sum insured.
 - Availing treatment in Zone I & Zone II will have to bear 20% of each claim. The maximum liability of the Company will not exceed 80% of the sum insured.

Zone	Geography
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Zone I	National Capital Region (Delhi, Noida, Ghaziabad, Faridabad & Gurgaon), Mumbai (Mumbai suburbs in the Mumbai Metropolitan region including Thane City)
Zone II	Kolkata, Chennai, Bangalore & Hyderabad
Zone III	All India excluding National Capital Region (Delhi, Noida, Ghaziabad, Faridabad & Gurgaon), Mumbai (Mumbai suburbs in the Mumbai Metropolitan region including Thane City) , Kolkata, Chennai, Bangalore & Hyderabad

Optional Benefit No. 17. Restore Benefit

It is hereby agreed that , If the Basic Sum Insured and Cumulative Bonus/Multiplier Benefit (if any) is exhausted due to claims made and paid during the Policy Year or made during the Policy Year and accepted as payable, then it is agreed that a Restore Sum Insured (equal to 100% of the Basic Sum Insured) will be automatically available for the particular policy year, provided that:

- a) The Restore Sum Insured will be enforceable only after the Basic Sum Insured and Cumulative bonus /multiplier benefit (if any) have been completely exhausted in that year; and
- b) The Restore Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Section 1;
- c) The Restore Sum Insured can be used for only future claims made by the Insured Person and not against any claim for an illness/disease (including its complications) for which a claim has been paid in the current policy year under Section 1;
- d) The Restore Sum Insured will only be applied once for the Insured Person during a Policy Year;
- e) If the Restore Sum Insured is not utilised in a Policy Year, it shall not be carried forward to any subsequent Policy Year.

If the Policy is a Family Floater, then the Restore Sum Insured will be available for all insured person in the policy for subsequent claims in the balance policy period.

Optional Benefit No. 18. 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.

Benefit 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 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.

Benefit 2. Permanent Total Disablement

1) If an Insured Person suffers an Accident during the Policy Period and within 365 days from the date of the Accident this 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.

	% 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%

2) 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.

Benefit 3. Permanent Partial Disablement

1) If an Insured Person suffers an Accident during the Policy Period and within 365 days from the date of the Accident this 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%

2) 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.
- 3) If an Insured Person suffers a Loss not mentioned in the table above, then We will assess the degree of disablement with Our medical advisors and determine the amount of payment to be made.
- 4) 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.

Special Exclusions / Conditions applicable with Personal Accident Cover: In addition to the Exclusions mentioned in the Section 3 B of policy wordings, the below mentioned exclusions are applicable with Personal Accident cover as and when applicable

- a. Any Pre-existing Condition or any complication arising from the same
 - b. Any non medical expenses mentioned in Annexure I of policy wording
 - c. 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, in English, Our claim form duly completed and all reports, including but not limited to death certificate, post mortem report, disability certificate, medical reports, case histories, investigation reports, treatment papers and discharge summaries
 - 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) ii) The Insured Person shall be examined by any medical practitioner We authorise for this purpose when and so often as We may reasonably require.

d. Claims Payment

- i) If We accept a claim and become liable to make payment under Permanent Total Disablement Benefit and Permanent Partial Disablement Benefit (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 Policy shall only be made in Indian Rupees irrespective of the location of accident which has given rise to the claim.

e. Insured Person

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

f. 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.

g. Geography

This Policy 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.

h. Nomination

You can change the nominee to whom such payment is to be made at any time during the Policy Period, provided that such change shall only be effective when You have notified Us and We have recorded the change by an endorsement to this effect.