

Prospectus

Sarv Suraksha Plus (Group)

Introduction

This policy has been designed to provide comprehensive coverage to Groups (as defined in Health Insurance Regulations 2016) against all accident and health related needs. The product offers coverage against all Critical Illnesses and Accidents. It can also be offered to all individuals obtaining loans from Banks, Finance Companies, Mortgage Companies etc. Financial difficulties faced due to untimely diagnosis of critical illness or accidental death / disablement can also be supported through this product. The policy also provides protection against Loss of Income due to termination or resignation on diagnosis of critical illness or sustaining a permanent total disablement.

A. Base Sections

1. Major Medical illness

I. Coverage

We will pay **Sum Insured**, if **Insured Person** suffers from **Major Medical Illness** under any of the opted plans from Table 1 below and specified in the Schedule of Coverage on Policy Schedule, whose diagnosis first commence/occurs after 90 days from first commencement of the Coverage under this Cover and subject to;

i. Survival Period

Claim under this Section is payable only if **Insured Person** survives 7 days or survives for the number of days as opted and specified in the Policy Schedule/Certificate of Insurance from the diagnosis and fulfillment of the definition of the **Major Medical Illness** covered and confirmatory diagnosis while the **Insured Person** is alive (A claim would not be admitted if the diagnosis is made post mortem)

ii. Number of Claims and Benefits payable

- Only one Claim is payable during lifetime of the Coverage in respect of Major Medical Illness plans opted from Table 1 subject to maximum 100% of **BaseSum Insured** mentioned on the Policy Schedule/Certificate of Insurance and Coverage for all other **Major Medical Illness and Optional cover opted under this section** shall cease to exist once a claim is admissible under this Cover

Table 1 – Major Medical Illness Plans

Major Medical Illness	Essential	Essential Plus	Silver	Silver Plus	Gold	Gold Plus	Platinum
Cancer of specified severity	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Open Chest CABG	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Kidney failure requiring regular dialysis	Covered	Covered	Covered	Covered	Covered	Covered	Covered

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. For more details on the risk factors, terms and conditions, please read the policy document carefully before concluding a sale. Sarv Suraksha Plus (Group): HDFHLP25043V042425

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Myocardial Infarction (First Heart Attack of specified severity)	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Open Heart Replacement or Repair of Heart Valves	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Major Organ/Bone Marrow Transplantation	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Multiple Sclerosis with persisting symptoms	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Permanent Paralysis of Limbs	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Stroke resulting in permanent symptoms	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Benign Brain Tumour	NA	Covered	Covered	Covered	Covered	Covered	Covered
Coma of specified severity	NA	Covered	Covered	Covered	Covered	Covered	Covered
Parkinson's Disease	NA	Covered	Covered	Covered	Covered	Covered	Covered
Alzheimer's Disease	NA	NA	Covered	Covered	Covered	Covered	Covered
Surgery of Aorta	NA	NA	Covered	Covered	Covered	Covered	Covered
End Stage Liver Failure	NA	NA	Covered	Covered	Covered	Covered	Covered
Deafness	NA	NA	NA	Covered	Covered	Covered	Covered
Loss of Speech	NA	NA	NA	Covered	Covered	Covered	Covered
Third Degree Burns	NA	NA	NA	Covered	Covered	Covered	Covered
Medullary Cystic Disease	NA	NA	NA	NA	Covered	Covered	Covered
Motor Neurone Disease with permanent symptoms	NA	NA	NA	NA	Covered	Covered	Covered
Muscular Dystrophy	NA	NA	NA	NA	Covered	Covered	Covered
Infective Endocarditis	NA	NA	NA	NA	Covered	Covered	Covered
Primary (Idiopathic) Pulmonary Hypertension	NA	NA	NA	NA	Covered	Covered	Covered
Dissecting Aortic Aneurysm	NA	NA	NA	NA	Covered	Covered	Covered
Systemic Lupus Erythematosus with Lupus Nephritis	NA	NA	NA	NA	Covered	Covered	Covered
Apallic Syndrome	NA	NA	NA	NA	NA	Covered	Covered
Aplastic Anaemia	NA	NA	NA	NA	NA	Covered	Covered
Bacterial Meningitis	NA	NA	NA	NA	NA	Covered	Covered
Cardiomyopathy	NA	NA	NA	NA	NA	Covered	Covered

Other serious coronary artery disease	NA	NA	NA	NA	NA	Covered	Covered
Creutzfeldt-Jakob Disease (CJD)	NA	NA	NA	NA	NA	Covered	Covered
Encephalitis	NA	NA	NA	NA	NA	Covered	Covered
End Stage Lung Failure	NA	NA	NA	NA	NA	Covered	Covered
Fulminant Hepatitis	NA	NA	NA	NA	NA	Covered	Covered
Eisenmenger's Syndrome	NA	NA	NA	NA	NA	Covered	Covered
Major Head Trauma	NA	NA	NA	NA	NA	Covered	Covered
Chronic Adrenal Insufficiency (Addison's Disease)	NA	NA	NA	NA	NA	Covered	Covered
Progressive Scleroderma	NA	NA	NA	NA	NA	Covered	Covered
Progressive Supranuclear Palsy	NA	NA	NA	NA	NA	Covered	Covered
Blindness	NA	NA	NA	NA	NA	Covered	Covered
Chronic Relapsing Pancreatitis	NA	NA	NA	NA	NA	NA	Covered
Elephantiasis	NA	NA	NA	NA	NA	NA	Covered
Brain Surgery	NA	NA	NA	NA	NA	NA	Covered
HIV due to blood transfusion and occupationally acquired HIV	NA	NA	NA	NA	NA	NA	Covered
Terminal Illness	NA	NA	NA	NA	NA	NA	Covered
Myelofibrosis	NA	NA	NA	NA	NA	NA	Covered
Pheochromocytoma	NA	NA	NA	NA	NA	NA	Covered
Crohn's Disease	NA	NA	NA	NA	NA	NA	Covered
Severe Rheumatoid Arthritis	NA	NA	NA	NA	NA	NA	Covered
Severe Ulcerative Colitis	NA	NA	NA	NA	NA	NA	Covered

II. Optional Covers under Major Medical Illness

In consideration of payment of additional Premium, **We** will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**. These Covers are optional and applicable only if opted for.

i. Cardiac arrest

On opting this Cover, the Coverage under this Section will be extended to cover **Cardiac arrest** subject to all other terms and conditions of this Cover remaining unaltered.

ii. Angioplasty

On opting this Cover, the Coverage under this section will be extended to cover **Angioplasty** whose diagnosis first commence/occurs after 180 days from first commencement of the Coverage under this Cover and up to the **Sum Insured** mentioned in the Schedule of Coverage on Policy Schedule/Certificate of Insurance. Subject to all other terms and conditions of this Cover remaining unaltered

On the admissibility of Claim under **Angioplasty**, coverage for **Angioplasty** shall cease to exist and any claim amount admissible/paid during the year will reduce the Sum Insured payable for the Cover in respect of subsequent claims in respect of this Section. The Company's liability during the lifetime of the Policy will not exceed the Base Sum Insured in respect of other **Major Medical Illnesses**.

iii. Molecular Gene Expression profiling test

We will pay the expenses incurred towards Molecular Gene Expression Profiling Test for Treatment Guidance on diagnosis of **Cancer of specified severity** for which Claim is admissible under the Policy. The benefit under this cover can be availed only once during life time of Coverage under this Section.

iv. Second Medical Opinion

a. Second Medical Opinion – India

We will pay **Medical consultation** expenses incurred towards **Second Medical Opinion** availed from **Medical Practitioner** anywhere in India in respect of **Major Medical Illness** under any of the opted plans from Table 1 for which Claim is admissible under the Policy.

b. Second Medical Opinion – Global

We will pay **Medical consultation** expenses incurred towards **Second Medical Opinion** availed from **Medical Practitioner** anywhere in the world in respect of **Major Medical Illness** under any of the opted plans from Table 1 for which Claim is admissible under the Policy.

III. Waiting Period and Exclusions

i. Waiting Period

- a. **Initial waiting period:** This cover is subject to an initial waiting period of 90 days (default) OR as specified in the Policy Schedule/Certificate of Insurance from the date of inception of this cover with us. This waiting period shall also apply to optional covers under Major Medical Illness section and shall commence from the time such optional cover are in force. In case of enhancement of Sum Insured this waiting period shall apply afresh to the extent of Sum Insured increase.
- b. **Pre-existing disease [PED] waiting period:** A waiting period of 36 months (default) OR as specified in the Policy Schedule/Certificate of Insurance shall apply for all Pre-existing Diseases Conditions declared and/or accepted at the time of first enrolment of Coverage under this Section. his waiting period shall also apply to optional covers under Major Medical Illness section and shall commence from the time such optional cover are in force. In case of enhancement of Sum Insured this waiting period shall apply afresh to the extent of Sum Insured increase. In case of

enhancement of Sum Insured this waiting period shall apply afresh to the extent of Sum Insured increase.

ii. General Exclusions

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. Treatment arising from or consequent upon war or any act of war (whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- ii. Any Illness, sickness or disease other than those opted and specified as Major Medical illnesses under this Cover.
- iii. Any condition caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilus, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, whether or not arising out of any **Pre-existing diseases**.
- iv. Any Critical Illness or Surgical Procedure arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen
- v. Narcotics used by the **Insured Person** unless taken as prescribed by a registered Medical Practitioner
- vi. Any Claim caused due to intentional self-injury, suicide or attempted suicide.
- vii. Any Critical Illness or Surgical Procedure caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;
- viii. Any claim caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- ix. Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
- x. Congenital External Anomalies or any complications or conditions arising there from including any developmental conditions of the Insured;
- xi. Whilst engaging in **Adventure Sports**.
- xii. Involvement in naval, military or air force operation.
- xiii. Participation by the **Insured Person** in any flying activity, except as a bona fide, passenger (fare paying or otherwise) of a recognized airline on regular routes and on a scheduled time table.

2. Personal Accident

A. Coverage

I. Accidental Death

i. Coverage

We will pay the **Sum Insured**, as specified in the Schedule of Coverage on **Policy Schedule**/Certificate of Insurance, if **Insured Person** sustains **Injury** due to **Accident** during the **Period of Insurance**, which shall within twelve months of its occurrence be the sole and direct cause of Death of **Insured Person**.

a) Disappearance

We will pay the **Sum Insured** in the event if Insured Person's body cannot be located within 365 Days;

- a. after the forced landing, stranding, sinking or wrecking of a conveyance in which **Insured Person** was known to be a passenger during **Period of Insurance** or;
- b. after and as a result of any **Catastrophic Event** during **Period of Insurance**

it shall be deemed, subject to all other terms and provisions of the Policy, that Insured Person shall have suffered Death due to **Accident** under the **Policy**.

If at any time, after the payment of the **Accidental** death benefit, it is discovered that the **Insured Person** is still alive, claims settled in respect of Disappearance benefit shall be reimbursed in full to the **Company**.

b) Comatose

If **Insured Person** sustains **Injury** during **Period of Insurance** which directly and independently of all other causes results in the **Insured Person** being in **Hospital** in a **Comatose State** within one month of the date of **Injury** for continuous period of more than three months, **We** will pay **Sum Insured** as mentioned in the Schedule of Coverage on Policy Schedule.

Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims. The Company's liability during the lifetime of the **Policy** will not exceed the **Base Sum Insured** in respect of the Cover

ii. Specific Conditions applicable to Cover I – Accidental Death

The Coverage under this Policy terminates on admissibility of Claim equal to the **Sum Insured**. The Company's liability during the lifetime of the **Policy** will not exceed the **Base Sum Insured** in respect of the Cover

ii. Optional Cover applicable to Cover I – Accidental Death

In consideration of payment of additional **Premium**, **We** will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**. These Covers are optional and applicable only if opted for.

i. Burns

If **Insured Person** sustains **Injury** during **Period of Insurance**, which solely and directly results into burns, **We** will pay in accordance with benefit table below subject to maximum of **Sum Insured** as mentioned in the **Schedule of Coverage on Policy Schedule/Certificate of Insurance**;

Description	% of Base Sum Insured payable
a. Head	
i. Third degree burns of 8% or more of the total head surface area	100%
ii. Second degree burns of 8% or more of the total head surface	50%

iii.	Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
iv.	Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
v.	Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
vi.	Second degree burns of 2% or more, but less than 5% of the total head surface area	30%
b. Rest of the Body		
i.	Third degree burns of 20% or more of the total body surface area	100%
ii.	Second degree burns of 20% or more of the total body surface area	50%
iii.	Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
iv.	Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
v.	Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
vi.	Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
vii.	Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
viii.	Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

Specific conditions applicable to Burns

- i. If the **Injury** results in more than one of the Descriptions above, then the **Company** shall be liable for the largest **Sum Insured** (as per defined Description) only.
- ii. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims under the Cover.
- iii. This Cover terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the **Policy** will not exceed the **Base Sum Insured** in respect of the Cover.

ii. Transportation of Mortal Remains

In the event of Claim becoming admissible under Cover I, Accidental Death, we will pay the Sum Insured as mentioned in the **Schedule of Coverage** on **Policy Schedule/Certificate of Insurance** towards transportation of Moral Remains of the Insured Person from the place of Death to his/her Home country or City.

iii. Renewal Premium Benefit

In the event, Claim for Primary **Insured Person** becomes admissible for Accidental Death under Cover 2, We will pay the amount equivalent to the Renewal premium of the Coverage for all other **Insured Person** covered in the same Certificate/Policy as mentioned in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance.

The Benefit will be payable irrespective of whether Policy is renewed or not.

II. Permanent Disablement

A. Coverage

If **Insured Person** sustains **Injury** during **Period of Insurance**, which shall within twelve (12) months of its occurrence be the sole and direct cause of Permanent Disablement, We will pay in accordance to the Benefit table opted, up to maximum of **Sum Insured** as mentioned in the **Schedule of Coverage** on **Policy Schedule/Certificate of Insurance** provided such disablement is certified by the **Medical Practitioner**

i. Benefit Table A

S. No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such Limbs)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance of Limbs)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance of Limbs)	50%
12	Permanent Total Loss of Sight of one eye	50%

ii. Benefit Table B

S.No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such Limbs)	100%
4	Permanent Total Loss of Sight in both eyes	100%

5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use of such Limb)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use of such Limb)	50%
12	Permanent Total Loss of Sight of one eye	50%

iii. Benefit Table C

S.No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such Limbs)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use)	50%
12	Permanent Total Loss of Sight of one eye	50%
13	Permanent Total Loss of Hearing in one ear	15%
14	Permanent Total Loss of the lens in one eye	25%
15	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16	Permanent Total Loss of use of four fingers of either hand	20%
17	Permanent Total Loss of use of one thumb of either hand:	
a)	Both joints	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	

a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	<i>Big – one joint</i>	2%
d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%

iv. Benefit Table D

S.No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such Limbs)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use)	50%
12	Permanent Total Loss of Sight of one eye	50%
13	Permanent Total Loss of Hearing in one ear	15%
14	Permanent Total Loss of the lens in one eye	25%
15	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16	Permanent Total Loss of use of four fingers of either hand	20%
17	Permanent Total Loss of use of one thumb of either hand:	
a)	Both joints	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	
a)	Three joints	5%

b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	<i>Big – one joint</i>	2%
d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%
23	Permanent disablement not otherwise provided for under Items 2-22 inclusive up to a maximum of	75%

v. *Benefit Table E*

S.No	The Disablement	% of Base Sum Insured Payable
1	Loss of sight on both eyes	125%
2	Loss of both hands	125%
3	Loss of both feet	125%
4	Loss of one hand and one foot	125%
5	Loss of one eye one hand	125%
6	Loss of one eye one foot	125%
7	Other total permanent disablement	125%
8	An arm at the shoulder joint	70%
9	An arm above the elbow joint	65%
10	An arm beneath the elbow joint	60%
11	A hand at the wrist	55%
12	A thumb	20%
13	An index finger	10%
14	Any other finger	5%
15	A leg above mid-thigh	70%
16	A leg upto mid-thigh	60%
17	A leg upto beneath the knee	50%
18	A leg upto mid-calf	45%
19	A foot at the ankle	40%
20	A large toe	5%
21	Any other toe	2%
22	Any eye	50%
23	Hearing loss on one ear	30%
24	Hearing loss on both ears	75%
25	Sense of smell	10%
26	Sense of taste	5%

27	Permanent disablement not otherwise provided for under Items 2-26 inclusive up to a maximum of	75%
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B. Terms and Conditions applicable to Cover III – Permanent Disablement

- i. Ankylosis of the fingers (other than thumb and forefinger) and of the toes (other than the big toe) shall be limited to fifty percent (50%) of the **Base Sum Insured** subject to maximum of **Sum Insured** payable for the loss of the said members.
- ii. Benefit under item 23 of Table D and item 27 of Table E shall be determined by the independent **Medical Practitioner** who will certify the percentage of **Base Sum Insured** payable taking into consideration the nature of the **Injury** and disability in conjunction with the stated percentages **Base Sum Insured** for more specific injuries shown in the Table of Benefits.
- iii. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims.
- iv. The Coverage under this Section terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the Policy will not exceed the **Base Sum Insured** in respect of the Cover.
- v. The total amount payable in respect of more than one disablement due to the same **Injury** is arrived at by adding together the various percentages of **Base Sum Insured** shown in the Table of Benefits subject to maximum of **Sum Insured**.

III. Temporary Total Disablement

A. Coverage

i. Temporary Total Disablement – Accident only

If **Insured Person** sustains **Injury** during **Period of Insurance**, which solely and directly results in **Temporary Total Disablement**, **We** will pay the weekly benefit upto maximum of **Sum Insured** and subject to **Time Deductible** as specified in the **Schedule of Coverage** on the **Policy Schedule/Certificate of Insurance** for each continuous period of **Temporary Total Disablement**.

ii. Temporary Total Disablement – Illness only

If **Insured Person** contracts **Illness** during **Period of Insurance** which solely and directly results in **Temporary Total Disablement**, **We** will pay the weekly benefit up to maximum of **Sum Insured** and subject to **Time Deductible** as specified in the **Schedule of Coverage** on the **Policy Schedule/Certificate of Insurance** for each continuous period of **Temporary Total Disablement**.

This coverage is subject to specific exclusions applicable to Temporary Total Disablement due to illness as listed under B II – Waiting Period and General Exclusions

a. Optional Cover applicable under Temporary Total Disablement – Illness only

1. Waiting Period modification option

On opting this Cover, **Waiting Periods** under B II of this Section shall stand modified as mentioned in Schedule of Coverage on the **Policy Schedule/Certificate of Insurance**.

All other terms and Conditions of the respective Section and Policy shall remain unaltered

B. Specific Conditions applicable to Temporary Total Disablement (I) and (II)

- i. If **Injury** sustained or **Illness** (as covered) suffered is in relation to the spine and its muscular girdle, ligamentous system, cartilage, nervous system and blood supply to the spine which is not detectable by means of radiological scanning, imaging, or neurological fallout testing, then the Company shall only be liable in respect of this Section for a maximum period of five (5) weeks and only once in lifetime of the Policy.
- ii. In the event of a dispute arising as to when **Temporary Total Disablement** ceased, the date shall be finally determined by an independent Medical Practitioner who certifies:
 - a. the date upon which the **Insured Person** recovered; or
 - b. the date upon which the **Insured Person** recovered as far as he/she ever will; or
 - c. the date from which the **Insured Person** is declared to have suffered Permanent Total Disablement
- iii. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Covers opted in respect of subsequent claims.
- iv. The Coverage under this Cover terminates on admissibility of Claim(s) equal to **Sum Insured**. The Company's liability during the lifetime of the Policy will not exceed the **Base Sum Insured** in respect of the Cover.

B. Exclusions applicable to Covers I, II and III under Personal Accident

I. General Exclusions

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following;

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. 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
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in **Adventure sports**

II. Waiting Period and General Exclusions applicable to III (ii)

i. Waiting Periods

All claims payable under this Section will be subject to the waiting periods specified below:

i) Pre-existing Diseases – Code – Excl01

- 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 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.

ii) Specified Disease/Procedure waiting period- Code – Excl02

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 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.

a. Illnesses

	Non infective Arthritis
Diseases of gall bladder including cholecystitis	Urogenital system e.g. Kidney stone ,Urinary Bladder Stone
Pancreatitis	Ulcer and erosion of stomach and duodenum
All forms of Cirrhosis	Gastro Oesophageal Reflux Disorder (GERD)
Perineal Abscesses	Perianal Abscesses
Cataract	Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism
Pilonidal sinus	
Benign tumors, cysts, nodules, polyps including breast lumps	Osteoarthritis and osteoporosis

Polycystic ovarian diseases	Fibroids (fibromyoma)
Sinusitis, Rhinitis	Tonsillitis
Skin tumors	Benign Hyperplasia of Prostate

b. Procedures

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy
Dilatation and curettage (D&C)	Nasal concha resection
Myomectomy for fibroids	Surgery of Genito urinary system
Surgery on prostate	Cholecystectomy
Hernia	Hydrocele/Rectocele
Surgery for prolapsed inter vertebral disc	Joint replacement surgeries
Surgery for varicose veins and varicose ulcers	Surgery for Nasal septum deviation
Surgery for Perianal Abscesses	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

iii) **30-day waiting period – Code – Excl03**

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

ii. General Exclusions

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy**/Certificate of Insurance:

- i. **Investigation & Evaluation:** Code Excl04
 - a. Expenses related to any admission primarily for diagnostic 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.
- ii. **Rest Cure, rehabilitation and respite care**—Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- iii. **Obesity/Weight control:** Code – Excl06: 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 apnoea
 - VI. uncontrolled type2 diabetes
- iv. **Change-of-Gender treatments** - Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- v. **Cosmetic or plastic surgery**: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of **Medically Necessary Treatment** to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending **Medical Practitioner**.
- vi. **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.
- vii. **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.
- viii. **Excluded Providers**- Code – Excl11 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.
- ix. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12
- x. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13
- xi. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a **Medical Practitioner** as part of **Hospitalization** claim or day care procedure. Code – Excl14
- xii. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. Code – Excl15
- xiii. **Unproven Treatments**– 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.Code – Excl16
- xiv. **Sterility and Infertility** –Code – Excl17 -Expenses related to sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
- xv. **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.

- xvi. 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, Chemical or Biological** attack or weapons, radiation of any kind.
- xvii. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide or suicide..
- xviii. Any **Insured Person's** participation or involvement in naval, military or air force operation.
- xix. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").
- xx. Congenital external diseases, defects or anomalies,
- xxi. Stem cell harvesting.
- xxii. Investigative treatments for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).
- xxiii. Circumcisions (unless necessitated by **Illness** or **Injury** and forming part of treatment).
- xxiv. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
- xxv. Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxvi. Vaccination including inoculation and immunisations (Except post Animal bite treatment),
- xxvii. Treatment taken on Outpatient basis
- xxviii. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.
- xxix. Any Claim arising due to Non-disclosure of Pre-existing **Illness** or Material fact as sought to be declared on the Proposal form.

3. Emergency Medical Expenses

A. Coverage

I. Emergency Medical Expenses – Accident only

We will pay **Medical Expenses** listed below for an **Emergency Care** of an **Insured Person** due to an **Injury** sustained during the **Period of Insurance** up to **Sum Insured** as mentioned in the **Schedule of Coverage** on the **Policy Schedule**, subject to **Co-Payment** and **Deductible** as applicable and within India only.

Medical Expenses

1. **Room Rent** and boarding charges in the event of **Hospitalization of Insured Person**
2. **Intensive Care Unit** charges in the event of **Hospitalization of Insured Person**
3. **Post Hospitalization expenses** up to 30 days
4. Consultation fees & Nursing charges
5. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances charges
6. Medicines, drugs and consumables
7. Diagnostic procedures
8. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
9. Medical Expenses listed above for **Domiciliary Hospitalization** and/or **Day Care Treatment** in India only
10. Road Ambulance: if following an **Injury**, Insurance Person is required to be Hospitalized, we will indemnify the cost of Road Ambulance;
 - o to the nearest **Hospital**
 - o from one **Hospital** to another **Hospital**
 - o or from **Hospital** to Home within same City

Special Condition applicable to Room Rent:

Room Rent & Proportionate deduction: In the event of **Hospitalization**, **Insured Person** is eligible for **Room Rent** category of up to Single Standard AC Room. In case of admission to a room exceeding the aforesaid category, the reimbursement/payment of Room Rent charges including all **Associated Medical Expenses**(excluding Medicines and drugs)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

II. Emergency Medical Expenses – Illness only

We will pay **Medical Expenses** listed below for an **Emergency Care** of an **Insured Person** due **Illness** contracted during the **Period of Insurance** up to **Sum Insured** as mentioned in the **Schedule of Coverage** on the **Policy Schedule**, subject to **Co-Payment**and**Deductible**as applicable and within India only.

Medical Expenses

1. **Room Rent** and boarding charges in the event of **Hospitalization** of **Insured Person**
2. **Intensive Care Unit** charges in the event of **Hospitalization** of **Insured Person**
3. **Post Hospitalization expenses** up to 30 days
4. Consultation fees& Nursing charges
5. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances charges
6. Medicines, drugs and consumables
7. Diagnostic procedures
8. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
9. Medical Expenseslisted above for **Domiciliary Hospitalization** and/or **Day Care Treatments**in India only
10. Road Ambulance: if following an **Injury**, Insurance Person is required to be Hospitalized, we will indemnify the cost of Road Ambulance;
 - o to the nearest **Hospital**
 - o from one **Hospital** to another **Hospital**
 - o or from **Hospital** to Home (within same City)

Special Condition applicable to Room Rent:

Room Rent & Proportionate deduction: In the event of **Hospitalization**, **Insured Person** is eligible for **Room Rent** category of up to Single Standard AC Room. In case of admission to a room exceeding the aforesaid category, the reimbursement/payment of Room Rent charges including all **Associated Medical Expenses**(excluding Medicines and drugs)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

B. Optional Covers under Emergency Medical Expenses I and II

We will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**. These Covers are optional and applicable only if opted for.

i. Emergency Medical Expenses - Global

On availing this option, **We** will pay **Medical Expenses** under covers opted under this Section, incurred anywhere in world.

ii. Co-payment

On availing this option, **Co-Payment** will be applicable as mentioned in the **Schedule of Coverage** on the **Policy Schedule/Certificate of Insurance** on all Claims under cover opted under this Section

C. Exclusions applicable to Cover 3 (I and II) – Emergency Medical Expenses

a. General Exclusions

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless expressly stated otherwise on the Policy Schedule/Certificate of Insurance;

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. 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
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. **Investigation & Evaluation:** Code Excl04
 - a. Expenses related to any admission primarily for diagnostic 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.
- ix. **Rest Cure, rehabilitation and respite care**—Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- x. **Obesity/Weight control:** Code – Excl06: 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:
 - 1. Obesity related cardiomyopathy
 - 2. coronary heart disease
 - 3. severe sleep apnoea
 - 4. uncontrolled type2 diabetes
- xi. **Change-of-Gender treatments** - Code – Excl07:Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- xii. **Cosmetic or plastic surgery**:Code – Excl08:Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of **Medically Necessary Treatment** to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending **Medical Practitioner**.
- xiii. **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.
- xiv. **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.
- xv. **Excluded Providers**- Code – Excl11 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.
- xvi. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.Code – Excl12
- xvii. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.Code – Excl13
- xviii. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a **Medical Practitioner** as part of **Hospitalization** claim or day care procedure.Code – Excl14
- xix. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.Code – Excl15
- xx. **Unproven Treatments**– 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.Code – Excl16
- xxi. **Sterility and Infertility** –Code – Excl17 -Expenses related to sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
- xxii. **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.

- xxiii. 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, Chemical or Biological** attack or weapons, radiation of any kind.
- xxiv. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide or suicide.
- xxv. Any **Insured Person's** participation or involvement in naval, military or air force operation.
- xxvi. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").
- xxvii. Congenital external diseases, defects or anomalies,
- xxviii. Circumcisions (unless necessitated by **Illness** or **Injury** and forming part of treatment).
- xxix. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
- xxx. Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxxi. Vaccination including inoculation and immunisations (Except post Animal bite treatment),
- xxxii. **Non-Medical expenses** such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com.
- xxxiii. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.
- xxxiv. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.
- xxxv. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively). prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com
- xxxvi. Any Claim arising due to Non-disclosure of Pre-existing **Illness** or Material fact as sought to be declared on the Proposal form/enrolment form.

4. Loss of Income/EMI Protector

I. Termination from Employment

a) Coverage

We will pay the weekly / monthly benefit upto maximum of **Sum Insured** as mentioned in the Schedule of Coverage on the Policy Schedule if **Insured Person** is terminated from the employment during Period of Insured as per employer's rules/regulations or executed/implemented by the employer in compliance of any laws for the time being in force or any directives by any Public Authority subject to;

- i. The benefit will be payable after the Termination of Insured Person from employment till the reinstatement of employment with the same employer or new employer or expiry of Policy Period, whichever is earlier, subject to a maximum of Sum Insured as mentioned in the Schedule of Coverage on the Policy Schedule.
- ii. The claim is admissible only if period of termination from employment of the Insured Person is more than 30 consecutive days
- iii. This coverage is applicable to Insured Person who are salaried and employed in India
- iv. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims
- v. The Coverage under this Section terminates on admissibility of Claim amount equal to the Sum Insured. The Company's liability during the lifetime of the Policy will not exceed the **Base Sum Insured** in respect of the Cover.

b) Exclusions applicable to Termination from Employment

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless otherwise specified on the Policy Schedule/Certificate of Insurance;

- i. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
- ii. Claim in connection with or in respect of:
 - a. Self employed persons;
 - b. unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
 - c. Any voluntary unemployment;
 - d. Unemployment at the time of inception of the Policy Period or arising within the first 90 days of inception of the Policy Period.
- iii. Any unemployment from a job under which no salary or any remuneration is provided to the Insured
- iv. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
- v. Any unemployment due to resignation, retirement whether voluntary or otherwise
- vi. Termination from employment while the Insured Person is under probation.

II. Loss of Income - Major Medical Illness

a) Coverage

We will pay **Sum Insured** as mentioned in the Schedule of Coverage on the Policy Schedule if **Insured Person** suffers from Loss of Job due to his/her Voluntary Resignation or Termination from the employment within six months of diagnosis of Major Medical Illness under any of the opted plans from Table 1 below and specified in the Schedule of Coverage on Policy Schedule, whose diagnosis first commence/occurs after 90 days from first commencement of the Coverage under this Cover and subject to;

- i. Survival Period - Claim under this Section is payable only if **Insured Person** survives 7 days or survives for the number of days as opted and specified in the Policy Schedule/Certificate of Insurance from the diagnosis and fulfillment of the definition of the **Major Medical Illness** covered and confirmatory diagnosis while the **Insured Person** is alive (A claim would not be admitted if the diagnosis is made post mortem)
- ii. The claim is admissible only if period of termination or Resignation from employment of the Insured Person is more than 30 consecutive days
- iii. This coverage is applicable to Insured Person who are salaried
- iv. **Number of Claims and Benefits payable**
 - a) Only one Claim is payable during lifetime of the Coverage under this Cover subject to maximum 100% of **Base Sum Insured** mentioned on the Policy Schedule/Certificate

Table 1 – Major Medical Illness Plans

Major Medical Illness	Essential	Essential Plus	Silver	Silver Plus	Gold	Gold Plus	Platinum
Cancer of specified severity	Covered	Covered	Covered	Covered	Covered	Covered	Covered

Open Chest CABG	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Kidney failure requiring regular dialysis	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Myocardial Infarction (First Heart Attack of specified severity)	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Open Heart Replacement or Repair of Heart Valves	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Major Organ/Bone Marrow Transplantation	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Multiple Sclerosis with persisting symptoms	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Permanent Paralysis of Limbs	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Stroke resulting in permanent symptoms	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Benign Brain Tumour	NA	Covered	Covered	Covered	Covered	Covered	Covered
Coma of specified severity	NA	Covered	Covered	Covered	Covered	Covered	Covered
Parkinson's Disease	NA	Covered	Covered	Covered	Covered	Covered	Covered
Alzheimer's Disease	NA	NA	Covered	Covered	Covered	Covered	Covered
Surgery of Aorta	NA	NA	Covered	Covered	Covered	Covered	Covered
End Stage Liver Failure	NA	NA	Covered	Covered	Covered	Covered	Covered
Deafness	NA	NA	NA	Covered	Covered	Covered	Covered
Loss of Speech	NA	NA	NA	Covered	Covered	Covered	Covered
Third Degree Burns	NA	NA	NA	Covered	Covered	Covered	Covered
Medullary Cystic Disease	NA	NA	NA	NA	Covered	Covered	Covered
Motor Neurone Disease with permanent symptoms	NA	NA	NA	NA	Covered	Covered	Covered
Muscular Dystrophy	NA	NA	NA	NA	Covered	Covered	Covered
Infective Endocarditis	NA	NA	NA	NA	Covered	Covered	Covered
Primary (Idiopathic) Pulmonary Hypertension	NA	NA	NA	NA	Covered	Covered	Covered
Dissecting Aortic Aneurysm	NA	NA	NA	NA	Covered	Covered	Covered
Systemic Lupus Erythematosus with Lupus Nephritis	NA	NA	NA	NA	Covered	Covered	Covered
Apallic Syndrome	NA	NA	NA	NA	NA	Covered	Covered
Aplastic Anaemia	NA	NA	NA	NA	NA	Covered	Covered
Bacterial Meningitis	NA	NA	NA	NA	NA	Covered	Covered

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Cardiomyopathy	NA	NA	NA	NA	NA	Covered	Covered
Other serious coronary artery disease	NA	NA	NA	NA	NA	Covered	Covered
Creutzfeldt-Jakob Disease (CJD)	NA	NA	NA	NA	NA	Covered	Covered
Encephalitis	NA	NA	NA	NA	NA	Covered	Covered
End Stage Lung Failure	NA	NA	NA	NA	NA	Covered	Covered
Fulminant Hepatitis	NA	NA	NA	NA	NA	Covered	Covered
Eisenmenger's Syndrome	NA	NA	NA	NA	NA	Covered	Covered
Major Head Trauma	NA	NA	NA	NA	NA	Covered	Covered
Chronic Adrenal Insufficiency (Addison's Disease)	NA	NA	NA	NA	NA	Covered	Covered
Progressive Scleroderma	NA	NA	NA	NA	NA	Covered	Covered
Progressive Supranuclear Palsy	NA	NA	NA	NA	NA	Covered	Covered
Blindness	NA	NA	NA	NA	NA	Covered	Covered
Chronic Relapsing Pancreatitis	NA	NA	NA	NA	NA	NA	Covered
Elephantiasis	NA	NA	NA	NA	NA	NA	Covered
Brain Surgery	NA	NA	NA	NA	NA	NA	Covered
HIV due to blood transfusion and occupationally acquired HIV	NA	NA	NA	NA	NA	NA	Covered
Terminal Illness	NA	NA	NA	NA	NA	NA	Covered
Myelofibrosis	NA	NA	NA	NA	NA	NA	Covered
Pheochromocytoma	NA	NA	NA	NA	NA	NA	Covered
Crohn's Disease	NA	NA	NA	NA	NA	NA	Covered
Severe Rheumatoid Arthritis	NA	NA	NA	NA	NA	NA	Covered
Severe Ulcerative Colitis	NA	NA	NA	NA	NA	NA	Covered

b) Optional Covers under Loss of Income - Major Medical Illness

In consideration of payment of additional Premium, **We** will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**. These Covers are optional and applicable only if opted for.

i. Cardiac arrest

On opting this Cover, the Coverage under this Section will be extended to cover **Cardiac arrest** subject to all other terms and conditions of this Cover remaining unaltered.

c) Waiting Period and Exclusions applicable to Loss of Income - Major Medical Illness

i. Waiting Period

Pre-existing disease [PED] waiting period: A waiting period of 36 months (default) OR as specified in the Policy Schedule/Certificate of Insurance shall apply for all Pre-existing Diseases Conditions declared and/or accepted at the time of first enrolment of Coverage under this Section. This waiting period shall also apply to optional covers under Loss of Income - Major Medical Illness Sub-section and shall commence from the time such optional cover are in force. In case of enhancement of Sum Insured this waiting period shall apply afresh to the extent of Sum Insured increase.

ii. General Exclusions

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. Treatment arising from or consequent upon war or any act of war (whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- ii. Any Illness, sickness or disease other than those opted and specified as Major Medical illnesses under this Cover.
- iii. Any condition caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, whether or not arising out of any **Pre-existing diseases**.
- iv. Any Critical Illness or Surgical Procedure arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen
- v. Narcotics used by the **Insured Person** unless taken as prescribed by a registered Medical Practitioner
- vi. Any Claim caused due to intentional self-injury, suicide or attempted suicide.
- vii. Any Critical Illness or Surgical Procedure caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;
- viii. Any claim caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- ix. Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
- x. Congenital External Anomalies or any complications or conditions arising there from including any developmental conditions of the Insured;
- xi. Whilst engaging in **Adventure Sports**.
- xii. Involvement in naval, military or air force operation.
- xiii. Participation by the **Insured Person** in any flying activity, except as a bona fide, passenger (fare paying or otherwise) of a recognized airline on regular routes and on a scheduled time table.
- xiv. Loss of job due to retirement whether voluntary or otherwise

III. Loss of Income – Permanent Total Disablement

a) Coverage

We will pay Sum Insured as mentioned in the Schedule of Coverage on the Policy Schedule if **Insured Person suffers from Loss of Job due to his/her Voluntary Resignation or Termination from the employment within six**

months of sustaining **Injury** during **Period of Insurance** which is the sole and direct cause of Permanent Total Disablement as defined in the table below provided such disablement is certified by the **Medical Practitioner** and subject to;

- i. The claim is admissible only if period of termination or Resignation from employment of the Insured Person is more than 30 consecutive days
- ii. This coverage is applicable to Insured Person who are salaried
- iii. The Coverage under this Section terminates on admissibility of Claim amount equal to the Sum Insured. The Company's liability during the lifetime of the Policy will not exceed the Base Sum Insured in respect of the Cover.

S.No	The Disablement
1	Permanent Total Disablement
2	Permanent and incurable insanity
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such Limb)
4	Permanent Total Loss of Sight in both eyes
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use of such Limb)
6	Permanent Total Loss of Speech
7	Complete removal of the lower jaw
8	Permanent Total Loss of Mastication
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance
10	Permanent Total Loss of Hearing in both ears
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use of such Limb)
12	Permanent Total Loss of Sight of one eye

b) Exclusions applicable to Loss of Income due to Permanent Total Disablement

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. 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
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle

- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in **Adventure sports**
- ix. Loss of job due to retirement whether voluntary or otherwise
- x.

5. Credit Shield

a) Coverage

We will pay the **Sum Insured**, as specified in the **Policy Schedule/Certificate of Insurance**, if Insured Person sustains **Injury** which shall within twelve (12) months of its occurrence be the sole and direct cause of:

- I) Death
- II) **Permanent Total Disability** as specified in table below

Sr. No.	Permanent Total Disability
1	Loss of sight on both eyes
2	Loss of both hands
3	Loss of both feet
4	Loss of one hand and one foot
5	Loss of one eye one hand
6	Loss of one eye one foot
7	Other Permanent Total Disablement

b) Special Conditions applicable to Credit Shield

- i. The coverage under this section is applicable until policy expiry or loan closure date, whichever is earlier.

c) Exclusions applicable to Credit Shield

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. 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
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in **Adventure sports**

6. Property Coverage

Preamble

Whereas the **Insured** described in the **Schedule**/Certificate of Insurance hereto (hereinafter called the “Insured”) by a proposal and declaration which shall be the basis of this contract and is deemed to be incorporated here in has applied to HDFC ERGO General Insurance Company Limited (hereinafter called the “Company”) for the insurance hereinafter contained and has paid premium as consideration for such insurance during the period stated in the **Schedule**/Certificate of Insurance or during any further period for which the **Company** may accept payment for their new extension of this policy:

Operative Clause

The Company here by agrees subject to the terms and conditions contained herein or endorsed or otherwise expressed here on, to indemnify the Insured to the extent and in the manner specified herein, against any loss or damage to the property insured due to operation of any of the insured perils during the Policy Period.

A. Insured Events

We give insurance cover for physical loss or damage, or destruction caused to Insured Property by the following unforeseen events occurring during the Policy Period.

The events covered are given in Column A and those not covered in respect of these events are given in Column B.

	Column A	Column B
	We cover physical loss or damage, or destruction caused to the Insured Property by	We do not cover any loss or damage, or destruction caused to the Insured Property
1	Fire	caused by burning of Insured Property by order of any Public Authority.
2	Explosion or Implosion	-
3	Lightning	-
4	Earthquake, volcanic eruption, or other convulsions of nature	-

5	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation	-
6	Subsidence of the land on which Your Home Building stands, Landslide, Rockslide	<p>caused by</p> <ol style="list-style-type: none"> normal cracking, settlement or bedding down of new structures, the settlement or movement of made up ground, coastal or river erosion, defective design or workmanship or use of defective materials, or demolition, construction, structural alterations or repair of any property, or
7	Bush fire, Forest fire, Jungle fire	-
8	Impact damage of any kind, i.e., damage caused by impact of, or collision caused by any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.)	caused by pressure waves caused by aircraft or other aerial or space devices travelling at sonic or supersonic speeds.
9	Missile testing operations	-
10	Riot, Strikes, Malicious Damages	<p>caused by</p> <ol style="list-style-type: none"> temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority, or temporary or permanent dispossession of Your Home by unlawful occupation by any person.
11	Acts of terrorism	Exclusions and Excess as per Terrorism Clause
12	Bursting or overflowing of water tanks, apparatus and pipes.	-
13	Leakage from automatic sprinkler installations.	<ol style="list-style-type: none"> repairs or alterations in Your Home or the building in which Your Home is located, repairs, removal or extension of any sprinkler installation, or defects in the construction known to You.
14	Theft within 7 (seven) days from the occurrence of and proximately caused by any of the above Insured Events.	<p>if it is</p> <ol style="list-style-type: none"> of any article or thing outside Your Home, or of any article or thing attached from the outside of the outer walls or the roof of Your Home, unless securely mounted.

B. Home Building Cover

1. What We cover

We cover physical loss or damage, or destruction of **Your Home Building** because of any Insured Event listed in **A** of this Section. We also cover architect's, surveyor's, consulting engineer's fees, cost of removing debris as specified under **B (5) (f)** of this Section. Further, We pay for Loss of rent and Rent for Alternative Accommodation, which will be paid to the extent declared by You and agreed by Us as specified under **B (6)** of this Section while Your Home Building is not fit for living following loss or damage due to an insured event.

2. Your Home Building

- a. **Your Home Building** is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place.
- b. **Your Home Building includes**
 - i. fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings.
 - ii. the following 'additional structures' if they are on the same site, and are used as part of Your Home Building:
 - a) garage, domestic out-houses used for residence, parking spaces or areas, if any
 - b) compound walls, fences, gates, retaining walls and internal roads,
 - c) verandah or porch and the like,
 - d) septic tanks, bio-gas plants, fixed water storage units or tanks,
 - e) solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover,
 - iii. any other structure shown in the Policy Schedule.
- c. Your Home Building does not include Contents of Your Home.

3. Use for residence

- a. We will pay only if Your Home Building is used for the purpose of residence of Yourself and Your family, or of Your tenant, licensee or employee.
- b. We will not pay if
 - i. Your Home Building is used as a holiday home, or for lodging and boarding, or
 - ii. Your Home Building or any part of Your Home Building is used for purposes other than residential except where it is used both for Your residence and for the purposes of earning Your livelihood if You are self- employed or You have shifted Your office to Your Home Building for a temporary period due to lockdown or closure of Your office ordered by a public authority.

4. Sum Insured

- a. The Sum Insured for the Home Building Cover is the prevailing Cost of Construction of Your Home Building at the Commencement Date as declared by You and accepted by Us and will be the maximum amount payable in the event the Home Building is a Total Loss.
- b. If the Policy Period is more than one year, We will automatically increase Your Sum Insured during the Policy Period by 10% per annum on each anniversary of Your Policy without additional premium for a maximum of 100% of the Sum Insured at the Policy Commencement Date.
- c. The Sum Insured will be automatically increased each day by an amount representing 1/365th of 10% of Sum Insured at the Policy Commencement Date for annual policies.
- d. Restoration of Sum Insured: Except as stated in Section 1, F (III) (3) (b) of this Section, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate premium for the unexpired Policy Period from the date of loss. We can also deduct this premium from the net claim that We must pay You.

5. What We pay

- a. If You make a claim under the policy for damage to Your Home Building due to any of the insured perils, We reimburse the cost to repair it to a condition substantially the same as its condition at the time of damage. You must spend for repairs, and claim that amount from Us.
- b. We will calculate the amount of claim on the basis of the actual Carpet Area subject to the Carpet Area not exceeding that declared by You in the Proposal Form and stated in the Policy Schedule.
- c. The maximum We will pay for all items together is the Sum Insured shown in the Policy Schedule for Home Building Cover. If the Policy Schedule shows any limit for any item, such limit is the maximum We will pay for that item.
- d. If Your Home Building is a Total Loss, We will pay You the Sum Insured of the Home Building.
- e. If only an additional structure is destroyed, We will pay You an amount equal to the Cost of Construction of the additional structure.
- f. In addition to what Section 1, B (5) (c) of this Section provides for, We will pay You the following expenses:
 - i. up to 5% of the claim amount for reasonable fees of architect, surveyor, consulting engineer;
 - ii. up to 2 % of the claim amount for reasonable costs of removing debris from the site.

6. Loss of Rent and Rent for Alternative Accommodation:

In addition to what Section 1, B (5) (c) of this Section provides for, We will pay the amount of rent You lose or alternative rent You pay while Your Home Building is not fit for living because of physical loss arising out of an Insured Event as follows:

- a. If You are living in Your Home as a tenant, and You are required to pay higher rent for the alternative accommodation, We will pay the difference between the rent for alternative accommodation and the rent of Your Home Building.
- b. We will pay the loss under this cover for an accommodation that is not superior to Your Home Building in any way and in the same city as Your Home Building.
- c. The amount of lost rent shall be calculated as follows: Sum Insured for Cover for Loss of Rent (as declared by You in the Proposal Form and specified by Us in the Policy Schedule) X Period necessary for repairs ÷ Loss of Rent Period opted for.
- d. This cover will be available for the reasonable time required to repair Your Home Building to make it fit for living. The maximum period of this cover is three years from the date Your Home Building becomes unfit for living. You must submit a certificate from an architect or the local authority to show that Your Home Building is not fit for living.
- e. Claim for loss of rent will be accepted only if We have accepted Your claim for loss for physical damage to Your Home under the Home Building Cover.

C. Home Contents Cover

1. What We cover:

We cover the physical loss or damage to or destruction of the **General Contents** of Your Home caused by an Insured Event as listed in **Section 1, A** of this Section. **Valuable Contents** of Your Home are not covered under this Section unless You have purchased the optional cover for the **Valuable Contents**.

2. Sum Insured:

- a. The Sum Insured for the Home Contents Cover is shown in the Policy Schedule and will be the maximum amount payable in the event the Home Contents are destroyed /lost completely.
- b. The policy has a built-in cover for the General Contents of Your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakh (Rupees Ten Lakh) provided You have opted for both Home Building and Home Contents cover. If You choose to have a higher Sum Insured for Home Contents, You have to declare the Sum Insured in the Proposal Form and pay additional premium.
- c. If You have purchased only Home Contents Cover, You have to declare the Sum Insured for the General Contents in the Proposal Form.
- d. The Sum Insured You have chosen for General Contents must be enough to cover the cost of replacement of the General Contents.
- e. If You want to cover the Valuable Contents in Your Home, You must opt for the Optional Cover for Valuable Contents as given in D (1) (a) of this Section.
- f. Restoration of Sum Insured: Except as stated in Section 1, F (III) (3) (b) of this section below, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate premium for the unexpired Policy Period from the date of loss. We can also deduct this premium from the net claim that We must pay You.

3. What We pay

- a. If the General Contents of Your Home are physically damaged by any Insured Event, We will at Our option,
 - i. reimburse to You the cost of repairs to a condition substantially the same as its condition at the time of damage, or
 - ii. pay You the cost of replacing that item with a same or similar item, or
 - iii. repair the damaged item to a condition substantially the same as its condition at the time of damage.
- b. The maximum We will pay for Home Contents is the Sum Insured shown in the Policy Schedule for Home Contents Cover. If the Policy Schedule shows any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item.

D. Additional Covers

1. Optional Covers:

a. Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover):

For Valuable Contents, a value may be agreed upon by You and Us based on a valuation certificate submitted by You and accepted by Us. However, We shall waive the requirement of valuation certificate if the Sum Insured opted for is up to ₹ 5 Lakh (Rupees Five Lakh) and Individual item value does not exceed ₹ 1 Lakh (Rupees One Lakh).

- i. If the Valuable Contents of Your Home are physically damaged by any Insured Event, We will pay the cost of repairing the item/s.
- ii. If the Valuable Contents of Your Home are a Total Loss We will pay the Sum Insured shown in the Policy Schedule for the Valuable item/s. If the Policy Schedule shows any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item. Loss to only one item of a pair or set does not constitute loss or damage to the entire pair or set.

b. Personal Accident Cover:

In the event an insured peril that caused damages to Your Home Building and/or Home Contents also results in the unfortunate death of either You or Your spouse, We will pay compensation of ₹ 5,00,000 (Rupees Five Lakh) per person.

In the event of the unfortunate death of the insured, the Personal Accident cover shall continue for the spouse until expiry of the policy.

2. Add-ons:

You can opt for an Add-on by choosing from the Add-ons, if any, offered by Us under this product and the ones that You have purchased will be mentioned in the Policy Schedule and the relevant clause/s and/or endorsements will be attached to this Policy.

E. Exclusions (What We do not cover) for all covers under this Section

We do not cover losses and expenses for any loss or damage or destruction of the Insured Property that is directly or indirectly as a result of or is caused by or arising from events, stated below:

1. Your deliberate, wilful or intentional act or omission, or of anyone on Your behalf, or with Your connivance.
2. War, invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
3. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it.
4. Pollution or contamination, unless
 - i. the pollution or contamination itself has resulted from an Insured Event, or
 - ii. an Insured Event itself results from pollution or contamination.
5. Loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self- heating or leakage of electricity from whatever cause (lightning included). This exclusion applies only to the particular machine so lost, damaged or destroyed.
6. Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings, securities, obligations or documents of any kind, coins or paper money, cheques, vehicles, and explosive substances unless otherwise expressly stated in the policy.
7. Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.
8. Loss or damage to any Insured Property removed from Your Home to any other place.
9. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
10. Any reduction in market value of any Insured Property after its repair or reinstatement.
11. Any addition, extension, or alteration to any structure of Your Home Building that increases its Carpet Area by more than 10% of the Carpet Area existing at the Commencement Date or on the date of renewal of this Policy, unless You have paid additional premium and such addition, extension or alteration is added by Endorsement.
12. Costs, fees or expenses for preparing any claim.

F. Conditions

(I) Your Obligations

1. Make true and full disclosure in the proposal and related documents

- a. You have a duty of disclosure to tell Us everything You know, or could reasonably be expected to know, that is relevant to Us for deciding whether to give You insurance cover and on what terms. You owe this

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. For more details on the risk factors, terms and conditions, please read the policy document carefully before concluding a sale. Sarv Suraksha Plus (Group): HDFHLP25043V042425

duty to disclose such relevant material information even if We have not specifically asked for it. This duty extends to any information or declaration given by anyone else on Your behalf.

- b. We have agreed to give You insurance cover entirely on the basis of the information You, or anyone on Your behalf, have given Us in the proposal, statements and other declarations and documents (in writing or electronic) about Yourself, Your family, Your Home Building and Home Contents. The correct and complete information You give is the basis of Our contract with You. Our promise to pay is conditional upon the truth of these statements and on the assumption that You, or anyone on Your behalf, has not withheld any material information about Yourself, Your family, Your Home Building and Home Contents.

2. Obligation to take care : You must:

- a. keep Your Home Building and Home Contents in good condition and well maintained, You must ensure that the structure of Your Home Building does not have any faults or defects that are visible and material that will aggravate loss or damage to the Home Building in the event an insured peril occurs.
- b. take care to prevent theft, loss or damage to Your Home Building and Home Contents, and
- c. ensure that unauthorized persons do not occupy Your Home Building.

3. Inform change in circumstances : You must inform Us immediately if

- a. You change Your address,
- b. You make any addition, alteration, extension to the structure of Your Home Building,
- c. You let out Your Home Building, or Your Home Building will no longer be solely occupied by You,
- d. You change the use of Your Home Building.

4. Allow inspection and investigation of claim:

You must allow, and give full cooperation to the survey/investigation of Your claim by Us. You must allow Us, and any surveyor, officer or other representative that We authorise, to inspect Your Home Building and Home Contents including the interior wherever necessary, take photographs and where required, permit the scientific testing and investigation of any insured article affected by the insured peril. You must answer all questions asked regarding Your claim truthfully and completely, and submit all relevant documents that We will require.

5. Make true statements and full disclosure in the claim and related documents

You must also give true and full information in Your claim and submit true documents. If You give any false information or document in the claim, or if You withhold any information or document (written or electronic), We have a right to refuse payment of Your claim. We may also cancel Your policy.

G. Changes to covers

- a. You can choose to make changes to the covers of this Policy as may be permitted by Us, or increase or reduce any Sum Insured. You must make a proposal or request for any change. It will be effective only after We have accepted Your proposal, and You have paid the additional premium, where applicable.
- b. This Policy (including the Policy Schedule, the proposal, declarations and Endorsements) consists of the entire contract between You and Us.

H. Waiver of Underinsurance

Underinsurance does not apply to this Section. Thus, if Your Sum Insured calculated on the basis of the information that You provided, is less than the actual value at risk, the difference will not affect the amount We pay.

1. Terrorism

Insuring Clause

Subject otherwise to the terms, exclusions, provisions and conditions contained in the **Policy** and in consideration of the payment by the **Insured** to the **Company** of additional premium as stated in the **Schedule/Certificate of Insurance**, it is hereby agreed and declared that notwithstanding anything stated in the 'Terrorism Risk Exclusion' of this Policy to the contrary, this **Policy** is extended to cover physical loss or physical damage occurring during the period of this Policy caused by an act of Terrorism, subject to the exclusions, limits and Excess described hereinafter.

For the purpose of this cover, an act of Terrorism means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.

This cover also includes loss, damage, cost or expense directly caused by, resulting from or in connection with any action taken in suppressing, controlling, preventing or minimizing the consequences of an act of Terrorism by the duly empowered government or Military Authority.

Provided that If the **Insured** is eligible for indemnity under any government compensation plan or other similar scheme in respect of the damage described above, this Policy shall be Excess of any recovery due from such plan or scheme.

For the purpose of the aforesaid inclusion clause, "Military Authority" shall mean armed forces, para military forces, police or any other authority constituted by the government for maintaining law and order.

Losses excluded under Terrorism Cover

This cover shall not indemnify loss of or damage to property caused by any or all of the following: -

1. Loss by seizure or legal or illegal occupation;
2. Loss or damage caused by:
 - (i) Voluntary abandonment or vacation,
 - (ii) Confiscation, commandeering, nationalisation, requisition, detention, embargo, quarantine, or any result of any order of public or government authority, which deprives the Insured of the use or value of its property;
3. Loss or damage arising from acts of contraband or illegal transportation or illegal trade;
4. Loss or damage arising from or in consequence of the seepage and or discharge of pollutants or contaminants, which pollutants and contaminants shall include but not be limited to any solid, liquid, gaseous or thermal irritant, contaminant or toxic or hazardous substance or any substance the presence, existence or release of which endangers or threatens to endanger the health, safety or welfare of persons or the environment;

5. Loss or damage arising from or in consequence of chemical or biological emission, release, discharge, dispersal or escape or chemical or biological exposure of any kind;
6. Loss or damage arising from or in consequence of asbestos emission, release, discharge, dispersal or escape or asbestos exposure of any kind;
7. Any fine, levy, duty, interest or penalty or cost or compensation/damages and/or other assessment which is incurred by the Insured or which is imposed by any court, government agency, public or civil authority or any other person;
8. Loss or damage by electronic means including but not limited to computer hacking or the introduction of any form of computer virus or corrupting or unauthorised instructions or code or the use of any electromagnetic weapon. This exclusion shall not operate to exclude losses (which would otherwise be covered under this Policy) arising from the use of any computer, computer system or computer software programme or any other electronic system in the launch and/or guidance system and/or firing mechanism of any weapon or missile;
9. Loss or damage caused by vandals or other persons acting maliciously or by way of protest or strikes, labour unrest, riots or civil commotion;
10. Loss or increased cost occasioned by any public or government or local or civil authority's enforcement of any ordinance or law regulating the reconstruction, repair or demolition of any property insured hereunder;
11. Any consequential loss or damage, loss of use, delay or loss of markets, loss of income, depreciation, reduction in functionality, or increased cost of working;
12. Loss or damage caused by factors including but not limited to cessation, fluctuation or variation in, or insufficiency of, water, gas or electricity supplies and telecommunications or any type of service;
13. Loss or increased cost as a result of threat or hoax;
14. Loss or damage caused by or arising out of burglary, house - breaking, looting, theft, larceny or any such attempt or any omission of any kind of any person (whether or not such act is committed in the course of a disturbance of public peace) in any action taken in respect of an act of Terrorism;
15. Loss or damage caused by mysterious disappearance or unexplained loss;
16. Loss or damage caused by mould, mildew, fungus, spores or other micro-organism of any type, nature or description, including but not limited to any substance whose presence poses an actual or potential threat to human health;
17. Total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind.

Limit of Indemnity

The limit of indemnity under this cover shall not exceed the Total **Sum Insured** given in the **Policy Schedule** or INR 20,000,000,000 whichever is lower. In respect of several insurance policies within the same compound/location with one or different insurers, the maximum aggregate loss payable per compound/location by any one or all insurers shall be INR 20,000,000,000. If the actual aggregate loss

suffered at one compound/location is more than INR 20,000,000,000 the amounts payable towards individual policies shall be reduced in proportion to the Sum Insured of the policies.

The insurance provided under this endorsement is subject to an Excess of 1% of the claim amount for each and every claim subject to a minimum of INR 10,000 and maximum of INR 500,000.

Add on Covers

It is further declared and agreed that the limit of indemnity including the claim on add on cover(s) shall not exceed total Sum Insured plus separate sublimit opted for add on cover(s) or INR 20,000,000,000 whichever is lower. In respect of several insurance policies with in the same compound /location, the maximum aggregate loss payable per compound/location by any one or all insurers shall be INR 20,000,000,000.

Mid Term Cover

In case the coverage under this endorsement is granted during the currency of the policy, no claims will be payable for loss or damage to property caused by an act of Terrorism occurring during the first 15 (fifteen) days from the date of granting such cover.

Sanction, Limitation and Exclusion Clause

No (re)insurer shall be deemed to provide cover and no (re)insurer shall 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 that (re)insurer 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.

Cancellation Clause

Notwithstanding the cancellation provisions relating to the basic insurance policy on which this endorsement is issued, there shall be no refund of premium allowed for cancellation of the Terrorism risk insurance during the period of insurance except where such cancellation is done along with the cancellation of the basic insurance. Where a policy is cancelled and rewritten mid-term purely for the purpose of coinciding with the accounting year of the Insured, pro-rate refund of the cancelled policy premium will be allowed.

If the cancellation is for any other purpose, refund of premium will only be allowed after charging short term scale rates.

Note: The definitions, terms and conditions of main Policy save as modified or endorsed herein shall apply.

Clauses applicable to Fire and Allied Perils

Reinstatement Value Clause

It is hereby declared and agreed that in the event of the property insured under the stated items within the **Policy** being destroyed or damaged, the basis upon which the amount payable under (each of the said items of) the **Policy** is to be calculated shall be cost of replacing or reinstating on the same site or any other site with property of the same kind or type but not superior to or more extensive than the insured property when new as on date of the loss, subject to the following Special Provisions and subject also to the terms and conditions of the **Policy** except in so far as the same may be varied hereby.

Special Provisions

1. The work of replacement or reinstatement (which may be carried out upon another site and in any manner suitable to the requirements of the Insured subject to the liability of the Company not being thereby increased) must be commenced and carried out with reasonable dispatch and in any case must be completed within 12 months after the destruction or damage or within such further time as the **Company** may in writing allow, otherwise no payment beyond the amount which would have been payable under the **Policy** if this memorandum had not been incorporated therein shall be made.
2. Until expenditure has been incurred by the Insured in replacing or reinstating the property destroyed or damaged the **Company** shall not be liable for any payment in excess of the amount which would have been payable under the Policy if this memorandum had not been incorporated therein.
3. If at the time of replacement or reinstatement the sum representing the cost which would have been incurred in replacement or reinstatement if the whole of the property covered had been destroyed, exceeds the Sum Insured thereon or at the commencement of any destruction or damage to such property by any of the perils insured against by the Policy, then the Insured shall be considered as being his own insurer for the excess and shall bear a ratable proportion of the loss accordingly. Each item of the Policy (if more than one) to which this memorandum applies shall be separately subject to the foregoing provision.
4. This Memorandum shall be without force or effect if
 - a) the Insured fails to intimate to the **Company** within 6 months from the date of destruction or damage or such further time as the **Company** may in writing allow his intention to replace or reinstate the property destroyed or damaged.
 - b) the Insured is unable or unwilling to replace or reinstate the property destroyed or damaged on the same or another site.

II. Burglary and House Breaking including Larceny and Theft

What is covered

- a. The **Company** will indemnify the **Insured** in respect of loss or damage to Home contents, by **Burglary** and house breaking including larceny and theft.
- b. The **Company** will further indemnify the **Insured** in respect of damage to the Insured's home and / or safe resulting from burglary and/or house breaking or any attempt thereat subject to a maximum of 5% of the Sum Insured under this Section. Provided however that no loss under clauses a) and b) herein above, shall together exceed the **Sum Insured** under this Section.

Exclusions

This Section does not cover loss, destruction or damage:

1. Caused by burglary and/or house breaking and/or theft and/or larceny where any member of the Insured's family is concerned as principal or accessory
2. To securities, documents of any kind, stamps, coins, cash/ paper money, deeds, ATM cards, credit

cards, charge cards, bonds, bills of exchange, promissory notes, or any other negotiable instrument, books of accounts or any other business books, and explosives.

3. To articles of consumable nature, livestock and motor vehicles.
4. To curios, antiques, pictures and other works of art, guns, collection of stamps, coins and medals for an amount collectively in excess of Rs. 10,000 unless specifically stated to the contrary in the Schedule.
5. To Jewellery **and Valuables** in excess of Rs. 10,000 per **Single Article** unless stated to the contrary in the Schedule.

Special Condition

1. Jewellery is covered subject to its being kept in locked safe within the home premises
2. Where any item insured hereunder consists of articles in pair or set the Company's liability in respect thereof shall not exceed the value of any article which may be lost or damaged without reference to any special value which such article may have as part of such pair or set.
3. The cover under this section becomes inoperative if the premises remain unoccupied for more than 60 consecutive days unless prior written notice is sent to the **Company** and its consent obtained, subject to fulfilment of terms and conditions that may be stipulated by the **Company** for extending cover in such circumstances.
4. For Multiyear policy-

Extends to cover the property of the insured up to policy period as specified in the schedule provided that:

- a. The policy shall be issued for a minimum period of 2 years.
- b. The Insured can cancel the policy at any time during the policy term, by informing the Company.

In case of No claim: The Company shall refund proportionate premium for the unexpired policy period.

In case of claim: No refund shall be made for the year in which claim is made. The Company shall refund proportionate premium for the unexpired policy years.

- c. Mid-term inclusion of perils shall not be allowed.
- d. Premium for entire policy period shall be collected in advance.
- e. Mid-term increase in **Sum Insured** shall be allowed on prorata basis for the balance period.
- f. Mid-term reduction in **Sum Insured** is not allowed
- g. **Policy** with long term extension can be issued only to house/flat owners and not to others who do not own the house/flat.
- h. Discounts for Earthquake Cover for Long term policies cannot be allowed.
- i. All Other terms and conditions remain same as per Policy wording

Sum Insured

The basis of valuation shall be

- i. **Reinstatement value** for all contents excepting **Personal Effects**, and

ii. **Market value for Personal Effects.**

Basis of Indemnity

1. The indemnity shall be on the basis of **Reinstatement Value** or **Market Value** as applicable and as stated above.
2. In the event of property insured being damaged by any of the insured perils, the **Company** shall pay for the amount of damage or loss or at its option replace or repair the damaged property.
3. If the property here by insured shall, at the commencement of any destruction of or damage to the property by any of the insured perils be collectively of greater value than the **Sum Insured** there on, then the **Insured** shall be considered as being his own insurer for the difference and shall be at a ratable portion of the loss accordingly. Provided, however, that if the Sum Insured hereby on the property insured shall at the breaking out of such fire or at the commencement of such destruction or damage be not less than 85% (eighty five percent) of the collective value of the property insured, clause 3 of Basis of Indemnity under this Section shall not apply, notwithstanding anything to the contrary contained in the policy.

7. Broken Bones

a) Coverage

We will pay the **Sum Insured** corresponding to Fracture in accordance with table below, if **Insured Person** sustains **Injury** during **Period of Insurance** as mentioned in the Schedule of Coverage on the Certificate of Insurance during **Period of Insurance**, which solely and directly results in Fracture defined below.

	Fracture	% of Base Sum Insured payable
1)	Fractures of the Skull: a) Compound fracture with damage to the brain tissue b) Compound fracture without damage to the brain tissue c) All other fractures	100 75 50
2)	Fractures of hip or pelvis (excluding thigh or coccyx): a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	100 50 30 20
3)	Fracture of thigh or heel: a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	50 40 30 20

4)	Fracture of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm (including wrist, but excluding Colles-type fracture):	
	a) Multiple fractures (at least one compound & one complete)	40
	b) All other compound fractures	30
	c) Multiple fractures, at least one complete	20
	d) All other fractures	12
5)	Fractures of Lower Jaw:	
	a) Multiple fractures (at least one compound & one complete)	30
	b) All other compound fractures	20
	c) Multiple fractures, at least one complete	16
	d) All other fractures	8
6)	Fractures of Shoulder Blade, Kneecap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes and heel):	
	a) All compound fractures	20
	b) All other fractures	10
7)	Colles type fracture to the Lower Arm:	
	a) Compound	20
	b) Other	10
8)	Fractures of Spinal Column (Vertebrae but excluding coccyx):	
	a) All compression fractures	20
	b) All spinous, transverse process or pedicle fractures	20
	c) All other vertebral fractures	10
9)	Fractures of Rib or Ribs, Cheekbone, Coccyx, Upper Jaw, Nose, Toe and toes, finger or fingers:	
	a) Multiple fractures (at least one compound & one complete)	16
	b) All other compound fractures	12
	c) Multiple fractures, at least one complete	8
	d) All other fractures	4

b) General Conditions applicable to Broken Bones

The Claims under this Cover are payable subject to;

- i. Extent and nature of fracture is certified by Medical Practitioner.
- ii. The total amount payable under this Section, in respect of more than one fracture due to the same **Injury**, will be calculated by adding the various percentages of **Base Sum Insured** shown in the Table of Benefits subject to maximum of **Sum Insured**
- iii. The Coverage under this Section terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the Policy will not exceed the **Base Sum Insured** in respect of the Cover.

c) Exclusions applicable to Broken Bones

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

1. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
2. 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
3. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
4. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
5. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
6. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
7. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
8. From participation in **Adventure sports**

8. Dependent Child Education Benefit

a) Coverage

We will pay the **Sum Insured** towards education of each **Dependent Children**, in the event of;

- III. Accidental Death - if **Insured Person** sustains **Injury** due to **Accident** during the **Period of Insurance**, which shall within twelve months of its occurrence be the sole and direct cause of Death of **Insured Person**.
 - (a) Disappearance - if Insured Person's body cannot be located within 365 Days;
 - a. after the forced landing, stranding, sinking or wrecking of a conveyance in which **Insured Person** was known to be a passenger during **Period of Insurance** or;
 - b. after and as a result of any **Catastrophic Event** during **Period of Insurance**

it shall be deemed, subject to all other terms and provisions of the Policy, that Insured Person shall have suffered Death due to **Accident** under the **Policy**.

If at any time, after the payment of the **Accidental** death benefit, it is discovered that the **Insured Person** is still alive, claims settled in respect of Disappearance benefit shall be reimbursed in full to the **Company**.

- (b) Comatose
If **Insured Person** sustains **Injury** during **Period of Insurance** which directly and independently of all other causes results in the **Insured Person** being in **Hospital** in a **Comatose State** within one month of the date of **Injury** for continuous period of more than three months, **We** will pay **Sum Insured** as mentioned in the Schedule of Coverage on Policy Schedule.

- IV. **Permanent Total Disablement** - If **Insured Person** sustains **Injury** during **Period of Insurance**, which shall within twelve (12) months of its occurrence be the sole and direct cause of Permanent Disablement, We will pay in accordance to the Benefit table opted, up to maximum of **Sum Insured** as mentioned in the **Schedule of Coverage** on **Policy Schedule/Certificate of Insurance** provided such disablement is certified by the **Medical Practitioner**

S. No	The Disablement
1	Permanent Total Disablement
2	Permanent and incurable insanity
3	Permanent Total Loss of two Limbs (physical severance of Limbs)
4	Permanent Total Loss of Sight in both eyes
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance of Limbs)
6	Permanent Total Loss of Speech
7	Complete removal of the lower jaw
8	Permanent Total Loss of Mastication
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance
10	Permanent Total Loss of Hearing in both ears
11	Permanent Total Loss of one Limb (physical severance of Limbs)
12	Permanent Total Loss of Sight of one eye

b) Special Conditions applicable to Children Education Benefit

- i. This Coverage is applicable only to living **Dependent Children**
- vi. The Coverage under this Section terminates on admissibility of a Claim under this Section.

c) Exclusions applicable to Children Education Benefit

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless otherwise specified on Schedule of Coverage on the Policy Schedule/Certificate of Insurance;

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. 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
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from

- any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in **Adventure sports**

9. Parental Care Benefit

a) Coverage

We will pay the **Sum Insured** towards Parental care of each **Dependent Parents**, in the event of;

- i. Accidental Death - if **Insured Person** sustains **Injury** due to **Accident** during the **Period of Insurance**, which shall within twelve months of its occurrence be the sole and direct cause of Death of **Insured Person**.
 - a. Disappearance - if Insured Person's body cannot be located within 365 Days;
 - i. after the forced landing, stranding, sinking or wrecking of a conveyance in which **Insured Person** was known to be a passenger during **Period of Insurance** or;
 - ii. after and as a result of any **Catastrophic Event** during **Period of Insurance**

it shall be deemed, subject to all other terms and provisions of the Policy, that Insured Person shall have suffered Death due to **Accident** under the **Policy**.

If at any time, after the payment of the **Accidental** death benefit, it is discovered that the **Insured Person** is still alive, claims settled in respect of Disappearance benefit shall be reimbursed in full to the **Company**.

- b. Comatose
If **Insured Person** sustains **Injury** during **Period of Insurance** which directly and independently of all other causes results in the **Insured Person** being in **Hospital** in a **Comatose State** within one month of the date of **Injury** for continuous period of more than three months, **We** will pay **Sum Insured** as mentioned in the Schedule of Coverage on Policy Schedule.

- 2. **Permanent Total Disablement** - If **Insured Person** sustains **Injury** during **Period of Insurance**, which shall within twelve (12) months of its occurrence be the sole and direct cause of Permanent Disablement, We will pay in accordance to the Benefit table opted, up to maximum of **Sum Insured** as mentioned in the **Schedule of Coverage on Policy Schedule**/Certificate of Insurance provided such disablement is certified by the **Medical Practitioner**

S. No	The Disablement
1	Permanent Total Disablement
2	Permanent and incurable insanity
3	Permanent Total Loss of two Limbs (physical severance of Limbs)
4	Permanent Total Loss of Sight in both eyes
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance of Limbs)

6	Permanent Total Loss of Speech
7	Complete removal of the lower jaw
8	Permanent Total Loss of Mastication
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance
10	Permanent Total Loss of Hearing in both ears
11	Permanent Total Loss of one Limb (physical severance of Limbs)
12	Permanent Total Loss of Sight of one eye

b) Special Conditions applicable to Parental Care

- i. This Coverage is applicable only to living **Dependent Parents**
- ii. **vi. The Coverage under this Section terminates on admissibility of a Claim under this Section**

c) Exclusions applicable to Parental Care

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless otherwise specified on Schedule of Coverage on the Policy Schedule/Certificate of Insurance;

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. 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
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in **Adventure sports**

10. Mobility Extension

a. Coverage

i. Mobility Extension – Benefit

We will pay the **Sum Insured** as mentioned in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance towards the cost of;

- 1) a self-powered, climbing wheelchair; and/or
- 2) adjustment of Control in Insured Person's Motor Vehicle, owned prior to disablement; and/or
- 3) a lift, necessary ramps, railings and holds to usual place of residence,

certified as necessary by **Medical Practitioner** if **Insured Person** sustains **Injury** during **Period of Insurance** while which solely and directly, within 12 months of its occurrence results in **Permanent Total Disablement** as defined in the table below;

S. No	The Disablement
1	Permanent Total Disablement
2	Permanent and incurable insanity
3	Permanent Total Loss of two Limbs (physical severance of Limbs)
4	Permanent Total Loss of Sight in both eyes
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance of Limbs)
6	Permanent Total Loss of Speech
7	Complete removal of the lower jaw
8	Permanent Total Loss of Mastication
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance
10	Permanent Total Loss of Hearing in both ears
11	Permanent Total Loss of one Limb (physical severance of Limbs)
12	Permanent Total Loss of Sight of one eye

ii. Mobility Extension – Indemnity

We will indemnify the Insured Person towards the cost of;

- 1) a self-powered, climbing wheelchair; and/or
- 2) adjustment of Control in Insured Person's Motor Vehicle, owned prior to disablement; and/or
- 3) a lift, necessary ramps, railings and holds to usual place of residence,

certified as necessary by **Medical Practitioner** if **Insured Person** sustains **Injury** during **Period of Insurance** while which solely and directly, within 12 months of its occurrence results in **Permanent Total Disablement** as defined in the table below subject to maximum of **Sum Insured** as mentioned in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance

S. No	The Disablement
1	Permanent Total Disablement
2	Permanent and incurable insanity
3	Permanent Total Loss of two Limbs (physical severance of Limbs)

4	Permanent Total Loss of Sight in both eyes
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance of Limbs)
6	Permanent Total Loss of Speech
7	Complete removal of the lower jaw
8	Permanent Total Loss of Mastication
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance
10	Permanent Total Loss of Hearing in both ears
11	Permanent Total Loss of one Limb (physical severance of Limbs)
12	Permanent Total Loss of Sight of one eye

b. Special conditions applicable to Mobility Extension

- i. The Coverage under this Section terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the Policy will not exceed the **Base Sum Insured** in respect of the Cover.

c. Exclusions applicable to Mobility Extension

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. 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
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in **Adventure sports**

11. Hospital Cash

a. Coverage

I. Hospital Cash – Accident only

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. For more details on the risk factors, terms and conditions, please read the policy document carefully before concluding a sale. Sarv Suraksha Plus (Group): HDFHLP25043V042425

If Insured Person sustains Injury, which within month of its occurrence, results in **Medically Necessary**;

- i. **Hospitalization**
- ii. Domiciliary **Hospitalization**
- iii. **Hospitalization** for Alternative Treatments

of an **Insured Person** within India, **We** will pay per day **Sum Insured** subject to maximum number of benefit days as specified on the **Schedule of Coverage** in the **Policy Schedule** for each continuous and completed period of 24 hours of such Hospitalization.

II. Hospital Cash - Illness only

If Insured Person suffers from **Illness**, which results in **Medically Necessary**;

- i. **Hospitalization**
- ii. Domiciliary **Hospitalization**
- iii. **Hospitalization** for Alternative Treatments

Of an **Insured Person** within India, **We** will pay per day **Sum Insured** subject to maximum number of benefit days as specified on the **Schedule of Coverage** in the **Policy Schedule** for each continuous and completed period of 24 hours of such Hospitalization.

a. Optional Cover applicable under Hospital Cash – Illness only

1. Waiting Period modification option

On availing this option, waiting periods applicable to Hospital Cash – Illness only section shall be modified and shall be applicable as mentioned on the Schedule of Coverage in the **Policy Schedule**/Certificate of Insurance.

All other terms and Conditions of the respective Section and Policy shall remain unaltered

b. Optional Covers applicable to Hospital Cash

We will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule**/Certificate of Insurance. These Covers are optional and applicable only if opted for.

i. Companion Benefit

In the event of admissible Claim under this Cover I and/or II as opted, **We** will pay an additional **Sum Insured** as specified on the **Schedule of Coverage** in the **Policy Schedule**/Certificate of Insurance towards expenses of an accompanying person during **Hospitalization** of the **Insured Person**.

ii. Hospital Cash –ICU

We will pay **Sum Insured** as specified on the **Schedule of Coverage** in the **Policy Schedule** for each continuous and completed period of 24 hours of **Hospitalization** of **Insured Person** in the **Intensive Care Unit** under Cover I and/or II as opted.

iii. Time Deductible Modification Option

On availing this option, **Time Deductible** as mentioned on the Schedule of Coverage in the **Policy Schedule** will be applied on each and every admissible Claim under Cover I and/or II as opted.

iv. Hospital Cash – Global

On availing this option, we will pay **Sum Insured** as specified on the **Schedule of Coverage** in the **Policy Schedule** on **Medically Necessary Hospitalization** of an **Insured Person** outside India under Cover I and/or II as opted.

c. Exclusions applicable to Hospital Cash

I. General Exclusions

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance ;

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. 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
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in **Adventure sports**

II. Waiting Period and Exclusions applicable to 11.II Hospital Cash due to Illness and its optional covers if in force

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance;

a. Waiting Periods

All claims payable under this Section will be subject to the waiting periods specified below:

i) **Pre-existing Diseases – Code – Excl01**

- 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 or time period as specified in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance 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 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.

ii) **Specified Disease/Procedure waiting period- Code – Excl02**

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months or time period as specified in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance 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.

a. Illnesses

	Non infective Arthritis
Diseases of gall bladder including cholecystitis	Urogenital system e.g. Kidney stone ,Urinary Bladder Stone
Pancreatitis	Ulcer and erosion of stomach and duodenum
All forms of Cirrhosis	Gastro Oesophageal Reflux Disorder (GERD)
Perineal Abscesses	Perianal Abscesses
Cataract	Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism
Pilonidal sinus	
Benign tumors, cysts, nodules, polyps including breast lumps	Osteoarthritis and osteoporosis
Polycystic ovarian diseases	Fibroids (fibromyoma)
Sinusitis, Rhinitis	Tonsillitis

Skin tumors

Benign Hyperplasia of Prostate

b. Procedures

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy
Dilatation and curettage (D&C)	Nasal concha resection
Myomectomy for fibroids	Surgery of Genito urinary system
Surgery on prostate	Cholecystectomy
Hernia	Hydrocele/Rectocele
Surgery for prolapsed inter vertebral disc	Joint replacement surgeries
Surgery for varicose veins and varicose ulcers	Surgery for Nasal septum deviation
Surgery for Perianal Abscesses	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

iii) **30-day waiting period – Code – Excl03**

- d) Expenses related to the treatment of any illness upto 30 days or time period as specified in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance from the first **Policy** commencement date shall be excluded except claims arising due to an **Accident**, provided the same are covered.
- e) This exclusion shall not, however, apply if the **Insured Person** has continuous coverage for more than twelve months.
- f) The within referred waiting period is made applicable to the enhanced **Sum Insured** in the event of granting higher **Sum Insured** subsequently.

b. General Exclusions

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy**/Certificate of Insurance:

- i. **Investigation & Evaluation:** Code Excl04
 - a. Expenses related to any admission primarily for diagnostic 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.
- ii. **Rest Cure, rehabilitation and respite care**—Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- iii. **Obesity/Weight control:** Code – Excl06: 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 apnoea
 - VI. uncontrolled type2 diabetes
- iv. **Change-of-Gender treatments** - Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
 - v. **Cosmetic or plastic surgery**: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of **Medically Necessary Treatment** to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending **Medical Practitioner**.
 - vi. **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.
 - vii. **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.
 - viii. **Excluded Providers**- Code – Excl11 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.
 - ix. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12
 - x. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13
 - xi. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a **Medical Practitioner** as part of **Hospitalization** claim or day care procedure. Code – Excl14
 - xii. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. Code – Excl15
 - xiii. **Unproven Treatments**– 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.Code – Excl16
 - xiv. **Sterility and Infertility** –Code – Excl17 -Expenses related to sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
 - xv. **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.

- xvi. 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, Chemical or Biological** attack or weapons, radiation of any kind.
- xvii. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide or suicide.
- xviii. Any **Insured Person's** participation or involvement in naval, military or air force operation.
- xix. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").
- xx. Congenital external diseases, defects or anomalies,
- xxi. Stem cell harvesting.
- xxii. Investigative treatments for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).
- xxiii. Circumcisions (unless necessitated by **Illness** or **Injury** and forming part of treatment).
- xxiv. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
- xxv. Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxvi. Vaccination including inoculation and immunisations (Except post Animal bite treatment),
- xxvii. Treatment taken on Outpatient basis
- xxviii. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.
- xxix. Any Claim arising due to Non-disclosure of Pre-existing **Illness** or Material fact as sought to be declared on the Proposal/Enrolment form.

12. Chauffeur Benefit

a. Coverage

If **Insured Person** sustains **Injury** during Period of Insurance which results in **Temporary Total Disablement** or **Temporary Partial Disablement**, We will indemnify the **Insured Person** towards daily cost of hire of a transportation or driver to maintain the mobility of **Insured Person**. The Coverage is applicable for period of disablement subject to maximum number of days and **Sum Insured** specified in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance.

b. Special Conditions applicable to Chauffeur Benefit

- i. This cover is applicable only on certification of Travel by **Medical Practitioner**.
- ii. In the event of Claim admissible under this Cover, no claim shall be payable under Cover 2.IV.1 – Temporary Total Disablement if opted
- iii. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims.
- iv. The Coverage under this Cover terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the **Policy** will not exceed the **Base Sum Insured** in respect of the Cover.

c. Exclusions applicable to Chauffeur Benefit

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
 - ii. 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
 - iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
 - iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
 - v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
 - vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
 - vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
 - viii. From participation in **Adventure sports**

13. Accidental Hospitalization Expenses

a. Coverage

We will pay **Medical Expenses** listed below if **Insured Person** sustains **Injury** during **Period of Insurance** which results in **Medical necessary Hospitalization** of **Insured Person**. The Coverage is up to **Sum Insured** as mentioned in the **Schedule of Coverage** on the **Policy Schedule** and subject to **Co-Payment** and **Deductible** as applicable and within India only.

Medical Expenses

- i. **Room Rent** and boarding charges
- ii. **Intensive Care Unit** charges
- iii. Consultation fees & Nursing charges
- iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances charges
- v. Medicines, drugs and consumables
- vi. Diagnostic procedures conducted with in same hospital where Insured Person is admitted
- vii. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

b. Special Conditions applicable to Accidental Hospitalization Expenses

The Claims under this cover are subject to terms and conditions given below.

- i. **Room Rent & Proportionate deduction: Insured Person** is eligible for **Room Rent** category of up to Single Standard AC Room. 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.

c. Optional Covers applicable under Accidental Hospitalization Expenses

We will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**. These Covers are optional and applicable only if opted for.

1. Post-Hospitalization Medical Expenses

On option this cover, **We** will pay for the **Post Hospitalization Medical Expenses** incurred upto number of days as mentioned in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance for the **Hospitalization** claim admissible under this Cover.

2. Accidental Hospitalization Expenses - Global

On availing this option, **We** will pay **Medical Expenses** under this Section, incurred anywhere in world.

3. Co-payment

On availing this option, **Co-Payment** will be applicable as mentioned in the **Schedule of Coverage** on the **Policy Schedule/Certificate of Insurance** on all Claims under cover opted under this Section

d. Exclusions applicable to Accidental Hospitalization Expenses

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. 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
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- vii. From participation in **Adventure sports**
- viii. **Investigation & Evaluation:** Code Excl04
 - a. Expenses related to any admission primarily for diagnostic 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.
- ix. **Rest Cure, rehabilitation and respite care**—Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

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

- x. **Cosmetic or plastic surgery:** Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of **Medically Necessary Treatment** to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending **Medical Practitioner**.
- xi. **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.
- xii. **Excluded Providers-** Code – Excl11 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.
- xiii. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12
- xiv. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13
- xv. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a **Medical Practitioner** as part of **Hospitalization** claim or day care procedure. Code – Excl14
- xvi. **Unproven Treatments–** 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. Code – Excl16
- xvii. Congenital external diseases, defects or anomalies,
- xviii. Stem cell harvesting.
- xix. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
- xx. Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxi. Treatment taken on Outpatient basis
- xxii. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.

14. Permanent Total Disablement - Illness

- a. Coverage

We will pay **Sum Insured** as specified on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**, if Insured Person suffers from **Permanent Total Disablement** due to Illness which is contracted during Period of Insurance and whose diagnosis first commence/occurs after the applicable waiting period from first commencement of coverage under this Section.

- b. Special Conditions applicable to Permanent Total Disablement

i. Survival Period

Claim under this Section is payable only if **Insured Person** survives 7 days or survives for the number of days as opted and specified in the Policy Schedule/Certificate of Insurance from the diagnosis and fulfillment of the definition of the **Permanent Total Disablement** covered.

The Claim is admissible only with confirmatory diagnosis of **Permanent Total Disablement** while the **Insured Person** is alive (A claim would not be admitted if the diagnosis is made post mortem)

ii. Number of Claims and Benefits payable

On admissibility of Claim under this Section, coverage for Insured Person under all Sections of this Policy shall terminate. In consequence thereof no benefit shall be payable under any other section of this Policy.

c. Waiting Period and Exclusions applicable to Permanent Total Disablement – Illness

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

i. Waiting Period

- a. Waiting period of 90 days shall apply to all the claims from the first commencement of Coverage under this Section.
- b. A waiting period of 36 months shall apply for all **Pre-existing Diseases** Conditions declared and/or accepted at the time of first enrolment of Coverage under this Section. In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of **Sum Insured** increase.

ii. General Exclusions

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. Treatment arising from or consequent upon war or any act of war (whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- ii. Any Illness, sickness or disease other than those opted and specified as Major Medical illnesses under this Cover.
- iii. Any condition caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, whether or not arising out of any **Pre-existing diseases**.
- iv. Any Critical Illness or Surgical Procedure arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen
- v. Narcotics used by the **Insured Person** unless taken as prescribed by a registered Medical Practitioner
- vi. Any Claim caused due to intentional self-injury, suicide or attempted suicide.
- vii. Any Critical Illness or Surgical Procedure caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;
- viii. Any claim caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- ix. Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
- x. Congenital External Anomalies or any complications or conditions arising there from including any developmental conditions of the Insured;
- xi. Whilst engaging in **Adventure Sports**.
- xii. Involvement in naval, military or air force operation.

- xiii. Participation by the **Insured Person** in any flying activity, except as a bona fide, passenger (fare paying or otherwise) of a recognized airline on regular routes and on a scheduled time table.
- xiv. Treatment of Obesity and any weight control program.
- xv. Congenital external diseases, defects or anomalies Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or **Illness**), maternity or birth (including caesarean section) except in the case of ectopic pregnancy.
- xvi. treatment to treat infertility any fertility, sub-fertility or assisted conception procedure,
- xvii. Sterility, treatment whether to affect infertility, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.
- xviii. Investigative treatment for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).
- xix. Circumcisions (unless necessitated by **Illness** or **Injury** and forming part of treatment); treatment for correction of vision due to refractive error, aesthetic or change-of-life treatments of any description and sex transformation operations.
- xx. Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of **Medically Necessary Treatment** certified by the attending Medical Practitioner for reconstruction following an **Accident**, cancer or burns.
- xxi. **Experimental**, investigational or **Unproven** treatments, devices and pharmacological regimens.
- xxii. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who is a member of an Insured Person's family, or stays with him
- xxiii. Any Claim arising due to Non-disclosure of Pre-existing **Illness** or Material fact as sought to be declared on the Proposal/Enrolment form.

15. Last Rites

a. Coverage

We will pay the **Sum Insured**, as specified in the Schedule of Coverage on **Policy Schedule**/Certificate of Insurance towards last rites of Insured Person, if **Insured Person** sustains **Injury** due to **Accident** during the **Period of Insurance**, which shall within twelve months of its occurrence be the sole and direct cause of Death of **Insured Person**.

b. Special Conditions applicable to this Section

The Coverage under this Section terminates on admissibility of Claim equal to the **Sum Insured**

c. Exclusions applicable to Last Rites

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. Treatment arising from or consequent upon war or any act of war (whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- ii. Any **Illness**, sickness or disease other than those opted and specified as Major Medical illnesses under this Cover.
- iii. Any condition caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilus, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, whether or not arising out of any **Pre-existing diseases**.
- iv. Any Critical **Illness** or Surgical Procedure arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen

- v. Narcotics used by the **Insured Person** unless taken as prescribed by a registered Medical Practitioner
- vi. Any Claim caused due to intentional self-injury, suicide or attempted suicide.
- vii. Any Critical Illness or Surgical Procedure caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;
- viii. Any claim caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- ix. Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
- x. Congenital External Anomalies or any complications or conditions arising there from including any developmental conditions of the Insured;
- xi. Whilst engaging in **Adventure Sports**.
- xii. Involvement in naval, military or air force operation.
- xiii. Participation by the **Insured Person** in any flying activity, except as a bona fide, passenger (fare paying or otherwise) of a recognized airline on regular routes and on a scheduled time table.

16. Vector Borne Diseases

We shall pay in lumpsum an amount as specified against this section in the Policy Schedule/ Certificate of Insurance upon diagnosis and trigger of any Vector Borne illness as listed in the table below. Diagnosis of the listed Vector Borne Illness must necessarily occur during the Period of Insurance and must be substantiated with diagnostic reports along with certificate issued by the treating medical practitioner.

List of Vector Borne Illnesses & trigger point:

Sr. No.	Name of Illness	Trigger Point and necessary proof for claim admissibility
1	Dengue	Positive NS1 antigen test or Ig M- Elisa test
2	Chikungunya	Presence of IgM and Ig G anti-chikungunya antibodies
3	Kala-Azar	Direct Agglutination Test or Rapid dipstick test or ELISA for detecting IgG and Laboratory Findings suggestive of Anemia, Leucopenia, thrombocytopenia and Hypergammaglobulinemia
4	Japanese Encephalitis	Ig M antibody detection in serum or cerebrospinal fluid
5	Filariasis	Antigen detection in blood sample or IgG4 antibody detection using routine assays
6	Malaria	Diagnosis must be confirmed positive/reactive by microscopy or malaria rapid diagnostic test (RDT)

Specific Conditions applicable to Vector Borne Diseases

- i. Maximum payout under Vector Borne Diseases cover in any given Policy Year shall never exceed the Sum Insured stipulated against this section in the Policy Schedule/ Certificate of Insurance
- ii. Sum Insured for Vector Borne Diseases cover shall replenish once the Policy is renewed.

Waiting Period applicable to Vector Borne Diseases

Initial waiting period: This cover is subject to an initial waiting period of 7 days from the date of inception of this cover with us. In case of enhancement of Sum Insured this waiting period shall apply afresh to the extent of Sum Insured increase.

17. Medishield Cover

A. Coverage

If this Benefit is in force both covers under Medishield benefit shall be applicable for Insured Persons under this Policy

1. Vector Borne Diseases

We shall pay in lumpsum an amount as specified against this section in the Policy Schedule/ Certificate of Insurance upon diagnosis and trigger of any Vector Borne illness as listed in the table below. Diagnosis of the listed Vector Borne Illness must necessarily occur during the Period of Insurance and must be substantiated with diagnostic reports along with certificate issued by the treating medical practitioner.

List of Vector Borne Illnesses & trigger point:

Sr. No.	Name of Illness	Trigger Point and necessary proof for claim admissibility
1	Dengue	Positive NS1 antigen test or Ig M- Elisa test
2	Chikungunya	Presence of IgM and Ig G anti-chikungunya antibodies
3	Kala-Azar	Direct Agglutination Test or Rapid dipstick test or ELISA for detecting IgG and Laboratory Findings suggestive of Anemia, Leucopenia, thrombocytopenia and Hypergammaglobulinemia
4	Japanese Encephalitis	Ig M antibody detection in serum or cerebrospinal fluid
5	Filariasis	Antigen detection in blood sample or IgG4 antibody detection using routine assays
6	Malaria	Diagnosis must be confirmed positive/reactive by microscopy or malaria rapid diagnostic test (RDT)

Specific Conditions applicable to Vector Borne Diseases

- i. Maximum payout under Vector Borne Diseases cover in any given Policy Year shall never exceed the Sum Insured stipulated against this section in the Policy Schedule/ Certificate of Insurance
- ii. Sum Insured for Vector Borne Diseases cover shall replenish once the Policy is renewed.

2. Fracture Care

If this optional cover is in-force, we shall pay in Lumpsum an amount as specified against Medishield cover section in the Policy Schedule/ Certificate of Insurance upon detection of any fracture including hair line fracture to the Insured Person resulting from an Injury that has occurred during the Period of Insurance.

i. Specific Conditions applicable to Fracture Care

Claims under this cover are payable subject to;

a) Extent and nature of the fracture is certified in writing by the Medical Practitioner.

ii. Specific Exclusions applicable to Fracture Care

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy Schedule/Certificate of Insurance:

- a) The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- b) 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
- c) Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- d) Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- e) Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- f) Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- g) From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- h) From participation in **Adventure sports**

B. Specific Conditions applicable to Medishield cover

- a) The two sub-covers (Vector Borne Diseases and Fracture care) under Medishield cover shall have a common Sum Insured and the same shall be as specified against Medishield cover section in the Policy Schedule/ Certificate of Insurance.
- b) Maximum payout under Medishield cover in any given Policy Year shall never exceed the Sum Insured stipulated against Medishield cover section in the Policy Schedule/ Certificate of Insurance
- c) Sum Insured for Medishield cover shall replenish once the Policy is renewed.

C. Waiting Period applicable to Medishield Cover

Initial waiting period: This cover is subject to an initial waiting period of 7 days from the date of inception of this cover with us. In case of enhancement of Sum Insured this waiting period shall apply afresh to the extent of Sum Insured increase.

B. Optional Covers

In consideration of payment of additional Premium or reduction in the Premium as applicable, it is hereby declared and agreed that **We** will pay/restrict the expenses/benefits under below listed Covers subject to all other terms, conditions, exclusions and waiting periods applicable to the **Coverage** opted under the **Policy**.

These Covers are optional and applicable only if opted for and upto the Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule.

i. Preventive Health Check-up

We will indemnify the **Insured Person** towards the cost of **Preventive Health Check – Up**, up to the limit mentioned on the Schedule of Coverage in the **Policy Schedule**/Certificate of Insurance.

Other terms and Conditions applicable to this Coverage

- The Coverage will be applicable as per the eligibility as mentioned on the Schedule of Coverage in the **Policy Schedule**/Certificate of Insurance.
- In case of Annual Eligibility, the percentage and limit will be calculated on expiring Coverage **Sum Insured** and will be only applicable to **Insured Person** covered under expiring Coverage, subject to no claim under Base Coverage.
- In case of Eligibility at the end of each block of continuous years (as mentioned on the Schedule of Coverage), the percentage and limit will be calculated on Average **Sum Insured** during block of three years and will be only applicable to **Insured Person** covered for number of years as mentioned in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance
- Claim under this Cover does not impact the **Sum Insured**.
- The test reports received under this Coverage will not be utilized for re-underwriting the expiring coverage of **Insured Person**

ii. Medical Evacuation

We will indemnify the **Insured Person** for Air Ambulance transportation in an airplane or helicopter for **Emergency Care** which requires immediate and rapid ambulance transportation as prescribed by Medical Practitioner, from the site of first occurrence of the **Accident or Illness** to the nearest **Hospital**, that ground transportation cannot provide.

Conditions applicable to Medical Evacuation

- The Claim under this cover is admissible only once in a **Policy Year**
- This coverage is applicable within Geography as mentioned in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance

iii. Ambulance Cover

We will pay Sum Insured for expenses incurred on Road Ambulance Services in India if **Insured Person** is required;

- i. to be transferred to the nearest **Hospital** following an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention)
- ii. or from one **Hospital** to another **Hospital**
or from **Hospital** to Home (within same City) following **Hospitalization**.

Policy Details

Name	Sarv Suraksha Plus (Group)		
Product Type	Group		
Policy Type	Individual/Family Floater		
Category of Covers	Indemnity/Benefit		
Sum insured	Se c	Sub Sec	Coverage
	1		Major Medical Illness
	A		Optional Covers - Major Medical Illness
		i	Cardiac Arrest
		ii	Angioplasty
		iii	Molecular Gene Profiling test
		iv	Second Medical Opinion
		a	Second Medical Opinion -India
		b	Second Medical Opinion – Global
			2X
			X= Amount selected in Second Medical Opinion - India
	2		Personal Accident
	I		Accidental Death
	A		Optional Covers - Accidental Death
		i	Burns
		ii	Transportation of Mortal Rem.
		iii	Renewal Premium Benefit
	II		Permanent Disablement
	III		Temporary Total Disablement
		I	Temporary Total Disability - Accident Only
		II	Temporary Total Disability – Illness only
	A		Optional Cover under Temporary Total Disability – Illness only
		i	Waiting Period modification Option
3		Emergency Medical Expenses	
I		Emergency Medical Expenses - Accident Only	
II		Emergency Medical Expenses - Illness only	
		Up to INR (10,000 – 25 Lakhs)	

A		Optional Covers - Emergency Medical Expenses	
	i	Emergency Medical Expenses - Global	Up to INR (10Lakhs – 25 Lakhs)
	ii	Co-Payment	5%/10%/15%/20%/25%
4		Loss of Income/EMI Protector	
I		Termination from Employment	INR (1,000 – 50 Lakhs) No. of months (3/6/9/12)
II		Loss of Income - Major Medical Illness	INR (1,000 – 50 Lakhs) No. of months (3/6/9/12)
A		Optional Cover - Loss of Income - Major Medical Illness	
	i	Cardiac Arrest	INR (1,000 – 50 Lakhs) No. of months (3/6/9/12)
III		Loss of Income - Accidental PTD	INR (1,000 – 50 Lakhs) No. of months (3/6/9/12)
5		Credit Shield	
	i	Accidental Death & Permanent Total Disablement	INR (10,000 – 50 Cr.)
6		Property Coverage	
I		Fire & Allied Perils	Up to INR (10,000 – 10 Cr.)
II		Burglary	Up to INR (10,000 – 10 Cr.)
7		Broken Bones	INR (5,000 – 25 Lakhs)
8		Dependent Child Education Benefit	INR (10,000 – 10 Lakhs) per child
9		Parental Care Benefit	INR (10,000 – 25 Lakhs) per parent
10		Mobility Extension	
I		Mobility Extension - Benefit	INR (10,000 – 10 Lakhs)
II		Mobility Extension – Indemnity	INR (5 Lakhs – 10 Lakhs)
11		Hospital Cash	
I		Hospital Cash - Accident Only	INR (500 - 20,000) per day
II		Hospital Cash – Illness only	7/10/15/20/30/60/90/180 days
A		Optional Covers - Hospital Cash – Illness only	
	i	Waiting Period modification option	3 Years /2 Years/1Year/0 Year
A		Optional Covers - Hospital Cash	
	i	Companion Benefit	0.5x /1x x= Sum Insured selected in Hospital Cash
	i	Hospital Cash - ICU	2x /3x/4x/5x/10x x= Sum Insured selected in Hospital Cash
	ii	Time Deductible modification Option	1 day/ 2 days/3 days /4 days/ 5 days/7 days
	iii	Hospital Cash - Global	2x/3x/5x

			x= Sum Insured selected in Hospital Cash
12		Chauffeur Benefit	INR (250 - 1,000) per day 7 days/15 days/30 days
13		Accidental Hospitalization Expenses	Up to INR (10,000 – 25 Lakhs)
A		Optional Covers - Accidental Hospitalization Expenses	
	i	Post Hospitalization expenses	30 days / 60 days
	ii	Hospitalization Expenses - Global	Up to INR (10 Lakhs – 25 Lakhs)
	ii	Co-Payment	5%/10%/15%/20%/25%
14		Permanent Total Disablement - Illness	INR (10,000 – 5 Cr.)
15		Last Rites	INR (1000 – 1,00,000)
16		Vector Borne Diseases	INR (1000 – 1,00,000)
17		Medishield Cover	INR (1000 – 1,00,000)
Optional Covers			
	Sec	Coverage	Sum Insured
	1	Preventive Health Checkup	Preventive health screening every year
	2	Medical Evacuation	Up to INR (1,00,000 - 5,00,000)
	3	Road Ambulance	INR (500 - 20,000)
Policy Period	For credit linked policies - Loan Tenure or up to 5 years whichever is lower For non – credit linked policy – Maximum up to 1 year		
Age	Minimum Entry Age – 18 Years Maximum Entry Age – Lifetime		

Pre policy check ups

Underwriting Matrix for Section 1 Major Medical Illness and section 14 Permanent Total Disablement - Illness:

Credit linked Policies and Employer – Employee policies

The PPC tests required will be as per the below PPC grid. This grid may be subject to change based on the company policy in future & will be guided by our experience

Sum Insured in INR	18 yrs to 50Yrs	Age above 50 years	Financial underwriting
3 Lacs to 1 Cr	NA	NA	Not Applicable
Above 1 Cr to 5 Cr	NA	Set 1	Applicable

Non Credit linked policies

The PPC tests required will be as per the below PPC grid. This grid may be subject to change based on the company policy in future & will be guided by our experience

Sum Insured in INR	18 yrs to 45 Yrs	Age above 45 years	Financial underwriting
3 to 10 Lacs	NA	Set 1	Not Applicable
11 to 24Lacs	NA	Set1+TMT/2D Echo	Not Applicable
25 lacs to 50lacs	Set 2	Set 2	Applicable Above 25 Lacs
51 lacs to 1 Crore	Set 2	Set 2	Applicable Above 25Lacs
Above 1 crore to 5 crores	Set 3	Set 3	Applicable

Set 1: ME, RUA, CBC with ESR, Sr Creatinine, Lipid Profile, SGPT, GGTP, SGOT, HBA1C, ECG

Set 2: Set 1 + HBsAg + TMT/2D Echo, USG Abdomen & Pelvis, Chest X Ray, CEA, PSA (Males), Pap Smear (Females)

Set 3: Set 2+Sonomamography

Pre-Policy Underwriting Matrix for Section 11 Hospital Cash: (Applicable only if Illness is opted)

The PPC tests required will be as per the below PPC grid. This grid may be subject to change based on the company policy in future & will be guided by our experience.

Per Day Benefit in INR	Up to 18 Yrs	18 yrs to 45 Yrs	Age above 45 years	Financial Underwriting
500 to 10,000	NA	NA	NA	NA
Above Rs.10,000	NA	Set 1	Set 2	Applicable

Set 1: ME, RUA, CBC, SrCreatinine, Lipid Profile, SGPT, GGTP, SGOT, HBA1C, ECG

Set 2: Set 1, HBsAg, TMT/2D Echo, USG Abdomen & Pelvis, Chest X Ray

Medical tests:

ME = Medical Examination (Report)	CBC = Complete Blood Count
ECG = Electro Cardio Gram	FBS = Fasting Blood Sugar
Lipids = Lipid Profile	SrCreatinine = Serum Creatinine
LFT = Liver Function Test	RFT = Renal Function Test
PSA = Prostate Specific antigen	TMT = Treadmill Test
RUA = Routine Urine Examination	SGPT = Serum Glutamic Pyruvic Transaminase
USG = Ultrasonogram	HBsAg = Hepatitis B Surface Antigen
GGT = Gamma-Glutamyl Transpeptidase	2D ECHO-2D Echocardiogram, CEA = Carcinoembryogenic Antigen

Wherever Sections Major Medical Illnesses and Hospital Cash are opted for, the pre policy tests conducted would be a combination of the tests as mentioned above.

Guidelines for Pre Policy Check-up

- Pre Policy Check-up will be conducted at our Network provider

- Where ever Pre Policy Check-up is conducted at our Network provider, 100% of the Medical test charges will be reimbursed on acceptance of proposal. In case Customer Insists on a Check-up outside our Network provider, 50% of the Medical test charges will be reimbursed on acceptance of Proposal.
- If Proposal is declined post Pre Policy Check-up, 50% of the Medical test charges incurred will be reimbursed
- Medical Reports are considered valid for up to 3 months
- In case of any positive health declaration on the proposal form the relevant medical tests shall be advised in addition to the above grid tests
- In case of any additional tests advised besides the ones mentioned above, 100% of the cost incurred on such test will be borne by customer

Claim Process

Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy , Health Card or our Website, You can register your claim through call to our IPO (Mobile/Portal) app, e-mail, Call to our call centre.		
Claim Intimation Timelines	Within 15 days from the date of occurrence of the event (Other than Hospitalization)		
Claim Intimation Timelines (in case of Hospitalization)	Cashless Hospitalization		Cashless claims for Hospitalizations outside India
	Emergencies	Planned	
	Within 24 hours of Hospitalization	At least 72 hours prior to the planned Hospitalization	Within 24 hours of the Emergency Hospitalization. At least 72 hours prior to theplanned Hospitalization
Particulars to be provided to Us for Claim notification	Reimbursement Claims		
	Within 48 hours of admission or before discharge from the Hospital , whichever is earlier.		
	<ol style="list-style-type: none"> 1. Policy Number, 2. Name of the Insured Person(s) named in the Policy schedule/Certificate availing treatment (if applicable) 3. Nature of disease/illness/injury (if applicable) 4. Name and address of the attending Medical Practitioner/Hospital (if applicable) 5. Date of admission & probable date of discharge (if applicable) 6. First Information Report and Final Police report, wherever is necessary 7. Any other supporting documents as may be required by the Company 8. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format. 		

Surveyor's Responsibilities	<ol style="list-style-type: none"> 1. The Surveyor must issue an 'ILA' or initial loss assessment, as soon as his preliminary assessment is over. 2. He should continue to advice about revision in reserve as his adjustment progresses, till a firm figure is arrived at. 3. He must submit the reports and photographs both in hard copies and soft
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	<p>copies. Supporting documents will have to be scanned.</p> <ol style="list-style-type: none"> 4. He should clearly establish coverage. 5. He must clearly establish Cause of loss. 6. Loss Adjustment should be done in clear financial terms, with attachments certified by a CA if financial statements are involved. 7. Salvage value. 8. The Surveyor should also determine loss minimization possibilities, by involving experts from India/Abroad. If so agreed, with the insurers, he will coordinate the activities of these specialists, so as to ensure that maximum equipment is made serviceable again.
<p>Condonation of delay</p>	<p>If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.</p>

Claims Procedure Applicable to Health Covers

<p>Claims Documents to be submitted for Major Illness and Permanent Total Disablement due to Illness.</p>	<ol style="list-style-type: none"> 1. Duly filled Claim Form with signature of claimant. 2. Copy of Discharge Summary / Discharge Certificate / Death Certificate (in case insured expired); 3. First consultation letter from treating Medical Practitioner 4. Medical certificate confirming diagnosis, and the treatment from Medical Practitioner 5. certificate from treating Medical Practitioner, specifying the duration and aetiology 6. OT Notes in case of Surgery 7. Medical certificate from treating Medical Practitioner specifying the diagnosis and need for the surgery 8. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 9. All pathological/Histopathological and radiological Investigation Reports 10. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor. 11. Provide KYC (Know your customer) form along with photocopy of any one of following KYC documents for all claims amounting to Rs 1 lakh and above (Aadhaar Card, Passport, Driving License Voter ID, etc) 12. Other necessary document as required by the Company <p>We may require the Insured Person to undergo medical examination by Medical Practitioner authorized by Us to obtain an independent medical opinion for the processing of the claim. Any cost towards such medical examination will be borne by Us.</p>
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<p>Claims documents and procedure for Second Opinion</p>	<ol style="list-style-type: none"> 1. Duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any) 2. Select Our network Medical Practitioner from whom you would prefer to take the second opinion. (Please refer our Website or call at 24X 7 contact line to obtain the list of Our panel doctors). 3. On receipt of the complete set of documents, We will forward the same to the concerned doctor. 4. The Second Opinion shall be forwarded to the member within 15 working days of receipt of the complete set of documents. 5. Where Claim is on reimbursement basis – Diagnostic report and invoice from Medical Practitioner
<p>Claims Documents to be submitted for Loss of Income due to termination</p>	<ol style="list-style-type: none"> 1. Duly completed claim form; 2. Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc. 3. Certificate from the employer of the insured confirming the termination with date of and period of termination. 4. Form 26 AS 5. Any other necessary document as may be required by the Company. 6. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.
<p>Claims Documents to be submitted for Loss of Income due to resignation due to CI</p>	<ol style="list-style-type: none"> 1. Duly completed claim form; 2. Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc. 3. Resignation Letter/ Resignation Acceptance letter 4. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.
<p>Claims Documents to be submitted for Loss of Income due to resignation due to Accidental Permanent Total Disablement</p>	<ol style="list-style-type: none"> 1. Duly filled Claim Form with signature of claimant. 2. Copy of Discharge Summary / Discharge Certificate 3. First consultation letter from treating Medical Practitioner 4. Certificate from treating Medical Practitioner, specifying the duration and aetiology 5. OT Notes in case of Surgery 6. Medical certificate from treating Medical Practitioner specifying the diagnosis and need for the surgery 7. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 8. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.
<p>Claims documents to be submitted for Accidental Death</p>	<ol style="list-style-type: none"> 1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Death certificate 4. Post mortem if conducted/FSL (Forensic science laboratory)report – To check for drug abuse/intoxication 5. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.

<p>Claims documents to be submitted for Permanent Disablement</p>	<ol style="list-style-type: none"> 1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 4. Disability certificate from a government certified Medical Practitioner or government Hospital confirming the extent and nature of disability; 5. Discharge summary from the Hospital Medical reports, case histories, investigation reports, treatment papers as applicable. 6. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. 7. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.
<p>Claims documents to be submitted for Temporary Total Disablement</p>	<ol style="list-style-type: none"> 1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 4. Discharge summary from the Hospital 5. Medical reports, case histories, investigation reports, treatment papers as applicable. 6. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. And advised days of rest. 7. Leave certificate from the employer (If Employed) 8. Fitness certificate from Medical practitioner 9. Insured's own Indian bank cancelled cheque copy and bank details in attached format 10. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable
<p>Claims documents to be submitted for Hospital Cash</p>	<ol style="list-style-type: none"> 1. Copy of Discharge Summary / Discharge Certificate along with time of admission and discharge for Hospital cash benefit 2. First consultation letter from treating Medical Practitioner 3. Certificate from treating Medical Practitioner, specifying the duration and etiology 4. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 5. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.
<p>Claims documents to be submitted for Broken Bones</p>	<ol style="list-style-type: none"> 1. Medical Practitioner's Report 2. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 3. Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability; 4. Original Discharge summary from the hospital 5. Medical reports, case histories, investigation reports, treatment papers as applicable. 6. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 7. Relevant treatment papers clearly mentioning the areas of fracture with their severity.

<p>Claims documents to be submitted for Medical Evacuation</p>	<ol style="list-style-type: none"> 1. Consultation note or Emergency Room's Medical Practitioner medical report 2. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. 3. All relevant Original Invoices for the expenses incurred towards ambulance facility. 4. A covering letter from claimant mentioning the details of loss.
<p>Claims documents to be submitted for Emergency Medical Expenses and Accidental Hospitalization</p>	<ol style="list-style-type: none"> 1. Consultation note or Emergency Room's Medical Practitioner medical report. 2. Relevant treatment papers or Discharge Summary. 3. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. 4. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 5. All relevant Original Invoices for the expenses incurred.
<p>Claims documents to be submitted for Dependent Child Education Benefit and Parental Care Benefit</p>	<ol style="list-style-type: none"> 1. Consultation Note OR Emergency Room's Medical Practitioner medical report OR 2. Relevant Treatment Papers OR Discharge Summary. . 3. Letter from treating Medical Practitioner, mentioning the cause of death if death occurred after a long period from the date of incident. 4. Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability; 5. Death certificate 6. Final police investigation report 7. Post-mortem Report or Coroner's Report 8. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.
<p>Claims documents to be submitted for Mobility Extension Cover</p>	<ol style="list-style-type: none"> 1. Duly completed and signed claim form. 2. Policy/Certificate Copy 3. Expenses incurred towards supporting equipment (wheel chair, railings, customized motor vehicle) 4. Consultation Note Or Emergency Room's Medical Practitioner medical report OR Relevant Treatment Papers OR Discharge Summary. 5. All relevant Invoices for the expenses incurred. 6. Letter from treating Medical Practitioner mentioning the reason for disablement and confirming the disablement. 7. Details of home, office and /or vehicle or towards purchase of an Artificial limb/wheelchair/or any limb during claim processing
<p>Claims documents to be submitted for Chauffeur Benefit</p>	<ol style="list-style-type: none"> 1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 4. Original Discharge summary from the Hospital 5. Medical reports, case histories, investigation reports, treatment papers as applicable. 6. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. 7. Original invoices of transport

Claims documents to be submitted for Last Rites Cover	<ol style="list-style-type: none"> 1. Claim Form, duly completed 2. Death certificate
Claims documents to be submitted for Burns	<ol style="list-style-type: none"> 1. Attested copy of certificate from treating Medical Practitioner specifying type of burns with percentage of burns 2. Attested copy of FIR. (If any) 3. All X-Ray / Investigation reports and films supporting to disability.
Particulars to be provided for pre-authorization	<ol style="list-style-type: none"> 1. Policy Number 2. Name of the Insured person(s) named in the Policy schedule availing treatment 3. Nature of disease/Illness/Injury 4. Name and address of the attending Medical Practitioner/Hospital 5. Date of admission & probable date of discharge 6. Approximate Claim Expenses
	Any other relevant information as required
Process for obtaining Pre-Authorization	<p>i. If the particulars are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation</p> <p>ii. On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may; Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable or Reject the request for pre-authorization specifying reasons for the rejection.</p>
Condonation of Delay	If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control

Claims Procedure Applicable to Section 6 – Property Cover

1. Claims Procedure

If You suffer a loss because of an Insured Event, You must make a claim for Your financial loss at Your cost. The procedure for making a claim is given below. These include things that **You must do**, and that **You must not do**. It is important to comply with these to ensure that it does not prejudice Your claim in any manner.

A. Immediate notice to Us

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. For more details on the risk factors, terms and conditions, please read the policy document carefully before concluding a sale. Sarv Suraksha Plus (Group): HDFHLP25043V042425

- a. As soon as any physical loss or damage occurs to Your Home Building or Home Contents due to an Insured Event, You must immediately give notice to Us of the loss or damage. This is necessary for Us to survey/ investigate the loss or damage, as may be required.
- b. You can give notice to any of Our offices or call-centres.
- c. You must state in this notice
 - i. the Policy Number,
 - ii. Your name,
 - iii. details of report to the police that You made,
 - iv. details of report to any Authority that You made,
 - v. details of the Insured Event,
 - vi. a brief statement of the loss,
 - vii. particulars of any other insurance of Your Home Building or any of Your Home Contents,
 - viii. details of loss or damage under any Optional Cover or Add-ons,
 - ix. submit photographs of loss or physical damage, wherever possible.

B. Steps to prevent loss and damage

- a. You must take all reasonable steps to prevent further loss or damage to Your Home Building and Home Contents.
- b. Until We have inspected Your Home Building and Home Contents, and have given Our consent,
 - i. You must not sell, give away or dispose of any damaged items of any property for which You are making a claim;
 - ii. You must not wash or clean, or remove any damaged item or debris, except for any urgent necessity;
 - iii. You must not carry out repairs, unless such repairs are urgent and You cannot contact Us.

C. Immediate notice to Authorities

- a. As soon as any loss or damage occurs to the Insured Property, You must give immediate report to appropriate legal authorities. For example, You must report to the fire brigade of the local authority and the police if there is damage by fire/ explosion / implosion or lightning. In case of subsidence /landslide/rockslide, You must inform the District Administration. In the event of impact damage of any kind or Riot Strikes, Malicious damages and acts of terrorism, You must inform the police. If there is a theft within 7 (seven) days following an Insured Event You must inform the police.
- b. We may, but not necessarily, waive this condition if We are satisfied that by reason of extreme hardship it was not possible for You or any other person on Your behalf to give such report.

D. Submit claim

- a. Claim form:
 - i. You must submit Your claim in Our claim form at the earliest opportunity, but within 30 days from the date You first notice the loss or damage. The claim form is available in any of Our branches, and on Our web-site.
 - ii. You must state in Your claim the details of any other insurance policy that covers the damage or loss for which You have filed Your claim, whether You have purchased such other insurance, or someone else has purchased it for You.
- b. We shall not be liable for any loss or damage after the expiry of 12 months from the happening of the loss or damage unless the claim is the subject of pending action or arbitration. If We disclaim liability for a claim You have made and if the claim is not made a subject matter of a suit in a court of law within a period of 12 months from the date of disclaimer, the claim shall not be recoverable hereunder.

E. Establish loss

- a. You must prove that the Insured Event has occurred, and the extent of physical loss or damage You have suffered with full details.
- b. When We request,
 - i. You must support Your claim for Home Building and/or Home Contents with plans, specification books, vouchers, invoices pertaining to costs incurred by You for reconstruction/replacement/repairs.
 - ii. You must allow Us, Our officers, surveyors or representatives to inspect the loss or damage to Your Home Building and/or Home Contents and to take measurements, samples, damaged items or parts, and photographs that are relevant.

- iii. You must give Us authority to see the relevant records and get information about the Event and Your loss from the police or any other authority.
- c. For Optional Cover of Personal Accident, Death Certificate and Post Mortem report (wherever necessary) shall be submitted.

F. Fraudulent claim

If You, or anyone on Your behalf, make a false or fraudulent claim, or support a claim with any false or fraudulent statement or documents:

- i. We will not pay,
- ii. We can cancel the Policy: in such a case, You will lose all benefits under this Policy and premium that You have paid, and
- iii. We can also inform the police, and start legal proceedings against You.

G. Other insurance

- a. If You have any other policy with Us or any other Insurance Company (taken by You or by anyone else for You) covering in whole or in part any claim that You have made under this Policy, You have a right to ask for settlement of Your claim under any of these policies.
- b. If You choose to claim under this Policy from Us, We will settle Your claim within the limits and the terms and conditions of this Policy.
- c. After We pay the amount under Your claim, We have the right to ask for contribution from the Insurers that have given You the other policies.
- d. We will ensure that Our actions do not impose any liability on You.

H. Recovery action by Us

- a. When We accept and pay Your claim under the Policy, We can start legal proceedings to recover the amount or property from the third party who has caused the loss or damage to Your Home Building or Home Contents. You must give authority to Us to take such action and exercise this right effectively, when We request You, whether before or after making payment of Your claim. You must give all information, cooperation, assistance and help for this purpose. You must not do anything which will prejudice Our right. We can do this

- i. without seeking Your consent,
 - ii. in Your name, and
 - iii. whether or not Your loss has been fully compensated.
- b. Any amount We recover from such person will be applied first to the costs of the legal proceedings and recovery, then to the claim amount We have paid or must pay to You. We will pay You any balance.
- c. You can start legal proceedings against any person who has caused the loss or damage only with Our prior consent, and on conditions that We will impose. You must not compromise or settle any claim against such person without Our consent. If You recover any amount from such person, You must return to Us the amount We have paid for Your claim. We can take over the conduct of legal proceedings that You have started and continue the proceedings in Your name.

General Conditions

1. ***Fraudulent claim***

If any claim made under the **Policy** is found to be fraudulent, or is supported by any fraudulent means or devices or software by **Insured Person** or anyone acting on their behalf to obtain any benefit under this **Policy** then The **Policy/Coverage** shall be cancelled ab-initio from the Coverage commencement date. All benefits payable, if any, under such **Policy** shall be forfeited with respect to such claim

2. ***Special Provisions***

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

3. ***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.

4. ***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.

5. ***Right to inspect***

If required by the Company, an agent/representative of the Company including an Investigator or Surveyor appointed on that behalf shall in case of any loss or any circumstances that have given rise to the claim to the Insured be permitted at all reasonable times to examine into the circumstances of such loss. The Policy Holder/Insured Person shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain the correctness thereof or the liability of the Company under the Policy.

6. **Fraudulent claims**

If any Claim made or utilization of Covers under the Policy is found to be fraudulent, or is supported by any fraudulent means, devices or software by **Policy Holder/ Insured Person** or anyone acting on their behalf to obtain any benefit under this Policy;

- The policy shall be cancelled ab-initio from the inception date
- All benefits payable, if any, under such Policy shall be forfeited with respect to such claim

7. **Policy Disputes**

Any dispute concerning the interpretation of the terms, 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 submit such dispute to a Court of competent jurisdiction 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.

8. **Geography**

The policy provides worldwide coverage unless specified in the Coverage otherwise

9. **Assignment clause:** It is here by declared and agreed that :

1. From the Policy Start Date, the monies payable by the Company to the Insured and all rights, title, benefits and interest of the Insured under loan linked section of this Policy stand assigned in favour of the "Bank / Financial institution as named in the Schedule of this Policy.
2. Upon any monies becoming payable under this Policy the same shall be paid by the Company to the " Bank / Financial institution as named in Schedule of this Policy " without any reference / notice to the Insured , but not exceeding the Principal Out standing as defined under the Policy . In the event of any monies payable under this Policy exceeding the Principal Out standing , the Company shall pay such monies as exceeding the Principal Outstanding to the Insured/Nominee ;
3. The receipt of such monies in the manner aforesaid by the Bank/Financial Institution as named in the Schedule of this Policy and the Insured shall completely discharge the Company from all liability under the Policy and shall be binding on the Insured and the heirs, executors, administrators, successors or legal representatives of the Insured, as the case may be.
4. That any adjustment, settlement, compromise or reference to arbitration in connection with any dispute between the Company and the insured or any of them arising under or in connection with this policy if made by the Financier shall be valid and binding on all parties insured here under but not so as to impair right of the

Financier to recover the full amount of any claim it may have on other parties insured here under but not so as to impair ;

5. The benefits under this Policy are assignable subject to applicable Laws.

10. **Renewal**

i. **Applicable to Health Covers**

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to conditions stated under Moratorium clause.

- a) Renewal of a health insurance policy shall not be denied on the ground that the insured 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 like critical illness policies.
- b) The company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.
- c) No loading shall apply on renewals based on individual claims experience
- d) The Company shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the Policyholder, the Insurer may underwrite only to the extent of increased sum insured.
- e) Renewal premium due can be paid prior to the due date as per norms set out by the Company.

ii. **Applicable to Property Covers**

- a. **End of Policy:** This Policy will expire at the end of the Policy Period.
- b. **Renewal is not automatic,** We may seek relevant information from You for the purpose of renewal. We can reject Your renewal only on grounds of mis- representation, non-disclosure of material facts, fraud or non-co-operation on Your part.
- c. **Application for renewal:** If You wish to renew the Policy, You must apply for renewal before the end of the Policy Period and pay the required premium amount.

11. **Grace Period**

- i. A grace period of 30 days for Renewal of Coverage is applicable under the Policy. However, Hospitalization or diagnosis of an Illness/Surgical Procedure contracted during the grace period will not be admissible under the Policy.
- ii. For Renewal received after completion of 30-day grace period, the Coverage would be considered as fresh without any Renewal benefits
- iii. For Policies on instalment basis, Grace Period is available as given below.
- iv. If premium is paid in instalments then coverage will be available during the grace period also. (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).

Installment Premium Option	Grace Period applicable
Yearly	30 days
Half Yearly	30 days
Quarterly	30 days
Monthly	15 days

12. Cancellation

- a. The Policyholder may cancel this Policy by giving 7 days' written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period.
Note : For Policies where premium is paid by instalment : In case of admissible claim under the Policy, future instalment for the current Policy Year will be adjusted in the claim amount and no refund of any premium will be applicable during the Policy Year.
- b. The Company may cancel the Policy at any time on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of established fraud or non-disclosure or misrepresentation.
- c. Refund of Policy premium in case of death of Insured Person/s: Policy premium shall be refunded proportionately for the deceased Insured Person, for the unexpired Policy Period in case of death of any Insured Person/s
- d. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where any claim has been admitted or any benefit has been availed by the Insured Person under the Policy.

13. Loadings

- I. We may apply loading on the premium, based on the declarations made in the proposal form and the health status, habits and lifestyle, past medical records, and the results of the Pre-Policy medical examination of the persons proposed for insurance.
- II. The maximum Medical Underwriting loading shall not exceed 100% for each condition and a total of 150% for each **Insured Person**
- III. Loadings will be applied from Commencement date of the Policy including subsequent **Renewal(s)** with **Us** or on increased Sum Insured. We will not apply any additional loading on **Your** policy premium at **Renewal** based on claim experience in **Your** Policy.
- IV. We will inform You about the proposed loading with time bound exclusion (if any) through a counter offer letter and will issue the Policy only on **Your** acceptance within 15 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to **Us** within 15 days, We shall cancel **Your** application and refund the premium paid within next 7 days.

14. Premium Payment Option

- i. **Policy holder/Insured Person** shall have the option to pay policy premium in total at the inception of policy or in instalments as per options as below

Options	Installment Premium Option	Grace Period
Option 1	Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 days

- ii. No Additional charges, on the existing premium are applicable irrespective of the Instalment Option selected.
- iii. **Grace Period** of 15 days in case of Monthly premium payment option and 30 days for Yearly, half yearly and Quarterly premium payment option shall be applicable. Any hospitalization for diagnosis an Illness/Critical Illness contracted during the grace period will not be admissible under the Policy.
- iv. If case of non-receipt of Instalment Premium on the Instalment due date or before expiry of the grace period, the policy stands cancelled and the Premium for unexpired period will be refund as below
- v. In case of Claim under the Policy, unpaid instalment premium will be recovered from the Claim amount payable.
- vi. **Cancellation**
- Where Instalment option is not opted and premium has been paid in lump sum, cancellation grid as mentioned in clause 11 ii above will be applicable
 - When yearly payment option is chosen, 50% of yearly premium will be refunded when the current period is less than 6 months in to the policy year. For cancellations after 6 months, no refund will be payable.
 - For all other Premium Payment options, 50% of current instalment premium will be refunded when the current period is less than 6 months in to the policy year. For instalment after 6 months, no refund will be payable.
 - In case of Claim during the Policy year, the Premium in respect of future instalment would be adjusted against Claim payable.

Instalment Premium payment through Auto Debit/ECS Facility

- If Option of Premium payment by Payment is opted through auto Debit/ECS facility, a separate authorization form shall be submitted by Policy Holder/ Insured Person where Premium to be debited at a chosen frequency will be mentioned upfront
- Where there is a change either in the terms and conditions of the Coverage or Policy or in the premium rate, the ECS authorization shall be obtained afresh
- The Policyholder/Insured Person has the option to withdraw from the ECS mode at least fifteen days prior to the due date of instalment premium payable

- iv. No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode

15. **Endorsements**

The following endorsements are permissible during the Coverage Period:

1.1. Non-Financial Endorsements – which do not affect the premium

- i. Minor rectification/correction in name of the Insured Person (and not the complete name change)
- ii. Rectification in gender of the Insured Person (if this does not impact the premium)
- iii. Rectification of date of birth of the Insured Person (if this does not impact the premium)
- iv. Change in the correspondence address of the Proposer (if this does not impact the premium)
- v. Change in Nominee Details
- vi. Change in bank details
- vii. Any other non-financial endorsement

1.2. Financial Endorsements – which result in alteration in premium

- i. Cancellation of Policy
- ii. Any other financial endorsement

16. **Withdrawal of the Product**

- i. **We** may withdraw this product with the prior approval from Insurance Regulatory and Development Authority of India.
- ii. **We** will intimate **You/ Policy Holder** of any such changes at least 3 months prior to date of such revision or modification.
- iii. In such an event of withdrawal of this product, **You/ Policy Holder** can choose to renew this policy under any of Our similar Health insurance products.
- iv. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with **Us**

17. **Free look Period**

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the Policy.

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, and to return the same if not acceptable.

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.

18. **Migration**

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 at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Migration.

19. **Portability**

Health Insurance portability can be availed if the proposed **Insured Person** was insured continuously and without a break under this Policy with us.

Procedure to avail Portability:

- a. The **Portability** of Policy can be availed of by submitting the completed Proposal form, portability annexure along with previous policy documents and **Renewal** notice of expiring policy, at least 30 days in advance, but not earlier than 60 days, from the expiry of the existing health insurance policy.
- b. Policy can be ported on at the time of **Renewal** of the existing Coverage.
- c. Waiting period credits shall be extended to **Pre-Existing Diseases** and time bound exclusions/waiting periods.
- d. If the proposed **Sum Insured** is higher than the **Sum insured** under the expiring policy, all waiting periods under the Policy shall be applicable on the increased Sum Insured.
- e. Portability shall be applicable to the Sum Insured under previous Policy
- f. We will process **Portability** application within 15 days of receiving the complete proposal form and Portability Form.

20. **Moratorium Period**

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.

21. **Payment of Claim**

- a. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.
- b. 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 intimation to the date of payment of claim at a rate 2% above the bank rate.
- c. If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the treatment of Insured Person and to investigate the circumstances pertaining to the claim.

22. Redressal of Grievance

If You have a grievance that You wish Us to redress, You may contact Us with the details of Your grievance through:

- Website : www.hdfcergo.com
- E-mail : care@hdfcergo.com
- E-mail id for Senior citizens : seniorcitizen@hdfcergo.com
- Contact Details for senior citizens : 022 6242 6226
- Customer Care : [022 6158 2020/ 022 6234 6234](tel:022-6158-2020)
- Fax : +91-124-4584111
- Courier : Any of Our Branch office or Corporate office

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at

Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400 078.

For updated details of grievance officer, kindly refer the link:

<https://www.hdfcergo.com/customer-voice/grievances>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

Contact Us

	Within India	Outside India
Claim Intimation:	Service No. 022-62346234 / 0120-62346234 Email: healthclaims@hdfcergo.com	Global contact No. : +800 08250825 (accessible from locations outside India only) Landline no (Chargeable) : 0120-4507250 Email: travelclaims@hdfcergo.com
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh	

Section 41 of Insurance Act 1938 (Prohibition of Rebates):

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Rupees Ten Lakh Rupees.

DISCLAIMER: THE ABOVE IS DESCRIPTIVE ONLY. THE ACTUAL TERMS AND CONDITIONS CAN BE FOUND IN THE POLICY DOCUMENT. INSURED'S ARE ADVISED TO READ THE POLICY DOCUMENT COMPLETELY FOR A FULL DESCRIPTION OF THE TERMS AND CONDITIONS OF COVERAGE AND THE EXCLUSIONS RELATING THERETO.