

Secure Shield Policy Terms & Conditions

This Policy is a contract of insurance between You and Us which is subject to the receipt of premium in full in respect of the Insured Persons and the terms, conditions and exclusions of this Policy.

This Policy is valid for the period as specified in the Schedule or the Certificate of Insurance.

The terms listed in Section 5 (Definitions) and which have been used elsewhere in the Policy in Initial Capital letters shall have the meaning set out against them in Section 5, wherever they appear in the Policy.

1 Benefits

The benefits listed below are available to all Insured Persons. The Schedule or the Certificate of Insurance will specify which of the benefits are in force and available for the Insured Persons under the Policy.

Claims made in respect of an Insured Person for the benefits listed below shall be subject to the availability of the Sum Insured specified against such benefit, applicable sub-limits/Deductibles for the benefits claimed and the terms, conditions and exclusions of this Policy.

All claims must be made in accordance with the procedure set out in Section 3.

1.1 Hospital Daily Allowance

If an Insured Person requires Hospitalization due to an Injury or Illness suffered or contracted during the Coverage Period, then We will pay the daily allowance amount specified against this Benefit in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation;

This benefit will be payable provided that:

- a. Our liability to make any payment under this benefit shall commence only after a continuous and completed 24 hours of Hospitalization of the Insured Person for each claim.
- b. The Hospitalization is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner;
- c. Our liability to make any payment under this benefit shall be in excess of the Deductible of the number of days specified in the Certificate of Insurance for each claim.
- d. This Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Certificate of Insurance for each Coverage Period.
- e. Only one daily allowance amount is payable for each day of Hospitalization, regardless of number of the Illnesses contracted/Injuries sustained.

Specific Exclusions:

We shall not be liable to make any payment for any claim under this benefit in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. **30-day waiting period-Code-Excl03**
 - i. 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.
 - ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

- iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.
- 2. Day care treatments are excluded from the scope of this Benefit.
- 3. **Specified Disease/Procedure Waiting Period-Code-Excl02**
 - i. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of number of months, as specified in the Schedule, 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.
 - ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
 - iii. 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.
 - iv. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
 - v. 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.
 - vi. **List of specific diseases/procedures:**
 - a. Varicose veins and Varicose Ulcers
 - b. Rheumatism and arthritis of any kind
 - c. Treatment of diseases on ears/ tonsils /adenoids /paranasal sinuses/ Deviated Nasal Septum
 - d. Stones in the Urinary and Biliary systems
 - e. Gastric or Duodenal Ulcer
 - f. Any type of benign Cyst/ Nodules/ Polyps/Tumours/ Breast Lumps
 - g. Intervertebral Disc Prolapse, and Degenerative Disc/vertebral Disorders
 - h. Cataract
 - i. Benign Prostatic Hypertrophy
 - j. Myomectomy, Hysterectomy unless because of malignancy
 - k. Dilatation and curettage (D&C)
 - l. Anal Fistula, Fissure and Piles
 - m. All types of Hernia
 - n. Hydrocele
 - o. Chronic Renal Failure
 - p. Joint replacement Surgery unless because of accident

1.2 Loss of Job

If an Insured Person suffers an Involuntary Unemployment during the Coverage Period resulting in loss of Income, then We will pay the monthly amount specified in the Certificate of Insurance against this Benefit, or the number of EMI Amount(s) as specified in the Certificate of Insurance falling due in respect of the Loan Account Number specified against this benefit in the Certificate of Insurance, as applicable, for each continuous and completed month specified in the Certificate of Insurance from the date of such Involuntary Unemployment.

This benefit shall be payable subject to the following:

- a. Salaried Individuals are eligible for cover under this benefit, where such primary occupation is evidenced by their ITR (Income Tax Return) for the number of years specified in the Certificate of Insurance preceding the date of loss of income.

- b. The Insured Person is employed on the direct payroll of an organization or entity having a registered office in India for a minimum of six continuous months before the Risk Commencement Date, or of an Indian branch of such organization or entity.
- c. Such dismissal/termination/retrenchment of the Insured Person by his/her employer should be affected in compliance with his/her employer's internal rules/regulations/policies, and any laws or any directives issued by a public authority and in force.
- d. Our liability to make any payment under this benefit shall be in excess of the Deductible specified in the Certificate of Insurance for each claim and shall be payable for the maximum number of months specified in the Certificate of Insurance against this benefit, until reinstatement of employment with the same or any other employer, whether confirmed or on probation.
- e. Where the EMI Option is opted for and specified as such in the Certificate of Insurance, any payments that are overdue and unpaid by the Insured Person prior to the occurrence of the event giving rise to a claim under this benefit will not be considered for the purpose of this benefit and shall be deemed as paid by the Insured Person.
- f. Any monthly amounts being paid under an admitted claim under this benefit will be discontinued if We reasonably believe that the Insured Person is demonstrably not taking any measures, deemed reasonable and necessary as advised by Us, that can assist in reinstatement of employment in his/her primary occupation, or any occupation of similar nature.

Specific Exclusions

We shall not be liable to make any payment for any claim under this benefit in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- 1. Any Involuntary Unemployment of the Insured Person that is attributed to any dishonesty, misconduct or fraud, or any wilful violation by the Insured Person of any internal rules/regulations/policies, or any laws or any directives issued by a public authority and in force, or any disciplinary action initiated against the Insured Person by his/her employer.
- 2. Unemployment from any occupation or job which is a Temporary or Seasonal Job, or where the Insured Person is not on the direct payroll of the employer.
- 3. Any voluntary unemployment, self-resignation, or voluntary retirement.
- 4. Any Involuntary Unemployment or suspension of the Insured Person at his/her primary occupation, which is temporary in nature.
- 5. Any unemployment from any occupation or job in which no salary was ever provided to the Insured Person.
- 6. Any unemployment occurring while the Insured Person, who is a Salaried Individual, is still under his/her probation, including any unemployment resulting from non-confirmation of his/her employment by the employer during or after the period on probation.
- 7. Any suspension of the Insured Person from his/her primary occupation on account of any pending enquiry being conducted by the employer or a public authority.
- 8. Any unemployment if it arises as a result of the place of employment or part thereof being temporary closed down for a period not exceeding the minimum number of days specified in Certificate of Insurance/Schedule due to lay off, lockout, strike or any other reason.
- 9. Any unemployment due to non-extension of a maternity/paternity leave, either as per the Maternity Benefit Act 1961, as amended from time to time, or as per the employer's internal regulation/policy in force at the time of any event or occurrence that may give rise to a claim.

10. Any unemployment due to any strike or labour disturbance in which the Insured Person is directly or indirectly involved.
11. Any reasonable belief that the Insured Person was aware that such loss of Income was likely to happen, whether or not any official communication was provided, at the time of Risk Commencement Date.
12. Withdrawal of offer of employment by an employer.
13. Medical exclusions
 - i. Any unemployment if it arises as a result of intentional self-inflicted injuries.
 - ii. Any unemployment if it arises as a result of termination of service on the grounds of a Pre-Existing Diseases.
 - iii. Any unemployment if it arises as a result of intake of alcohol or drugs by the Insured Person.
 - iv. Any unemployment if it arises as a result of insured person being on family leave or sick leave due to childbirth or pregnancy.

1.3 Critical Illness Benefit

If an Insured Person is First Diagnosed to be suffering from a Critical Illness of the nature specified in Annexure A of the Policy, during the Coverage Period, then We will pay the Sum Insured under this Benefit as specified in the Certificate of Insurance.

This benefit is payable provided that:

- a. the Critical Illness is covered under the Policy for the Insured Person as stated in the Certificate of Insurance;
- b. the Critical Illness first occurs or first manifests itself during the Coverage Period as a first incidence;
- c. First Diagnosis of the Critical Illness should have occurred during the Insured Person's life-time, i.e, no payment under any benefit shall be made if such First Diagnosis of the Critical Illness is made post-mortem.
- d. All the tests reports and medical reports required to support the diagnosis of the Critical Illness, the stage and form of such Critical Illness, and for Us to make a claims assessment, including any claim documentation required under Section 3 (c) of the Policy, should be available before the death of the Insured Person and in a form suitable for sharing with Us.
- e. The Insured Person survives the applicable Survival Period specified in the Certificate of Insurance.
- f. The Critical Illness contracted has not arisen within the applicable Waiting Period, specified in the Certificate of Insurance against this benefit or a specified Critical Illness, from the Risk Commencement Date;
- g. If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this Benefit and claims already admitted under this Benefit in respect of the Insured Person will cumulatively exceed the Sum Insured specified against this Benefit in the Certificate of Insurance, then Our maximum, total and cumulative liability under any and all such claims will be limited to the Sum Insured specified against this benefit in the Certificate of Insurance.

2 General Exclusions

We shall not be liable to make any payment for any claim under the Policy in respect of an Insured Person, caused by or arising from any of the following:

a. 30-day waiting period-Code-Excl03

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

b. Pre-Existing Diseases-Code-Excl01

- i. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of number of months, as specified in the Schedule, of continuous coverage after the date of inception of the first policy with insurer.
- ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- iii. 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.
- iv. Coverage under the policy after the expiry of number of months, as specified in the Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

c. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction.**d. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Certificate of Insurance.****e. Any External Congenital Anomaly or defects.****f. Any certification provided by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's family.****g. Treatment of any sexually transmitted diseases or infections (other than HIV and AIDS), including the screening and prevention of such diseases or infections.****h. Hospitalization, if applicable, for the following treatments:**

- i. **Refractive Error: Code-Excl15** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
- ii. **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.
- iii. **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.
- iv. **Obesity/ Weight Control: Code- Excl06** : Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - 1) Surgery to be conducted is upon the advice of the Doctor
 - 2) The surgery/Procedure conducted should be supported by clinical protocols
 - 3) The member has to be 18 years of age or older and
 - 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) 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:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnoea
 - iv. Uncontrolled Type2 Diabetes
- v. **Circumcision:** Circumcisions (unless necessitated by Illness or Injury and forming part of treatment); aesthetic or change-of-life treatments of any description such as sex transformation operations.

- vi. **Sleep Disorders:** Treatment for any conditions related to disturbance of normal sleep patterns or behaviours such as Sleep-apnoea, snoring, etc.
- vii. Vaccination or inoculation unless forming a part of post-animal bite treatment;
- viii. Naturopathy Treatments.
- ix. **Birth Control, Sterility and Infertility: Code – Excl17:** Expenses related to birth control, 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
- x. Any dental treatment or Surgery of a corrective, cosmetic or aesthetic nature unless carried out under general anaesthesia and is necessitated by Illness or Injury during the Coverage Period.
- i. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code-Excl12**
- j. **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.
- k. **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.
- l. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- m. Any claim arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- n. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disability or death.
- o. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disability or death.

3 Claims Procedure & Requirements

The fulfillment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Schedule or Certificate of Insurance) insofar as they relate to anything to be done or complied with by You or any Insured Person, including complying with the procedures and requirements in relation to claims, shall be Conditions Precedent to Our liability under this Policy.

For details on the claims procedures and requirements or any assistance during the process, We may be contacted at Our call centre on the toll free number specified in the Schedule or through Our website.

- a. **Claims Procedure:** On the occurrence of or discovery of any event which may give rise to a claim under this Policy, We shall be provided with the following necessary information and documentation in respect of the claim within 30 days of the occurrence of the Insured Person's Injury, including but not limited to:

Name of Benefit	Documents required
Common Documents	<ul style="list-style-type: none"> • Our claim form duly completed and signed; • Name and address of the Insured Person in respect of whom the claim is being made;

Name of Benefit	Documents required
	<ul style="list-style-type: none"> Copies of valid KYC documents of the Nominee/claimant, any other regulatory requirements, as amended from time to time;
Hospital Daily Allowance	<ul style="list-style-type: none"> Final Hospital Discharge Summary in original / self-attested copies if the originals are submitted with another insurer. Final Hospital Bill in original / self-attested copies if the originals are submitted with another insurer. Original doctor consultation notes and Indoor Case Paper (ICD)/ or medical investigation reports from outside the hospital prior to hospitalization Copy of First Information Report (FIR) / Panchnama duly attested by the concerned police station. (if this cover being claimed for is admissible in event of an accident) Copy of Medico Legal Certificate (MLC) duly attested by the concerned hospital. (if Hospital Cash being claimed for is admissible in event of an accident) Legal heir certificate & NOC from any other legal heir(s) if so exists (in absence nomination)
Loss of Job	<ul style="list-style-type: none"> Income Tax Return (ITR) for number of years specified in Certificate of Insurance Proof of Employment (Appointment Letter) Latest copy of Salary Revision (if any) Salary slip for last 3 months Form 16 (if applicable) Contact details of Employer Proof of Loan taken and EMIs due (in cases where EMI is Sum Insured) from bank/financial institution where such loan has been taken Reason for Retrenchment mentioned in the Relieving Letter
Critical Illness Cover	<ul style="list-style-type: none"> Nature of Critical Illness Medical Certificate from treating Doctor Details of any other related document Medical Bills with Prescription Medical reports, case histories, investigation reports, treatment papers as applicable Medical Investigations report with prescription First Consultation and subsequent prescription Discharge summary

Acko reserves the rights to investigate any suspicious claims whenever necessary & expect full co-operation from its partner/You/claimant for a speedy closure.

b. Other Claims Requirements:

- If any claim is not made within the time period of 30 Days, then We will condone such delay on merits only where the delay has been proved to be for reasons beyond the claimant's control.
- We/Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of such claim.
- If requested by Us and at Our cost, the Insured Person must submit to medical examination by the Independent nominated 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 Insured Person's Injury and treatment and to investigate the facts surrounding the claim.

- iv. The directions, advice and guidance of the treating Medical Practitioner shall be strictly followed. We shall not be obliged to make any payments that are brought about or contributed to as a consequence or failure to follow such directions, advice or guidance.

c. Claims Payment:

- i. We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full and on time, and all payments have been realised and We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- ii. We shall make the payment of claim that has been admitted as payable by Us under the Policy within 30 days of submission of all necessary documents and information and any other additional information required for the settlement of the claim. Where the circumstances of a claim warrant an investigation in Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall settle the claim within 30 days from the date of receipt of last necessary document.
- iii. We will only make payment to You under this Policy, or as per any applicable assignment under this Policy and such receipt shall be considered as the complete discharge of Our liability against any claim under this Policy. Where no assignment of benefits is applicable, We will make payment to the Nominee (as named in the Certificate of Insurance) in the event of the death of the Insured Person.
- iv. All claims will be investigated (as required) and settled in accordance with the applicable regulatory guidelines, including the IRDAI (Protection of Policyholders Interests) Regulations, 2017.
- v. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy, beyond the time period as prescribed under IRDAI (Protection of Policyholders Interests) Regulations, 2017, We shall pay interest at a rate which is 2% above the bank rate where "bank rate" shall mean the bank rate fixed by the Reserve Bank of India at the beginning of the financial year in which claim has fallen due.

4 General Terms & Conditions

- a. **Disclosure to Information Norm:** This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided in respect of the Insured Persons in the Proposal Form, personal statement and any other details submitted in relation to the Proposal Form/personal statement. If at the time of issuance of Policy or during continuation of the Policy, any material fact in the information provided to Us in the Proposal Form or otherwise, by You or the Insured Person, or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy/Certificate of Insurance shall be void and no benefit will be payable thereunder.
- b. **Dishonest & Fraudulent Claims:** If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy/Certificate of Insurance will be void and all benefits otherwise payable under it will be forfeited.
- c. **Condition Precedent & Premium Payments:** The fulfilment of the terms and conditions of this Policy including the payment of premium by the due dates mentioned in the Schedule or the Certificate of Insurance and the correct disclosures in a complete manner in the proposal form insofar as they relate to anything to be done or complied with by You or any Insured Person shall be Conditions Precedent to Our liability.

- d. **Material Information:** Material information to be disclosed includes every matter that You are aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form/personal statement and which is relevant to Us in order to accept the risk of insurance. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement of the contract We may, adjust the scope of cover and / or premium, if necessary, accordingly.
- e. **Alterations in the Policy:** This Policy constitutes the complete contract of insurance. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us.
- f. **Product Withdrawal:** Where we allow lower waiting period for the Pre Existing Diseases (PEDs) (say 12 / 24 / 36 months), in the event of withdrawal of the said product, we will give credit to the accrued waiting period benefits of PEDs gained under the withdrawn product and allow coverage on any of the health products available in his product portfolio with no additional waiting period beyond the chosen PED period of the withdrawn product.
- g. **Geography & Policy Currency:** This Policy applies to events or occurrences taking place in India only, unless specified otherwise in the Certificate of Insurance. All payments under this Policy will only be made in the currency specified in the Schedule.
- h. **Grace Period & Renewal:** The Policy may be renewed by mutual consent and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days from the expiry of the Policy. We will not be liable to pay for any claim arising out of an Injury or Accident that occurred during the Grace Period. Renewals will not be denied except on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material facts or non-co-operation by the Insured Person. We may, revise the Renewal premium payable under the Policy or the terms of cover, provided that all such changes are approved in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premium will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.
- i. **Portability:** Upon the Insured Person ceasing to be an employee/member of the group administrator/Master Policyholder, such Insured Person shall have the option to migrate to an approved retail health insurance policy available with Us, provided that:
- i) Continuity of benefits will be provided for the period based on the number of years of continuous coverage under this Policy with Us.
 - ii) We should have received the application for Portability with complete documentation at least 45 days before ceasing to be a member of the group administrator/Master Policyholder.
 - iii) For porting to another health insurance policy available with Us, We may subject such proposal to Our medical underwriting and decide the terms and conditions upon which We may offer cover, the decision as to which shall be in Our sole and absolute discretion.
- After maintaining the retail health insurance policy with Us, the Insured Person may port the policy to any other retail product offered in the market in accordance with applicable law.
- j. **Free Look Period:** You have a period of 15 days (30 days if the Policy is sold through distance marketing) from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if no claims have been made under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of Renewal of the Policy.

k. Cancellation/Termination of the Policy (other than cancellation in the Free Look Period):

- i. You may terminate this Policy at any time by giving Us written notice, and the Policy will terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

CANCELLATION PERIOD	% OF PREMIUM
Within 25% of the Coverage Period	60%
25%-50% of the Coverage Period	40%
50%-75% of the Coverage Period	20%
Exceeding 75% of the Coverage Period	0%

- ii. We may at any time terminate this Policy on grounds of misrepresentation, fraud or non-disclosure of material facts by You or any Insured Person upon 30 days' notice by sending an endorsement to Your address shown in the Schedule without refund of premium.

l. Governing Law & Dispute Resolution: Any and all disputes or differences under or in relation to this Policy will be determined by the Indian Courts and subject to Indian law.**m. Notices & Communications:** Any notice or communication in relation to this Policy will be in writing and if it is to:

- i) You or any Insured Person, then it will be sent to You at Your address specified in the Schedule and You will act for all Insured Persons for these purposes.
- ii) Us, it will be delivered to Our address specified in the Schedule. No insurance agents, insurance intermediaries or other person or entity is authorised to receive any notice or communication on Our behalf.

n. Electronic Transactions: You agree to comply with all the terms and conditions of electronic transactions as We shall prescribe from time to time, and confirm that all transactions effected facilities for conducting remote transactions such as the Internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, in respect of this Policy and claim related details, shall constitute legally binding when done in compliance with Our terms for such facilities.**o. Assignment:** The Policy and the benefits under this Policy can be assigned in only in accordance with applicable law. For Loan linked policies only, if opted, agreed per the applicable Loan agreement and specified as such in the Certificate of Insurance, it is hereby declared and agreed that:

- i. From the commencement of the Coverage Period, any claims payable by Us to the Insured Person, and all rights, titles, benefits and interest of the Insured Person under this Policy stand assigned in favour of the bank/financial institution as specified in the Certificate of Insurance;
- ii. Upon any claim becoming payable under this Policy, the same shall be paid by Us to the financial institution as specified in the Certificate of Insurance, without any reference/ notice to the Insured Person, but not exceeding the Principal Outstanding Amount which is due to the financial institution on the date that the claim becomes payable. In the event of any claim amount payable under this Policy exceeding the Principal Outstanding Amount, We shall pay such component of the claim amount as is exceeding the Principal Outstanding Amount to the Insured Person;
- iii. The receipt of such claim amount in the manner aforesaid by the financial institution specified in the Certificate of Insurance, and/or the Insured Person shall completely discharge Us from

all liability under the Policy and shall be binding on the Insured Person and his/her heirs, executors, administrators, successors or legal representatives, as the case may be.

5 Definitions

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

- a. **Accident:** An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
- b. **Age or Aged:** Age or Aged means completed years as at the Commencement Date.
- c. **Certificate of Insurance:** Certificate of Insurance means the certificate issued to the Insured Person confirming the Insured Person's cover under the Policy.
- d. **Commencement Date:** Commencement Date means the start date of the Policy as specified in the Schedule.
- e. **Condition Precedent:** Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- f. **Congenital Anomaly:** Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - vi. Internal Congenital Anomaly Congenital anomaly which is not in the visible and accessible parts of the body.
 - vii. External Congenital Anomaly Congenital anomaly which is in the visible and accessible parts of the body.
- g. **Coverage Period:** Coverage Period means the period specified in the Certificate of Insurance which commences on the coverage commencement date specified in the Certificate of Insurance and ends on the coverage expiry date specified in the Certificate of Insurance.
- h. **Critical Illness:** Critical Illness means any Illness, medical event or Surgical Procedure as specifically defined in Annexure A of this Policy.
- i. **Deductible:** Deductible means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
- j. **Defence Costs:** Defence Costs are reasonable costs necessarily incurred in defending the Insured Person against any civil proceeding initiated against him/her during the Coverage Period.
- k. **Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- l. **Emergency Care:** Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a *medical practitioner* to prevent death or serious long term impairment of the insured person's health.
- m. **EMI(s) or EMI Amount(s):** EMI(s) or EMI Amount(s) means and includes the amount of monthly payment required to repay the Principal Outstanding Amount and any applicable interest by the Insured Person, as set forth in the amortization chart referred to in the relevant Loan agreement

(or any amendments thereto) between the bank/financial institution and the Insured Person as on the date of any occurrence or event which gives rise to a claim under this Policy.

- n. **First Diagnosis:** First Diagnosis means the point in time at which the requirements of any Critical Illness under this Policy were first satisfied with respect to the Insured Person, including the availability of all the test reports and medical reports evidencing such diagnosis.
- o. **Grace Period:** Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
- p. **Hazardous Activities:** Hazardous Activities means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained in such sport or activity or not. Such sport/activity includes without limitation stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/obstacle riding, bobsleighing/using skeletons, bouldering, boxing, canyoning, cavin/pot holing, cave tubing, rock climbing/trekking/mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labour, marathon running, martial arts, micro-lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo riding, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling any type.
- q. **Hospital:** A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
 - i. has qualified nursing staff under its employment round the clock;
 - ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - iii. has qualified medical practitioner(s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
- r. **Hospitalization:** Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- s. **Illness:** Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
 - i. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
 - ii. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - 1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - 2. it needs ongoing or long-term control or relief of symptoms
 - 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it

4. it continues indefinitely
 5. it recurs or is likely to recur
- t. **Income:** Income means and includes the amount that the Insured Person earns each month from his/her primary occupation.
- For Salaried Individuals, this would mean salary including regular bonuses, regular commissions, superannuation contributions or any other allowances, any benefits explicitly mentioned in CTC (Cost to Company) or any compensation structure provided to the Insured Person by his/her employer for the financial year, or as declared in the previous ITR (Income Tax Return) filed by the Insured Person.
- u. **Injury:** Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- v. **Insured Person:** Insured Person means the person named in the Certificate of Insurance who is covered under this Policy.
- w. **Involuntary Unemployment:** Involuntary Unemployment means a termination, lay off, retrenchment or permanent dismissal of an Insured Person who is a Salaried Individual from his/her primary occupation due to Injury sustained, Illness contracted, cost cutting, downsizing, closure of unit, company or organization, as the case may be, taking place during the Coverage Period. For the purpose of this Policy, Involuntary Unemployment does not include any unemployment caused due to or arising from poor performance, dismissal due to a fraudulent act, non-compliance of any company or organization's internal rules/guidelines, or any disciplinary action
- x. **Loan:** Loan means the sum of money lent at an interest or otherwise to the Insured Person by any bank/financial institution as identified by the Loan Account Number specified in the Certificate of Insurance or certified in writing by the bank/financial institution.
- y. **Loss of Independent Living:** Loss of Independent Living means inability to perform one or more of the following activities of daily living:
- i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
 - ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
 - iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - v. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available;
 - vi. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence.
- z. **Medical Practitioner:** Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
- aa. **Medically Necessary Treatment:** Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
- i. is required for the medical management of the illness or injury suffered by the insured;

- ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - iii. must have been prescribed by a medical practitioner;
 - iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- bb. Migration:** Migration means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.
- cc. Nominee:** Nominee means the person named in the Certificate of Insurance to receive the benefits due under the Policy on the death of the Insured Person.
- dd. Notification of Claim:** Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- ee. Policy:** Policy means the statements in the proposal form/personal statement, these terms and conditions, the benefits, endorsements (if any), annexures to the Policy, the Schedule (as amended from time to time), and the Certificates of Insurance issued to the Insured Persons.
- ff. Policy Period:** Policy Period means the period between the Commencement Date and the Expiry Date of the Policy as specified in the Schedule.
- gg. Policy Year:** Policy year means a period of 12 consecutive months commencing from the Commencement Date or any anniversary thereof.
- hh. Portability:** Portability means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

Note: In case of portability, We may impose only the unexpired / residual waiting period not exceeding 48 months from the date of first issuance of porting out policy.

- ii. **Pre-Existing Disease:** Pre-Existing Disease means any condition, ailment, injury or disease:
 - a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer **or**
 - b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.
 - c. A condition for which any symptoms and or signs if presented and have resulted within three months of the issuance of the policy in a diagnostic illness or medical condition.
- jj. **Principal Outstanding Amount:** Principal Outstanding Amount means the principal amount of the Loan outstanding as on the date of any occurrence or event which gives rise to a claim under the Policy, less the portion of principal component included in the EMI, payable but not paid, from the date of the loan agreement till the date of such occurrence or event.

For the purpose of avoidance of doubt, it is clarified that any:

- i) EMI that are overdue and unpaid to the financial institution prior to such occurrence or event,
- ii) any additional amounts imposed by a financial institution, or otherwise falling due as a penalty or by way of a default in repayment,

will not be considered for the purpose of this Policy and shall be payable by the Insured Person.

- kk. **Reasonable and Customary Charges:** Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

- ll. **Renewal:** Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
- mm. **Risk Commencement Date:** Risk Commencement Date means the date specified in the Certificate of Insurance on which the Coverage Period and Our coverage under the Policy in respect of the Insured Person commences.
- nn. **Salaried Individuals:** Salaried Individuals means those Insured Persons who work for an employer as an employee or a worker, whether confirmed or on probation, as on the Risk Commencement Date, and earn a fixed amount of compensation at a fixed frequency as salary. Such fixed amount of compensation should be evidenced by such Salaried Individual's ITR (Income Tax Return) for the preceding year(s).
- oo. **Sum Insured:** Sum Insured means the amount specified in the Certificate of Insurance that represents Our maximum, total and cumulative liability for any and all claims made in respect of that Insured Person during the Coverage Period.
- pp. **Surgery or Surgical Procedure:** Surgery or Surgical Procedure means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a *medical practitioner*.
- qq. **Survival Period:** Survival Period means the period that the Insured Person has to survive before a claim becomes valid, commencing from the date of First Diagnosis.
- rr. **Temporary or Seasonal Job:** Temporary or Seasonal Job means any occupation or job where the employee is expected to remain employed in a position only for a certain period of time.
- ss. **Waiting Period:** Waiting Period means a time-bound exclusion period related to condition(s) specified in the Schedule or Certificate of Insurance which shall be served before a claim related to such condition becomes admissible. No Waiting Periods shall be applicable in case of subsequent Renewals, subject to no break-in Policy.
- tt. **We/Our/Us:** We/Our/Us means Acko General Insurance Limited.
- uu. **You/Your:** You/Your means the employer or legally constituted entity named in the Schedule who has concluded this Policy with Us.

II. **Grievance Redressal**

For resolution of any query, insured may contact the company on our helpline number **1800 266 2256** or may write an e-mail at hello@acko.com.

For resolution of grievance, insured may contact the company on our toll-free helpline number 1800 210 4990 (Operating hours: 10 AM – 7 PM, all days of the week).

Senior Citizens Support: Phone: **080-62370023** Email: grievance.healthseniorcitizen@acko.com

you can also write to grievance@acko.com. Your complaint will be acknowledged by us within 24 working hours.

If in case you are dissatisfied with the decision/resolution provided through details indicated above on your Complaint or have not received any response within 14 working days, you may write or email to Chief Grievance Officer:

Email: gro@acko.com

Postal Address: Acko General Insurance Limited 36/5 Hustlehub One East, Somasandrapalya, 27th Main Road Sector 2, HSR Layout, Karnataka Bangalore – 560102

The Chief Grievance Officer will provide a final response within 7 days of receipt of the escalation. If in case your issue remains unresolved within 14 days of lodging a complaint with us and you wish to pursue other avenues for redressal of grievances, you may approach IRDAI by calling on the Toll-

Free no. 155255 or you can register an online complaint on the website <https://irdai.gov.in/igms1>

Insurance Ombudsman for Redressal, whose details are given below:

General Manager Consumer Affairs Department- Grievance Redressal Cell

Website: <https://cioins.co.in/Ombudsman>

In the event of an unsatisfactory response from the Grievance Officer, he/she may register a complaint in the Integrated Grievance Management System (IGMS) of the IRDAI.

Where the grievance is not resolved, the insured may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. The details of the Insurance Ombudsman are available below:

Sl. No	Office of Insurance Ombudsman	Address	Email	Landline NOs.
1	AHMEDABAD	Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001.	oio.ahmedabad@cioins.co.in	079 - 25501201/02
2	BENGALURU	Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078.	oio.bengaluru@cioins.co.in	080 - 26652048 / 26652049
3	BHOPAL	1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011.	oio.bhopal@cioins.co.in	0755 - 2769201 / 2769202 / 2769203
4	BHUBANESWAR	62, Forest park, Bhubaneswar – 751 009.	oio.bhubaneswar@cioins.co.in	0674 - 2596461 / 2596455/2596429/2596003
5	CHANDIGARH	Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017.	oio.chandigarh@cioins.co.in	0172-2706468
6	CHENNAI	Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet CHENNAI – 600 018.	oio.chennai@cioins.co.in	044 - 24333668 / 24333678
7	DELHI	2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.	oio.delhi@cioins.co.in	011 - 46013992/23213504/23232481
8	GUWAHATI	Jeevan Nivesh, 5th Floor, Near Pan Bazar, S.S. Road, Guwahati – 781001(ASSAM).	oio.guwahati@cioins.co.in	0361 - 2632204 / 2602205 / 2631307
9	HYDERABAD	6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.	oio.hyderabad@cioins.co.in	040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325
10	JAIPUR	Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.	oio.jaipur@cioins.co.in	0141- 2740363
11	KOCHI	10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011.	oio.ernakulam@cioins.co.in	0484 - 2358759
12	KOLKATA	Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072.	oio.kolkata@cioins.co.in	033 - 22124339 / 22124341
13	LUCKNOW	6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226001.	oio.lucknow@cioins.co.in	0522 - 4002082 / 3500613

14	MUMBAI	3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.	oio.mumbai@cioins.co.in	022 - 69038800/27/29/31/3 2/33
15	NOIDA	Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301.	oio.noida@cioins.co.in	0120-2514252 / 2514253
16	PATNA	2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001.	oio.patna@cioins.co.in	0612-2547068
17	PUNE	Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030.	oio.pune@cioins.co.in	020-24471175
18	THANE	2nd Floor, Jeevan Chintamani Building, Vasant Rao Naik Mahamarg, Thane (West)- 400604	oio.thane@cioins.co.in	022-20812868/69

The updated details of Insurance Ombudsman offices are also available at the IRDAI website www.irdai.gov.in, or on the website of Council for Insurance Ombudsmen www.cioins.co.in or on the Company's website at www.acko.com/gi.

Annexure A: Critical Illness

The Critical Illnesses defined below shall be covered under the Critical Illness Benefit in the below combination, as may be specified in the Schedule or Certificate of Insurance:

S.NO.	CRITICAL ILLNESS	GROUP			
		15 CI's	18 CI's	25 CI's	36 CI's
1	Cancer of Specified Severity	√	√	√	√
2	Kidney Failure Requiring Regular Dialysis	√	√	√	√
3	Multiple Sclerosis with Persisting Symptoms	√	√	√	√
4	Major Organ / Bone Marrow Transplant	√	√	√	√
5	Open Heart Replacement or Repair of Heart Valves	√	√	√	√
6	Open Chest CABG	√	√	√	√
7	Permanent Paralysis of Limbs	√	√	√	√
8	Myocardial Infarction (First Heart Attack – of Specific Severity)	√	√	√	√
9	Stroke Resulting in Permanent Symptoms	√	√	√	√
10	Benign Brain Tumor	√	√	√	√

11	Parkinson's Disease	√	√	√	√
12	Coma of Specified Severity	√	√	√	√
13	End Stage Liver Failure	√	√	√	√
14	Alzheimer's Disease	√	√	√	√
15	Aorta Graft Surgery	√	√	√	√
16	Major Burns	x	√	√	√
17	Loss of Hearing (Deafness)	x	√	√	√
18	Loss of Speech	x	√	√	√
19	Loss of Vision (Blindness)	x	x	√	√
20	Motor Neurone Disease with Permanent Symptoms	x	x	√	√
21	Loss of Limbs	x	x	√	√
22	Aplastic Anaemia	x	x	√	√
23	End Stage Lung Failure	x	x	√	√
24	Primary (Idiopathic) Pulmonary Hypertension	x	x	√	√
25	Bacterial Meningitis	x	x	√	√
26	Apallic Syndrome or Persistent Vegetative State (PVS)	x	x	x	√
27	Coronary Angioplasty (PTCA)[1]	x	x	x	√
28	Encephalitis	x	x	x	√
29	Fulminant Hepatitis	x	x	x	√
30	Chronic Relapsing Pancreatitis	x	x	x	√
31	Major Head Trauma	x	x	x	√
32	Medullary Cystic Disease	x	x	x	√
33	Muscular Dystrophy	x	x	x	√
34	Poliomyelitis	x	x	x	√
35	Systemic Lupus Erythematosus	x	x	x	√
36	Brain Surgery	x	x	x	√

Listing of Critical Illnesses

1. Cancer of Specific Severity

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

2. Myocardial Infarction (First Heart attack of specified severity)

- I) The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - i) A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - ii) New characteristic electrocardiogram changes
 - iii) Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II) The following are excluded:
 - i) Other acute Coronary Syndromes
 - ii) Any type of angina pectoris
 - iii) A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. Open Chest CABG

- I) The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through

the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

- II) The following are excluded:
 - i) Angioplasty and/or any other intra-arterial procedures

4. Open Heart Replacement or Repair of Heart Valves

- I) The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy / valvuloplasty are excluded.

5. Kidney Failure Requiring Dialysis

- I) End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

6. Stroke Resulting in Permanent Symptoms

- I) Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II) The following are excluded:
 - i) Transient ischemic attacks (TIA)
 - ii) Traumatic injury of the brain
 - iii) Vascular disease affecting only the eye or optic nerve or vestibular functions.

7. Major Organ/Bone Marrow Transplant

- I) The actual undergoing of a transplant of:
 - i) One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - ii) Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- II) The following are excluded:
 - i) Other stem-cell transplantsWhere only islets of langerhans are transplanted

8. Permanent Paralysis of Limbs

- I) Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

9. Multiple Sclerosis with Persisting Symptoms

- I) The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the

following:

- i) investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - ii) there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II) Other causes of neurological damage such as SLE and HIV are excluded.

10. Coma of Specified Severity

- I) A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
- i) no response to external stimuli continuously for at least 96 hours;
 - ii) life support measures are necessary to sustain life; and
 - iii) permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- II) The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

11. Motor Neuron Disease with Permanent Symptoms

- I) Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

12. Blindness

- I) Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II) The Blindness is evidenced by
- i) corrected visual acuity being 3/60 or less in both eyes or;
 - ii) the field of vision being less than 10 degrees in both eyes.
- III) The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

13. Third Degree Burns

- I) There must be third-degree burns with scarring that cover at least 20% of the body's surface area. A certified physician must confirm the diagnosis must confirm and the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

14. Parkinson's Disease

- I) The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to Us.
- II) The diagnosis must be supported by all of the following conditions:
- i) the disease cannot be controlled with medication;
 - ii) signs of progressive impairment; and

- iii) inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:
- III) Activities of daily living:
 - i) Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
 - ii) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii) Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
 - iv) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - v) Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
 - vi) Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence
- IV) Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

15. Benign Brain Tumor

- I) Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II) This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - i) Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - ii) Undergone surgical resection or radiation therapy to treat the brain tumor.
- III) The following conditions are **excluded**:
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

16. Alzheimer's Disease

- I) Alzheimer's disease is a progressive degenerative illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.
- II) Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a specialist Medical Practitioner (Neurologist) and supported by Our appointed Medical Practitioner, evidenced by findings in cognitive and neuro radiological tests (e.g. CT scan, MRI, PET scan of the Brain). The disease must result in a permanent inability to perform three or more Activities with Loss of Independent Living or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days
- III) The following conditions are however not covered:
 - i) non-organic diseases such as neurosis and psychiatric illnesses;

- ii) alcohol related brain damage; and
- iii) any other type of irreversible organic disorder/dementia.

17. Aorta Graft Surgery

- I) The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of “**Aorta**” shall mean the thoracic and abdominal aorta but not its branches.
- II) The Insured Person understands and agrees that We will not cover:
 - i) Surgery performed using only minimally invasive or intra arterial techniques.
 - ii) Angioplasty and all other intra arterial, catheter based techniques, "keyhole" or laser procedures
- III) The Aorta is the main artery carrying blood from the heart. Aortic Graft Surgery benefit covers Surgery to the Aorta wherein part of it is removed and replaced with a graft.

18. Deafness

- I) Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing” in both ears.

19. Loss of Limbs

- I) The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

20. Loss of Speech

- I) Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by and Ear, Nose, Throat (ENT) specialist.
- II) All psychiatric related causes are excluded.

21. Aplastic Anaemia

- I) Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
 - i) Blood product transfusion;
 - ii) Marrow stimulating agents;
 - iii) Immunosuppressive agents; or
 - iv) Bone marrow transplantation.
- II) The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:
 - i) Absolute neutrophil count of 500/mm³ or less
 - ii) Platelets count less than 20,000/mm³ or less
 - iii) Absolute Reticulocyte count of 20,000/mm³ or less

III) Temporary or reversible Aplastic Anaemia is excluded.

IV) In this condition, the bone marrow fails to produce sufficient blood cells or clotting agents.

22. End Stage Liver Failure

- I) Permanent and irreversible failure of liver function that has resulted in all three of the following:
 - i) Permanent jaundice; and
 - ii) Ascites; and
 - iii) Hepatic encephalopathy.
- II) Liver failure secondary to alcohol or drug abuse is **excluded**.

23. End Stage Lung Failure

- I) End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
 - i) FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
 - ii) Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 - iii) Arterial blood gas analysis with partial oxygen pressures of 55mmHg or less (PaO₂ <55 mm Hg); and
 - iv) Dyspnea at rest.

24. Primary (Idiopathic) Pulmonary Hypertension

- I) An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II) The NYHA Classification of Cardiac Impairment are as follows:
 - i) Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - ii) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
 - iii) Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

25. Bacterial Meningitis

- I) Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal chord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities for Loss of Independent Living.
- II) This diagnosis must be confirmed by:
 - i) The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
 - ii) A consultant neurologist certifying the diagnosis of bacterial meningitis.

Bacterial Meningitis in the presence of HIV infection is excluded.

26. Apallic Syndrome or Persistent Vegetative State (PVS)

- I) Apallic Syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a universal necrosis of the brain cortex with the brainstem remaining intact. The patient should be in a vegetative state for a minimum of four weeks in order to be classified as UWS, PVS, Apallic Syndrome.
- II) The diagnosis must be confirmed by a Neurologist acceptable to Us and the condition must be documented for at least one month.
- III) In this condition, the patient with severe brain damage progresses who was in coma, progresses to a wakeful conscious state, but not in a state of true awareness.

27. Coronary Angioplasty (PTCA)

- I) Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).
- II) Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- III) Diagnostic angiography or investigation procedures without angioplasty / stent insertion are excluded.

The maximum benefit pay-out for Coronary Angioplasty is restricted to the Sum Insured or INR 10,00,000, whichever is lesser.

28. Encephalitis

- I) Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 30 days, certified by a specialist Medical Practitioner (Neurologist).
- II) The permanent deficit should result in permanent inability to perform three or more Activities for Loss of Independent Living.
- III) Exclusions:
 - i) Encephalitis in the presence of HIV infection is excluded.

29. Fulminant Hepatitis

- I) A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:
 - i) Rapid decreasing of liver size;
 - ii) Necrosis involving entire lobules, leaving only a collapsed reticular framework;
 - iii) Rapid deterioration of liver function tests;
 - iv) Deepening jaundice; and
 - v) Hepatic encephalopathy.
- II) Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

30. Chronic Relapsing Pancreatitis

An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Doctor who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the

pancreas characterised by relapses in the form of sub lethal attacks of acute pancreatitis, irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by elevated levels of pancreatic function tests including serum amylase, serum lipase, and radiographic and imaging evidence. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded

31. Major Head Trauma

- i) Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
- ii) The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology
- iii) Activities of Daily Living are:
 - i) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - ii) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - iv) Mobility: the ability to move indoors from room to room on level surfaces;
 - v) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - vi) Feeding: the ability to feed oneself once food has been prepared and made available.
- iv) The following are excluded:
 - i) Spinal cord injury;

32. Medullary Cystic Disease

A progressive hereditary disease of the kidneys characterised by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure. The diagnosis must be supported by renal biopsy.

33. Muscular Dystrophy

- I) A group of hereditary degenerative diseases of muscle characterised by progressive and permanent weakness and atrophy of certain muscle groups. The diagnosis of muscular dystrophy must be unequivocal and made by a Neurologist acceptable to Us, with confirmation of at least 3 of the following 4 conditions:
 - i) Family history of muscular dystrophy;
 - ii) Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
 - iii) Characteristic electromyogram; or
 - iv) Clinical suspicion confirmed by muscle biopsy.
- II) The condition must result in the inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

34. Poliomyelitis

- I) The unequivocal diagnosis of infection with the polio virus must be established by a Consultant Neurologist. The infection must result in irreversible paralysis as evidenced by impaired motor function or respiratory weakness. Expected permanence and irreversibility of the paralysis must be confirmed by a Consultant Neurologist after at least 6 months since the beginning of the event.
- II) Exclusions:
 - i) Cases not involving irreversible paralysis will not be eligible for a claim
 - ii) Other causes of paralysis such as Guillain-Barré Syndrome are specifically excluded.

35. Systemic Lupus Erythematosus

- I) A multi-system, multifactorial, autoimmune disorder characterised by the development of auto-antibodies directed against various self-antigens. Systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V lupus nephritis, established by renal biopsy, and in accordance with the World Health Organization (WHO) classification). The final diagnosis must be confirmed by a registered Medical Practitioner specialising in Rheumatology and Immunology acceptable to Us, Other forms, discoid lupus, and those forms with only haematological and joint involvement are however not covered:

The WHO lupus classification is as follows:

- i) Class I: Minimal change – Negative, normal urine.
- ii) Class II: Mesangial – Moderate proteinuria, active sediment.
- iii) Class III: Focal Segmental – Proteinuria, active sediment.
- iv) Class IV: Diffuse – Acute nephritis with active sediment and/or nephritic syndrome.
- v) Class V: Membranous – Nephrotic Syndrome or severe proteinuria.

36. Brain Surgery

- I) The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy is performed.
- II) Exclusion:
 - i) Burr hole surgery / brain surgery on account of an accident.