

Note: The Information must be read in conjunction with the product brochures and policy document. In case of any conflict between the Key Features Document and the policy document the terms and conditions mentioned in the policy document shall prevail.

Title	Description	Refer To Policy Clause Number
<p>Product Name</p>	<p>Group MediCare</p>	
<p>What am I covered for:</p>	<p>Benefits Base Covers:</p> <ul style="list-style-type: none"> • In-patient Treatment – cover for expenses for hospitalization due to disease/illness/Injury during the policy period that requires an Insured Person’s admission in a hospital as an inpatient. Medical expenses directly related to the hospitalization would be payable provided: <ol style="list-style-type: none"> I. Limit on Room Rent/Room Category: We will, limit Room Rent up to the amount/percentage of Sum Insured or room category, as specified in the Policy Schedule/ Certificate of Insurance. II. Associated Medical Expenses: <ol style="list-style-type: none"> a. If the Insured Person is admitted in a room where the Room Rent expenses incurred is higher than limit specified in the Policy Schedule/ Certificate of Insurance, then the Insured Person shall bear a rateable proportion of the total Associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the eligible Room Rent expenses to the Room Rent expenses actually incurred. b. If the Insured Person is admitted in a hospital room where the room category opted is higher than the category specified in the Policy Schedule/Certificate of Insurance, then the Insured Person shall bear 10% of admissible claim amount. III. Limit on Treatment/ Illness/ Surgery/Medical Condition: We will cover the Medical Expenses incurred towards claim for a specified treatment of an Illness /procedure upto the amount of Sub Limit applicable per claim during the Policy Year as specified in the Policy Schedule/ Certificate of Insurance. • Day Care Procedure - cover expenses upto the limit specified in the Policy Schedule/Certificate of Insurance for listed Day Care Treatment due to disease/illness/Injury during the policy period taken at a hospital or a Day Care Centre . The list of such day care procedures covered is available on our website www.tataaig.com . • Domiciliary Treatment - cover for expenses upto the limit specified in the Policy Schedule/Certificate of Insurance related to Domiciliary Hospitalization of the insured person if the treatment exceeds beyond three days. The treatment must be for management of an illness and not for enteral feedings or end of life care. • Ambulance Cover – cover for expenses incurred on transportation of Insured Person in a registered ambulance to a Hospital for admission in case of an Emergency or from one hospital to another hospital for better medical facilities and treatment, subject to amount as specified on the policy schedule/Certificate of Insurance. • Organ Donor - cover for Medical and surgical Expenses of the organ donor for harvesting the organ where an Insured Person is the recipient. This benefit under the policy will be limited to the amount specified in the Policy Schedule/ Certificate of Insurance. • Pre-Hospitalization - cover for Pre-Hospitalization expenses for consultations, investigations and medicines incurred upto the number of days as specified in your policy schedule/Certificate of Insurance. • Post-Hospitalization - cover for Post-Hospitalization expenses for consultations, investigations and medicines incurred upto the number of days, as specified in your policy schedule/Certificate of Insurance. • Maternity Cover – cover for Maternity Expenses for the delivery of a child and/or Maternity Expenses related to a Medically Necessary Treatment and lawful medical termination of pregnancy, during the Policy Year, subject to the Sub Limits and maternity waiting period as specified in the Policy Schedule/ Certificate of Insurance. • Pre/Post Natal Cover - We will cover for Medical Expenses incurred during 	<p>Section 2 – Benefits (Base Covers)</p>

the Policy Year on out-patient basis, in respect of pre- natal check-ups, since confirmation of pregnancy, post-natal check-ups for a period up to six weeks from date of loss, prescribed pre- natal medicines and diagnostic tests up to the limit specified in the Policy Schedule/ Certificate of Insurance.

- **Baby Day one Cover** – cover for Medical Expenses incurred during the Policy Year, towards the Treatment of the New Born Baby from the date of birth of baby up to the Sub Limit, as specified in the Policy Schedule/ Certificate of Insurance, provided that You have paid requisite premium for inclusion of the newborn baby in to the policy.
- **Family Transportation Benefit** - If We have accepted a claim under Benefit In-patient Treatment, then We will reimburse the actual expenses incurred in transporting one Immediate Family Member from the Insured Person's residence to the Hospital where the Insured Person is admitted, provided that such Hospital is located at least 200 kms away from the Insured Person's residence up to the limit as specified in the policy schedule/Certificate of Insurance.

Optional Covers:

- **Inclusion of Critical Illness Cover on Benefit Basis** - If an Insured Person is diagnosed with any of the listed & defined Critical Illnesses during the Policy Year, We will pay the Critical Illness Sum Insured specified in the Policy Schedule/ Certificate Of Insurance.
- **Inclusion of Critical Illness Cover on Indemnity Basis** - If an Insured Person is diagnosed with any of the listed & defined Critical Illnesses during the Policy Year, We will pay the expenses incurred in relation to In-patient Treatment, Pre-Hospitalisation Expenses, Post-hospitalisation Expenses, Day Care Procedures, Domiciliary Treatment and Organ Donor Expenses upto the Sum Insured specified in the Policy Schedule/ Certificate Of Insurance.
- **Inclusion of Corporate Floater for Critical Illness** – We will provide a Corporate Floater of amount as specified in the Policy Schedule/Certificate of Insurance during the Policy Period for listed Critical Illness. This sum insured will be available for those insured person, who have already exhausted their sum insured limit subject to a per person limit as specified in the policy schedule/Certificate of Insurance.
- **Inclusion of Corporate Floater for All Illnesses** - We will provide a Corporate Floater of amount as specified in the policy schedule/Certificate of Insurance during the Policy Period for all illnesses. We will provide a Corporate Floater of amount as specified in the policy schedule/Certificate of Insurance during the Policy Period for all illnesses.
- **Inclusion of Nursing Allowance** - We will pay for expenses related to the services of a registered nurse attending to the Insured Person at the Insured Person's home immediately following his discharge from Hospital up to the limit as specified in the policy schedule/Certificate of Insurance.
- **Inclusion of Consumables Benefit** - We will pay for expenses incurred, for consumables which are listed in 'Items for which optional cover may be offered by insurers' under 'Guidelines on Standardization in Health Insurance, 2016', which are consumed during the period of hospitalization directly related to the insured's medical or surgical treatment of illness/disease/injury.
- **Inclusion of Out-patient Cover with Sum Insured Limit over and above In -patient Sum Insured** - We will pay the Reasonable and Customary Charges incurred in respect of medical treatment availed on out-patient basis during the Policy Year, up to the limit specified in the Policy Schedule/ Certificate of Insurance. This benefit would be over and above in-patient Sum Insured.
- **Inclusion of Out-patient Cover with Sum Insured Limit within In-patient Sum Insured** - We will pay the Reasonable and Customary Charges incurred in respect of medical treatment availed on out-patient basis during the Policy Year, up to the limit specified in the Policy Schedule/ Certificate of Insurance. This benefit would be within In-patient Sum Insured Limit.
- **Inclusion of Vision Care cover** - We will pay the reasonable and customary Charges incurred, in respect of eye examination by an optometrist or ophthalmologist and cost of lenses to correct refractory errors, during the Policy Year, up to the limit specified in the Policy Schedule/ Certificate of Insurance.
- **Inclusion of Health Check-up** - We will pay the reasonable and customary Charges incurred, in respect of health check up, during the Policy Year, up to the limit specified in the Policy Schedule/ Certificate of Insurance.
- **Inclusion of Hospital Cash Benefit** – We will pay the Hospital Daily Cash Benefit as specified in the Policy Schedule/ Certificate of Insurance for each continuous and completed 24 Hours of Hospitalisation during the Policy Year.
- **Inclusion of Restore Sum Insured Benefit** - We will automatically restore

the Inpatient Sum Insured upon exhaustion of the Sum Insured during the policy period. This benefit can be availed once during the policy period.

- **Inclusion of Emergency Air Ambulance Cover** - We will pay for ambulance transportation of the Insured Person in an airplane or helicopter subject to amount specified on the policy schedule/Certificate of Insurance, for emergency life threatening health conditions which require immediate and rapid ambulance transportation to the hospital/medical centre for further medical management.
- **Accidental Death** - If an Insured Person suffers an accident during the policy period and this is the proximate cause of his death within 365 days from the date of accident then We will pay to Insured person's beneficiary or legal representative the benefit Sum Insured specified in the Policy schedule/Certificate of insurance.
- **Permanent Total Disability** - We will pay the sum insured as specified in the policy schedule/Certificate of Insurance if injury to you results in you suffering Permanent Total Disability. The injury must occur within the policy period as mentioned in the policy schedule/Certificate of insurance and the disability should continue for 365 days from the date of accident which caused the injury.
- **Transportation of mortal remains** - If we have accepted a claim under Accidental Death benefit, then we will in addition pay fixed amount as specified in the policy schedule/Certificate of insurance towards transporting the mortal remains of the insured from the place of the accident or the hospital to his residence.
- **Funeral Expenses** - If we have accepted a claim under Accidental Death benefit, then we will in addition pay fixed amount as specified in the policy schedule/Certificate of insurance towards funeral expenses.
- **Education Benefit** - If we have accepted a claim under Accidental Death benefit, then we will in addition pay an amount as specified in policy schedule/Certificate of insurance towards child education.
- **Per Claim Deductible** - The Deductible amount specified in the Policy Schedule/ Certificate of Insurance as the Per Claim Deductible shall be applicable on all claims made by an Insured Person during the Policy Year, as specified on the policy schedule/Certificate of insurance.
- **Annual Aggregate Deductible** - The Deductible amount specified in the Policy Schedule/ Certificate of Insurance shall be applicable on the aggregate of all claims made by an Insured Person if covered under the Policy on an Individual basis or by the family if covered under the Policy on a Floater basis during the Policy Year.
- **Inclusion of Co-payment** - The Insured Person will pay the percentage specified in the Policy Schedule/ Certificate of Insurance as Co-Payment and We will pay the balance amount that We assess as payable in respect of any claim under the Policy made by an Insured Person.

Extension of Covers:

- **Pre/Post Natal Cover Extension on Inpatient Basis** - Pre/post-natal Hospitalisation Medical Expenses on any treatment availed from the date of conception till the date of discharge from the Hospital immediately after delivery as an inpatient in a hospital, limit as specified in the policy schedule /Certificate of Insurance.
- **Baby day one Cover Extension on Inpatient Basis** - We will pay the Medical Expenses incurred during the Policy Year up to the sum as mentioned in the Policy Schedule/ Certificate of Insurance, in case the new born baby requires hospitalization within 90 days from the date of birth.
- **Baby day one Cover Extension on Outpatient Basis** - We will pay the Medical Expenses incurred during the Policy Year up to the sum insured as mentioned in the Policy Schedule/ Certificate of Insurance, in case the new born baby requires consultations, diagnostic tests and prescribed medicines within 90 days from the date of birth.
- **30 days Waiting Period** - We are not liable for any claim arising due to a condition for which appearance of signs/symptoms, consultation, investigation, treatment or admission started within 30 days from policy commencement date except claims arising due to an accident for the sum insured as specified in the policy schedule /Certificate of Insurance.
- **Specified Diseases/ Illnesses / Procedure Waiting Period** - A waiting period, as specified on the policy schedule/Certificate of Insurance, from the policy commencement date will be applicable to the medical and surgical treatment of illnesses, disease or surgical procedures mentioned below, for the sum insured as specified in the policy schedule /Certificate of Insurance.
- **Pre-existing Disease Waiting Period** - Pre-existing conditions shall be covered after a waiting period as mentioned in the Policy Schedule/Certificate of Insurance from the policy commencement date for the sum insured as specified in the policy schedule /Certificate of Insurance.

	<ul style="list-style-type: none"> • Nine months Waiting Period for maternity - Nine months waiting period for maternity shall apply to the Primary Insured/his Dependents from the policy commencement date. This nine months maternity waiting period shall be applicable to Primary insured person/ Dependents of Primary insured person who has not completed number of years, as mentioned in the Policy Schedule/ Certificate of Insurance with the employer. • Inclusion of Psychiatric/ Mental Disorder Treatment On Inpatient basis - We will cover the Medical Expenses up to the limit specified in the Policy Schedule /Certificate of Insurance for In-patient treatment in a recognised psychiatric unit of a Hospital including consultations, diagnostics, counselling and/or therapy and medication. The In-patient treatment under this Benefit must at all times be administered under the direct control of a registered psychiatrist. • Inclusion of Congenital External Cover - We will pay Medical Expenses incurred towards treatment of Congenital External Anomalies and its complications up to the limits as specified in the Policy schedule / Certificate of Insurance. • Inclusion of Infertility Treatment Cover - We will pay the Medical Expenses incurred during the Policy Year, for diagnostic infertility services to determine the cause of infertility, Treatment and procedures. The Benefit under this cover shall be part of inpatient sum insured. • Inclusion of Refractive Error Correction Cover (Beyond +/- 5) - We will pay the Reasonable and Customary Charges up to the limit specified in the Policy Schedule /Certificate of Insurance, incurred during the Policy Year, in respect of correction of refractive errors, beyond +/- 5, of one or both the eyes. • Inclusion of Vaccination cover- We will, on a reimbursement basis, pay the Reasonable and Customary Charges incurred during the Policy Year in relation to vaccination expenses as per the World Health Organization (WHO) recommendations for Routine Immunisation of the New Born Baby till he/she completes 2 years of Age. • Inclusion of Dental out-patient cover - We will pay the reasonable and customary charges incurred in respect of dental treatment during the Policy year. • Inclusion of Ayush Cover - We will cover for expenses incurred on in-patient treatment taken under Ayurveda, Unani, Sidha and Homeopathy upto an amount specified in the Policy Schedule/ Certificate of Insurance. • Inclusion of External Aids - We will pay the reasonable and customary Charges incurred, in respect of provision of external aids & appliances, during the Policy Year up to the limit specified in the Policy Schedule/ Certificate of Insurance. <p><u>Deletion of Covers-</u></p> <ul style="list-style-type: none"> • Deletion of Limit on Room Rent/ Room Category – Limit on Room Rent/ Room Category stands deleted • Deletion of Associated Medical Expenses – Associated Medical Expenses Clause stands deleted • Deletion of Co-payment in case of higher room category – Co-payment in case of higher room category stands deleted • Deletion of Limit on treatment/ Illness/ surgery/ medical condition – Limit on treatment/Illness/surgery/medical condition stands deleted • Deletion of Pre/ Post Hospitalization Expenses – Pre/Post Hospitalization Expenses stands deleted • Deletion of Day care Procedures Cover – Day Care procedures Cover stands deleted • Deletion of Domiciliary Treatment Cover – Domiciliary Treatment Cover stands deleted • Deletion of Organ Donor Cover – Organ Donor Cover stands deleted • Deletion of Ambulance Cover – Ambulance Cover stands deleted • Deletion of Maternity Cover – Maternity Cover stands deleted • Deletion of Pre/Post Natal Cover – Pre/Post Natal Cover stands deleted • Deletion of Baby Day One Cover – Baby Day One Cover stands deleted • Deletion of Family Transportation benefit – Family Transportation benefit stands deleted 	
<p>What are the major exclusions in the policy:</p>	<p>i. Standard Exclusions</p> <p>1. Medical Exclusions</p> <p>We will neither be liable nor make any payment for any claim in respect of any Insured Person which is caused by, arising from or in any way attributable to any of the following exclusions, unless expressly stated to the contrary in this Policy connection with or in respect of:</p> <p>1. Investigation & Evaluation(Code- Excl 04)</p>	<p>Section 3 – General Exclusions</p>

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

2. Rest Cure, rehabilitation and respite care(Code- Excl 05)

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

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

3. Obesity/ Weight Control(Code- Excl 06)

Expenses related to the surgical treatment of obesity that does not fulfill 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 Apnea
 - IV. Uncontrolled Type2 Diabetes

4. Change-of-Gender treatments: (Code- Excl 07)

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

5. Cosmetic or plastic Surgery: (Code- Excl 08)

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.

- 6. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code- Excl 12)**
- 7. Treatments received in health spas, 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- Excl 13)**
- 8. 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- Excl 14)**

9. Refractive Error: (Code- Excl 15)

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

10. Unproven Treatments: (Code- Excl 16)

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

11. Sterility and Infertility: (Code- Excl 17)

Expenses related to sterility and infertility. This includes:

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

12. Maternity (Code - Excl 18):

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

- ii. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

2. Non-Medical Exclusions

- i. 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
- ii. 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.
- iii. 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 (Code – Excl11)

ii. Specific Exclusions (Exclusions other than as mentioned under Section 3(I) above)

1. Exclusions with waiting Periods

- i. Nine months maternity waiting period shall be waived off

2. Medical Exclusions

- i. Congenital External Diseases, defects or anomalies.
- ii. Stem cell therapy, however Hematopoietic stem cells for bone marrow transplant for haematological conditions will be covered under Benefit B1 and B4 of this Policy.
- iii. Growth hormone therapy.
- iv. Sleep-apnoea.
- v. Admission primarily for administration of Intra-articular or intra-lesional injections or Intravenous immunoglobulin infusion or supplementary medications like Zolendronic Acid.
- vi. Venereal disease, sexually transmitted disease or illness.
- vii. All preventive care, vaccination including inoculation and immunisations (except in case of post- bite treatment and other vaccines explicitly covered).
- viii. Dental treatment or surgery of any kind unless as a result of Illness/Accidental Bodily Injury to natural teeth and also requiring hospitalization.
- ix. Any non-allopathic treatment.

3. Non-Medical Exclusions

- i. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or notor 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, ionising radiation.
- ii. Any Insured Person's participation or involvement in naval, military or air force operation.
- iii. Intentional self-injury or attempted suicide while sane or insane.
- iv. Items of personal comfort and convenience like television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service.
- v. Treatment rendered by a Medical Practitioner which is outside his discipline
- vi. Doctor's fees charged by the Medical Practitioner sharing the same residence as an Insured Person or who is an immediate relative of an Insured Person's family.
- vii. Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy unless explicitly stated and covered in the policy.
- viii. Any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- ix. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.
- x. Crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively and

	<p>explicitly stated and covered in the policy.</p> <p>xi. Any claim incurred after date of proposal/enrolment form and before issuance of policy/Certificate of Insurance where there is change in health status of the member and the same is not communicated to us.</p> <p>3. Specific Exclusions Applicable to Personal Accident Cover</p> <p>The following exclusions will be applicable in addition to the exclusions under the Base Cover –Section 3:</p> <p>i. Any existing injury/disability, or any complication arising from it, or</p> <p>ii. Any physical disability which existed prior to first risk inception date which was not disclosed, or</p> <p>iii. Arising out of or resulting from or in connection with any act of terrorism.</p> <p>iv. Disability based on a Diagnosis made by the Insured or his/her Immediate Family Member or anyone who is living in the same household as the Insured or by a herbalists, acupuncturist or any other non-traditional health care provider.</p>	Optional Wordings- A11.6
Waiting Period	<p>Exclusions with waiting Periods</p> <p>i. Pre-Existing Diseases(Code- Excl 01) shall be waived off</p> <p>ii. Specified disease / procedure Waiting period: (Code- Excl 02) shall be waived off</p> <p>iii. 30 days waiting (Code- Excl 03) shall be waived off</p> <p>iv. Nine months maternity waiting period shall be waived off</p>	Section 3 – General Exclusions , I. Standard Exclusions, ii. Specific exclusions
Payout basis	<ul style="list-style-type: none"> Reimbursement/cashless of covered expenses up to specified limit. 	
Cost Sharing	<ul style="list-style-type: none"> We will pay Medical Expenses Upto the amount specified in the Policy Schedule 	
Renewal Conditions	<ul style="list-style-type: none"> The Policy is ordinarily renewable lifelong unless You or any one acting on behalf of You has acted in a fraudulent manner or any misrepresentation under or in relation to this policy or renewal of the Policy poses a moral hazard. The Policy/Certificate of Insurance may be renewed by upfront payment of the total premium specified by Us, which premium shall be at Our premium rate in force at the time of renewal. Premium rates are subject to revision at the time of renewal depending upon overall performance of the product and / or the claim experience under the policy. Your premium will also change if you move into a higher age group, change in Sum Insured, change the term or change the plan. Grace Period of 30 days for renewing the Policy/Certificate of Insurance is provided under this Policy. If the renewal is made within this 30 days period the continuity of benefits will be allowed. However, coverage is not available for the period for which no premium is received. There is no maximum cover ceasing age under this Policy. 	Section 4 – General Terms & Clauses
Renewal Benefits	<ul style="list-style-type: none"> Not Applicable 	
Free Look Period	<p>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.</p> <p>The insured person shall be allowed free look period of fifteen 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.</p> <p>If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <p>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</p> <p>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</p> <p>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period</p>	Section 4 – General Terms & Clauses

Cancellation	We may at any time terminate this Policy /Certificate of insurance on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person by sending an endorsement to Your address shown in the Schedule to this Policy. In the event of termination of this Policy/Certificate of insurance on grounds of mis-representation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy/Certificate of insurance is terminated on grounds of non-cooperation of the Insured Person the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, upon 15 days notice by sending an endorsement to Your address shown in the Schedule provided no claim has occurred up to the date of termination. In the event a claim has occurred in which case there shall be no return of premium.	Section 4 – General Terms & Clauses
How to Claim	<ul style="list-style-type: none"> In case of any hospitalisation or an event which might give rise to a claim, please contact Our designated TPA/Us at 1800-266-7780& 1800-229-966 (for Senior Citizens) 	Section 5 - Claims Procedure and Claims Payment

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Lower Parel, Mumbai - 400 013.

24x7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) Fax: 022-6693 8170 Email: customersupport@tataaig.com

Website: www.tataaig.com IRDA of India Registration No.: 108 CIN: U85110MH2000PLC128425

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