

# Group Criticare 360

## Preamble

We will provide the insurance cover detailed in the **Policy** to the **Insured Person(s)** up to the **Sum Insured** subject to:

- i. The terms, conditions and exclusions of this **Policy**.
- ii. Statements / Declarations in the **Proposal/Enrolment form** and information disclosed to the Company by **Insured Person** or on **Insured Person's** behalf and on behalf of all persons to be insured which is incorporated into the **Policy** and is the basis of it.

Commencement of risk cover under the **Policy** is subject to receipt of premium by the **Company**.

While the **Policy/Certificate of Insurance** is in force, and if the claim is admissible under the **Policy/Certificate of Insurance**, then the **Company** shall pay **Insured Person** for the listed benefits as per the applicable **Sum Insured** on **Fixed Basis** or **Reducing Basis** as opted in the **Proposal/Enrollment Form** and specified in the **Policy Schedule/Certificate of Insurance**.

Our liability at any time shall not exceed the maximum **Sum Insured/Principal Outstanding Loan Amount** as per **Fixed Basis** or **Reducing Basis** as opted for the benefit as specified in the **Policy Schedule /Certificate of Insurance**. Notwithstanding anything to the contrary stated herein waiting period and survival period wherever mentioned in the **Policy Schedule/Certificate of Insurance** shall prevail unless specifically mentioned otherwise in the **Policy Schedule / Certificate of Insurance**.

The **Certificate of insurance** will always be subject to the terms, conditions and exclusions as applicable and agreed with the Master/ Group **Policy Holder**.

## Section I-Definitions

We use certain words in this **Policy** and the **Policy Schedule/Certificate of Insurance**, which have a specific meaning and are shown under the heading of Definitions in the **Policy**. They have this meaning wherever they appear in the **Policy Schedule/Certificate of Insurance**. Where the context so permits references to the singular shall also include references to the plural and references to the male gender shall also include references to all genders, and vice-versa in both cases.

### Standard Definitions

1. **Accident** : means a sudden, unforeseen and involuntary event, caused by external, visible and violent means.

2. **Congenital Anomaly** : Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a) **Internal Congenital Anomaly**

Congenital anomaly which is not in the visible and accessible parts of the body.

b) **External Congenital Anomaly**

Congenital anomaly which is in the visible and accessible parts of the body

3. **Illness** : means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

(a) **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

**(b) Chronic condition** - A chronic condition is defined as a disease, **Illness**, or **Injury** that has one or more of the following characteristics:

- i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
- ii. it needs ongoing or long-term control or relief of symptoms
- iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
- iv. it continues indefinitely
- v. it recurs or is likely to recur

**4. Injury** : means **Accident** al 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**.

**5. 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.

**6. Pre-Existing Disease:** means any condition, ailment or **Injury** or disease

- o That is/are diagnosed by a Physician within 48 months prior to the effective date of the **Policy** issued by the Insurer or its reinstatement; or

- o 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** issued by the Insurer; or its reinstatement.

## Specific Definitions

**7. Activities of Daily Living:** means below mentioned activities:

- 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.

**8. Age:** means the completed Age of the **Insured Person** on his / her last birthday as on the **Cover Period** start date.

**9. Adventure Sports:** Adventure Sports means Recreational activities perceived as involving a high degree of risk. These activities involve either or speed, height, a high level of physical exertion, and highly

specialized gear.

**Amortization chart** means a complete table of periodic loan payments, showing the amount of the principal and the amount of interest that comprise each payment or EMI, as the case may be, until the **Loan** is paid off at the end of its term.

10. **Cover Period:** means the time during which this Cover is in effect. Such period commences from the Commencement Date and ends on the Expiry Date and specifically appears in the Certificate of Insurance against the Insured Person during which this Coverage is valid for that specific Insured Person.
11. **Certificate of Insurance:** means the document issued by the **Company** detailing the **Insured Person(s)**, benefits, **Sum Insured**, **Cover period**, premium and more generally all special condition(s) and or endorsement(s).
12. **Eligible Children** - means named dependent children including adopted and step children of the **Insured Person** between Ages three (3) years and eighteen (18) years or up to twenty three (23) years if attending as a full time student with an accredited Institution of Higher Learning, who are unmarried, and receive the majority of maintenance and support from the **Insured Person**.
13. **EMI or EMI amount:** means and includes the amount of monthly payment required to repay the **Principal Outstanding Loan Amount** and any applicable Interest by the **Insured Person** as set forth in the **Amortization chart** referred to in the loan agreement (or any amendments thereto) between the **Bank/Financial Institution** and the **Insured Person**.
14. **Financial Institution / Bank** : shall have

the same meaning assigned to the term under section 45 I of the Reserve **Bank** of India Act, 1934 and shall include a Non banking financial Company as defined under section 45 I of the Reserve **Bank** of India Act, 1934.

15. **Fixed basis:** means the amount as specified against the **Sum Insured** which shall be the maximum liability under the **Policy**.
16. **Institution:** means any accredited institution that provides education or training, including but not limited to, any state university private college or trade school.
17. **Insured Event:** means any event specifically mentioned as covered under this **Policy**.
18. **Loan:** means the sum of money lent at interest to the **Insured Person** by any **Bank /Financial Institution** as identified by the **Loan Account Number** referred to in the **Certificate of Insurance**.
19. **Loan Account number (LAN):** means an unique identification number provided by the **Bank /Financial Institution** for the **Loan** as covered under this **Policy** and specified in the **Certificate of Insurance**.
20. **Loan Account details:** means the details pertaining to the **LAN** and as specified on the **Certificate of Insurance**.
21. **Financier:** means **Bank / Financial Institution**/or any other entity as specified in the **Policy Schedule/ Certificate of Insurance**.
22. **Nominee:** means person nominated by the **Insured Person** to receive the insurance **Benefits** under this **Policy** payable on the death of the **Insured Person** and as mentioned in the **Policy**

## Schedule .

23. **Permanent Total Disability** shall mean either of the following:
- Irrecoverable loss of sight of both eyes
  - Physical Separation of or the irrecoverable loss of ability to use both hands or both feet
  - Physical Separation of or the irrecoverable loss of ability to use one hand and one foot
  - Irrecoverable loss of sight of one eye and the physical separation of or the irrecoverable loss of ability to use either one hand or one foot.
24. **Policy:** means the insurance contract, the **Policy Schedule**, and any attached enrolment forms and endorsements.
25. **Policy Period:** means the period commencing from the **Policy Period** start date and ending on the **Policy Period** end date as specified in the **Policy Schedule**.
26. **Policy Schedule:** means the schedule and parts thereof and any other annexure(s) appended, attached and/or forming part of this **Policy**.
27. **Policy Year:** means a period of twelve months beginning from the date of commencement of the **Policy / Cover Period** and ending on the last day of such twelve-month period till the **Policy** Period expiry. For the purpose of subsequent years, **Policy** year shall mean a period of twelve months commencing from the end of the previous **Policy** year and lapsing on the last day of such twelve-month period, till the **Policy/Cover Period** ,
- as mentioned in the **Policy Schedule / Certificate of Insurance**
28. **Policyholder:** shall be the Group Manager of a homogeneous group of persons who assemble together for a commonality of purpose and there is a clearly evident relationship between the member and group manager for services other than insurance.
29. **Principal Outstanding Loan Amount:** means the principal amount of the **Loan** outstanding as on the date of occurrence of **Insured Event** less the portion of principal component included in the EMIs payable but not paid from the date of the loan agreement till the date of the **Insured Event**. For the purpose of avoidance of doubt, it is clarified that the Principal component of any overdue EMIs as on the date of the **Insured Event** shall be deducted from the **Principal Outstanding Loan Amount** for calculating Our liability under this **Policy**
30. **Proposal/Enrolment Form** : means any initial or subsequent **Proposal / Enrolment** made by the **Policy holder / Insured Person** on basis of which **Policy Schedule/ Certificate of Insurance** is issued and is deemed to be attached and which forms a part of this **Policy**.
31. **Reducing basis:** means that in the event of a loss under this **Policy**, an amount equivalent to the **Principal Outstanding Loan Amount** as on date of **Insured Event** subject to the **Sum Insured** which shall be the maximum liability under the **Policy**.
32. **Special Conditions:** means the clauses or the conditions as mentioned in the **Policy Schedule / Certificate of Insurance** which shall override all other clauses as mentioned in the

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### Policy

- 33. Sum Insured:** means the sum shown in the **Policy Schedule /Certificate of Insurance** which represents Our maximum, total and cumulative liability for any and all **Benefits** claimed for during each **Policy** Year as per Fixed Basis or Reducing Basis as opted.
- 34. War** -means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
- 35. We/Us/Our/Company** - means TATA AIG General Insurance Company Limited.
- 36. You/Your/Yourself** - means the **Policy Holder** and/or **Insured Person(s)** who is named in the **Policy Schedule / Certificate of Insurance** .

### Section II: Benefits Covered under the Policy

This **Policy** provides the following benefits and the insurance provided under this **Policy** is only in force for the **Insured Person** with respect to such and so many of the benefits as indicated in the **Policy Schedule / Certificate of Insurance**.

This section contains 5 Benefit options as mentioned below. The **Policyholder** can opt for any of the below benefits either individually or

in combination thereof. At any given time only one benefit from Benefit 1, Benefit 2, Benefit 3 or Benefit 4 can be opted by the **Policyholder**.

#### Benefit 1 : Critical Illness - Silver

We shall pay the **Sum Insured** or the **Principal Outstanding Loan Amount** as per **Fixed Basis** or **Reducing Basis** as opted and specified in the **Policy Schedule/Certificate of Insurance**, if the **Insured Person** is diagnosed for the first time during the **Cover period** with a Critical Illness as specified below.

Specific Conditions applicable to Benefit 1:

- a) Only one claim shall be payable to the **Insured Person** regardless of the number of Critical Illnesses, incapacities or treatments suffered by **Insured Person**.
- b) Once a claim has been accepted and paid under this **Benefit** then this **Policy / Certificate of Insurance** shall immediately and automatically cease in respect of that **Insured Person**.
- c) The Critical illness is diagnosed after number of days from the **Cover Period** start date as specified in the **Policy Schedule/Certificate of Insurance**
- d) The **Insured Person** survives the critical Illness for a period as specified in the **Policy Schedule/Certificate of Insurance**

**Critical Illness – Silver**

Sr. No	Critical Illness	Definitions
C1	Cancer of Specified Severity	<p>I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.</p> <p>II. The following are excluded –</p> <ul style="list-style-type: none"> <li>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 and CIN-3</li> <li>ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;</li> <li>iii. Malignant melanoma that has not caused invasion beyond the epidermis;</li> <li>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</li> <li>v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;</li> <li>vi. Chronic lymphocytic leukemia less than RAI stage 3</li> <li>vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,</li> <li>viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;</li> </ul>
C2	Kidney Failure Requiring Regular Dialysis	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.

C3	Multiple Sclerosis with Persisting Symptoms	<p>I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:</p> <ul style="list-style-type: none"> <li>i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and</li> <li>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.</li> </ul> <p>II. Neurological damage due to SLE is excluded.</p>
C4	Major organ Transplant/Bone Marrow Transplant	<ul style="list-style-type: none"> <li>i. The actual undergoing of a transplant of: <ul style="list-style-type: none"> <li>a. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or</li> <li>b. Human bone marrow using hematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.</li> </ul> </li> <li>ii. The following are excluded: <ul style="list-style-type: none"> <li>a. Other stem-cell transplants</li> <li>b. Where only Islets of Langerhans are transplanted</li> </ul> </li> </ul>
C5	Open Heart Valve Replacement/Repair	<p>The actual undergoing of open-heart valve surgery 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.</p>
C6	Open Chest Coronary Artery Bypass Graft	<ul style="list-style-type: none"> <li>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.</li> <li>ii. The following are excluded: <ul style="list-style-type: none"> <li>a. Angioplasty and/or any other intra-arterial procedures</li> </ul> </li> </ul>

C7	Stroke resulting in permanent symptoms	<p>Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage 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.</p> <p>ii. The following are excluded:</p> <ol style="list-style-type: none"> <li>a. Transient ischemic attacks (TIA)</li> <li>b. Traumatic injury of the brain</li> <li>c. Vascular disease affecting only the eye or optic nerve or vestibular functions.</li> </ol>
C8	Permanent Paralysis of Limbs	<p>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.</p>
C9	Myocardial Infarction (First Heart Attack of specific severity)	<ol style="list-style-type: none"> <li>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:             <ol style="list-style-type: none"> <li>a. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g., typical chest pain)</li> <li>b. New characteristic electrocardiogram changes</li> <li>c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.</li> </ol> </li> <li>ii. The following are excluded:             <ol style="list-style-type: none"> <li>a. Other acute Coronary Syndromes</li> <li>b. Any type of angina pectoris</li> <li>c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.</li> </ol> </li> </ol>

C10	Blindness	<p>I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.</p> <p>II. The Blindness is evidenced by:</p> <ul style="list-style-type: none"> <li>i. corrected visual acuity being 3/60 or less in both eyes or;</li> <li>ii. the field of vision being less than 10 degrees in both eyes</li> </ul> <p>III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.</p>
C11	Third Degree Burns	<p>There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.</p>
C12	Creutzfeldt Jakob Disease	<p>Creutzfeldt-Jakob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A registered doctor who is a neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on examination along with severe progressive dementia.</p>
C13	Primary (Idiopathic) Pulmonary Hypertension	<p>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 Cauterization. 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.</p> <p>II. The NYHA Classification of Cardiac Impairment are as follows:</p> <ul style="list-style-type: none"> <li>i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</li> <li>ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</li> <li>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.</li> </ul>

C14	Motor Neuron Disease with permanent symptoms	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.
C15	Progressive Scleroderma	<p>A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve some organ system that is heart, lungs or kidneys etc. The following conditions are excluded:</p> <ol style="list-style-type: none"> <li>a. Localized scleroderma (linear scleroderma or morphea);</li> <li>b. Eosinophilic fasciitis; and</li> <li>c. CREST syndrome.</li> </ol>
C16	End Stage Lung Failure	<p>End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:</p> <ol style="list-style-type: none"> <li>a. FEV1 test results consistently less than 1 liter measured on 3 occasions 3 months apart; and</li> <li>b. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and</li> <li>c. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO<sub>2</sub> &lt; 55mmHg); and</li> <li>d. Dyspnea at rest.</li> </ol>
C17	End stage Liver Failure	<ol style="list-style-type: none"> <li>I. Permanent and irreversible failure of liver function that has resulted in all three of the following:             <ol style="list-style-type: none"> <li>a. Permanent jaundice; and</li> <li>b. Ascites; and</li> <li>c. Hepatic encephalopathy.</li> </ol> </li> <li>II. Liver failure secondary to drug or alcohol abuse is excluded.</li> </ol>

C18	Benign Brain Tumor	<ol style="list-style-type: none"> <li>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.</li> <li>II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.             <ol style="list-style-type: none"> <li>a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or</li> <li>b. Undergone surgical resection or radiation therapy to treat the brain tumor.</li> </ol> </li> <li>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.</li> </ol>
C19	Cardiomyopathy	<p>An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association Classification Class III or Class IV, or its equivalent, based on the following classification criteria:</p> <ul style="list-style-type: none"> <li>• Class III NYHA - Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure.</li> <li>• Class IV NYHA - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised systolic ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.</li> </ul>

C20	Parkinson's disease	<p>The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to us.</p> <p>The diagnosis must be supported by all of the following conditions:</p> <ol style="list-style-type: none"> <li>the disease cannot be controlled with medication</li> <li>signs of progressive impairment; and</li> <li>inability of the Insured Person to perform at least 3 of the 6 Activities of Daily Living as defined under <i>Section 1, Point 7 under Specific Definitions</i> for a continuous period of at least 6 months</li> </ol> <p>Parkinson's disease secondary to drug and/or alcohol abuse is excluded.</p>
C21	Chronic Relapsing Pancreatitis	<p>An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a registered Medical Practitioner who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterized 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.</p> <p>Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.</p>
C22	Pericardiectomy	<p>The undergoing of a pericardiectomy as a result of pericardial disease. Surgical Procedure must be certified to be absolutely necessary by a specialist in the relevant field.</p>

**Benefit 2 : Critical Illness – Gold**

We shall pay the **Sum Insured** or the **Principal Outstanding Loan Amount** as per **Fixed Basis** or **Reducing Basis** as opted and specified in the **Policy Schedule/Certificate of Insurance**, if the **Insured Person** is diagnosed for the first time during the **Cover period** with a Critical Illness as specified below.

Specific Conditions applicable benefit 2:

- a) Only one claim shall be payable to the **Insured Person** regardless of the number

of Critical Illnesses, incapacities or treatments suffered by **Insured Person**.

- b) Once a claim has been accepted and paid under this **Benefit** then this **Policy / Certificate of Insurance** shall immediately and automatically cease in respect of that **Insured Person**.
- c) The Critical illness is diagnosed after number of days from the **Cover Period** start date as specified in the **Policy Schedule/Certificate of Insurance**

- d) The **Insured Person** survives the critical illness for a period as specified in the **Policy Schedule/Certificate of Insurance**

**Critical Illness - Gold**

Sr. No	Critical Illness	Definitions
C1	<b>Systemic Lupus Erythematosus with Renal Involvement</b>	<p>A multi-system, multifactorial, autoimmune disorder characterized 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 specializing in Rheumatology and Immunology / Nephrology acceptable to Us, Other forms, discoid lupus, and those forms with only hematological and joint involvement are however not covered: The WHO lupus classification is as follows:</p> <ol style="list-style-type: none"> <li>a. Class I: Minimal change – Negative, normal urine.</li> <li>b. Class II: Mesangial – Moderate proteinuria, active sediment.</li> <li>c. Class III: Focal Segmental – Proteinuria, active sediment.</li> <li>d. Class IV: Diffuse – Acute nephritis with active sediment and/or nephritic syndrome.</li> <li>e. Class V: Membranous – Nephrotic Syndrome or severe proteinuria.</li> </ol>
		<ol style="list-style-type: none"> <li>a. Early Stage: This shall include the following:                     <ol style="list-style-type: none"> <li>1. Carcinoma in situ of the following sites: breast, uterus, ovary, fallopian tube, vulva, vagina, cervix uteri, colon, rectum, penis, testis, lung, liver, stomach, nasopharynx or bladder. Carcinoma in situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues.</li> </ol> </li> </ol>

<p>C2</p>	<p><b>Smart Cancer Care</b></p>	<p>'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result.</p> <p>Clinical diagnosis that does not meet this standard or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II, and CIN III (severe dysplasia without carcinoma in situ) not meeting the required definition are specifically excluded.</p> <p>2. Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification. Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0. Tumors of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification). Chronic Lymphocytic Leukemia (CLL) RAI Stage 1 or 2.</p> <p>CLL RAI 0 or lower is excluded.</p> <p>b. Major Stage (Cancer of Specified Severity): I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues.</p> <p>This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.</p> <p>II. The following are excluded</p> <p>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 &amp; CIN-3.</p> <p>.II. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;</p> <p>iii. Malignant melanoma that has not caused invasion beyond the epidermis;</p>
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		<ul style="list-style-type: none"> <li>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</li> <li>v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;</li> <li>vi. Chronic lymphocytic leukemia less than RAI stage 3</li> <li>vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,</li> <li>viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;</li> </ul> <p>c. Advanced Stage (Metastatic Cancer):</p> <p>All Stage IV malignant tumor with the presence of distant metastasis. A spread to lymph nodes only is not covered under this definition. The diagnosis of malignancy must be confirmed by histological evidence. Metastatic cancer is a cancer that has spread from the part of the body where it started (the primary site) to other parts of the body. When cancer cells break away from a tumor, they can travel to other areas of the body through the bloodstream, the lymph system (which contains a collection of vessels that carry fluid and immune system cells) or through the peritoneum</p> <p>Following is excluded:</p> <ul style="list-style-type: none"> <li>i. Locally advanced cancers (these will be considered as Early Stage/ Major for the purpose of this policy)</li> <li>ii. Any leukemia and lymphoma (these will be considered as Major for the purpose of this policy)</li> </ul>
C3	<b>Coma of Specified Severity</b>	<ul style="list-style-type: none"> <li>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:             <ul style="list-style-type: none"> <li>a. no response to external stimuli continuously for at least 96 hours;</li> <li>b. life support measures are necessary to sustain life; and</li> <li>c. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.</li> </ul> </li> </ul>

		<p>II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.</p>
C4	<b>Deafness</b>	<p>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.</p>
C5	<b>Loss of Speech</b>	<p>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.</p>
C6	<b>Loss of Limbs</b>	<p>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 separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.</p>
C7	<b>Major Head Trauma</b>	<p>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.</p> <p>II. The Accidental Head injury must result in an inability to perform at least three (3) of the Activities of Daily Living as specified under Section I, Point 7 under Specific Definitions 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</p> <p>III. The Activities of Daily Living are as defined in Section I, Point 7 under Specific Definitions</p> <p>IV. The following are excluded:</p>

		<p>i. Spinal cord injury;</p>
C8	<b>Alzheimer's disease</b>	<p>Alzheimer's disease is a progressive degenerative illness of the brain, characterized 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.</p> <p>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 Activities of Daily Living as defined under Section I, Point 7 under Specific Definitions 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</p> <p>The following conditions are however not covered:</p> <ol style="list-style-type: none"> <li>non-organic diseases such as neurosis and psychiatric illnesses;</li> <li>alcohol related brain damage; and</li> <li>any other type of irreversible organic disorder/dementia.</li> </ol>
C9	<b>Chronic Aplastic Anemia</b>	<p>Chronic persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:</p> <ol style="list-style-type: none"> <li>Blood product transfusion;</li> <li>Marrow stimulating agents;</li> <li>Immunosuppressive agents; or</li> <li>Bone marrow transplantation.</li> </ol>

		<p>The diagnosis must be confirmed by a hematologist 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:</p> <ol style="list-style-type: none"> <li>Absolute neutrophil count of 500/mm<sup>3</sup> or less</li> <li>Platelets count less than 20,000/mm<sup>3</sup> or less</li> <li>Absolute Reticulocyte count of 20,000/mm<sup>3</sup> or less</li> </ol> <p>Temporary or reversible Aplastic Anemia is excluded.</p> <p>In this condition, the bone marrow fails to produce sufficient blood cells or clotting agents.</p>
C10	<b>Chronic Rheumatoid Arthritis</b>	<p>Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:</p> <ul style="list-style-type: none"> <li>Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;</li> <li>Permanent inability to perform at least two (2) Activities of Daily Living as defined under Section I, Point 7 under Specific Definitions;</li> <li>Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and</li> <li>The foregoing conditions have been present for at least six (6) months.</li> <li>Presence of chronic rheumatoid arthritis should be supported by Elevated levels of anti-CCP (anti-cyclic citrullinated peptide), markedly elevated erythrocyte sedimentation rate (ESR) and high titers of RA factor (Rheumatoid Arthritis Factor) test</li> </ul>
C11	<b>Dissecting Aortic aneurysm</b>	<p>A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a registered Medical Practitioner who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.</p>

C12	<b>Medullary Cystic Disease</b>	A progressive hereditary disease of the kidneys characterized by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anemia, polyuria and renal loss of sodium, progressing to chronic renal failure. The diagnosis must be supported by renal biopsy.
C13	<b>Pneumonectomy</b>	<p>I. The undergoing of Surgery on the advice of an appropriate Specialist Medical Practitioner to remove an entire lung for disease or traumatic Injury.</p> <p>II. The following conditions are excluded:</p> <ul style="list-style-type: none"> <li>i. Removal of a lobe of the lungs (Lobectomy)</li> <li>ii. Partial Lung resection or incision</li> </ul>
C14	<b>Apallic syndrome</b>	<p>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.</p> <p>The diagnosis must be confirmed by a Neurologist acceptable to Us and the condition must be documented for at least one month.</p> <p>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.</p>
C15	<b>Loss of independent existence</b>	<p>Loss of independent existence means inability of the insured person to perform at least 3 of the 6 Activities of Daily Living as defined under Section I, Point 7 under Specific Definitions for a continuous period of at least 6 months, due to disease/injury.</p> <p>Limitation: Please note that we shall pay only one claim related to Loss of Independent Existence, as an independent insured event or as a part of fulfillment of criteria laid down under Critical Illness definitions, during the lifetime of policy for a particular <b>Insured person</b>.</p>
C16	<b>Muscular dystrophy</b>	A group of hereditary degenerative diseases of muscle characterized 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:

		<p>a. Family history of muscular dystrophy;</p> <p>b. Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;</p> <p>c. Characteristic electromyogram; or</p> <p>d. Clinical suspicion confirmed by muscle biopsy.</p> <p>The condition must result in the inability of the Insured Person to perform at least 3 of the 6 Activities of Daily Living as defined under Section I, Point 7 under Specific Definitions 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.</p>
C17	<b>Hemiplegia</b>	<p>The total and permanent loss of the use of one side of the body through paralysis caused by Illness or Injury (muscle power Grade II or below), except when such Injury is self-inflicted. Evidence of permanent changes on neuroimaging i.e., relevant and clinically correlated infarct should also be available.</p> <p>The diagnosis has to be confirmed by a Specialist Medical Practitioner/Neurologist.</p>
C18	<b>Severe Progressive Supranuclear Palsy</b>	<p>A diagnosis of progressive supranuclear palsy by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical impairment of eye movements and motor function for a minimum period of 30 days and progressive nature evident.</p>
C19	<b>Pheochromocytoma</b>	<p>Presence of a neuroendocrine tumor of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumor.</p> <p>The Diagnosis of Pheochromocytoma must be supported by plasma metanephrine levels and / or urine catecholamines and metanephrines and confirmed by a registered doctor who is an endocrinologist.</p>

C20	<b>Eisenmenger's Syndrome</b>	<p>Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a registered Medical Practitioner who is a specialist with echocardiography and cardiac catheterization and supported by the following criteria:</p> <ul style="list-style-type: none"> <li>- Mean pulmonary artery pressure &gt; 40 mm Hg;</li> <li>- Pulmonary vascular resistance &gt; 3mm/L/min (Wood units); and</li> <li>- Normal pulmonary wedge pressure &lt; 15 mm Hg</li> </ul>
C21	<b>Chronic Adrenal Insufficiency</b>	<p>An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a registered Medical Practitioner who is a specialist in endocrinology through one of the following:</p> <ul style="list-style-type: none"> <li>• ACTH simulation tests;</li> <li>• Insulin-induced hypoglycemia test;</li> <li>• Plasma ACTH level measurement;</li> <li>• Plasma Renin Activity (PRA) level measurement.</li> </ul> <p>Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded</p>
C22	<b>Cardiac Pacemaker insertion</b>	<p>Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be absolutely necessary by a specialist in the relevant field; or Insertion of a permanent cardiac defibrillator as a result of cardiac arrhythmia which cannot be treated via any other method. Documentary evidence of ventricular tachycardia or fibrillation must be provided.;</p>

In addition to the above Critical illness, Critical illness mentioned under Benefit 1 : Critical Illness – Silver will also be covered if Benefit 2 : Critical Illness – Gold is opted.

**Benefit 3 : Critical Illness – Platinum**

We shall pay the **Sum Insured** or the **Principal Outstanding Loan Amount** as per **Fixed Basis** or **Reducing Basis** as opted and specified in the **Policy Schedule/Certificate of Insurance**, if the **Insured Person** is diagnosed for the first time during the **Cover period** with a Critical Illness as specified below.

Specific Conditions applicable benefit 3 :

- a) Only one claim shall be payable to the **Insured Person** regardless of the number of Critical Illnesses, incapacities or treatments suffered by **Insured Person**.
- b) Once a claim has been accepted and paid under this **Benefit** then this **Policy /**

- Certificate of Insurance** shall immediately and automatically cease in respect of that **Insured Person**.
- c) The Critical illness is diagnosed after number of days from the **Cover Period** start date as specified in the **Policy Schedule/Certificate of Insurance**
- d) The **Insured Person** survives the critical Illness for a period as specified in the **Policy Schedule/Certificate of Insurance**

### Critical Illness - Platinum

Sr. No	Critical Illness	Definitions
C1	<b>Surgical removal of an eyeball</b>	Surgical removal of an eyeball as a result of Injury or disease. For this definition, Self-inflicted Injuries is not covered.
C2	<b>Poliomyelitis</b>	<p>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.</p> <p>Exclusions:</p> <p>Cases not involving irreversible paralysis shall not be eligible for a claim. Other causes of paralysis such as Guillain-Barré Syndrome are specifically excluded.</p>
C3	<b>Myasthenia gravis</b>	<p>An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:</p> <ul style="list-style-type: none"> <li>• Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and</li> <li>• The Diagnosis of Myasthenia Gravis and categorization are confirmed by a registered Medical Practitioner who is a neurologist.</li> </ul> <p>Myasthenia Gravis Foundation of America Clinical Classification:</p> <p>Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.</p>

		<p>Class II: Eye muscle weakness of any severity, mild weakness of other muscles.</p> <p>Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.</p> <p>Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.</p> <p>Class V: Intubation needed to maintain airway.</p>
C4	<b>Major Brain Surgery</b>	<p>The actual undergoing of Surgery to the brain arising from a disease process under general anesthesia during which a craniotomy / craniectomy is performed.</p> <p>Exclusion:</p> <p>Burr hole Surgery / brain Surgery on account of an Accident.</p>
C5	<b>Crohn's Disease</b>	<p>Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:</p> <ul style="list-style-type: none"> <li>• Stricture formation causing intestinal obstruction requiring admission to Hospital, and</li> <li>• Fistula formation between loops of bowel, and</li> <li>• At least one bowel segment resection.</li> </ul> <p>The diagnosis must be made by a registered medical practitioner who is a specialist Gastroenterologist and be proven histologically on a pathology report.</p>
C6	<b>Ulcerative Colitis</b>	<p>Acute fulminant ulcerative colitis with life threatening electrolyte disturbances. All of the following criteria must be met:</p> <ul style="list-style-type: none"> <li>• the entire colon is affected, with severe bloody diarrhea; and</li> <li>• the necessary treatment is total colectomy and ileostomy; and</li> <li>• the diagnosis must be based on histopathological features and confirmed by a registered Medical Practitioner who is a specialist in gastroenterology</li> </ul>

C7	<b>Elephantiasis</b>	Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal diagnosis of elephantiasis must be confirmed by a registered Medical Practitioner who is a specialist physician. There must be clinical evidence of permanent massive swelling of leg(s), arm(s), scrotum(s), vulva, or breast(s). There must also be laboratory confirmation of microfilariae infection. Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.
C8	<b>Myelofibrosis</b>	A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anemia, low levels of white blood cells and platelets and enlargement of the spleen. The condition must have progressed to the point that it is permanent and the severity is such that the Insured Person requires a blood transfusion at least monthly. The diagnosis of myelofibrosis must be supported by bone marrow biopsy and confirmed by a registered Medical Practitioner who is a specialist. Evidence of the blood transfusion for last 3 months should be available.
C9	<b>Coronary Artery Disease</b>	Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (noninvasive diagnostic procedures excluded). For purposes of this definition, "major coronary artery" refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).
C10	<b>Refractory heart failure</b>	Refractory heart failure must be diagnosed by a Cardiologist and optimal therapy must have been established for at least 6 months. The diagnosis of heart failure to be evidence by at least any 4 following criteria: a. Class 3 (or above) of the New York Heart Association classifications of functional capacity (heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain) b. Presence of third heart sound c. Jugular venous pressure above 6 cms

		<p>d. Persistent presence of Rales in both bases on auscultation</p> <p>e. Cardiomegaly on chest x-ray PA view</p> <p>f. Grade 3, or gross ascites, associated with marked abdominal distension and/ or peripheral oedema</p> <p>g. 2-D echocardiography report suggestive of LVEF of 40% or less</p> <p>h. Markedly Elevated biomarkers – B-type natriuretic peptide (BNP)/N-terminal pro-BNP(NT-proBNP)</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> <li>• Heart Failure due to Auto-immune disorders</li> <li>• Heart Failure secondary to drug or alcohol abuse</li> </ul>
C11	<b>Cerebral Aneurysm with Specified Surgery</b>	<p>Cerebral aneurysm is a weakness in a blood vessel that balloons out and fills with blood within the brain causing increased pressure on nerves and surrounding brain tissue. The diagnosis must be confirmed by a specialist physician/ neurologist and must be evidenced by any of the following:</p> <ol style="list-style-type: none"> <li>a. Cerebral angiography/ Digital Subtraction Angiography (DSA);</li> <li>b. CT scan of brain;</li> <li>c. MRI Angiography scan of brain</li> </ol> <p>Surgery should be either of:</p> <ul style="list-style-type: none"> <li>• Aneurysmal clipping</li> <li>• Endovascular coiling</li> <li>• flow diverter</li> </ul>
C12	<b>Surgical Removal of One Kidney</b>	<ol style="list-style-type: none"> <li>I. The undergoing of Surgery on the advice of a Specialist Medical Practitioner to remove an entire kidney for disease/illness or Injury.</li> <li>II. The following conditions are excluded:             <ol style="list-style-type: none"> <li>i. Partial resection of kidney</li> <li>ii. In case the insured person is kidney donor and surgery undertaken as part of Organ donation</li> </ol> </li> </ol>

C13	<b>Total Glossectomy</b>	The undergoing of surgery on the advice of a Specialist Medical Practitioner for removal of the entire tongue including the base of the tongue necessitated due to an illness/disease or injury.
C14	<b>Budd-Chiari syndrome</b>	<p>Budd-Chiari syndrome is a disorder characterized by narrowing and obstruction (occlusion) of the veins of the liver (hepatic veins). This disorder should be evidenced by following:</p> <ul style="list-style-type: none"> <li>a) Portal hypertension</li> <li>b) Hepatomegaly</li> <li>c) Ascites</li> </ul> <p>The diagnosis should be made by a Specialist Medical Practitioner and supported by way of:</p> <ul style="list-style-type: none"> <li>a. Abdominal Ultrasonography</li> <li>b. CT/MRI scan of Abdomen</li> </ul>
C15	<b>Cardiac Rupture</b>	Cardiac Rupture is a medical condition to be confirmed and diagnosed by a Specialist medical practitioner. The diagnosis must be supported by 2-D echocardiography/ post-mortem in case of fatal rupture.
C16	<b>Total Laryngectomy</b>	<ul style="list-style-type: none"> <li>I. The undergoing of Surgery on the advice of             <ul style="list-style-type: none"> <li>a Specialist Medical Practitioner to remove the entire larynx for disease/illness or Injury.</li> </ul> </li> <li>II. Surgery undergone for partial resection of larynx is excluded</li> </ul>
C17	<b>Cerebral Artery Bypass Surgery</b>	<ul style="list-style-type: none"> <li>I. The actual undergoing of cerebral surgery to correct blockage or narrowing in one or more cerebral artery(s), by cerebral artery bypass grafting done via a craniotomy or minimally invasive key hole cerebral artery bypass procedures. The diagnosis must be supported by a cerebral angiography and the realization of surgery has to be confirmed by a neurosurgeon.</li> <li>II. Angioplasty and/or any other intra-arterial procedures are excluded.</li> </ul>

C18	<b>Pulmonary Thromboembolism (PTE)</b>	PTE is a condition characterized by obstruction of either part or whole of the pulmonary artery by a thrombus. The diagnosis must be supported by pulmonary angiography or Ventilation-Perfusion lung scan and confirmed by a specialist medical practitioner. Pulmonary embolism under claim should fall in Class III or more of PESI (Pulmonary Embolism Severity Index)
C19	<b>Carotid endarterectomy Surgery</b>	The actual undergoing of Surgery on the advice of a Specialist Medical Practitioner for treatment of carotid artery disease where the carotid artery narrowing is 50% or more. The narrowing should be supported by carotid angiogram.
C20	<b>Wilson's disease</b>	Wilson's disease is a medical condition typically characterized by liver cirrhosis, degeneration of basal ganglia and peripheral corneal pigmentation. Diagnosis should be confirmed by a specialist medical practitioner and evidenced by: <ol style="list-style-type: none"> <li>Elevated levels of Serum Copper &amp;</li> <li>Deficiency of Serum Caeruloplasmin</li> <li>Liver biopsy confirming elevated hepatic copper concentrations</li> <li>Corneal pigmentation confirmed by an Ophthalmologist</li> </ol>
C21	<b>Guillain Barre Syndrome (GBS)</b>	<ul style="list-style-type: none"> <li>GBS is an acute, frequently severe, and fulminant polyradiculoneuropathy that is autoimmune in nature.</li> <li>Level 3 of Brighton Criteria for diagnosis of GBS should be met.</li> <li>This medical condition to be certified by a consultant neurologist or a specialist.</li> </ul>
C22	<b>Age Related Macular Degeneration (ARMD)</b>	<ol style="list-style-type: none"> <li>Total, permanent and irreversible loss of central vision in one/both eyes as a result of age-related macular degeneration.</li> </ol> <p>The diagnosis of ARMD must be confirmed by an Ophthalmologist and supported by Fluorescein angiography/ Optical Coherence Tomography</p>

In addition to the above Critical illness, Critical illness mentioned under Benefit 1 : Critical Illness – Silver and Benefit 2 : Critical Illness – Gold will also be covered if Benefit 3 : Critical Illness – Platinum is opted.

## Group Criticare 360

### Benefit 4 : Critical Illness – Titanium

We shall pay the **Sum Insured** or the **Principal Outstanding Loan Amount** as per **Fixed Basis** or **Reducing Basis** as opted and specified in the **Policy Schedule/Certificate of Insurance**, if the **Insured Person** is diagnosed for the first time during the **Cover period** with a Critical Illness as specified below.

Specific Conditions applicable to benefit 4 :

- a) Only one claim shall be payable to the **Insured Person** regardless of the number of Critical Illnesses, incapacities or treatments suffered by **Insured Person**.
- b) Once a claim has been accepted and paid under this **Benefit** then this **Policy / Certificate of Insurance** shall immediately and automatically cease in respect of that **Insured Person**.
- c) The Critical illness is diagnosed after number of days from the **Cover Period** start date as specified in the **Policy Schedule/Certificate of Insurance**
- d) The **Insured Person** survives the critical Illness for a period as specified in the **Policy Schedule/Certificate of Insurance**.

#### Critical Illness - Titanium

Sr. No	Critical Illness	Definitions
C1	<b>Surgery for Removal of Acoustic Neuroma</b>	The actual undergoing of surgery for removal of acoustic neuroma on advice of the Specialist medical practitioner.
C2	<b>Complete Splenectomy</b>	The actual undergoing of surgery for removal of entire spleen on the advice of a Specialist medical practitioner due to illness/disease or injury. Partial resection of the spleen and surgery undertaken for removal of spleen in view of alcoholic liver diseases is excluded.
C3	<b>Whipple procedure</b>	The actual undergoing of Surgery which involves removal of head of pancreas, first part of small intestine (duodenum), the gallbladder along with bile duct. The surgery is undergone on the advice of a Specialist medical practitioner necessitated due to illness/disease or injury.
C4	<b>Loss of sight of one eye and loss of one limb</b>	Total and irrecoverable loss of sight of one eye and loss of a Limb. For the purpose of this Benefit: 1. Limb means a hand at or above the wrist or a foot above the ankle;

		<p>2. In this benefit, Loss means the physical separation of a body part, or the total loss of functional use of a body part or organ provided this has continued for at least 365 days from the onset of such disablement and provided further that We are satisfied based on a written confirmation by a Medical Practitioner at the expiry of the 365 days that there is no reasonable medical hope of improvement.</p>
C5	<b>Embolization of Acquired AV fistula</b>	<p>Embolization is a procedure which uses materials such as gelfoam sponges, metal coils, balloons etc. to block a blood vessel.</p> <p>Undergoing the procedure of embolization of acquired AV (arterio-venous) fistula on the advice of specialist medical practitioner. Embolization carried out in case of AV fistulas created in case of hemodialysis is excluded.</p>
C6	<b>Myxomas</b>	<p>Myxomas are cardiac tumors which commonly present with obstructive signs/ symptoms. The condition should be confirmed by a Specialist medical practitioner and evidenced by 2D echocardiography or CT/MRI scan.</p>
C7	<b>Full dental reconstruction due to accident</b>	<p>Undergoing of full mouth/dental reconstruction surgery as part of an inpatient care necessitated due to an accident. Reconstructive surgery should be on the advice of a Specialist Dental surgeon.</p> <p>The claim should be supported by all relevant medico legal compliances viz. FIR/ MLC/ police report and relevant imaging / clinical reports.</p> <p>Full dental reconstruction done for full mouth rehabilitation in view of any disease, replacement of missing teeth, secure implant/ ill-fitting denture, treating multiple teeth with caries needing root canal treatment / extraction of treatment of periodontal problems is specifically excluded.</p>
C8	<b>Keyhole Craniotomy</b>	<p>The actual undergoing of Surgery to the brain via keyhole surgery ("Keyhole Craniotomy"). Surgery must be considered medically necessary by a consultant neurologist.</p> <p>Exclusion:</p> <p>Burr hole Surgery / brain Surgery on account of an Accident.</p>

C9	<b>Good pastures syndrome with lung or renal involvement</b>	Good pasture's syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage. The permanent damage should be for a continuous period of at least thirty (30) days. The Diagnosis must be proven by Kidney biopsy and confirmed by a Specialist Medical Practitioner.
C10	<b>Total Pancreatectomy</b>	The actual undergoing of Surgery which involves removal of pancreas. The surgery is undergone on the advice of a Specialist medical practitioner necessitated due to illness/ disease or injury. Removal of pancreas due to alcoholic diseases are excluded.
C11	<b>Cystic Fibrosis</b>	Cystic fibrosis is a medical disorder which affects multiple epithelial tissues. Diagnosis has to be confirmed by a specialist medical practitioner and supported by CFTR (Cystic Fibrosis Transmembrane Conductance Regulator) mutation analysis/ Sweat test results.
C12	<b>Total proctocolectomy</b>	The actual undergoing of removal of large intestine along with rectum on advice of a special medical practitioner and necessitated due to illness/disease or injury.
C13	<b>Toxic epidermal necrolysis (TEN)</b>	TEN is a type of cutaneous (skin) disorder which results in large areas of denuded skin and caused due to ingestion of certain drugs. The diagnosis has to be confirmed by a specialist medical practitioner. Any self-inflicted act of drug ingestion leading to TEN is excluded.
C14	<b>Chronic PAN (Polyarteritis Nodosa)</b>	PAN is a multisystem disorder which affects the arteries in which involvement of renal and visceral arteries is predominant. The diagnosis is evidenced by way of characteristic findings of vasculitis on biopsy or arteriogram and confirmed by a Specialist medical practitioner. The condition should have been present for six (6) months.
C15	<b>Adult Polymyositis</b>	Adult Polymyositis represent a disorder which causes skeletal muscle weakness. The disorder has to be confirmed by a specialist medical practitioner supported by findings of all of the below: <ul style="list-style-type: none"> <li>- analysis of serum muscle enzymes,</li> <li>- EMG findings and</li> <li>- muscle biopsy.</li> </ul>

C16	<b>Giant Cell Arteritis</b>	Giant Cell Arteritis is a systemic disease which involves inflammation of arteries. The medical condition has to be diagnosed and confirmed by a Specialist medical practitioner which should be supported by findings of vasculitis in biopsy of artery or vascular imaging studies – Ultrasonography/MRI/CT scan.
C17	<b>Multiple System Atrophy</b>	A Diagnosis of multiple system atrophy made by a Specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of thirty (30) days of bladder control with postural hypotension and any 2 of the following: a. Rigidity b. Cerebellar Ataxia c. Peripheral Neuropathy
C18	<b>Primary Biliary Cirrhosis/Primary Biliary Cholangitis (PBC)</b>	PBC is a type of liver disease caused by damage to the bile ducts in the liver and characterized by: • Jaundice • Ascites • Variceal bleeding • Hepatomegaly  Diagnosis should be confirmed by a Specialist medical practitioner and evidenced by both of the below mentioned: a. Ultrasonography findings (abdomen) suggestive of PBC b. Liver Biopsy
C19	<b>Percutaneous Heart Valve Replacement</b>	The actual undergoing of procedure to replace 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 in the relevant field.
C20	<b>Polycystic Kidney Disease</b>	Diagnosis of Polycystic Kidney Disease confirmed and evidenced by radiological investigations such as ultrasonography, MRI or CT scan. Diagnosis must be confirmed by a Specialist medical practitioner.

<p>C21</p>	<p><b>HIV due to blood transfusion and occupationally acquired HIV</b></p>	<ol style="list-style-type: none"> <li>I. Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:             <ol style="list-style-type: none"> <li>a. The blood transfusion was medically necessary or given as part of a medical treatment;</li> <li>b. The blood transfusion was received in India after the Policy Commencement Date, Date of endorsement, whichever is the later;</li> <li>c. The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and</li> <li>d. The Insured does not suffer from Thalassemia Major or Hemophilia.</li> </ol> </li> <li>II. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an Accident occurring after the Policy Commencement Date, date of endorsement or date of reinstatement, whichever is the later whilst the Insured was carrying out the normal professional duties of his or her occupation in India, provided that all of the following are proven to the Company's satisfaction:             <ol style="list-style-type: none"> <li>1. Proof that the Accident involved a definite source of the HIV infected fluids;</li> <li>2. Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented Accident. This proof must include a negative HIV antibody test conducted within 5 days of the Accident; and</li> <li>3. HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.</li> </ol> </li> </ol> <p>This benefit is only payable when the occupation of the Insured Person is a Registered Medical practitioner, housemen, medical student, registered nurse, medical laboratory technician, blood bank technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre, blood bank or clinic in India. This benefit will not apply under either section I or II (as mentioned above) where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.</p>
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In addition to the above Critical illness, Critical illness mentioned under Benefit 1 : Critical Illness – Silver, Benefit 2 : Critical Illness – Gold and Benefit 3 : Critical Illness – Platinum will also be covered if Benefit 4 : Critical Illness – Titanium is opted.

### Benefit 5 - Personal Accident (Accidental Death, Permanent Total Disability & Education Benefit)

We shall pay the **Sum Insured** or **Principal Outstanding Loan Amount** as per **Fixed Basis** or **Reducing Basis** as opted and specified in the **Policy Schedule/Certificate of Insurance** in the event of death or **Permanent Total Disability** of the **Insured Person**, directly and independently resulting from an **Accident** within the **Policy / Cover Period**. The loss must be within twelve (12) months from the date of the **Accident** which caused **Injury**. In case of **Permanent Total Disability**, such disability should have been continued for a period of 12 consecutive months and is total, continuous and Permanent at the end of this period. This waiting period of twelve (12) months is not applicable for severance or amputation cases.

Once a claim has been accepted and paid under this **Benefit** then this **Policy** shall immediately and automatically cease in respect of that Insured Person.

#### **Education benefit:**

If **the Company** has accepted a claim of Accidental Death or Permanent Total Disability under Benefit 5 - Personal Accident (Accidental Death, Permanent Total Disability & Education Benefit), then **the Company** will in addition pay an education benefit to **Eligible Children**.

**The Company** will pay the benefit to the eligible child who is a full time student in any **Institution** at the time of such Accidental Death or Permanent Total Disability. In case the child is a minor, the benefit will be given

to the joint account of the legal guardian and the minor child or surviving **Insured Person**. We will pay 10% of base **Sum Insured** or **Principal Outstanding Loan Amount** as per **Fixed Basis** or **Reducing Basis** as opted and specified in the **Policy Schedule/Certificate of Insurance** or Rs 5 Lakhs whichever is lower irrespective of number of children. This would be a onetime payment. This payment will be in addition to Benefit 5 - Personal Accident (Accidental Death, Permanent Total Disability & Education Benefit)

Once a claim has been accepted and paid under this **Benefit** then this **Policy** shall immediately and automatically cease in respect of that **Insured Person**.

#### **Specific Exclusions applicable to Education Benefit :**

In addition the General Exclusions listed in this **Policy** this coverage section shall not cover loss caused directly wholly or partly by:

- i. infections (except pyogenic infections which shall occur through an **Accident** (cut or wound) or any other kind of Disease;
- ii. Under education Benefit, **Eligible Children** who cease to be enrolled as a full time student become permanently ineligible for the benefit, even if he or she enrolls at a later date. The benefit is not payable for any term of enrollment as a full time student that begins before that date of the insured's death

#### **Section III: Other Conditions**

- i. Our maximum liability for each **Insured Person** under this **Policy /Certificate of Insurance** is restricted to 100% of **Sum Insured** or **Principal Outstanding Loan Amount**, whichever is lower subject to the **Fixed Basis** or **Reducing Basis**

- as opted by the **Insured Person**. Upon such payment, the **Policy/Certificate of Insurance** shall automatically terminate.
- ii. If the **Sum Insured** availed is higher than the **Principal Outstanding Loan Amount** (as on **Cover Period** start date), then the **Sum Insured** amount as mentioned in the **Certificate of Insurance** shall be substituted by the **Principal Outstanding Loan Amount** (as on **Cover Period** start date) ab initio and all **Our** liability in case of a claim shall be calculated accordingly irrespective of **Fixed Basis** or **Reducing Basis** as opted.
  - iii. Only one **Insured Person** per **Certificate of Insurance** will be covered in this **Policy** and **Our** maximum aggregate liability for an **Insured person** who is covered in more than one **Policy/Certificate of Insurance** offered by Us will be limited to amount as specified in the **Policy Schedule**.
  - iv. For **Loan** linked **Policy/Certificate of Insurance**, claim will be admissible only in case of active **Loans** as on the date of loss subject to all other **Policy** terms and conditions.
  - v. Upon Our admission of the first claim under this **Benefit** in respect of an **Insured Person**, the **Certificate of Insurance** shall automatically terminate.
  - vi. This **Benefit** shall be utilized once by the **Insured Person** in his/her lifetime with **the Company**. Once this **Benefit** has been claimed by an **Insured Person** during the tenure of the **Policy** then this **Benefit** will not be available to such **Insured Person**.
  - vii. In the event that the **Loan** is taken jointly by multiple borrowers, the insurance cover is available maximum up to the proportion of the liability of the Insured Person(s) in the **Loan** amount and the claim will be settled in respect of the **Insured Person's** respective portion of balance **Principal Outstanding loan amount** as on date of unfortunate event of loss.
  - viii. The **Insured Person** should mandatorily be loanees of Master **Policyholder/ Financer** as per the **Loan Account details** as declared in enrollment form and specified in the **Policy Schedule/ Certificate of Insurance**.
  - ix. **We** will not be liable to pay under this **Policy** in case of any discrepancy or mismatch in **Loan Account details** in the claim documents shared by the **Insured Person** and **Loan Account details** as specified in the **Certificate of Insurance** (including any endorsements).
  - x. Master Policy Holder will act for and on behalf of the Insured Person(s) in matters relating to this Policy and every act done by the Master Policy holder shall be binding on the Insured Person.

## Section IV – General Exclusions

### i. Standard Exclusions

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:

- a. **Investigation & Evaluation (Code- Excl 04)**
  - 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.

**b. 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.

**c. 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

**d. 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.

**e. 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**.

**f. Hazardous or Adventure sports: (Code- Excl 09)**

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.

g. **Breach of law: (Code- Excl 10)**

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

h. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.(Code- **Excl 12)**

i. 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)**

j. **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.

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:

a. Any **Pre-Existing Disease**, condition, ailment or **Injury** or related condition(s) for which there were signs or symptoms, and /or were diagnosed, and /or for which medical advice / treatment was received by the **Insured Person** and such condition/ailment or **Injury** has a bearing on the manifestation of the **Critical Illness** (insured event).

b. Any specific time bound or lifetime exclusion(s) applied by the Company and specified in the **Policy Schedule / Certificate of Insurance** and accepted by the **Insured Person**.

c. In case of **Personal Accident** , an Event which occurs whilst the **Insured Person** is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning

d. Any **Critical Illness** or covered **Disease/illness** /Sickness of which, the signs or symptoms first occurred within number of days as detailed in the **Policy Schedule / Certificate of Insurance** under waiting Period following the **Cover Period** start date. This days as detailed in the **Policy Schedule /Certificate of Insurance** period shall not be applicable on renewals to the extent of Sum Insured under the previous **Policy** .

e. **Insured Person** should survive for

## ii. Specific Exclusions

We will neither be liable nor make any

- the number of days as mentioned in the **Policy Schedule/Certificate of Insurance under Survival Period** from the date of diagnosis and fulfilment of critical illness definition before the claim benefit is payable.
- f. Any **Accident** or **Critical Illness** resulting from a physical condition which existed prior to first risk inception date.
  - g. Any **Illness** diagnosed or where there is change in health status of the **Insured Person** after date of **Proposal/Enrolment form** and before commencement of **Policy / Certificate of Insurance** and the same is not communicated and accepted by **the Company**.
  - h. Any claim of the **Insured Person** arising from:
    - a. suicide or attempted suicide;
    - b. wilful self-inflicted **Illness** or **Injury** except **Injury** in self-defence or to save life.
  - i. Venereal disease, sexually transmitted disease or illness.
  - j. Arising or resulting from the **Insured Person(s)** engagement in any criminal or illegal act.
  - k. The **Insured Person** whilst being under the influence of intoxicating liquor or drugs or other intoxicants, suffers **Injury / Accident** , except where the **Insured Person** is not directly responsible for the **Injury / Accident** though under influence of intoxication; unless properly prescribed by a Physician and taken as prescribed.
  - 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 **Insured Person's** participation or involvement in naval, military or air force operation.
  - n. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
    - a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any **Illness** , incapacitating disablement or death.
    - b) 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 disablement or death.
    - c) Biological attack or weapons means the emission, discharge, dispersal, release or escape

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of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any **Illness**, incapacitating disablement or death.

- o. **External Congenital Anomalies/** defects (known or unknown) or any complications or conditions arising there from.
- p. Any claim arising from **Adventure Sports**.
- q. Any **Accident** or Critical Illness based on a Diagnosis made by the **Insured Person** 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 or a medical practitioner who practices alternative medicine.
- r. Any existing disease specifically mentioned as Permanent exclusion in the **Policy Schedule/Certificate of Insurance**.

### Section V – General Conditions

- i. Standard General Terms & Clauses:

- A. **Condition Precedent to Admission of Liability:**

The terms and conditions of the policy must be fulfilled by the **Insured Person for the Company** to make any payment for claim(s) arising under the **Policy**.

- B. **Disclosure of Information:**

The policy shall be void and all

premium paid thereon shall be forfeited to the Company in the event of mis-representation, mis-description or non-disclosure of any material fact by the Policyholder

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

- C. **Complete Discharge**

Any payment to the **Policyholder, Insured Person** or his/ her **Nominees** or his/ her legal representative or **Assignee** or to the Hospital, as the case may be, for any benefit under the **Policy** shall be a valid discharge towards payment of claim by **the Company** to the extent of that amount for the particular claim.

- D. **Fraud**

If any claim made by the **Insured Person**, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the **Insured Person** or anyone acting on his/her behalf (including but not limited to **Policyholder**) to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this **Policy** but which are found fraudulent later

shall be repaid by all recipient (s)/ **Policyholder(s)**, who has made that particular claim, who shall be jointly and severally liable for such repayment to the Insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the **Insured Person** or by his agent or the Hospital / Doctor, any other party acting on behalf of the **Insured Person** with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the **Insured Person** does not believe to be true;
- b) the active concealment of a fact by the **Insured Person** having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

**The Company** shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the **Insured Person** / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer.

E. **Possibility of Revision of Terms of the Policy Including the Premium Rates**

**The Company**, as per Insurance Regulatory and Development Authority of India (IRDAI) process may revise or modify the terms of the Policy including the premium rates. The **Insured Person** shall be notified three months before the changes are effected

ii. Specific Terms & Clauses:

F. **Master/Group Policyholder:**

The Group Policyholder shall take all reasonable steps to cover their members for whom coverages have been offered by **the Company** and ensure timely receipt of premium by **the Company** in respect of each of the members covered. The Group Policyholder will neither charge more premium nor alter the scope of coverage offered under this **Policy**.

In case of **Master Policy**, the **Policy Period** would be 1 year however the period of **Certificate of Insurance** would be from 1 year to 5 years. Details of the policy term applicable to individual Certificate of Insurance would be clearly stated in Your Certificate of Insurance under **Cover Period**.

This **Policy** will be issued to the Group Policyholder and **Certificate of Insurance** will be issued to individual **Insured Person** wherever applicable.

**The Company** reserves the right to inspect the record at any time to ensure that terms and condition of Group policy and provisions of Insurance Regulatory and Development Authority of India

(IRDAI) group guidelines and any amendments thereto are being adhered. **The Company** may also require submission of Certificate of compliance from the Auditors of Group Policyholder

The Group Policyholder will ensure compliance of Guidelines as prescribed by Insurance Regulatory and Development Authority of India (IRDAI) from time to time.

## G. **Entire contract – changes:**

- i. This **Policy**, together with the **Proposal /Enrolment form, Certificate of Insurance** as well as any forms, riders and endorsements and papers hereto, constitutes the entire contract of insurance.
- ii. No change in this **Policy** shall be valid unless a valid endorsement is passed in the **Policy**.

## H. **Policy/Certificate of Insurance**

### **Review period:**

The **Insured Person** shall be allowed policy review 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.

If the **Insured Person** has not made any claim during the policy review period, the **Insured Person** shall be entitled to

- i. a refund of the premium paid less any expenses incurred by **the Company** on medical examination of the **Insured**

**Person** and the stamp duty charges or

- ii. where the risk has already commenced and the option of return of the policy is exercised by the **Insured Person**, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

## I. **Expiration and Cancellation Clause:**

- i. Master **Policy** would expire on Master **Policy Period** End date as mentioned on the **Policy Schedule**. However, **Certificate Of Insurance** would expire on the **Cover Period** end date as mentioned on the **Certificate Of Insurance**.

- ii. Cancellation clause:

If the **Policy /Certificate of Insurance** is cancelled then all the additional Covers including riders, if any, shall automatically stand cancelled from the cancellation effective date.

- iii. In case of cancellation of **Certificate of Insurance** in the below scenarios, refund of premium will be in Short period provided there are no

claims under the **Policy**.

- Each **Certificate of Insurance** will get cancelled on the Cover Period end date or the date You cancel the Certificate of Insurance, whichever is earlier.
- Each **Certificate of Insurance** will stand cancelled if Loan transfer / Exit from the Group.

Upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of the Insured person, the Cover in respect of the Insured Person shall forthwith terminate and the Company shall not be liable hereunder.

- In case of cancellation of **Certificate of Insurance** in the below scenarios,

refund of premium will be on pro-rata basis under the **Policy**.

- Each **Certificate of Insurance** will stand cancelled on Foreclosure of **Loan/** cancellation by **Us**.

Upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of the Insured person, the Cover in respect of the Insured Person shall forthwith terminate and the Company shall not be liable hereunder.

- In the event of cancellation for mis-representation, fraud, non-disclosure of material facts, the **Policy/ Certificate of Insurance** shall stand cancelled ab-initio and there will be no refund of premium.

### Short Period rate table:

Length of time <b>Policy</b> in force/ <b>Cover Period</b> term	Refund of Premium applicable:				
	1 year	2 years	3 years	4 years	5 years
Upto 1 Month	75.00%	87.50%	40%	50%	56%
>1 month & Upto 3 Months	50.00%	75.00%	40%	50%	56%
>3 months & Upto 6 Months	25.00%	62.50%	40%	50%	56%
>6 months & Upto 12 Months	Nil	50.00%	40%	50%	56%
>12 months & Upto 15 Months	Not Applicable	25%	22%	36%	44%
>15 months & Upto 18 Months	Not Applicable	12.50%	22%	36%	44%
>18 months & Upto 24 months	Not Applicable	Nil	22%	36%	44%
>24 months & Upto 30 months	Not Applicable	Not Applicable	22%	22%	33%
>30 months & Upto 36 months	Not Applicable	Not Applicable	Nil	22%	22%

>36 months & Upto 42 months	Not Applicable	Not Applicable	Not Applicable	Nil	12.5%
Exceeding 42 months	Not Applicable				

In event of part prepayment of the Loan, no refunds of premium shall be made under this **Policy**.

We may cancel each **Certificate of Insurance** at any time on grounds of mis-representation, fraud, non-disclosure of material facts of the insured by giving you 15 Days written notice delivered to You, or mailed to Your last address as shown by Our records, stating when such cancellation shall be effective.

J. In the likelihood of this product being withdrawn in future, the Company will intimate you about the same 3 months prior to expiry of the Policy.

**K. Dispute Resolution Clause**

Any and all disputes or differences under or in relation to this **Policy** shall be determined by the Indian Courts and subject to Indian law.

**L. Nomination**

The **Policyholder** is required at the inception of the **Policy** to make a nomination for the purpose of payment of claims. the Company will pay the nominee {as named in the Policy Schedule/Certificate of Insurance including Endorsement (if any) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the **Policyholder** whose discharge shall be treated as full and final discharge of its liability under the **Policy**.

**M. Assignment Clause:**

**Assignment of Indemnities**

It is hereby declared and agreed that:

- from the **Cover Period** start date, the monies payable by **the Company** to the **Insured Person** and all rights, title, **Benefits** and interest of the **Insured Person** under this **Cover** stand assigned in favour of the "**Financer** as named in the **Schedule** of this **Policy / Certificate of Insurance**";
- Upon any monies becoming payable under this **Policy** the same shall be paid by **the Company** to the "**Financer** as named in **Policy Schedule/ Certificate of Insurance** of this **Policy** " without any reference / notice to the **Insured Person/Nominee/ Legal Heir**.
- In the event the monies payable under this **Policy** as claim is greater than **Principal Outstanding Loan Amount** with the financer, then the difference between the monies payable and the **Principal Outstanding Loan Amount** shall be payable to the **Insured Person/Nominee/Legal Heir** as applicable.

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The Benefits under this Policy are assignable subject to applicable Laws and its amendment(s) thereto.

This clause is not applicable to Benefit 5 – Education Benefit

### i. Consent of Nominee

Consent of the **Nominee**, if any, shall not be a pre-requisite for any change of **Nominee** or to any other changes in this **Policy**.

### ii. Change of Nominee

No change of **Nominee** under this **Policy** shall bind **the Company**, unless consent thereto is formally endorsed thereon by **The Company's** authorized officer.

### N. Payments:

We shall make payment of an admissible claim to the Financer/ Assignee/**Insured Person**/ Nominee/Legal Heir as the case may be.

Any payment We make in this manner will be a complete and final discharge of Our obligations under this Policy and Our liability towards the claim.

## Section VI – Claims Procedure and Claims Payment

### Conditions when a claim arises

#### Intimation & Assistance

You can notify a claim by sending an SMS **CLAIMS** to **5616181** or by calling our 24x7 toll free helpline **1800-266-7780**. Please use the Claim Intimation Form for intimation of a claim

You can even write to us at **general.claims@tataaig.com** and scan documents may be submitted at **paclaim.support@tataaig.com**

to initiate claim processing

- Do keep your **Policy /Certificate of Insurance** number and also keep a set of copy of claim documents with you
- Please quote your **Policy / Certificate of Insurance** number and Claim Number in all your correspondences
- Please provide the following information at the time of intimation of claim
  - Name of Insured person
  - Date & Time of Loss, Location of **Accident**
  - Nature of **Injury / Accident / loss**
  - Name of hospital / doctor where treatment taken
  - Name of police station, if case is reported with police
  - E-mail ID & mobile/ telephone no. of insured
- Intimation about an event or occurrence that may give rise to a claim under this **Policy** must be given within 30 days of its happening. **The Company** will examine and relax this time limit mentioned herein depending upon the merits of the case.

We at our own expense, shall have the right and opportunity to examine **Insured person** through an Independent Medical Practitioner whose details will be notified to **Insured person** when and as often as We may reasonably require during the pendency of a claim hereunder.

## Claim Notification

It is a condition precedent to Our liability hereunder that written notice of claim must be given by You to Us within seven (7) days after an actual or potential loss begins or as soon as reasonably possible and in any event no later than (30) Days after an actual or potential loss begins. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if you can satisfy us that it was not reasonably possible for you to give proof within such time.

We may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the Insured Person.

## Claim Condition:

In the event insured person suffers from one of the following opted critical illness and where death of the Insured Person occurs within the continuous period of deficit/persistence of symptoms as mentioned in respective Critical illness definition, but after confirmed diagnosis of the critical illness, then the modified condition as mentioned below shall be applicable to the respective Critical Illness. However, this is subject to fulfilment of all other conditions as laid down under definitions of respective critical illness, applicable waiting period (if any) and/or survival period (if any) as specified in the **Policy Schedule/Certificate of Insurance**.

Sr No	Critical Illness (Section)	Name of critical illness	Modified condition applicable
1	Section III, Benefit 1, C3	Multiple Sclerosis with Persisting Symptoms	There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period for which the insured person survived
2	Section III, Benefit 1, C7	Stroke resulting in permanent symptoms	Evidence of permanent neurological deficit lasting for the period for which the Insured person survived
3	Section III, Benefit 1, C8	Permanent Paralysis of Limbs	Evidence of existence of paralysis for the period for which the Insured person survived
4	Section III, Benefit 1, C14	Motor Neuron Disease with permanent symptoms	There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period for which the Insured Person survived
5	Section III, Benefit 1, C16	End Stage Lung Failure	Condition (i) wherein FEV1 test results for the period the Insured Person survived

6	Section III, Benefit 1, C20	Parkinson's disease	Medical documentation of conditions (i-vi) for the period the Insured Person survived
7	Section III, Benefit 2, C3	Coma of Specified Severity	Permanent neurological deficit which must be assessed for a continuous period the Insured Person survived after the onset of the coma
8	Section III, Benefit 2, C7	Major head trauma	Accidental head injury resulting in permanent Neurological deficit to be assessed for the period the Insured Person survived from the date of the accident.
9	Section III, Benefit 2, C8	Alzheimer's disease	This must be medically documented for the period the Insured Person survived
10	Section III, Benefit 2, C8	Muscular dystrophy	The condition must result in the inability of the Insured Person to perform at least 3 of the 6 Activities of Daily Living as defined under Section II, Point 7 under Specific Definitions 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 the Insured Person survived
11	Section III, Benefit 4, C9	Good pastures syndrome with lung or renal involvement	The permanent damage should be for a continuous period the Insured Person survived.
12	Section III, Benefit 4, C17	Multiple System Atrophy	There must be evidence of permanent clinical impairment for the period the Insured Person survived.

## Claim Documentation

### Authorization to obtain all pertinent records or information:

As a Condition Precedent for assessment of claim, We and/or Our Service Provider shall have the authority to obtain all pertinent records or information from any **Medical Practitioner**, Hospital, clinic, insurer, individual or institution submitted by or on behalf of any

## Insured Person.

### i. **Critical Illness :**

- Critical Illness claim form duly filled and signed
- **Medical Certificate** and investigation report confirming the diagnosis of Critical Illness.
- Copy of complete medical records

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such as Hospital Discharge card/ Summary, Indoor case papers along with the diagnostic Laboratory & radiological investigation reports including CT Scan, MRI & USG report with plates, wherever applicable and done

- A **Certificate** from an attending **Medical Practitioner** confirming that the claim does not relate to any Pre-existing **Illness** or **Injury** or any **Illness** or **Injury** which was diagnosed within the no. of days of the inception of the **Policy** as detailed in the **Policy Schedule / Certificate of Insurance** , if applicable and required.
- Previous and subsequent consultation letter, medical records and prescriptions related to **Illness**
- KYC Documents
- In the case Critical Illness arises due to an **Accident** , FIR copy where registered or medico-legal Certificate where carried out, will also be required.
- Copy of cancelled cheque with Insured printed name or passbook first page or Bank statement for NEFT payment
- Photo ID and address proof document like AADHAAR CARD, Pan card, Passport copy, Electricity bill.
- Recent Photograph
- Current loan account statement
- The Company reserves the right to call for additional documents wherever required

### ii. **Accident al Death Claim**

- Duly completed claim form, including Attending Physician Statement if applicable
- Original /Attested copy of **Death Certificate**
- Copy of death summary, all previous medical records, if hospitalised / treatment given.
- Copy of Post Mortem report, if applicable and conducted
- Copy of FIR, if filed / Panchanama, if conducted
- Copy of recent Photograph & KYC documents of insured / nominee with cancelled cheque (with NEFT details of nominee and CKYC form).
- Nominee-attested copy of news paper cutting, if any.
- Current loan account statement
- The Company reserves the right to call for additional documents wherever required

### iii. **Permanent Total Disability**

- Duly completed claim form, including Attending Physician Statement if applicable
- Competent medical authority / Doctor like Civil Surgeon, confirming the Disability percentage / period and prognosis .
- Copy of Admission/ discharge card with complete medical records including relevant Investigation/ Lab reports (X-Ray, MRI etc.)
- Copy of FIR, if filed / Panchanama, if conducted

- Photograph of injured area, if required
- Copy of recent Photograph & KYC documents of insured / nominee with cancelled cheque (with NEFT details)
- Self-attested copy of news paper cutting, if any.
- Current loan account statement
- The Company reserves the right to call for additional documents wherever required

#### iv. Education Benefit

- Duly completed claim form
- Copy of admission form with identity card for child/children at the time of **Insured Event**.
- Copy of Birth Certificate or any other valid document establishing age.
- Copy of Family card or Ration card reflecting the name of child/children.
- Copy of recent Photograph & KYC documents of insured / nominee with cancelled cheque or 1st page of bank passbook giving the details of child with account no. (If child is minor, child should have a joint account along with the legal guardian / heir.)
- The Company reserves the right to call for additional documents wherever required

Please submit all documents to the Corporate Office at the address given below:

TATA AIG General Insurance Co. Ltd. 7th and 8th Floor, Romell Tech Park, Cama Industrial

Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063

#### Claim Settlement (provision for Penal Interest)

- The Company** shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- In the case of delay in the payment of a claim, **the Company** shall be liable to pay interest to the **Policyholder** from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the Bank rate.
- However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it 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, **the Company** shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- In case of delay beyond stipulated 45 days, **the Company** shall be liable to pay interest to the **Policyholder** at a rate 2% above the Bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due). The Clause shall be suitably modified by the insurer based on the amendment(s), if any to the relevant provisions of Protection of **Policyholder's** Interests Regulations, 2017)

#### Claim Assessment and Payment

We shall be under no obligation to make any

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payment under this Policy unless:

- We have received all premium payments in full and in time and
- We have been provided with the documentation and information which We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and
- You have complied with Your obligations under this Policy.

### Section VII: Redressal of Grievance

In case of any grievance the **Insured Person** may contact through:

Website: **www.tataaig.com**

Call Us 24x7 toll free helpline 1800 266 7780 or 1800 22 9966 (Senior Citizen) Email Us at customersupport@tataaig.com

Write to Us at: Customer Support, TATA AIG General Insurance Company Limited

7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon (E), Mumbai, Maharashtra 400063

Visit the Servicing Branch mentioned in the **Policy** .

The **Insured Person** may also approach the grievance cell at any of **The Company's** branches with details of grievance.

Nodal Officer : Please visit our website at www.tataaig.com to know the contact details of the Nodal Officer for your servicing branch.

After investigating the grievance internally and subsequent closure, we will send our response within a period of 10 days from the date of receipt of the complaint by **the Company** or its office in Mumbai. In case the resolution is likely to take longer time, we will inform you of the same through an interim reply.

#### Escalation Level 1

For lack of a response or if the resolution still does not meet Your expectations, You can write to **manager.customersupport@tataaig.com**. After investigating the matter internally and subsequent closure, We will send Our response within a period of 8 Days from the date of receipt of Your complaint on this email id.

#### Escalation Level 2

For lack of a response or if the resolution still does not meet Your expectations, You can write to the Head - Customer Services at **head.customerservices@tataaig.com**. After examining the matter, We will send You Our final response within a period of 7 Days from the date of receipt of Your complaint on this email id. Within 30 Days of lodging a complaint with Us, if You do not get a satisfactory response from Us and You wish to pursue other avenues for redressal of grievances, You may approach the Insurance Ombudsman appointed by the Insurance Regulatory and Development Authority of India (IRDAI) under the Insurance Ombudsman Scheme.

For the latest list of Insurance Ombudsman, please refer to the Insurance Regulatory and Development Authority of India (IRDAI) website at <https://www.irdai.gov.in/> and the Ombudsman website at <http://www.cioins.co.in/ombudsman.html>.

The address and contact details of the Insurance Ombudsman Centers is given below:

## List of Insurance Ombudsman

S. No.	Centre	Address & Contact	Jurisdiction of Office Union Territory, District
1	Ahemdabad	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahemdabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
2	Bengaluru	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
3	Bhopal	Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh
4	Bhubaneswar	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins. co.in	Odisha
5	Chandigarh	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh

S. No.	Centre	Address & Contact	Jurisdiction of Office Union Territory, District
6	Chennai	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry)
7	Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh
8	Guwahati	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
9	Hyderabad	Office of the Insurance Ombudsman, 6-2-46, 1st floor, “Moin Court”, Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry
10	Jaipur	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363/2740798 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan
11	Ernakulam	Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja’s College, M.G.Road, Ernakulam - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry

S. No.	Centre	Address & Contact	Jurisdiction of Office Union Territory, District
12	Kolkata	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands
13	Lucknow	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
14	Mumbai	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)

S. No.	Centre	Address & Contact	Jurisdiction of Office Union Territory, District
15	Noida	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
16	Patna	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
17	Pune	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)

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### Grievance Redressal Procedure:

As per Regulation 17 of IRDA of India (Protection of Policy holders Interests) Regulation. 2017.

List of excluded expenses (non-medical) under indemnity **Policy** are uploaded on **the Company's** website. Please login to <https://www.tataaig.com/> downloads / Others / Annexure-I-List of Optional Items

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives

or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the **Policy**, nor shall any person taking out or renewing or continuing a **Policy** accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees

Insurance is the subject matter of solicitation. For more details on Benefits, exclusions, limitations, terms & conditions, please read the **Policy** wordings carefully, before concluding a sale.