

Prospectus

I. Eligibility Criteria

Minimum Entry Age	91 days
Maximum Entry Age	Child : 24 years Adult : 70 years
Maximum Renewal Age	Lifelong
Age of Proposer	18 Years or above
Relationship Covered	Legally married Spouse, Children, Parents, Brother, Sister, Parents-in-Law, Grandparents, Grandchildren, Uncle, Aunt, Nephew, Niece and any other relationship having insurable interest
Cover Type	Individual
Tenure (in years)	1 / 2 / 3

General Conditions applicable to all Benefits / Optional Covers

- (i) There are 14 Benefits and 9 Optional Covers in the Product; any Benefit / Optional Cover will be applicable and available only if it is specifically chosen by the Policyholder.
- (ii) We will provide cover under the Benefits 1, 2, 3, 4, 5, 7, 9, 11 & 13 and Optional Covers 2, 3, 5, 6, 7 & 9, to any Insured Event arising worldwide provided no coverage is available in listed civilian nations (as per Annexure – II).
- (iii) In case any Claim is admissible under Benefit 1, coverage under the Policy for that Insured Person shall immediately and automatically terminate. However, other Insured Person shall continue to be covered under this Policy.
- (iv) If Optional Cover 1 is opted for, then Optional Cover 4 and / or Optional Cover 6 cannot be opted. Similarly, either if Optional Cover 4 or Optional Cover 6 is opted for, then Optional Cover 1 cannot be opted.

2. Key Benefits

Accidents are never foreseen as they mean! But a stitch in time can save nine!!
A small plan for such unforeseen events can protect the interests of your beneficiaries in a big way.

If an Insured Person suffers an Injury during the Policy Period, while the Policy is in force, which results in an Insured Event within twelve calendar months from the Injury, We will pay to the Policyholder (or the Nominee or his legal heir), the amount chosen by the Policyholder for each Benefit / Optional Cover, subject always to the terms and conditions of the Policy, and the availability of the Sum Insured / respective Coverage Amount, as applicable.

2.1 Benefit 1 : Accidental Death

We shall pay the Sum Insured, as chosen by the Policyholder, in case of death of the Insured Person on account of any Accident / Injury during the Policy Period or within twelve calendar months from the date of occurrence of such Accident / Injury which occurred during Policy Period.

2.2 Benefit 2 : Permanent Total Disablement (PTD)

We shall pay up to an amount as chosen by the Policyholder in case of any permanent total disablement of the Insured Person on account of any Accident / Injury during the Policy Period or within twelve calendar months from the date of occurrence of such Accident / Injury which occurred during Policy Period. The payout of the Sum Insured shall be as per 'PTD Table' stated below:

S. No.	Insured Events	% of Sum Insured Payable
1.	Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot	100%
2.	Total and irrecoverable loss of (a) use of two hands or two feet, or (b) one hand and one foot, or (c) sight of one eye and use of one hand or one foot	100%
3.	Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot	50%
4.	Total and irrecoverable loss of use of a hand or a foot without physical separation	50%
5.	Paraplegia or Quadriplegia or Hemiplegia	100%

Notes for the Table above:

- (a) For the purpose of Sr. No. I to IV above, physical separation of a hand or foot shall mean separation of the hand at or above the wrist, and of the foot at or above the ankle.
- (b) For the purpose of this Benefit only:
 - (i) "Hemiplegia" means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body;
 - (ii) "Paraplegia" means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs;
 - (iii) "Quadriplegia" means complete and irrecoverable paralysis of all four limbs.

2.3 Benefit 3 : Permanent Partial Disablement (PPD)

We shall pay up to an amount as chosen by the Policyholder, in case Insured Person suffers Permanent Partial Disablement on account of any Accident / Injury which occurred during the Policy Period or within twelve calendar months from the date of occurrence of such Accident / Injury which occurred during Policy Period. The payout of the Sum Insured shall be as per 'PPD Table' below:

S. No.	Insured Events	% of Sum Insured Payable
I	Total and irrecoverable loss of hearing in: - a) Both ears b) One ear	75% 20%
II	Loss of toes a) All b) Both phalanges of great toes bilateral c) Both phalanges of one great toe d) Both phalanges of other than great toes for each toe	20% 5% 2% 1%
III	Loss of four fingers and thumb of one hand	40%
IV	Loss of four fingers of one hand	35%
V	Loss of thumb a) both phalanges b) one phalanx	25% 10%
VI	Loss of index finger a) three phalanges b) two phalanges c) One phalanx	10% 8% 4%
VII	Loss of middle finger a) three phalanges b) two phalanges c) One phalanx	6% 4% 2%
VIII	Loss of ring finger a) three phalanges b) two phalanges c) One phalanx	5% 3% 2%
IX	Loss of little finger a) three phalanges b) two phalanges c) One phalanx	4% 3% 2%
X	Loss of metacarpus a) First or second b) Third, fourth or fifth	3% 2%
XI	Permanent partial disablement not otherwise provided for under Sr. No. I to X inclusive.	Percentage of the Sum Insured will be determined in accordance with the medical assessment carried out by the Medical Practitioner provided that the percentage under Insured Event Sr. No. XI shall not exceed 50% of the Sum Insured

Note: For the purpose of Insured Events II to X (both inclusive), loss means either actual physical separation or total and irrecoverable loss only.

2.4 Benefit 4 : Fractures

We will pay up to an amount as chosen by the Policyholder, as per 'Fractures Table' below in case the Insured Person suffers any Injury during the Policy Period resulting into any of the fractures:

S. No.	Description of Fracture	% of Sum Insured payable
I	Hip or Pelvis (excluding thigh or coccyx): Multiple fractures – at least one Compound Fracture and one Complete Fracture	100%
II	Hip or Pelvis (excluding thigh or coccyx) - All other Compound Fractures	50%
III	Thigh or Heel: Multiple fractures – at least one Compound Fracture and one Complete Fracture	100%
IV	Thigh or Heel: Multiple fractures – at least one Complete Fracture	50%
V	Lower leg, skull, clavicle, ankle, elbows, upper or lower arm (including wrist but excluding Colles-type fractures): Multiple Fractures – at least one Compound Fracture and one Complete Fracture	100%
VI	Lower leg, skull, clavicle, ankle, elbows, upper or lower arm (including wrist but excluding Colles-type fractures): All other Compound Fractures	30%
VII	Colles type fracture of the lower arm - If Compound Fracture	100%
VIII	Colles type fracture of the lower arm - If Compound Fracture	50%

It is further agreed that:

- (i) If an Injury results in more than one of the 'Description of Fractures' above, then our maximum liability shall not exceed the Sum Insured.
- (ii) We shall not be liable to make any payment in respect of dislocation of bones or joints or in respect of Hairline Fractures or Simple Fractures.

For the purpose of this Benefit only:

- (i) Complete Fracture means a fracture where the bone is completely broken across and no connection is left between the pieces.
- (ii) Compound Fracture means a fracture where the bone breaks the skin and is exposed.
- (iii) Hairline Fracture means a mere crack in the bone.
- (iv) Simple Fracture means a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of a Medical Practitioner requires minimal and uncomplicated medical treatment.

2.5 Benefit 5 : Child Education

We will pay an amount as chosen by the Policyholder, towards the education of the Insured Person's Child in case We pay a Claim under Benefit 1 or Benefit 2.

2.6 Benefit 6 : Major Diagnostic Tests

We will reimburse the expenses incurred (up to an amount as chosen by the Policyholder) for carrying out any major diagnostic tests like CT Scan, MRI, etc. consequent to an Injury resulting in a Claim which is payable under Benefit 1 or Benefit 2 or Benefit 3, if these tests are undertaken on the written advice of a Medical Practitioner and are conducted within 3 months of occurrence of the Injury.

2.7 Benefit 7 : Disappearance

In case the Insured Person's body cannot be located within 1 year after a forced landing, stranding, sinking or wrecking of a Common Carrier or in any event arising as a result of any Acts of God perils during the Policy Period and it can be reasonably concluded that such Insured Person has died as a result of such Accident, We will pay the Sum Insured (as chosen by the Policyholder) admitting the Claim under Benefit 1. However, if it is later found that the Insured Person survived such an Accident / Injury for which we have paid the claim, the amount paid shall be paid back to Us.

2.8 Benefit 8 : Mobility Cover

We will reimburse the expenses incurred (up to an amount as chosen by the Policyholder) for procuring medically necessary prosthetic devices (artificial devices replacing body parts, including artificial legs, arms or eyes), orthopaedic braces (including but not limited to arm, back or neck braces) and durable medical equipment (including but not limited to wheelchairs and Hospital beds) to assist the Insured Person's basic medical needs, consequent to an Accident / Injury. The expenses under this Benefit shall be paid only if the Claim is paid under Benefit 2 and such devices or equipment is procured on the written advice of a treating Medical Practitioner.

2.9 Benefit 9 : Burns

If the Injury suffered by the Insured Person solely and directly results in any of the following second or third degree burn injuries, We will pay up to an amount as chosen by the Policyholder as per 'Burns' table below:

S. No.	Description of Fracture	Amount payable = % of the Sum Insured applicable under this Benefit
I	Third degree burns of 30% or more of the total body surface area	100%
II	Second degree burns of 30% or more of the total body surface area	50%
III	Third degree burns of 20% or more, but less than 30% of the total body surface area	80%
IV	Second degree burns of 20% or more, but less than 30% of the total body surface area	40%
V	Third degree burns of 10% or more, but less than 20% of the total body surface area	40%
VI	Second degree burns of 10% or more, but less than 20% of the total body surface area	20%
VII	Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
VIII	Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

Note: In case an Injury results in more than one of the 'Descriptions of Extent of Burn Injury' above, then Our maximum liability shall not exceed the Sum Insured.

2.10 Benefit 10 : Domestic Road Ambulance

If a Claim for any event under Benefit 1 or Benefit 2 or Benefit 3 or Benefit 4 or Benefit 9 or Optional Cover 1 or Optional Cover 4 or Optional Cover 6 or Optional Cover 9 of the Policy has been admitted, We will indemnify up to the specified amount as chosen by the Policyholder, in addition to any amount payable under that Benefit / Optional Cover, for the reasonable expenses necessarily incurred on availing Ambulance services offered by a Hospital or by an Ambulance service provider for the Insured Person's necessary transportation to the nearest Hospital in case of an Emergency provided that the necessity of the Ambulance transportation is certified by the treating Medical Practitioner.

2.11 Benefit 11 : Nursing Care

We will pay for the expenses incurred (up to an amount as chosen by the Policyholder) towards hiring a Qualified Nurse with the purpose of providing care and convenience to the Insured Person to perform his daily activities consequent to any Accident / Injury resulting in Permanent Total Disablement / Permanent Partial Disablement, which facilitate his activities of daily living and are recommended by a Medical Practitioner in writing.

2.12 **Benefit 12 : Reconstructive Surgery**

In case the Insured Person is required to undergo reconstructive surgery consequent to any Accident / Injury, We will reimburse the Medical Expenses incurred (up to an amount as chosen by the Policyholder) on such reconstructive surgery at a Hospital only if the surgery is carried out within 30 days of Accident / Injury and We have admitted a Claim under Benefit 2 or Benefit 3.

2.13 **Benefit 13 : Repatriation of Mortal Remains**

We will pay up to an amount as chosen by the Policyholder, for the transportation of Insured Person's body from the place of death to the city of last known address of the Insured Person as per Our records or as per the request of the Insured Person's family only if a Claim is payable under Benefit 1.

2.14 **Benefit 14 : Loyalty Benefit**

For each continuous and completed Policy Year, on subsequent renewal, We will enhance the Coverage amount pertaining to Benefit 1, Benefit 2 and Benefit 3 of last Policy Year, by flat 5% of the Sum Insured, on a cumulative basis, as a Loyalty Bonus:

The Benefit offering is subject to the conditions specified below:

- (i) The accrued Loyalty Bonus available in the renewed Policy at any point of time shall not exceed 50% of the Sum Insured (pertaining to Benefit 1, Benefit 2 and Benefit 3.
- (ii) The Loyalty Bonus which is accrued will only be available to those Insured Persons who were insured in a particular Policy Year and continue to be insured in the subsequent Policy Year as well.
- (iii) The entire Loyalty Bonus will be forfeited if the Policy is not continued / renewed on or before Policy Period End Date or the expiry of the Grace Period whichever is later.
- (iv) If Sum Insured under the Policy is increased (decreased) at the time of renewal, then the applicable Loyalty Bonus shall also be increased (decreased) in proportion to the Sum Insured, on the subsequent renewal.
- (v) A credit for accrued Loyalty Bonus would be provided regardless of Claim history in the previous Policy Year(s).

Optional Covers

The Policy provides the following Optional Covers which can be opted either at the inception of the Policy or at the time of renewal.

2.15 **Optional Cover 1 : Accidental Hospitalization**

This Optional Cover aims at providing coverage for the following three sub-benefits:--

2.15.1 Hospitalization Expenses: Through this cover, We will reimburse the Medical Expenses, up to a specified amount, incurred at a Hospital consequent to any Injury suffered by an Insured Person and undergoes In-patient Care Treatment or Day Care Treatment. (The list of Day Care Treatments is attached as Annexure-I)

2.15.2 Daily Allowance: Through this cover, We will pay you a lump sum amount per day for each completed day of your Medically Necessary hospitalization up to a maximum of 5 days per Accidental Hospitalization subject to a deductible of 2 days. The payment shall be made only in case the In-Patient Hospitalization Expenses are payable.

2.15.3 Compassionate Visit: In case an Insured Person is hospitalized for treatment of any Injury, We will reimburse the reasonable expenses incurred by an Immediate Family Member, towards the cost of economy class air ticket or equivalent, from the city of normal residence to the place of that Insured Person's Hospitalization, provided that such hospitalization is within 3 days from the occurrence of the Injury and the hospitalization is required for a minimum period of 5 consecutive days.

2.16 **Optional Cover 2: Permanent Total Disablement Improvement**

Notwithstanding anything contrary to the coverage stated under Clause 2.2 (Benefit 2 'Permanent Total Disablement'), We agree to pay the amount as chosen by the Policyholder and as per the 'PTD Table' stated under Clause 2.2, in case the Insured Person suffers an Injury during the Policy Period, which directly results in the Insured Person's Permanent Total Disablement within 12 months from the date of Accident (including date of Accident).

The Coverage amount applicable under this Optional Cover will be over and above the amount payable under Benefit 2 'Permanent Total Disablement'. Claim pay-out under this Optional Cover triggers only when claim pay-out is triggered under Benefit 2.

2.17 **Optional Cover 3: Permanent Partial Disablement Improvement**

Notwithstanding anything contrary to the coverage stated under Clause 2.3 (Benefit 3 'Permanent Partial Disablement'), We agree to pay the amount as chosen by the Policyholder and as per the 'PPD Table' stated under Clause 2.3, in case the Insured Person suffers an Injury during the Policy Period, which directly results in the Insured Person's Permanent Partial Disablement within 12 months from the date of Accident (including date of Accident).

The Coverage amount applicable under this Optional Cover will be over and above the amount payable under Benefit 3 'Permanent Partial Disablement'. Claim pay-out under this Optional Cover triggers only when claim pay-out is triggered under Benefit 3.

2.18 **Optional Cover 4: Accidental Hospitalization Expenses**

Through this cover, We will reimburse the Medical Expenses, up to a specified amount, as chosen by the Policyholder, incurred at a Hospital consequent to any Injury suffered by an Insured Person and undergoes In-patient Care Treatment or Day Care Treatment. The amount assessed by Us under this Benefit shall be reduced by the specified Deductible amount, as chosen by the Policyholder, on each admitted Claim (The list of Day Care Treatments is attached as Annexure-I).

2.19 **Optional Cover 5: Convalescence Benefit**

If an Insured Person suffers an Injury and undergoes Medically Necessary Hospitalization for a minimum specified period of days, We will pay a lump sum amount, as chosen by the Policyholder. This Benefit will be payable for a maximum of 3 times / 6 times in a Policy Year (for different injury causing events leading to Hospitalization), as chosen by the Policyholder.

2.20 **Optional Cover 6: Accidental Hospitalization Daily Allowance**

If an Insured Person suffers an Injury and undergoes Medically Necessary In-Patient Hospitalization for a minimum specified period of days, We will pay an amount, as chosen by the Policyholder, for each continuous and completed period of 24 hours of Hospitalization of the Insured Person, provided that Our liability is confined up to a maximum number of days, as chosen by the Policyholder.

2.21 **Optional Cover 7: Temporary Total Disablement (TTD)**

a. If an Insured Person suffers an Accident during the Policy Period which is the sole and direct cause of a temporary disablement which completely prevents that Insured Person from performing each and every duty pertaining to his employment or occupation, then We will pay an amount as chosen by the Policyholder, for each continuous and completed week of the Insured Person's Temporary Total Disablement, provided that:

- (i) For a single claim, maximum duration till which this Optional Cover will be payable is 100 weeks from the date of the Accident and if the Insured Person is disabled for a part of a week, then only a proportionate part of the weekly benefit will be payable.
- (ii) For the purpose of this Optional Cover only, Temporary Total Disablement means the temporary and total inability of an Insured Person to engage in any occupation or any gainful employment while that Insured Person is under the regular care of, and acting in accordance with, the instructions or on the written advice from the treating Medical Practitioner and is confined to bed.
- (iii) We will not pay any amount in excess of the Insured Person's base weekly income excluding overtime, bonuses, tips, commissions, or any other special compensation.
- (iv) Our liability to make payment under this Optional Cover shall commence only upon completion of the period of Deductible on number of weeks, as chosen by the Policyholder.

2.22 **Optional Cover 8: Accidental OPD Cover**

If an Insured Person suffers an Injury during the Policy Period, that requires the Insured Person to take an OPD treatment, then We will indemnify the Insured Person, for the Medical expenses incurred up to the amount as chosen by the Policyholder, subject to the following conditions:

- (i) A maximum of 4 consultations (or diagnostics) will be admissible for the same 'Injury causing event'.
- (ii) The amount assessed by Us on each admitted Claim for the Insured Person under this Optional Cover shall be reduced by a Deductible amount as chosen by the Policyholder. We shall be liable to make payment under the Policy for any Claim in respect of the Insured Person only when the Deductible on that Claim is exhausted.
- (iii) After the applicable Deductible, a specified Co-payment (as chosen by the Policyholder) shall be applicable to each and every Claim made.
- (iv) Re-imbursment towards claims incurred in a Policy year can be claimed only twice during that Policy Year.
- (v) Clause 3 (b) (ix) under Permanent Exclusions, is superseded to the extent covered under this Optional Cover.

2.23 **Optional Cover 9: Common Carrier Mishap Cover**

If the Insured Person suffers an Injury which results in Accidental Death (or Permanent Total Disablement, if Benefit 2 is offered in the plan), within 12 months of such Injury sustained which is lead solely and directly due to an Accident, occurred during the Policy Period, whilst mounting into or dismounting from or travelling in a Common Carrier on a valid ticket, We will pay additional 100% of the Sum Insured of Benefit 1 (or Benefit 2, if applicable). In case of an Insured Event, where only 50% of Sum Insured is payable, We will pay an additional 50% of Sum Insured under this Optional Cover.

3. **Permanent Exclusions**

(a) **Exclusions applicable to all the Benefits and Optional Covers:**

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible, unless expressly stated to the contrary elsewhere in the Policy:

- (i) Any Illness including any pre-existing condition or its complications except where an Insured Event under general conditions applicable to all Benefits resulting from an illness which arises directly as a consequence of an Injury sustained during the Policy Period;
- (ii) Any pre-existing injury or disability;
- (iii) The Insured Person operating or learning to operate any aircraft or performing duties as a member of a crew on any aircraft or Scheduled Airline or any airline personnel;
- (iv) The Insured Person flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;
- (v) Any intentional self-inflicted injury, suicide or attempted suicide, sexually transmitted conditions, mental or nervous conditions, insanity, disorder or depression;
- (vi) Influence of drugs, alcohols or other intoxications or hallucinogens;
- (vii) War (whether declared or not) and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraints and detentions of all kinds; Insured event occurring in a civilian nation (Please refer to Annexure - II for list of Civilian nations);
- (viii) Participation in actual or attempted felony, riots, civil commotion or criminal misdemeanour;
- (ix) A complication of infection with human immune deficiency virus (HIV) or any variance including acquired immune deficiency syndrome (AIDS) and AIDS Related complex (ARC) or venereal diseases;
- (x) The Insured Person engaging in sporting activities in so far as they involve the training for or participation in competitions of professional sports, unless declared beforehand and agreed by Us in writing subject to additional premium being received and incorporated accordingly in the Policy;

- (xi) Any act resulting in breach of law committed by the Insured Person with a criminal intent;
- (xii) The Insured Person serving in any branch of the military, navy or air-force or any branch of armed Forces or any paramilitary forces;
- (xiii) Radioactive contamination whether arising directly or indirectly or any consequential loss thereof, ionizing radiation, toxic, explosive or other hazardous properties of nuclear material;
- (xiv) The Insured Person working in or with mines, tunnelling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rigs work or ship crew services or as jockeys or circus personnel or aerial photography or engaged in Hazardous Activities;
- (xv) 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:
 - I. 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 or fusion material emitting a level of radioactivity capable of causing incapacitating disablement or death.
 - II. 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 incapacitating disablement or death.
 - III. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death.
- (xvi) Impairment of the Insured Person's intellectual faculties by abuse of stimulants or depressants or by the illegal use of any solid, liquid or gaseous substance.
- (xvii) Any claim related to Hazardous Activities.
- (xviii) Persons whilst working with in underground mines or surface mining, explosives, press, activities like racing on wheels or horseback, winter sports, canoeing involving white water rapids, any bodily contact sport.
- (xix) External Congenital Anomaly or any complications or conditions arising therefrom.
- (xx) Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
- (xxi) Treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family.
- (xxii) Any change of profession after inception of the Policy which results in the enhancement of Our risk, if not accepted and endorsed by Us on the schedule of Policy Certificate.
- (xxiii) As a result of any curative treatments or interventions that the Insured Person has carried out or have carried out on the Insured Person's body.
- (xxiv) Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.
- (xxv) Claim arising out of mental illness, psychiatric or psychological disorders.

(b) Additional Exclusions applicable to Optional Covers related to Hospitalization occurring due to Injury:

- (i) Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
- (ii) Any treatment arising from or traceable to any fertility, infertility, sub fertility or assisted conception procedure or sterilization, birth control procedures, hormone replacement therapy, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.
- (iii) Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
- (iv) Experimental, investigational or unproven treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment.
- (v) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants.
- (vi) Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, Rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital.
- (vii) All expenses related to donor screening, treatment, including surgery to remove organs from the donor; in case of transplant surgery.
- (viii) Alternative Treatment
- (ix) OPD treatment
- (x) Treatment received outside India.

- (xi) Charges incurred at Hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, for which In-patient Care/ Day Care Treatment is required.
- (xii) Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
- (xiii) Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.
- (xiv) Expenses related to any kind of RMO charges, service charge, surcharge, admission fees, registration fees, night charges levied by the hospital under whatever head.
- (xv) Any Hospitalization primarily for investigation and / or diagnosis purpose.
- (xvi) Treatment taken in Black Listed Hospitals (as per Annexure - III) except in case of emergency Hospitalization.

In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above is also excluded.

4. Portability

The Policyholder and / or Insured Person can apply to Us for a health insurance policy only in case the proposed Insured Person is covered without any break under any individual health insurance policy from any Indian non-life insurance company or Health Insurance Company registered with the IRDAI or any group health insurance policy from Us.

* Note: Portability provisions will apply even if the Insured Person migrates to any other health insurance policy.

5. Claims Intimation, Assessment and Management

Upon the occurrence of any event or Injury that may give rise to a Claim under this Policy, then as a condition precedent to Our liability under the Policy, the Policyholder or Insured Person (or the Nominee or legal heir, in case the Insured Person is deceased) shall undertake all the following, in addition to any specific requirements specified within the Benefit / Optional Cover under which the Claim is made:

5.1 Claim Intimation

- (i) If any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, We shall be notified with full particulars within 48 hours from the date of occurrence of event or before the Insured Person's discharge from Hospital, either at Our call center or in writing.
- (ii) If the Insured Person is to undergo planned Hospitalization, the Policyholder or Insured Person shall give written intimation to Us, about the proposed Hospitalization at least 48 hours prior to the planned date of admission to Hospital.
- (iii) At the time of intimation of Claim, We may require details like Policy Number; Name of the Policyholder; Name of the Insured Person in respect of whom the Claim is being made, Nature of Injury or any other information, documentation or details requested by Us.

5.2 Claim Procedure

- (i) Any claim under this Policy would be processed or settled through reimbursement mode, except for Hospitalization incurred due to an Accident, which can be processed through Cashless Facility as well, at any of our Network Provider.
- (ii) It is agreed and understood that in all cases where intimation of a Claim has been provided under this provision, all the information and documentation specified by Us, shall be submitted (at the Insured Person's expense) to Us immediately and in any event within 30 days of Insured Person's discharge from Hospital or completion of treatment or date of loss, whichever is later.

5.3 Claim Documentation

- (i) All the Claim documents and related information shall be submitted along with a completed and signed claim form to Us at the earliest and in any event within 30 days of occurrence of the event in respect of all Claims. However, We shall condone delay on merit for delayed Claims where delay is proved to be for reasons beyond the control of the Policyholder or the Insured Person.
- (ii) We reserve the right to seek additional documents depending upon the cause of Claim or the Benefit / Optional Cover under which the Claim is made.
- (iii) We will only accept bills/invoices/medical treatment related documents which are made in the Insured Person's name. Only in the event that original bills, receipts, prescriptions, reports or other documents have already been given to any other insurance company, We will accept properly verified photocopies of such documents attested by such other insurance company along with an original certificate of the extent of payment received from such insurance company.

5.4 Policyholder's Or Insured Person's Or Claimant's Duty At The Time Of Claim

- (i) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- (ii) Intimation of the claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the specified timeframes of the Policy, under which the Claim is being made.
- (iii) The Insured Person will, at Our request, submit himself / herself for a medical examination by the Company's nominated Medical Practitioner as often

as We consider reasonable and necessary. The cost of such examination will be borne by Us.

- (iv) Our Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and hospitalization records and to investigate the facts and examine the Insured Person.
- (v) We shall be provided with complete documentation and information which We have requested to establish Our liability for the Claim, its circumstances and its quantum.

5.5 Claim Assessment and Payment Terms

- (i) All admissible Claims under this Policy shall be assessed by Us directly. The Claim amount assessed would be deducted from the Sum Insured / Coverage amount of respective Benefit or Optional Cover.
- (ii) We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person during the Policy period, once the applicable Sum Insured / Coverage amount under respective Benefit or Optional Cover for that Insured Person is exhausted.
- (iii) All payments under this Policy shall be made in Indian Rupees and within India.
- (iv) In the event of death of the Policyholder, We will pay the nominee (as named in the Policy Certificate) and in case of no nominee at its discretion to the legal heirs of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.
- (v) On payment of renewal premium, the Insured Person shall give written notice to Us of any disease, physical defect or infirmity or change in occupation or profession, with respect to the Insured Person.
- (vi) If the Insured Person suffers a relapse within 45 days from the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim.
- (vii) We shall settle any Claim within 30 days of receipt of all the necessary documents/ information as required for settlement of such Claim and sought by Us. We shall provide the Insured Person an offer of settlement of Claim, and upon acceptance of such offer by the Insured Person, We shall make payment within 7 days from the date of receipt of such acceptance. In case there is delay in the payment beyond the stipulated timelines, We shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
- (viii) The Claim shall be paid only for the Policy Period in which the Insured event which gives rise to a Claim under this Policy occurs.

6. Salient Features

6.1 Free Look Period

- (i) The Policyholder may, within 15 days from the receipt of the Policy document, return the Policy stating reasons for his objection, if the Policyholder disagrees with any Policy terms and conditions.
- (ii) If no Claim has been made under the Policy, We will refund the premium received after deducting proportionate risk premium for the period on cover, and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period. All rights under the Policy will immediately stand extinguished on the free look cancellation of the Policy.
- (iii) Provision for Free look period is not applicable and available at the time of renewal of the Policy.

6.2 Premium

The premium charged under the policy depends upon the Plan, Sum Insured chosen, tenure and Optional Covers taken and the health status of the individual.

The premium rates for the plans offered are annexed hereto with the prospectus.

6.3 Cancellation / Termination

- a. We may at any time, cancel this Policy on grounds as specified in Clause 6.1 and We shall have no liability to make payment of any claims and the premium paid shall be forfeited to Us and no refund of premium shall be effected by Us, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to the Policyholder or Insured Person at his last known address.
- b. The Policyholder may also give 15 days' notice in writing, to Us, for the cancellation of this Policy, in which case We shall from the date of receipt of the notice, cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided no Claim has been made under the Policy and full premium has been received under the Policy.

Refund % to be applied on premium received.

Cancellation date up to (x months) from Policy Period Start Date	1 Year	2 Year	3 Year
Upto 1 month	75.0%	87.5%	91.0%
1 month to 3 months	50.0%	75.0%	88.5%
3 months to 6 months	25.0%	62.5%	75.0%
6 months to 12 months	0.0%	50.0%	66.5%
12 months to 15 months	N.A.	25.0%	50.0%
15 months to 18 months	N.A.	12.5%	41.5%
18 months to 24 months	N.A.	0.0%	33.0%
24 months to 30 months	N.A.	N.A.	8.0%
Beyond 30 months	N.A.	N.A.	0.0%

c. In case of demise of the Policyholder,

- (i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policy holder.
- (ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period or next premium due whichever is earlier. If the other Insured Persons wish to continue with the same Policy, We will renew the Policy subject to the appointment of a policyholder provided that:
 - I. Written notice in this regard is given to Us before the Policy Period End Date; and
 - II. A person over Age 18 who satisfies Our criteria to become a Policyholder.

Note: Our liability in respect of an Insured Person shall cease upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of such an Insured Person and the benefit in respect of that Insured Person shall forthwith terminate.

6.4 Underwriting

The proposal shall be subjected to individual underwriting based on the annual income and the sum insured proposed for each prospect.

Post the underwriting review, the underwriter may:

- Accept the proposal as is
- Reject the proposal
- Accept the proposal with loading (as per Underwriting policy of the Company)

Loading Parameters:

Sr. No.	Description	Loading
1	Occupations belonging to higher risk class (eg.: Taxi drivers, Airline ground-staff, Bus and Car Mechanics)	15
2	Involved in Adventure Sport / Extreme Sports *	25

NOTE: The applicable loadings are additive in nature (i.e. maximum 40%).

* Engagement in sporting activities under Clause 3 (a) (x) under 'permanent exclusions' is waived off on payment of additional premium if insured declares beforehand and agreed by us in writing.

6.5 Multiple Policies

In case you are covered under more than one indemnity insurance policies, with Us or with other insurers, You shall have the right to settle the Claim with any of the Company, provided that the Claim amount payable is up to Sum Insured of such Policy.

In case the Claim amount exceeds the Sum Insured, then You shall have the right to choose the companies with whom the Claim is to be settled. Further, You shall have the right to choose the companies from whom you want to claim the balance amount. You shall only be indemnified the hospitalization costs in accordance with terms & conditions of chosen Policy. This clause shall not apply to any Benefit offered on a fixed benefit basis.

6.6 Renewal Terms

- i. This Policy will automatically terminate on the Policy Period End Date. All renewal applications and requisite premium shall be given to Us on or before the Policy Period End Date provided the policy is in force and in any event before the expiry of the Grace Period. The Policyholder shall give Us written notice along with the renewal application of any material changes to the risk insured under the Policy. If no such written notice is received by Us along with the renewal application, it shall be deemed that there is no material change to the risk.
- ii. For the purpose of this provision, Grace Period means a period of 30 days immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits. Coverage is not available for the period for which premium is not received by Us and We shall not be liable for any Claims incurred during such period. This Clause is applicable at Person level.
- iii. Renewal shall be offered lifelong. We will ordinarily not refuse to renew the Policy except on grounds of fraud, moral hazard or misrepresentation or non-co-operation by the Insured.

- iv. We may revise the renewal premium payable under the Policy provided that revisions to the renewal premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Change in rates will be applicable from the date of approval by the Authority and shall be applied only prospectively thereafter for new policies and at the date of renewal for renewals.
- v. This product may be withdrawn / modified by Us after due approval from IRDAI. In case this product is withdrawn / modified by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDAI. We shall duly intimate Policyholder at least three months prior to the date of such withdrawal / modification of this product and the options available to Insured Person at the time of renewal of this policy.
- vi. No loading based on individual claim experience shall be applicable on renewal premium payable.
- vii. Sum Insured can be increased / decreased only at the time of renewal. However, increase in Sum Insured may require further Underwriting.
- viii. If Claim has been made under Benefit 1, 2 or 3 and 100% of the Sum Insured has been exhausted then the policy would not be renewed for that Insured Person.

6.7 Grievance Redressal

We have developed proper procedures and effective mechanism to address Your complaints. We are committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued by the Authority (IRDAI) from time to time in this regard.

(a) If You/Insured Person has a grievance that You/Insured Person wishes Us to redress, You/Insured Person may contact Us with the details of the Website/link: <https://www.careinsurance.com/contact-us.html>

Mobile App: Care Health - Customer App

Tollfree (WhatsApp Number): 8860402452

Courier: Any of Company's Branch Office or Corporate Office

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

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at Branch Office or Corporate Office. For updated details of grievance officer,

Kindly refer the link <https://www.careinsurance.com/customer-grievance-redressal.html>

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

Grievance may also be lodged at IRDAI integrated Grievance Management System - <https://bimabharosa.irdai.gov.in/>

Exclusively for Senior Citizens, the Company has a separate extension on the Customer Service Toll Free Number. This separate customer service channel prioritizes and routes any kind of request / grievance raised by Senior Citizens through various fast track internal escalations leading to lesser Turn-Around-Time (TAT) for request / grievance addressal.

You / Insured Person may approach the nearest Insurance Ombudsman for resolution of the grievance. Details of Insurance Ombudsman offices are available at IRDAI website: www.irda.gov.in, or on our website at www.careinsurance.com

Schedule of Discounts

S.No.	Description	Discount	
		No. of persons	Discount
1	Family discount - This discount shall be applicable if more than one persons of the same family are covered in the same policy, individually	2 members and above	5%
2	Discount for Employees and their dependents of CHIL, CHIL's Promoters and its Subsidiaries /Affiliates.	15%	
3	Discount for multi-year policies (on single premium)	No. of years	Discount
	2 year rate = Annual Rate x 2 x (1 - Discount applicable)	2 year	7.50%
	3 year rate = Annual Rate x 3 x (1 - Discount applicable)	3 year	10.0%

Note: The above stated discounts are multiplicative in nature & applicable on final Premium calculated under Policy.

Schedule of Benefits

Plan Detail	Secure 1	Secure 2	Secure 3	Secure 4	Secure 5	Secure 6
Sum Insured (in Rs.)	1 Lac to 10 Lac	Above 10 Lac up to 30 Lac	Above 30 lac up to 3 Crore	Above 3 Crore up to 25 Crores	1 Lac to 30 Lac	1 Lac to 25 Crores
Benefits						
1. Accidental Death	100% Sum Insured					
2. Permanent Total Disablement	As per PTD Table in Annexure - 1 (a)					No
3. Permanent Partial Disablement	As per PTD Table in Annexure - 1 (b)					No
4. Fractures	sub-limit of ₹50,000 (As per Fractures Table in Annexure-1(c))	sub-limit of ₹1,00,000 (As per Fractures Table in Annexure-1(c))	sub-limit of ₹2,00,000 (As per Fractures Table in Annexure-1(c))	sub-limit of ₹3,00,000 (As per Fractures Table in Annexure-1(c))	No	No
5. Child Education	No	10% of SI	10% of SI	10% of SI	No	No
6. Major Diagnostics Tests	No	Up to ₹ 15,000	Up to ₹ 25,000	Up to ₹ 50,000	No	No
7. Disappearance	No	100% SI	100% SI	100% SI	No	No
8. Mobility cover	No	Up to ₹ 15,000	Up to ₹ 25,000	Up to ₹ 50,000	No	No
9. Burns	No	sub-limit of ₹ 10,00,000 (As per Burns Table in Annexure - 1 (d))	sub-limit of ₹ 20,00,000 (As per Burns Table in Annexure - 1 (d))	sub-limit of ₹ 25,00,000 (As per Burns Table in Annexure - 1 (d))	No	No
10. Domestic Road Ambulance	No	No	Up to ₹ 5,000	Up to ₹ 5,000	No	No
11. Nursing Care	No	No	₹ 1,000 per day, Max for 15 days/claim	₹ 1,500 per day, Max for 15 days/claim	No	No
12. Reconstructive Surgery	No	No	Upto ₹ 10,00,000	Upto ₹ 20,00,000	No	No
13. Repatriation of Mortal Remains	No	No	2% of the SI or Max ₹ 1,00,000; whichever is lower	2% of the SI or Max ₹ 1,00,000; whichever is lower	No	No
14. Loyalty Benefit	For each continuous and completed Policy Year, on subsequent renewal, the Company will enhance the No Coverage amount of last Policy Year, pertaining to Benefit 1, Benefit 2 and Benefit 3, by flat 5% of the Sum Insured, on a cumulative basis, as a Loyalty Bonus; Max. Increase up to 50% of Sum Insured					

Plan Detail	Secure 1	Secure 2	Secure 3	Secure 4	Secure 5	Secure 6
Sum Insured (in Rs.)	1 Lac to 10 Lac	Above 10 Lac up to 30 Lac	Above 30 lac up to 3 Crore	Above 3 Crore up to 25 Crores	1 Lac to 30 Lac	1 Lac to 25 Crores
Optional Covers						
I. Accidental Hospitalization						
(a) Hospitalization Expenses	Up to ₹ 1,00,000	Up to ₹ 1,00,000	Up to ₹ 5,00,000	Up to ₹ 10,00,000	Up to ₹ 1,00,000	- Up to Rs. 1 Lac for SI up to 30 Lac; - Up to Rs. 5 Lac for SI above 30 Lac up to 3 Crore; - Up to Rs. 10 Lac for SI above 3 Cr.
(b) Daily Allowance	₹ 500 per day, Max for 5 days, with a deductible of 2 days	₹ 500 per day, Max for 5 days, with a deductible of 2 days	₹ 500 per day, Max for 5 days, with a deductible of 2 days	₹ 500 per day, Max for 5 days, with a deductible of 2 days	₹ 500 per day, Max for 5 days, with a deductible of 2 days	₹ 500 per day, Max for 5 days, with a deductible of 2 days
(c) Compassionate Visit	Up to ₹ 15,000	Up to ₹ 15,000	Up to ₹ 25,000	Up to ₹ 50,000	Up to ₹ 15,000	- Up to Rs. 15,000 for SI up to 30 Lac; - Up to Rs. 25,000 for SI above 30 Lac up to 3 Crore; - Up to Rs. 50,000 for SI above 3 Cr.
2. Permanent Total Disablement Improvement	Up to ₹ 25 Crore; As per PTD Table in Annexure – I (a)					
3. Permanent Partial Disablement Improvement	Up to ₹ 25 Crore; As per PPD Table in Annexure – I (b)					
4. Accidental Hospitalization Expenses	- Coverage amount Options (in ₹): 5,000 / 10,000 / 25,000 / 50,000 / 75,000 / 1,00,000 / 2,00,000 / 3,00,000 / 4,00,000 / 5,00,000 / 7,00,000 / 10,00,000 - Deductible in amount Options: 0 to ₹ 25,000 (in multiples of 5,000)					
5. Convalescence Benefit	- Coverage Amount Options: From ₹ 1,000 to ₹ 1,00,000 (in multiples of 1,000) - Deductible in Days Options: 5 or 10 days - This Benefit will be payable for a maximum of 3 times / 6 times in a Policy Year (for different injury causing events leading to Hospitalization), as chosen by the Policyholder					
6. Accidental Hospitalization Daily Allowance	- Coverage amount per Day Options: From ₹ 100 to ₹ 10,000 (in multiples of 100) - Deductible in Days Options: 0 to 5 days - Options for Max. payable Duration: 1 to 15 days and 20 / 25 / 30 days					
7. Temporary Total Disablement (TTD)	₹ 5,000 / week	₹ 10,000 / week	₹ 20,000 / week	₹ 30,000 / week	₹ 5,000 / week	No
	In any case, maximum payable amount will not exceed the base weekly income of Insured Person; Deductible Options available: No Deductible or 1 week Deductible					
8. Accidental OPD Cover	- Coverage amount Options (in Rs.): 500 / 1000 / 2000 / 3000 / 5000 - Deductible in amount Options (in Rs.): 100 / 500 / 1000 - Co-payment Options: 0% / 20% / 30% / 50% - Re-imbursment towards claims incurred in a policy year can be claimed only twice during that policy year - Admissible up to 4 consultations (or diagnostics), for the same 'Injury causing event'					
9. Common Carrier Mishap Cover	Pays additional 100% of the Sum Insured of Benefit 1 (or Benefit 2, if offered in the plan), in case the Insured Person suffers an Injury which results in Accidental Death (or Permanent Total Disablement, if Benefit 2 is applicable), whilst travelling in a Common Carrier Note: In case of an Insured Event, where only 50% of Sum Insured is payable, We will pay an additional 50% of Sum Insured under this Optional Cover					

* Note: Up to means – "Actual expenses incurred or the amount specified, whichever is lower."

Explanation to the Benefits

Description	Description	Payment Settlement Basis	Part of Main Sum Insured or Outside Sum Insured	Scope of Cover	Precondition - Admissibility of Claim under Benefit
Benefit 1	Accidental Death	Benefit	Part of Main Sum Insured	Worldwide	Not Applicable
Benefit 2	Permanent Total Disablement	Benefit	Part of Main Sum Insured	Worldwide	Not Applicable
Benefit 3	Permanent Partial Disablement	Benefit	Part of Main Sum Insured	Worldwide	Not Applicable
Benefit 4	Fractures	Benefit	Part of Main Sum Insured	Worldwide	Not Applicable
Benefit 5	Child Education	Benefit	Addition to Main Sum Insured	Worldwide	Benefit 1 or Benefit 2
Benefit 6	Major Diagnostics Tests	Indemnity	Addition to Main Sum Insured	India	Benefit 1 or Benefit 2 or Benefit 3
Benefit 7	Disappearance	Benefit	Part of Main Sum Insured	Worldwide	In lieu of Benefit 1
Benefit 8	Mobility cover	Indemnity	Addition to Main Sum Insured	India	Benefit 2
Benefit 9	Burns	Benefit	Part of Main Sum Insured	Worldwide	Not Applicable
Benefit 10	Domestic Road Ambulance	Indemnity	Addition to Main Sum Insured	India	Benefit 1 or Benefit 2 or Benefit 3
Benefit 11	Nursing Care	Benefit	Addition to Main Sum Insured	Worldwide	Benefit 2 or Benefit 3
Benefit 12	Reconstructive Surgery	Indemnity	Addition to Main Sum Insured	India	Benefit 2 or Benefit 3
Benefit 13	Repatriation of Mortal Remains	Benefit	Addition to Main Sum Insured	Worldwide	Benefit 1
Benefit 14	LoyaltyBenefit	Benefit	Addition to Main Sum Insured	NA	Not Applicable
Optional Cover 1: Accidental Hospitalization	(a) HospitalizationExpenses (b) DailyAllowance (c) Compassionatevisit	Indemnity Benefit Indemnity	Addition to Main Sum Insured	NA	Not Applicable
Optional Cover 2	Permanent Total Disablement Improvement	Benefit	Addition to Main Sum Insured	Worldwide	Benefit 2
Optional Cover 3	Permanent Partial Disablement Improvement	Benefit	Addition to Main Sum Insured	Worldwide	Benefit 3
Optional Cover 4	Accidental Hospitalization Expenses	Indemnity	Addition to Main Sum Insured	India	Not Applicable
Optional Cover 5	Convalescence Benefit	Benefit	Addition to Main Sum Insured	Worldwide	Not Applicable
Optional Cover 6	Accidental Hospitalization Daily Allowance	Benefit	Addition to Main Sum Insured	Worldwide	Not Applicable
Optional Cover 7	Temporary Total Disablement	Benefit	Part of Main Sum Insured	Worldwide	Not Applicable
Optional Cover 8	Accidental OPD Cover	Indemnity	Addition to Main Sum Insured	India	Not Applicable
Optional Cover 9	Common Carrier Mishap Cover	Benefit	Addition to Main Sum Insured	Worldwide	Benefit 1 or Benefit 2

Note to the above table:

(1) 'Main Sum Insured' is the Sum Insured chosen by the Proposer; under the base plan; Any Claim paid for Benefits which form part of 'Main Sum Insured' shall reduce the Sum Insured for that Policy Year and only the balance shall be available for all the future claims for that Policy Year.

(2) In the Table above, Scope of Cover under 'Worldwide' does not include listed civilian nations. For updated list of such excluded nations, please refer Annexure II (List of civilian nations) or visit Our website.

About us

Care Health Insurance Limited

Care Health Insurance is a specialized health insurer offering products in the retail segment for Health Insurance, Top-up Coverage, Personal Accident, Maternity, International Travel Insurance and Critical Illness along with Group Health Insurance and Group Personal Accident Insurance for Corporates, Micro Insurance Products for the Rural Market and a Comprehensive Set of Wellness Services. With its operating philosophy being based on the principal tenet of 'consumer-centricity', the company has consistently invested in the effective application of technology to deliver excellence in customer servicing, product innovation and value-for-money services.

Care Health Insurance was awarded 'Smart Insurer of the Year' and 'Sales Champion of the Year' at The Economic Times Insurance Summit & Awards 2022. The company was also conferred the 'Best Health Insurance Product' and 'Best Health Insurance Agents' at the Insurance Alerts Awards, 2021, and was adjudged 'Best Medical/Health Insurance Product Award' at FICCI Healthcare Excellence Awards 2019.

Registered Office:	Care Health Insurance Limited 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Correspondence address	Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009
Tollfree (WhatsApp Number)	8860402452
E-mail ID for Claims	claims@careinsurance.com
Submit Your Queries/Requests:	https://www.careinsurance.com/contact-us.html
Website	www.careinsurance.com

Disclaimer: This is only a summary of product securē. For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale. Please seek the advice of your insurance advisor if you require any further information or clarification.

Statutory Warning: Prohibition of Rebates (under Section 41 of Insurance Act, 1938): 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. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Insurance is a subject matter of solicitation. UAN:23015579 UIN: RHIPAI18048V021718 CIN: U66000DL2007PLC161503 **IRDAI Registration Number - 148**

Note:

1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy terms and conditions, available on request.
2. The Proposal Form shall form the basis of the insurance contract. It is mandatory for You to provide Us a duly filled in and signed Proposal Form and retain a copy as an evidence of the basis of the insurance contract.
3. Any risk under the Policy shall commence only once We receive the premium (including all taxes and levies thereto).
4. In case You have not understood any of the details, coverage, etc. in this document, You can seek for a clarification or a copy of this document in a language understood by You.
5. For full details of this product, please log on to www.careinsurance.com
6. The product is in conformity with the IRDAI approval and health insurance regulations and standardization guidelines.