

HEALTH ASSURANCE – Prospectus and Sales Literature

Health Assurance – Assurance when you need it most.

We all have dreams for our family. We want to provide them the best in life and help build a secure future for them. Sometimes these dreams are disrupted by the uncertainties of life. The money we save over years for our family could vanish in a few moments. Today's modern lifestyle leads to sudden illnesses or accidents. These sudden illnesses or accidents force us to spend our savings on paying hospitals bills. Sometimes these diseases also force us to spend days or months in hospital or home recovering. While we recover we, also lose our earnings.

Health Assurance is made for these critical times. The plan helps you cover your expenses as per the lump-sum benefit of the policy. This helps you not only retain your savings, but also reduces any financial impact caused by the medical emergency.

Health Assurance is an individual and family oriented health insurance cover which is simple to buy and easy to understand. This plan provides you the option to choose from the following benefits:

- AccidentCare cover
- CritiCare cover
- HospiCash cover

These benefits can be bought individually or can be clubbed together to create higher security.

We believe that a healthy relationship is built by understanding your needs, by coming closer to you, through a continuous dialogue with you on what matters the most to you.

Which is why We offer:

- **Direct Claim Settlement:** You talk to Us directly, not through any third parties. We will be there for you when you need Us. Because you should concentrate on getting better or looking after your relatives, not chasing your claims.

Policy Design

- Customers will have the flexibility to pick and choose their own cover. They can opt for any of the below 7 combinations:
 - CritiCare + HospiCash + AccidentCare
 - CritiCare + HospiCash
 - CritiCare + AccidentCare

- HospiCash + AccidentCare
- CritiCare only
- HospiCash only
- AccidentCare only

Customers will also have an option to choose from different Sum Insured options available under all the three covers.

- Health Assurance can be issued to an individual customer or family. The family policy# offers following combinations:
 - 1 Adult + 1Child
 - 1 Adult + 2 Children
 - 2 Adults
 - 2 Adults + 1Child
 - 2 Adults + 2Children

under CritiCare cover only 2 Adults family option is available

- Family includes spouse and dependent children
- Premium of family option depends on the age of the eldest insured under the family option
- Entry Age:
 - **CritiCare:** Coverage available only for adults. Entry age is 18 years to 65 years
 - **AccidentCare:** Coverage available for adults and children. Entry age for adults is 18 years to 65 years and entry age for children is 2 years to 21 years (dependent children)
 - **HospiCash:** Coverage available for adults and children. Entry age for adults is 18 years to 65 years and entry age for children is 1 day to 21 years (dependent children)
- Policy Renewal: We offer lifetime renewability for all the three benefits under Health Assurance.
- The default policy term for all plans is one year. A two year or three year policy term option is also available for Health Assurance Individual and Family options.
- As with all health insurance policies, you may save tax under Section 80D of the Income Tax Act when you buy a Niva Bupa Health Assurance policy. Tax benefits are subject to changes in the tax laws, please consult your tax advisor for more details
- Health Assurance AccidentCare is available only for Risk Class 1 & 2 occupations and occupations falling under Risk Class 3 are declined category as mentioned under annexure 3.

Sum Insured

The Sum Insured options are as under:

Coverage	Sum Insured (SI) - In Rs
AccidentCare	5/10/15/20/30/35/40/45/50/60/75/100/125/150/175/200/225/250/275/300/350/400/450/ 500 lacs
AccidentCare - Temporary Total Disability (TTD)*	1 lac to 20 lacs (in multiple of 50,000)
CritiCare	3/5/7.5/10/15/20/25/30/35/40/45/50/60/75/100/125/150/175/200/225/250/275/300 lacs
Hospicash	Daily Cash Benefit - In Rs per day
	Rs 1,000/2,000/ 3,000/ 4,000

Details of the plans are available in Product Benefit Table

* Sum Insured for Total Temporary Disability (TTD) shall be between 1lac to 20 lacs (in multiple of Rs.50,000), however TTD Sum Insured not to exceed Lower of (2 times of annual income or AccidentCare Sum Insured). Annual income for salaried individuals is actual cost to company excluding overtime, bonuses, tips, commissions, allowances special compensations, income from other sources or any components of variable pay that the Policyholder may have otherwise been eligible to receive. For self-employed individuals, Annual Income is the Gross Income as per Profit and Loss account statement and / or ITR.

Please note: Under AccidentCare, specifically for the Policyholder's sum insured of 100 lacs and above, on the insured person attaining age 70 years, the coverage would get reduced to a flat sum insured of Rs100 lacs from the date of next renewal of the policy, irrespective of the original sum insured.

Illustrations:

Mr Jain is interested in purchasing a fixed benefit product which would offer him complete protection in conditions of Critical Illness and Personal Accidents. He also wants a cover which would offer coverage for incidental expenses in case of hospitalisation. Health Assurance will give customer the flexibility of picking any or all the three benefits.

He can opt for sum insured – Rs 30 lacs under CritiCare, Daily Cash Benefit– Rs 2,000/day under Hospicash and sum insured – Rs 50 lacs under AccidentCare cover.

Health Assurance does not restrict customers from choosing any sum insured under any of the three benefits provided it is as per the applicable income multiples.

Product Features and Benefits – Key Highlights:

1. AccidentCare Cover (Individual or Family option)

AccidentCare coverage may be availed by an individual or families. The sum insured cannot exceed 12 times of the annual income in case of salaried persons or 15 times of annual income in case of self employed persons.

In case of family option, the sum insured shall get assigned for all the insured persons in the following manner:

- Self (Insured 1) - 100% of Sum Insured;
- Spouse - 50% of Sum Insured or Rs 10 lacs (whichever is lower);
- Children - 20% of Sum Insured or Rs 5 lacs (whichever is lower);

If any of the Insured Persons dies or sustains any injury resulting solely and directly from accident occurring during the policy period at any location worldwide, and while the Policy is in force, We will provide the benefits as described below. If a claim gets triggered under Accident Death or Accident Permanent Total Disability for any member, the coverage shall terminate for the respective member post payment of the benefit but for the other insured members, the coverage shall continue till the end of the policy period and shall be renewable.

i. Accident Death (AD)

If an Insured Person dies solely and directly due to an Accidental injury within 365 days from the date of occurrence of such accident, We will pay the sum insured as chosen.

ii. Funeral Expenses

If We have accepted a claim for the accident death of an Insured Person, then in addition to any amount payable under Accident Death benefit, we will make a one-time payment as specified in the Product Benefit Table under 'annexure 1' towards the funeral expenses of that Insured Person.

iii. Accident Permanent Total Disability (PTD)

If an Insured Person suffers Permanent Total Disability* solely and directly due to an accident and within 365 days from the occurrence of such accident, we will pay the sum insured as specified in the Product Benefit Table under 'annexure 1' provided that:

- the Permanent Total Disability is proved to Our satisfaction; and a disability certificate is presented to Us, and such disability certificate shall be issued by a Medical Board duly constituted by the Central or the State Government; and
- We will admit a claim under PTD only if the disability continues for a period of at least 6 continuous calendar months from the commencement of the Permanent Total Disability unless there are no chances of variation, over time, in the degree of disability as in amputation/Loss of limbs etc; and
- If the Insured Person dies before a claim has been admitted, no amount under this benefit will be payable, however We will consider the claim under Accident Death; and
- We will not make payment under PTD in respect of an Insured Person and for any and all policy periods more than once in the Insured Person's lifetime.

*** Permanent Total Disability means disablement of the Insured Person such that at least one of the following conditions is satisfied**

(a) Unable to Work

The Insured Person suffers an injury and due to such injury the Insured Person is unlikely to ever be able to engage in any occupation or employment or business for remuneration or profit.

(b) Loss of use of limbs or Sight

The Insured Person suffers from total and irrecoverable loss of:

- i. The use of two limbs (including paraplegia and hemiplegia) OR*
- ii. The sight of both eyes OR*
- iii. The use of one limb and the sight of one eye*

(c) Loss of independent living

The Insured Person is permanently unable to perform independently three or more of the following six activities of daily living.

- I. **Washing:** the ability to maintain an adequate level of cleanliness and personal hygiene*
- II. **Dressing:** the ability to put on and take off all necessary garments, artificial limbs or other surgical appliances that are medically necessary*
- III. **Feeding:** the ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available*
- IV. **Toileting:** the ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene*
- V. **Mobility:** the ability to move indoors from room to room on level surfaces at the normal place of residence*
- VI. **Transferring:** the ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa.*

iv. Child Education Benefit (available only in Family option with children)

If We have accepted a claim for the Accident Death (AD) or Accident Permanent Total Disability (PTD) of the proposer, then in addition to any amount payable under AD or PTD, we will make an onetime payment as specified in the Product Benefit Table under ‘annexure 1’ as an education benefit for each of that Proposer’s dependent children, provided that each child is an insured person under the Policy. Such benefit shall be payable for a maximum of up to 2 dependent children.

v. Accident Permanent Partial Disability (PPD)

If an Insured Person suffers Permanent Partial Disability solely and directly due to an accident and within 365 days from the date of occurrence of such accident, We will pay the amount as specified in the grid below which is a percentage of the chosen sum insured, provided that:

- The Permanent Partial Disability is proved to Our satisfaction; and a disability certificate is presented to Us, and such disability certificate shall be issued by a Medical Board duly constituted by the Central or the State Government: and

- We will admit a claim only if the Permanent Partial Disability continues for a period of at least 6 continuous calendar months from the commencement of the Permanent Partial Disability unless there are no chances of variation, over time, in the degree of disability as in amputation/Loss of limbs etc;; and
- If the Insured Person dies before a claim has been admitted under PPD, no amount will be payable, however We will consider the claim under Accident Death
- If a claim has been admitted under PPD, then no further claim in respect of the same condition will be admitted

Permanent Partial Disability Grid		
Sno	Nature of disability	% of Sum Insured
1	Loss or total and permanent loss of use of both the hands from the wrist joint	100%
2	Loss or total and permanent loss of use of both feet from the ankle joint	100%
3	Loss or total and permanent loss of use of one hand from the wrist joint and of one foot from the ankle joint	100%
4	Loss or total and permanent loss of use of one hand from the wrist joint and total and permanent loss of sight in one eye	100%
5	Loss or total and permanent loss of use of one foot from the ankle joint and total and permanent loss of sight in one eye	100%
6	Total and permanent loss of speech and hearing in both ears	100%
7	Total and permanent loss of hearing in both ears	50%
8	Loss or total and permanent loss of use of one hand from wrist joint	50%
9	Loss or total and permanent loss of use of one foot from ankle joint	50%
10	Total and permanent loss of sight in one eye	50%
11	Total and permanent loss of speech	50%
12	Permanent total loss of use of four fingers and thumb of either hand	40%
13	Permanent total loss of use of four fingers of either hand	35%
14	Uniplegia	25%
15	Permanent total loss of use of one thumb of either hand	
	a. Both joints	25%
	b. One joint	10%
16	Permanent total loss of use of fingers of either hand	
	a. Three joints	10%
	b. Two joints	8%
	c. One joint	5%
17	Permanent total loss of use of toes of either foot	
	a. All toes- one foot	20%
	b. Great toe- both joints	5%
	c. Great toe- one joint	2%
	d. Other than great toe, one toe	1%

vi. **Accident Temporary Total Disability (TTD) (Optional Benefit):**

If the Proposer suffers an injury solely and directly due to an accident occurring during the policy period which solely and directly results in the Proposer's Temporary Total Disability within 365 days from the date of occurrence of such accident, we will pay an amount equal to 1% of TTD sum insured per week for each week that the Temporary Total Disability continues subject always to the availability of the TTD sum insured. It is agreed and understood that:

We will make payment under TTD for only a part of the week if the Proposer has suffered Temporary Total Disability for that part of the week.

We shall not be liable to make any payment under TTD in respect of more than 100 weeks in a lifetime and once this limit is attained, the benefit cannot be renewed any further. However, the policy can be renewed with all other benefits including the optional Accident Hospitalization Benefit. The insured shall have an option to renew the benefit until the lifetime limit is exhausted.

The amount payable under TTD is calculated on a per day basis and shall be payable from the first day of onset of the Temporary Total Disability provided that the Temporary Total Disability continues for at least 3 continuous days.

vii. **Accident Hospitalization (Optional Benefit)**

If the insured person is hospitalised during the policy period solely and directly due to an Injury sustained arising from an accident occurring during the policy period, We will pay the medical expenses incurred subject to the maximum amount as specified in the Schedule of Insurance Certificate. The Accident Hospitalization benefit shall be available for hospitalization in India only following the accident.

2. **CritiCare (Individual or Family Floater Option)**

If an Insured Person suffers a Critical Illness during the policy period and while the Policy is in force, We will pay the Sum Insured specified in the Schedule of Insurance Certificate provided that:

- Such critical illness first occurs or manifests itself during the policy period; and
- The signs and symptoms of such Critical Illness commence after 90 days from the date of commencement of the Policy i.e. the benefit would not be payable if the signs or symptoms occurred during the first 90 days or earlier from the date of commencement of risk, as specified in the Schedule of Insurance Certificate; and
- The insured person survives for a minimum period of at least 30 days from the date of diagnosis of such critical illness for the claim to be admissible;
- If this critical illness cover is in force on a family floater basis, then:

- (i) We will not be liable to make payment under this cover in respect of any and all insured persons more than once in a policy year;
- (ii) If We have admitted a claim under this cover for an insured person in any policy year, this cover shall not be renewed in respect of that insured person for any subsequent policy year, but the cover will be renewed for the other insured persons.

The benefit will be paid as per the benefit option chosen at inception. The customer can choose any of the below benefit options. Option once chosen cannot be changed at any time during the lifetime of the customer.

- **Benefit Option 1:** Sum insured payable as lump sum
- **Benefit Option 2:** Sum insured payable as lump sum along with 10% of the sum insured payable each year for subsequent 5 years from the date of payment of lump sum. The coverage under the policy shall cease for that member. This cover shall not be renewed in respect of that insured person for any subsequent policy year, but the cover will be renewed for the other insured persons.

For Ex: If the sum insured chosen at inception is Rs.50,00,000 then as per the chosen option:

- Option 1, Rs.50,00,000 shall be paid as lump sum
- Option 2, Rs.50,00,000 is paid as lump sum on 1st June 2016. In addition from next year onwards at the beginning of each year for subsequent 5 years i.e on 1st June of every year from 2017 to 2021, payout equal to Rs5,00,000 shall be paid to the beneficiary

Critical illness coverage may be availed by an individual or by a family of 2 adults (self and spouse) on a family floater basis. In case of family option, the sum insured shall get assigned for both the insured members in the following manner:

- Self (Insured 1) - 100% of Sum Insured;
- Spouse - 100% of Sum Insured;

However, the maximum benefit payable under a policy in a policy year cannot exceed the amount applicable as per the chosen option. This will work like a family floater. In one particular year only one member's benefit can get activated. Benefit payout once triggered shall get paid as per the option chosen.

For Ex: In a family of 2 adults (self and spouse), the sum insured chosen is 50 lacs. If insured person one gets diagnosed with any of the listed critical illnesses, benefit payout as per the chosen option

shall get paid and the coverage for that insured person shall cease forever. However, if the 2nd insured person also gets diagnosed with any of the listed critical illnesses in the same policy year, then in such a case no benefit shall become payable. But if the 2nd insured person gets diagnosed with any of the listed critical illnesses in the next or subsequent years the benefit shall become payable as per the chosen option at inception.

For the purpose of this Critical Illness Cover, 'Critical Illness' means the following illnesses:

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

What does it mean?

Cancer (also known as a malignant tumour) is a disease where cells change and grow in an abnormal way. If left untreated, they can destroy surrounding healthy cells and eventually destroy healthy cells in other parts of the body. There are about 200 different types of cancer, varying widely in outlook and treatment.

2. Myocardial Infarction

(First Heart Attack of specific severity)

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - ii. New characteristic electrocardiogram changes

- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
- i. Other acute Coronary Syndromes
 - ii. Any type of angina pectoris
 - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

What Does It Mean?

A heart attack, also known as a myocardial infarction, happens when part of the heart muscle dies because it has been starved of oxygen. This causes severe pain and an increase in cardiac enzymes and troponins, which are released into the blood stream from the damaged heart muscle.

3. Open Chest CABG

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded:
 - i. Angioplasty and/or any other intra-arterial procedures

What does it mean?

Coronary arteries can become narrowed or blocked by the build-up of fatty deposits caused by poor lifestyle such as high fat diet, smoking and high blood pressure. This may cause symptoms including chest pain and can sometimes cause a heart attack. Coronary artery by-pass surgery is used to treat blocked arteries in the heart by diverting the blood supply around the blocked artery using a vein, usually taken from the leg, arm or chest. This definition covers surgery if it requires the heart to be reached by a surgical incision through the chest wall or sternum (breastbone), to replace the blocked arteries with a vein.

4. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of Surgery has to be confirmed by a specialist medical practitioner.

Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

What does it mean?

Heart valve repair or replacement surgery is done when valves are damaged or diseased and do not work the way they should. When one (or more) valve(s) becomes stenotic (stiff), narrowed or diseased due to any reasons, the

heart must work harder to pump the blood through the valve. If your heart valve(s) becomes damaged, you may have the following symptoms:

- Dizziness
- Chest pain
- Breathing difficulties
- Palpitations
- Edema (swelling) of the feet, ankles, or abdomen (belly)
- Rapid weight gain due to fluid retention

This definition implies a large surgical incision made in the chest and the heart stopped for a time so that the surgeon can repair or replace the valve(s).

5. Coma of Specified Severity

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:

- a) no response to external stimuli continuously for at least 96 hours;
- b) life support measures are necessary to sustain life; and
- c) permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

What Does It Mean?

A coma is a state of unconsciousness from which the patient cannot be aroused and has no control over bodily functions. It may be caused by illness, stroke, infection, very low blood sugar or serious accident. Recovery rates vary, depending upon the depth and duration of the coma.

6. 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.

What Does It Mean?

The kidneys perform an important role filtering the body's waste to pass as urine. If the kidneys fail, there is a harmful build up of the body's waste products. In severe cases it may be necessary for the filtering to be done by a dialysis machine or, in some cases, a transplant may be needed.

7. Stroke Resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation 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 atleast 3 months has to be produced.

The following are excluded:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic Injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions

What Does It Mean?

Strokes are caused by a sudden loss of blood supply or haemorrhage to a particular part of the brain. The symptoms and how well a person recovers will depend on which part of the brain is affected and the extent of the damage. A transient ischaemic attack, sometimes referred to as a 'mini-stroke', does not result in any permanent neurological deficit. These are not covered by this definition, because symptoms aren't permanent and will disappear within 24 hours.

8. Major Organ/Bone Marrow Transplant

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using haematopoietic stem cells.

The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- Other stem-cell transplants
- Where only islets of langerhans are transplanted

What Does It Mean?

An organ may become so diseased that it needs to be replaced.

9. Permanent Paralysis of Limbs

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.

What Does It Mean?

Paralysis is the complete loss of use. It may be caused by injury or illness. A limb is an arm or leg.

10. Motor Neurone Disease with Permanent Symptoms

Motor neurone 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.

What Does It Mean?

Motor neurone disease (MND) is a gradual weakening and wasting of the muscles, usually beginning in the arms and legs. This may cause difficulty walking or holding objects. As the disease develops, other muscle groups may be affected, such as those involving speech, swallowing and breathing. Eventually, 24 hour care may be needed.

11. Multiple Sclerosis with Persisting Symptoms

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Neurological damage due to SLE is excluded.

What Does It Mean?

Multiple sclerosis (MS) is the most common disabling neurological disease among young adults and is usually diagnosed between the ages of 20 and 40.

12. Aplastic Anaemia

Aplastic Anemia is chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:

- a) Absolute neutrophil count of less than 500/mm³
- b) Platelets count less than 20,000/mm³
- c) Reticulocyte count of less than 20,000/mm³

The Insured Person must be receiving treatment for more than 3 consecutive months with frequent blood product transfusions, bone marrow stimulating agents, or immunosuppressive agents or the Insured Person has received a bone marrow or cord blood stem cell transplant. Temporary or reversible Aplastic Anemia is excluded and not covered under this Policy.

What Does It Mean?

Aplastic anaemia is a serious condition where bone marrow fails to produce sufficient blood cells or clotting agents. Symptoms include shortness of breath, excessive bleeding and an increased chance of catching infections.

13. Bacterial Meningitis

Bacterial meningitis is a bacterial infection of the meninges of the brain causing brain dysfunction. There must be an unequivocal diagnosis by a consultant physician of bacterial meningitis that must be proven on analysis and culture of the cerebrospinal fluid. There must also be permanent objective neurological deficit that is present on physical examination at least 3 months after the diagnosis of the meningitis infection.

What Does It Mean?

Bacterial meningitis causes inflammation to the meninges, which is the protective layer around the brain and spinal cord. It's caused by a bacterial infection and needs prompt medical treatment. Initial symptoms include headache, fever and vomiting.

14. Loss of Speech

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

What Does It Mean?

The total loss of the ability to speak. It's often caused when the vocal cords need to be removed because of a tumour or a serious injury.

15. End Stage Liver Disease

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- a) Permanent jaundice; and
- b) Ascites; and
- c) Hepatic Encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

What Does It Mean?

The liver is an important organ, which carries out several of the body's vital functions such as helping with digestion and clearing toxins. This definition covers liver failure at an advanced stage. This type of liver failure leads to permanent jaundice (yellow discolouration of the skin), ascites (build up of fluid in the abdomen), and encephalopathy (brain disease or damage).

16. Deafness

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.

What Does It Mean?

This means permanent loss of hearing in both ears, measured by using an audiogram across different frequencies, which vary from low to high pitch.

17. End-stage Lung Disease

End stage lung disease, causing chronic respiratory failure, as evidenced by all of the following:

- a) FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- b) Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- c) Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($\text{PaO}_2 < 55\text{mmHg}$);
and
- d) Dyspnea at rest.

This diagnosis must be confirmed by a respiratory physician.

What Does It Mean?

The lungs allow us to breathe in oxygen and get rid of harmful carbon dioxide. The definition of End Stage Lung Disease covers advanced lung failure when breathing is severely affected and regular oxygen therapy is required.

18. Fulminant Viral Hepatitis

A sub-massive to massive necrosis of the liver by any virus, leading precipitously to liver failure.

This diagnosis must be supported by all of the following:

- a) rapid decreasing of liver size; and
- b) necrosis involving entire lobules, leaving only a collapsed reticular framework; and
- c) rapid deterioration of liver function tests; and
- d) deepening jaundice; and
- e) hepatic encephalopathy.

Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

What does it mean?

Appearance of severe systemic complications like sepsis, gastro-intestinal bleeding, cerebral oedema, renal and cardiac failure, rapidly after the first signs of liver disease (such as jaundice), and indicates that the liver has sustained severe damage.

19. Third Degree Burns

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.

20. Muscular Dystrophy

Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening of certain muscle groups. The diagnosis of Muscular Dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence. The disease must result in the permanent inability of the Insured Person to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living".

Activities of Daily Living are defined as:

- i. **Washing** : the ability to maintain an adequate level of cleanliness and personal hygiene
- ii. **Dressing** : the ability to put on and take off all necessary garments, artificial limbs or other surgical appliances that are Medically Necessary

- iii. **Feeding** : the ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available
- iv. **Toileting** : the ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene
- v. **Mobility** : the ability to move indoors from room to room on level surfaces at the normal place of residence
- vi. **Transferring**: the ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa.

3. **Hospicash (Individual or Family Option)**

Hospital Cash coverage may be availed by an individual or by a family of up to 4 members (self, spouse and up to 2 children). In case of family option, the sum insured shall get assigned for all the insured persons in the following manner:

- Self (Insured 1) - 100% of chosen Daily Hospicash Benefit limit;
- Spouse - 100% of chosen Daily Hospicash Benefit limit;
- Child 1 - 50% of chosen Daily Hospicash Benefit limit
- Child 2 - 50% of chosen Daily Hospicash Benefit limit

If an Insured Person is hospitalised, solely and directly due to an injury arising from an accident or due to an illness, then We will pay the daily allowance specified in the Product Benefits Table for each continuous and completed period of 24 hours of hospitalisation provided that:

- We shall not be liable to make any payment for hospitalisation and/or treatment and/or treatment following diagnosis which occurs within 30 days from the date of commencement of the Policy specified in the Schedule of Insurance Certificate, unless such hospitalisation is required solely and directly due to an accident;
- We shall not be liable to make payment of the daily allowance under this benefit for more than 45 days for an Insured Person in a Policy Year, including all days of admission to the Intensive Care Unit. This is applicable for both individual and family option.

If an Insured Person is required to be admitted to the Intensive Care Unit of a hospital solely and directly due to an injury arising from an accident or due to an illness, then We will pay twice the daily allowance specified in the Product Benefits Table for each continuous and completed period of 24 hours of admission in the Intensive Care Unit for a maximum of 7 days for an Insured Person in a policy year.

4. **Premium Discount:**

a. Long Term Discount:

Policy Term 2 years: Avail 12.5% discount on 2nd year premium

Policy Term 3 years: Avail 12.5% discount on 2nd year premium and 15% discount on 3rd year premium.

Sample Illustration for discount on 3 year policy term:

A 30 year aged individual buying a Health Assurance policy with term 3 years for AccidentCare (with Accident Hospitalization cover), CritiCare (Option 1) and HospiCash with Sum Insured of Rs. 50 lacs, Rs. 20 lacs and Rs. 3,000 respectively. His premium and discount will be calculated as follows:

Coverage	AccidentCare	CritiCare	HospiCash
Sum Insured	5,000,000	2,000,000	3,000
Premium at age 30 years (A)	6,705	5,861	2,181
Premium before discount at age 31 years (2 nd year premium)	6,705	6,901	2,181
Discount @ 12.5% on 2 nd year premium	-838	-863	-273
2 nd year premium after discount (B)	5,867	6,038	1,908
Premium before discount at age 32 years (3 rd year premium)	6,705	6,901	2,181
Discount @ 15% on 3 rd year premium	-1006	-1035	-327
3 rd year premium after discount (C)	5,699	5,866	1,854
Total premium for 3 years (A+B+C)	18,271	17,765	5,943

Note: All amounts are mentioned in INR only. Premium is exclusive of applicable taxes.

b. Online Discount: If the customer buys the policy directly from Niva Bupa's official website, a discount of 10% would be provided on the overall premium.

Please note: All these discounts are mutually exclusive and independent.

Premium Loading:

Loading may get applied only in case of AccidentCare coverage basis the occupation of the Insured Person. For risk class II (as per Annexure 3), there will be a 50% loading on the premium. We will inform you of any such loadings charged over and above the premium and your specific consent shall be obtained for such loadings before issuance of the policy.

5. Waiting Periods and Exclusions:

We shall not be liable under this Policy for any claim in connection with or in respect of the following:

a. Initial Waiting Period

CritiCare: Benefits will not become payable if the signs or symptoms of any of the listed critical illnesses commence within 90 days from the date of commencement of CritiCare coverage.

Hospicash: Benefits will not become payable if the signs or symptoms and/or Treatment fall within 30 days from the date of commencement of Hospicash coverage except accidents.

AccidentCare: Benefits would become payable from the date of commencement of the policy. There is no initial waiting period under this coverage.

b. Pre-Existing Diseases

CritiCare and Hospicash: Benefits will not be available for pre-existing diseases until 36 months of continuous coverage have elapsed since the inception of the first Policy with Us or other insurer in case of portability, for the respective benefit.

c. Specific Waiting Period for the Hospicash Benefit only

For the payment of the Hospicash Benefit, the disease conditions / treatments listed below will be subject to a waiting period of 24 months and will be covered from the commencement of the third Policy Year as long as the Insured Person has been insured continuously under the policy without any break:

1. Stones in biliary and urinary systems
2. Lumps/ cysts/ nodules/ polyps/ internal tumours excluding malignancies
3. Gastric and duodenal ulcers
4. Surgery on tonsils / adenoids
5. Osteoarthritis / arthritis / gout / rheumatism / spondylosis / spondylitis / intervertebral disc prolapse
6. Cataract and its complications
7. Fissure / Fistula / Haemorrhoids of anal and rectal region
8. Hernia / hydrocele / varicocele / spermatocele
9. Chronic renal failure or end stage renal failure
10. Sinusitis / deviated nasal septum / tympanoplasty / chronic suppurative otitis media

11. Benign prostatic hypertrophy
12. Joint replacements surgery except in case of accidents
13. Dilatation and curettage except in case of surgical abortion
14. Varicose veins of legs
15. Dysfunctional uterine bleeding / fibroids / prolapse uterus / endometriosis
16. Hysterectomy for any benign disorder
17. Thyroid and parathyroid gland disorders excluding malignancy

d. Permanent Exclusions

1. Specific Exclusions for AccidentCare Cover

We shall not be liable to make any payment under any benefits under the AccidentCare Cover if the claim is attributable to, or based on, or arise out of, or are directly or indirectly connected to any of the following:

- i. Suicide or self-inflicted Injury, whether the Insured Person is medically sane or insane.
- ii. Treatment for any injury or illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism.
- iii. Service in the armed forces, or any police organization, of any country at war or at peace or service in any force of an international body or participation in any of the naval, military or air force operation during peace time.
- iv. 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 Insurance Certificate.
- v. Committing an assault, a criminal offence or any breach of law with criminal intent.
- vi. Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a Medical Practitioner other than the Policyholder or an Insured Person.

- vii. Participation in aviation/marine including crew other than as a passenger in an aircraft/water craft that is authorized by the relevant regulations to carry such passengers between established airports or ports.
- viii. Including but not limited to engaging in or taking part in professional/adventure sports or any hazardous pursuits, such as speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports, hunting etc;
- ix. Any costs or expenses specified in the List of Expenses Generally Excluded at Annexure II of policy document. This is applicable only for Accident Hospitalization benefit

2. Specific Exclusions for CritiCare:

In addition to any conditions and exclusions listed under each Critical Illness, We shall not be liable to make any payment of the CritiCare Benefit if the claim is attributable to, or based on, or arise out of, or are directly or indirectly connected to any of the following:

- i. the Insured Person's attempted suicide or self-inflicted injuries while sane or insane; or
- ii. narcotics used by the Insured Person unless taken as prescribed by a Medical Practitioner, or the Insured Person's abuse of drugs and/or consumption of alcohol; or
- iii. The directions, advice and guidance of the treating Medical Practitioner shall be strictly followed. We shall not be obliged to make any payment that arises out of willful failure to comply with such directions, advice or guidance.
- iv. Treatment for any injury or illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism
- v. taking part in any naval, military or air force operation during peace time; or
- vi. Participation in aviation/marine including crew other than as a passenger in an aircraft/water craft that is authorized by the relevant regulations to carry such passengers between established airport or ports.
- vii. Including but not limited to engaging in or taking part in professional/adventure sports or any hazardous pursuits, such as speed contest or racing of any kind (other than on foot),

bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports, hunting etc; or

viii. participation by the Insured Person in a criminal or a breach of law with criminal intent;

3. Specific Exclusions for HospiCash Benefit

We shall not be liable to make any payment if hospitalisation or any claim under this benefit are attributable to, or based on, or arise out of, or are directly or indirectly connected to any of the following:

- i. Hospitalisation not in accordance with the diagnosis and treatment of the condition for which the Hospital confinement was required;
- ii. Hospitalization solely for diagnostic or observation purpose;
- iii. Obesity/ Weight Control (Code-Excl06): Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the Doctor.
 - b. The surgery/Procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and;
 - d. Body Mass Index (BMI);
 1. greater than or equal to 40 or
 2. 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:
 - a. Obesity-related cardiomyopathy
 - b. Coronary heart disease
 - c. Severe Sleep Apnea
 - d. Uncontrolled Type2 Diabetes

- iv. Any dental care or Surgery of cosmetic nature, extraction of impacted tooth/teeth, orthodontics or orthognathic Surgery, or temporo-mandibular joint disorder except as necessitated by an Accidental Injury;
- v. Treatment for infertility or impotency, sex change or any treatment related to it, abortion, sterilization and contraception including any complications relating thereto;
- vi. Treatment arising from pregnancy and it's complications which shall include childbirth or abortion or threatened abortion excluding ectopic pregnancy;
- vii. Hospitalisation primarily for diagnosis, X-ray examinations, general physical or medical check-up not followed by active treatment during the Hospitalisation period or Hospitalisation where no active treatment is given by the Medical Practitioner;
- viii. Unproven/Experimental treatments/off-label treatment;
- ix. Alternative treatment;
- x. Admission to a nursing home or home for the care of the aged for rehabilitation, or convalescence;
- xi. Treatment directly or indirectly arising from alcohol, drug or substance abuse and any Illness or Accidental Injury which may be suffered after consumption of intoxicating substances, liquors or drugs;
- xii. Treatment directly or indirectly arising from or consequent upon war (whether war be declared or not), invasion, acts of foreign enemies, hostilities, civil war, rebellion, active participation in strikes, riots or civil commotion, revolution, insurrection or military or usurped power, and full-time service in any of the armed forces;
- xiii. Sexually transmitted Infections & diseases (other than HIV / AIDS);
- xiv. Cosmetic or plastic Surgery except to the extent that such Surgery is necessary for the repair of damage caused solely by Accidental Injuries; treatment of xanthelesema, syringoma, acne and alopecia;
- xv. Nuclear disaster, radioactive contamination and/or release of nuclear or atomic energy;
- xvi. Treatment for Accidental Injury or Illness caused by intentionally self-inflicted Injuries; or any attempts of suicide while sane or insane;

- xvii. Treatment for Accidental Injury or Illness caused by violation or attempted violation of the law, or resistance to arrest;
- xviii. Including but not limited to engaging in or taking part in professional/adventure sports or any hazardous pursuits, such as speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports, hunting etc.;
- xix. Circumcision unless necessary for treatment of a disease or necessitated due to an Accident;
- xx. Hospitalisation where the Insured Person is a donor for any organ transplant;
- xxi. Any treatment outside of Republic of India;
- xxii. Treatment to assist reproduction, including IVF treatment;
- xxiii. Hormone Replacement Therapy;
- xxiv. Puberty and Menopause related Disorders: Treatment for any symptoms, Illness, complications arising due to physiological conditions associated with Puberty, Menopause such as menopausal bleeding or flushing;
- xxv. Artificial Life Maintenance: Artificial life maintenance, including life support machine used to sustain a person, who has been declared brain dead, as demonstrated by:
 - a. Deep coma and unresponsiveness to all forms of stimulation;
 - b. Absent pupillary light reaction;
 - c. Absent oculovestibular and corneal reflexes; or
 - d. Complete apnea
- xxvi. Sleep disorders: Treatment for sleep apnea, snoring or any other sleep-related breathing problem;

6. General Terms and Conditions

6.1 Free Look Provision

The Free Look Period shall be applicable on individual health insurance policies and not on renewals.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy.

In the event the policyholder disagrees to any of the policy terms or conditions, or otherwise and has not made any claim, he/she shall have the option to return the policy to the insurer for cancellation, stating the reasons for the same.

Irrespective of the reasons mentioned, the policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.

6.2 Cancellation

The policy holder may cancel his/her policy at any time during the term, by giving 7 days' notice in writing. The insurer shall:

- a. Refund proportionate premium for unexpired policy period, if the term of the policy upto one year and there is no claim(s) made during the policy period.
- b. Refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years are not commenced

6.3 Renewal of Policy

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured.

- a. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- b. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days (annual installment) to maintain continuity of benefits without break in policy.
- c. Coverage is available during the grace period.
- d. No loading shall apply on renewals based on individual claims experience. However, discount in premium may be provided by insurers to individual policyholders for good claims experience.
- e. Insurer shall not resort to fresh underwriting by calling for medical examination, fresh proposal form etc at renewal stage where there is no change in sum insured offered. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured

6.4 Withdrawal of Product

- a. In the likelihood of this product being withdrawn in future with due approval of IRDAI, the Company will intimate the Insured Person about the same 90 days prior to expiry of the Policy.
- b. Insured Person will have the option to either renew (up to 90 days from renewal date) same product or to migrate to a similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the Policy has been maintained without a break as per extant regulatory framework.

6.5 Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, 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.

6.6 Notification:

You will inform Us immediately of any change in the address, nature of job, state of health, or of any other changes affecting You or any Insured Person through the format Annexure III of policy document.

We shall allow the enhancement in Sum Insured or scope of cover only at the time of Renewal, provided You intimate Us at the time of Renewal. The decision of acceptance of enhancement of the sum insured or the scope of cover will be based on our underwriting policy and shall be subject to payment of applicable premium for such enhanced cover.

6.7 Renewal Information:

The renewal premium is payable on or before the due date in the amount shown in the Schedule of Insurance Certificate or at such altered rate as may be reviewed and notified by Us before completion of the policy period. We are under no obligation to notify You of the renewal date of Your Policy. We will allow a Grace Period of 30 days from the due date of the renewal premium for payment to Us. No benefits or coverage under the policy will be available for the period for which no premium is received.

If the Policy is not renewed within the Grace Period then We may agree to issue a fresh policy subject to Our underwriting criteria and no continuing benefits shall be available from the expired Policy.

If any dependent child has completed 21 years at the time of renewal, then such Insured Person will have to take a separate policy as he/she will no longer be eligible as Dependent Child, however the continuity benefits will be passed on to the separate policy taken by such Insured Person.

There will not be any loading at the time of Renewal on individual claims experience of the Insured Person. Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.

Please note:

1. Under AccidentCare, specifically for the Policyholder's sum insured of 100 lacs and above on the insured person attaining age 70 years, the coverage would get reduced to a flat sum insured of Rs100 lacs from the date of next renewal of the policy, irrespective of the original sum insured.
2. Accidental Temporary Total Disability benefit is available provided that lifetime limit of 100 weeks is not exhausted.

6.8 Change in Coverage:

Change in the coverage of the policy including Sum Insured or addition/deletion of members in Individual/Family option policies, can only be applied for at the time of renewal. These changes shall be accepted subject to the renewal terms and as per our underwriting policy.

6.9 Renewal Benefits (For AccidentCare Cover only):

If the AccidentCare cover is renewed, the Sum Insured will be increased by 5% of the Sum Insured (shown in the Schedule of Insurance Certificate during the first Policy Year) for every claim free Policy Period up to a cumulative maximum of 25% of the Sum Insured for all the applicable benefits other than Accident Temporary Total Disability (TTD) and Accident Hospitalization mentioned under the AccidentCare cover only.

At the time of renewal in case of an insured person attaining 70 years of age, for Policyholder's Sum Insured of more than 100 lacs, the Renewal Benefit will also be reduced in the same proportion of reduction in Sum Insured.

6.10 Claims Procedure

All claims under this Policy will be adjudicated after the occurrence of the event and further submission of Necessary Documents. The benefits will be paid in line with the coverage in the insurance plan opted by You and will be irrespective of the actual costs incurred by You.

6.10.1 List of Necessary Documents are as follows:

a. For CritiCare:

- i. Duly filled and signed claim form and KYC documents.
- ii. Final Hospital Discharge Summary in original / self attested copies if the originals are submitted with another insurer, if applicable.
- iii. Final Hospital Bill in original / self attested copies if the originals are submitted with another insurer, if applicable.
- iv. Consultation notes and / or investigation reports from outside the hospital prior to hospitalization.
- v. Copy of First Information Report (FIR) (if CritiCare being claimed for is admissible in event of an Accident)
- vi. Copy of Medico Legal Certificate duly attested by the concerned hospital (if CritiCare being claimed for is admissible in event of an Accident) if applicable

b. For HospiCash:

- i. Duly filled and signed claim form with KYC documents.
- ii. Final Hospital Discharge Summary in original / self attested copies if the originals are submitted with another insurer.
- iii. Final Hospital Bill in original / self attested copies if the originals are submitted with another insurer.
- iv. Consultation notes and / or investigation reports from outside the hospital prior to hospitalization.
- v. Copy of First Information Report (FIR) / Panchnama (In case of accidental injury) if applicable.

- vi. Copy of Medico Legal Certificate (In case of accidental injury) if applicable.

c. Accident Death

- i. Duly filled and signed claim form and KYC documents
- ii. Copy of Death Certificate (issued by the office of Registrar of Births and Deaths)
- iii. Copy of First Information Report (FIR) / Panchnama
- iv. Copy of Medico Legal Certificate duly attested by the concerned hospital, if applicable.
- v. Copy of hospital record, if applicable
- vi. Copy of Post Mortem report wherever applicable

d. Accident Permanent Total Disability

- i. Duly filled and signed claim form and KYC documents
- ii. Hospital Discharge Summary (in original) / self attested copies if the originals are submitted with another insurer.
- iii. Final Hospital Bill (in original) / self attested copies if the originals are submitted with another insurer.
- iv. Medical consultations and investigations done from outside the hospital.
- v. Certificate of Disability issued by a Medical Board duly constituted by the Central and/or the State Government.
- vi. Copy of First Information Report (FIR) / Panchnama if applicable
- vii. Copy of Medico Legal Certificate duly attested by the concerned hospital, if applicable.

e. Accident Permanent Partial Disability

- i. Duly filled and signed claim form and KYC documents
- ii. Hospital Discharge Summary (in original) / self attested copies if the originals are submitted with another insurer.
- iii. Final Hospital Bill (in original) / self attested copies if the originals are submitted with another insurer.
- iv. Medical consultations and investigations done from outside the hospital.
- v. Certificate of Disability issued by a Medical Board duly constituted by the Central and/or the State Government.
- vi. Copy of First Information Report (FIR) / Panchnama if applicable
- vii. Copy of Medico Legal Certificate duly attested by the concerned hospital, if applicable.

f. Temporary Total Disability

- i. Duly filled and signed claim form and KYC documents

- ii. Hospital Discharge Summary (in original) / self attested copies if the originals are submitted with another insurer.
- iii. Final Hospital bill (in original)/ self attested copies if the originals are submitted with another insurer.
- iv. Copy of First Information Report (FIR) / Panchnama / Inquest report if applicable.
- v. Copy of Medico Legal Certificate duly attested by the concerned hospital if applicable.
- vi. Attendance record of employer / Certificate of employer confirming period of absence if applicable
- vii. Disability certificate from treating doctor with seal and stamp.
- viii. Medical certificate and Fitness certificate with seal and stamp.

g. Accident Hospitalization

- i. Duly filled and signed claim form and KYC documents
- ii. Hospital Discharge Summary (in original) / self attested copies if the originals are submitted with another insurer.
- iii. Copy of First Information Report (FIR) / Panchnama / Inquest report if applicable
- iv. Copy of Medico Legal Certificate duly attested by the concerned hospital if applicable.
- v. Final Hospital bill with receipt /copies attested by other insurer if the originals are submitted with them.
- vi. Original bills with supporting prescriptions and reports for investigations done outside the hospital/ copies attested by other insurer if the originals are submitted with them.
- vii. Original bills with supporting prescriptions for medicines purchased from outside the hospital./ copies attested by other insurer if the originals are submitted with them.

6.10.2 We reserve the right to call for:

- a. Any other necessary documentation or information that We believe may be required;

The claims for AccidentCare or CritiCare have to be notified to Us within 30 days from the date of death or disability or diagnosis of the illness. The claims for HospiCash and Accident Hospitalization under AccidentCare are to be notified to Us within 48 hours from the date of occurrence of the accident or hospitalization. All necessary documents shall be submitted at the earliest possible time.. In case where the delay in intimation is proved to be genuine and for reasons beyond the control of the Insured Person or Nominee specified in the Schedule of Insurance Certificate, We may condone such delay and process the claim, We reserve a right to decline such requests for claim process where there is no merit for a delayed claim

Upon acceptance of a claim, the payment of the amount due shall be made within 15 days from the claim submission date.. In the case of delay in payment, We shall be liable to pay 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.

If You hold an indemnity policy with Us, a single Notification for Claim will apply to both the indemnity plan as well as this Policy, even if the Notification for Claim for this Policy does not explicitly mention this. The benefits under the indemnity plan will be paid out in accordance to the terms and conditions of the respective plan.

6.11 Obligations in case of a minor

If an Insured Person is less than 18 years of age, You/adult Insured Person shall be completely responsible for ensuring compliance with all the terms and conditions of this Policy on behalf of that minor Insured Person

6.12 Nomination

The Policyholder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. For claim settlement under Reimbursement, the Company will pay the Policyholder. In the event of death of the Policyholder, the Company will pay the nominee {as named in the Policy Schedule / Policy Certificate / 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. The insurer shall obtain nomination at the time of new business and at the time of renewal for existing policies.

6.13 Redressal of Grievance:

In case of any grievance the insured person may contact the company through:

Website: www.nivabupa.com

Toll- Free: 1860-500-8888

E-mail: Email us through our service platform <https://rules.nivabupa.com/customer-service/> (Senior citizens may write to us at: seniorcitizensupport@nivabupa.com)

Fax : 011-41743397

Courier: Customer Services Department

Niva Bupa Health Insurance Company Limited

D-5, 2nd Floor, Logix Infotech Park

opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301

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:

Grievance Redressal Officer

Niva Bupa Health Insurance Company Limited

D-5, 2nd Floor, Logix Infotech Park

opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301

Contact No: 1860-500-8888

Product Name: Health Assurance, **Product UIN:** IRDAI/HLT/MBHI/P-H/V.II/175/2016-17

Fax No.: 011-41743397

Email our Grievance officer through our Grievance Redressal platform <https://transactions.nivabupa.com/pages/grievance-redressal.aspx>

For updated details of grievance officer, kindly refer the link <https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx>

If the Insured person is not satisfied with the above, they can escalate to GRO@nivabupa.com.

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 (at the addresses given in Annexure II).

Grievance may also be lodged at IRDAI integrated Grievance Management System – www.bimabharosa.irdai.gov.in

Premium: *An illustrative premium table*

CritiCare

Option	Family Combination	Age of the eldest member	Sum Insured (Rs)	Premium (Rs.) (excl ST& cess)
Benefit Option 1	1A	35	30,00,000	11,519
Benefit Option 2	1A	35	30,00,000	14,457
Benefit Option 1	2A	35	30,00,000	20,977
Benefit Option 2	2A	35	30,00,000	26,452

AccidentCare

Options	Family Combination	Age of the eldest member	Sum Insured (Rs)	Premium (Rs.) (excl ST& cess)
AD+PTD+PPD	Individual	35	50,00,000	5,754
AD+PTD+PPD	Family Option	35	50,00,000	7,475
AD+PTD+PPD+TTD*	Individual	35	50,00,000	6,389
AD+PTD+PPD+TTD*	Family Option	35	50,00,000	8,110
AD+PTD+PPD+AH	Individual	35	50,00,000	6,705
AD+PTD+PPD+AH	Family Option	35	50,00,000	8,705
AD+PTD+PPD+TTD*+AH	Individual	35	50,00,000	7,340
AD+PTD+PPD+TTD*+AH	Family Option	35	50,00,000	9,340

AD-Accident Death, PTD – Accident Permanent Total Disability, PPD – Accident Permanent Partial Disability, TTD – Temporary Total Disability, AH – Accident Hospitalization

*TTD Sum Insured considered is Rs. 20,00,000.

HospiCash

Options	Family Combination	Age of the eldest member	Daily Hospital Cash Limit (Rs)	Premium (Rs.) (excl ST& cess)
Option 1	1A	35	2,000	1,158
Option 2	2A	35	2,000	2,201
Option 3	1A	35	4,000	2,875
Option 4	2A	35	4,000	5,463

Disclosure:

- All customers' personal information collected or held by Niva Bupa may be used by Niva Bupa for processing the claims and analysis related to insurance / reinsurance business.

How to Buy Niva Bupa Policy

The Niva Bupa policy can be purchased, through various channels like Niva Bupa's telesales team, Niva Bupa direct sales person or independent advisor, our website www.Nivabupa.com, licensed brokers and agents.

Disclaimer: This prospectus provides only a summary of the product features and is for reference purpose only. The details of benefits available shall be as described in the policy document, and will be subject to the policy terms, conditions and exclusions. Please call our customer service 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 life 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 the 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.

Annexure 1: Product Benefit Table

Health Assurance - AccidentCare		
Baseline Cover Benefits under AccidentCare		
AccidentCare		
Age at entry	For adults 18 to 65 years and for dependent children 2 years to 21 years (Maximum 2 children covered)	
Policy Tenure	1 year, 2 years or 3 years	
Sum Insured (SI) - In Rs	5 to 25 Lacs (In multiples of 5 lacs)	30/35/40/45/50/60/75/100/125/150/175/200/225/250/275/300/350/400/450/500 lacs
Accident Death	For Individual Option : 100% of Sum Insured For Family Option : - Coverage for Self - 100% of Sum Insured; Coverage for Spouse - 50% of Sum Insured or Rs 10 lacs (whichever is lower); Coverage for Children - 20% of Sum Insured or Rs 5 lacs (whichever is lower)	
Accident Permanent Total Disability	125% of Sum Insured	
Accident Permanent Partial Disability	As per the grid mentioned herewith	
Child Education Benefit	Minimum of 5% of Sum Insured or Rs 50,000 per child	Minimum of 5% of Sum Insured or Rs 500,000 per child
Funeral Expenses	Rs 5,000	Rs 50,000
Sum Insured Multiple	Sum Insured not to exceed 12/15 times of annual income for salaried/self-employed respectively	

Health Assurance – AccidentCare – Optional Benefits	
Accident Temporary Total Disability (TTD)	TTD Sum Insured – 1lac to 20 lacs (in multiple of 50,000) TTD benefit - 1% of TTD Sum Insured payable per week. Such weekly payout shall be made for a maximum of 100 weeks
TTD Sum Insured Multiple	TTD Sum Insured not to exceed Lower of (2 times of Annual Income or AccidentCare Sum Insured)
Accident Hospitalization limit (up to) (confined to Indian territory only)	Up to 2% of AccidentCare Sum Insured
- Surgical Operations	Covered up to the Accident Hospitalization limit. Claim settlement on reimbursement basis only and coverage limited to India only.
- Nursing Care, drugs and Surgical Dressing	
- Medical Practitioner's/Surgeons	

n's Fee	Limited to Rs 2,000/claim
- Room Rent	
- Operation Theater Charges	
- Anesthetics fees (including administration), x-ray examinations or treatments, including CT	
- Diagnostic Procedures and therapies	
- Prosthetic Implants	
- Emergency Ambulance as a part of overall Sum Insured	
- Physiotherapy as a part of overall Sum Insured	Limited to 10% of Accidental Hospitalization limit

Health Assurance - CritiCare	
Baseline Cover Benefits under CritiCare	
Age at entry	For adults 18 to 65 years
Sum Insured (SI) - In Rs	3/5/7.5/10/15/20/25/30/35/40/45/50/60/75/100/125/150/175/200/225/250/275/300 lacs
Policy Tenure	1 year , 2 years or 3 years
Option 1	For Individual Option : Lumpsum equal to 100% of Sum Insured For Floater Option : Coverage for Self - 100% of Sum Insured; Coverage for Spouse - 100% of Sum Insured ; (In any policy year claim can be triggered for one life only)
Option 2	For Individual Option : Lumpsum equal to 100% of Sum Insured + Staggered payout equal to 10% of Sum Insured p.a. subsequently as Income for 5 years For Floater Option : Lumpsum equal to 100% of Sum Insured + Staggered payout equal to 10% of Sum Insured p.a. subsequently as Income for 5 years ; (In any policy year claim can be triggered for one life only)
Sum Insured Multiple	Sum Insured not to exceed 12/15 times of annual income for salaried/self-employed respectively

Health Assurance - HospiCash	
Baseline Cover Benefits under HospiCash	
Age at entry	For adults : 18 years to 65 years and for dependent children : 1 day to 21 years
Policy Tenure	1 year, 2 years or 3 years
Daily Cash Benefit - In Rs per day per member	Rs 1,000/2,000/ 3,000/ 4,000 In family option, Coverage for Adults- 100% of Daily Cash Benefit; Coverage for Children - 50% of Daily Cash Benefit (Upto a maximum of 45 days in a policy year including 7 days of ICU hospitalization)
ICU Cash Benefit - In Rs per	Double the daily cash benefit for hospitalization in ICU (upto a maximum of 7

day per member	days in a policy year)
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Annexure 2: Medical Grid

Applicability of Pre policy medical check-up (PPMC) is as under. This is applicable only for CritiCare plan.

For policy term of 1 year, 50% cost of PPMC will be borne by the Company for Sum Insured up to 10 lakhs, if the proposal is accepted.

For Sum Insured above 10 lakhs, the Company will bear the PPMC cost only if the proposal is accepted.

For policy term of 2 or 3 years, the Company will bear 100% of the PPMC cost only if the proposal is accepted.

100% cost of PPMC will be borne by the Proposer, if the proposal is not accepted.

Age	Sum Assured INR upto 10 Lacs	Sum Assured More Than 10 upto 25 lacs	Sum Assured more than 25 Lacs
18-45 years	No medical checkup required	MER, RUA, Hba1C, T Chol, GGT, S Creat, SGOT, SGPT, HDL, ECG	MER, RUA,CBC,GGT, Total bilirubin, HBSAg, Anti HCV antibody, TCHOL, HDL, TMT, 2 D ECHO, Screat, Pulmonary Function test, USG whole abdomen, CEA, Serum Homocysteine
46 to 65 years	MER, RUA, Hba1C, T Chol, GGT, S. Creat, SGOT, SGPT, HDL, ECG	MER, RUA,CBC,GGT, Total bilirubin, HBSAg, Anti HCV antibody,TCHOL, HDL, TMT, 2 D ECHO, Screat, Pulmonary Function test, USG whole abdomen, CEA, PAP Smear (Females), PSA (Males), Serum Homocysteine.	MER, RUA,CBC,GGT, Total bilirubin, HBSAg, Anti HCV antibody, TCHOL, HDL, TMT, 2 D ECHO, Screat, Pulmonary Function test, USG whole abdomen, CEA, PAP Smear (Females), PSA (Males), Serum Homocysteine.

Annexure 3: Occupation Loading Grid (AccidentCare plans)

Risk Class	Occupation/s
1	Persons engaged in white collar, non-hazardous occupations in office, administrative/managerial work and similar functions For eg: senior management staff, administration manager, clerk, auditor, accountant, lawyer, banker, teacher, doctor, architect, owner of small businesses which do not deal in hazardous goods or involve manual labour and similar occupations.
2	Persons engaged in semi-hazardous occupations, engaged in superintending activities with duties in a supervisory capacity and not an operator of light / heavy machinery or doing manual work. For e.g.: agriculture engineer, air traffic controller, auto engineer; builder, contractor & engineer engaged in superintending functions only and persons engaged in occupations of similar hazard.
3I	Persons engaged in hazardous occupations like working in underground mines, explosives, magazines, electrical installation with high tension supply, circus performers and big game hunters, manual labors, skilled/semi skilled workers using light/heavy machinery, persons engaged in adventurous sports and activities such as racing on wheels or on horseback, big game hunting, mountaineering, winter sports, skiing, river rafting; cash-carrying employees, garage and motor mechanics, machine operators, drivers of trucks and lorries and other heavy vehicles, professional athletes and sportsmen, wood-working machinists; or those engaged in occupations/activities of similar hazard.

ANNEXURE 4 List of Insurance Ombudsmen

S. No.	Office Details	Jurisdiction
1	<p>AHMEDABAD</p> <p>Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	Gujarat, Dadra & Nagar Haveli, Daman and Diu
2	<p>BENGALURU</p> <p>Mr Vipin Anand Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	Karnataka
3	<p>BHOPAL</p> <p>Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in</p>	Madhya Pradesh, Chhattisgarh

4	<p>BHUBANESWAR</p> <p>Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	Odisha
5	<p>CHANDIGARH</p> <p>Mr Atul Jerath Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh
6	<p>CHENNAI</p> <p>Shri Segar Sampathkumar Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in</p>	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)
7	<p>DELHI</p> <p>Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in</p>	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh

8	<p>GUWAHATI</p> <p>Shri Somnath Ghosh 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</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura</p>
9	<p>HYDERABAD</p> <p>Shri N. Sankaran 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</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry</p>
10	<p>JAIPUR</p> <p>Shri Rajiv Dutt Sharma Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in</p>	<p>Rajasthan</p>
11	<p>ERNAKULAM</p> <p>Shri G. Radhakrishnan Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry</p>

12	<p>KOLKATA</p> <p>Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in</p>	West Bengal, Sikkim, Andaman & Nicobar Islands
13	<p>LUCKNOW</p> <p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in</p>	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	<p>MUMBAI</p> <p>Shri Bharatkumar S. Pandya Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in</p>	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)

15	<p>NOIDA</p> <p>Shri Chandra Shekhar Prasad 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</p>	<p>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</p>
16	<p>PATNA</p> <p>Shri N. K. Singh Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand</p>
17	<p>PUNE</p> <p>Shri Vinay Sah 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.: 020-41312555 Email: bimalokpal.pune@cioins.co.in</p>	<p>Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)</p>

Council for Insurance Ombudsmen,

3rd Floor, Jeevan Seva Annexe,

S. V. Road, Santacruz (W),

Mumbai - 400 054.

Tel.: 022 -69038800/69038812

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Benefit Illustration (Criticare 10 Lac Sum Insured, Policy Term 1 year)										
Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or Consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)
Illustration 1										
18	1,697.00	10,00,000	NA	NA	NA	NA	1,697.00	424.00	2,970.00	10,00,000
21	1,697.00	10,00,000	NA	NA	NA	NA	1,697.00			
Total premium for all members of the family is Rs.3,394 , when each member is covered separately. Sum Insured available for			Total premium for all members of the family is Rs.NA , when they are covered under a single policy. Sum Insured available for each family member is Rs.NA .				Total premium when the policy is opted on floater basis is Rs.3,970 . Sum Insured of Rs.10,00,000 is available for the entire family.			

each individual is Rs.10,00,000.										
			Illustration 2							
39	4,664.00	10,00,000	NA	NA	NA	NA	4,664.00	(756.00)	12,647.00	10,00,000
45	7,227.00	10,00,000	NA	NA	NA	NA	7,227.00			
Total premium for all members of the family is Rs.11,891 , when each member is covered separately. Sum Insured available for each individual is Rs.10,00,000.			Total premium for all members of the family is Rs.NA , when they are covered under a single policy. Sum Insured available for each family member is Rs.NA.				Total premium when the policy is opted on floater basis is Rs.12,647. Sum Insured of Rs.10,00,000 is available for the entire family.			
			Illustration 3							
55	17,810.00	10,00,000	NA	NA	NA	NA	17,810.00	(10,153.00)	67,910.00	10,00,000
63	39,947.00	10,00,000	NA	NA	NA	NA	39,947.00			
Total premium for all members of the family is Rs.57,757 , when each member is covered separately. Sum Insured available for each individual is Rs.10,00,000.			Total premium for all members of the family is Rs.NA , when they are covered under a single policy. Sum Insured available for each family member is Rs.NA.				Total premium when the policy is opted on floater basis is Rs.67,910. Sum Insured of Rs.10,00,000 is available for the entire family.			
			Illustration 4							
63	39,947.00	10,00,000	NA	NA	NA	NA	39,947.00	5,327.00	84,077.00	10,00,000
66	49,457.00	10,00,000	NA	NA	NA	NA	49,457.00			

.00	000					0				
Total premium for all members of the family is Rs.89,404 , when each member is covered separately. Sum Insured available for each individual is Rs.10,00,000 .		Total premium for all members of the family is Rs.NA , when they are covered under a single policy. Sum Insured available for each family member is Rs.NA .				Total premium when the policy is opted on floater basis is Rs.84,077 . Sum Insured of Rs.10,00,000 is available for the entire family.				

Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.

CritiCare Benefit option I is considered.

Benefit Illustration (Hospicash 2,000/day Sum Insured, Policy Term 1 year)										
Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or Consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)
Illustration 1										
18	886.00	2,000	NA	NA	NA	NA	886.00	(178.00)	5,703.00	2,000
21	886.00	2,000	NA	NA	NA	NA	886.00			
39	1,158.00	2,000	NA	NA	NA	NA	1,158.00			
45	2,595.00	2,000	NA	NA	NA	NA	2,595.00			

0										
<p>Total premium for all members of the family is Rs.5,525, when each member is covered separately.</p> <p>Sum Insured available for each individual is Rs.2,000.</p>			<p>Total premium for all members of the family is Rs.NA, when they are covered under a single policy.</p> <p>Sum Insured available for each family member is Rs.NA.</p>				<p>Total premium when the policy is opted on floater basis is Rs.5,703.</p> <p>Sum Insured of Rs.2,000 is available for the entire family.</p>			
			Illustration 2							
55	3,944.00	2,000	NA	NA	NA	NA	3,944.00	(2,189.00)	12,947.00	2,000
63	6,814.00	2,000	NA	NA	NA	NA	6,814.00			
<p>Total premium for all members of the family is Rs.10,758, when each member is covered separately.</p> <p>Sum Insured available for each individual is Rs.2,000.</p>			<p>Total premium for all members of the family is Rs.NA, when they are covered under a single policy.</p> <p>Sum Insured available for each family member is Rs.NA.</p>				<p>Total premium when the policy is opted on floater basis is Rs.12,947.</p> <p>Sum Insured of Rs.2,000 is available for the entire family.</p>			
			Illustration 3							
65	6,814.00	2,000	NA	NA	NA	NA	6,814.00	(2,494.00)	19,650.00	2,000
70	10,342.00	2,000	NA	NA	NA	NA	10,342.00			
<p>Total premium for all members of the family is Rs.17,156, when each member is covered separately.</p> <p>Sum Insured available for each individual is Rs.2,000.</p>			<p>Total premium for all members of the family is Rs.NA, when they are covered under a single policy.</p> <p>Sum Insured available for each family member is Rs.NA.</p>				<p>Total premium when the policy is opted on floater basis is Rs.19,650.</p> <p>Sum Insured of Rs.2,000 is available for the entire family.</p>			

Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.