

**NAVI HEALTH GROUP CRITICAL SURGERY**

**POLICY WORDINGS**

This is Your **Navi Health Group Critical Surgery** which has been issued by **Us** relying on the Information disclosed by **You** in **Your** Proposal for this **Policy** or its preceding Policy/Policies of which this is a **Renewal**. It contains details of what is covered, what is not covered, the conditions and the basis on which all claims will be settled. The proposal, **Policy Schedule**, Policy document and endorsements are part of the Policy. Your Policy is evidence of the contract of insurance.

**1. GENERAL DEFINITIONS**

In the document, following words are assigned specific meaning. Wherever the context permits, the singular will be deemed to include the plural, one gender shall be deemed to include the other genders and references to any statute shall be deemed to refer to any replacement or amendment of that statute. Where **We** explain what a word means that word will appear highlighted in bold print and have the same meaning wherever it is used in the Policy.

	<b>Term</b>	<b>Definition</b>
<b>1.</b>	<b>Accident/Accidental</b>	means sudden, unforeseen and involuntary event caused by external, visible and violent means.
<b>2.</b>	<b>Activities of Daily Living</b>	<p>means daily self-care activities within an individual’s place of residence, in outdoor environment or both.</p> <p><u>The Activities of Daily Living are:</u></p> <ul style="list-style-type: none"> <li>i. <u>Washing</u>: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;</li> <li>ii. <u>Dressing</u>: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;</li> <li>iii. <u>Transferring</u>: the ability to move from a bed to an upright chair or wheelchair and vice versa;</li> <li>iv. <u>Mobility</u>: the ability to move indoors from room to room on level surfaces;</li> <li>v. <u>Toileting</u>: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;</li> <li>vi. <u>Feeding</u>: the ability to feed oneself once food has been prepared and made available.</li> </ul>

3.	<b>Adventure Sports</b>	Adventure sports (also called action sports, aggro sports, and extreme sports) are a popular term for certain activities perceived as having a high level of inherent danger. These means those sports / activities often which involves speed, height, a high level of physical exertion and highly specialised gear such as high degree of inherent danger. Such sports are racing on wheels or horseback, power boat racing, ski racing, hunting or equestrian activities, big game hunting, rock climbing/trekking/mountaineering, winter sports, Skydiving, Parachuting, paragliding/parapenting, Scuba Diving, ski doo riding, cavin/pot holing, bungee jumping, hell skiing, ski acrobatics, ski jumping, water ski jumping, ice hockey, ice speedway, ballooning, hand gliding, river rafting, black water rafting, yachting or boating outside coastal waters, canoeing involving rapid waters, micro-lighting, riding or driving in races or motor rallyesng, piloting aircraft, power lifting, quad biking, river boarding, river bugging, rodeo, roller hockey.
4.	<b>Age</b>	means the completed age in years as at the Commencement Date.
5.	<b>Authority</b>	means the Insurance Regulatory and Development Authority of India established under the provisions of section 3 of the Insurance Regulatory and development authority Act, 1999 (41 of 1999).
6.	<b>Bank Rate</b>	means Bank Rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
7.	<b>Cancellation (of policy)</b>	means the terms on which the Policy contract can be terminated either by the insurer or the insured by giving sufficient notice to other which is not lower than a period of fifteen days. The terms of cancellation may differ from insurer to insurer.
8.	<b>Complaint or Grievance</b>	means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a Complainant with insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities.
9.	<b>Complainant</b>	means a Policyholder or prospect or any beneficiary of an insurance Policy who has filed a Complaint or Grievance against an insurer or a distribution channel.
10.	<b>Commencement Date</b>	means the commencement date of this Policy as specified in the Schedule.
11.	<b>Condition Precedent</b>	means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

12.	<b>Congenital Anomaly</b>	<p>means a condition which is present since birth, and which is abnormal with reference to form, structure or position.</p> <p><b>a) Internal Congenital Anomaly</b> -Congenital anomaly, which is not in the visible and accessible parts of the body.</p> <p><b>b) External Congenital Anomaly</b> -Congenital anomaly, which is in the visible and accessible parts of the body.</p>
13.	<b>Covered Critical Illness</b>	means the <b>critical Illness(es)</b> specified in your policy schedule/certificate of insurance.
14.	<b>Covered Surgery</b>	means the <b>surgery(ies)/Surgical Procedures</b> specified in your policy schedule/certificate of insurance.
15.	<b>Diagnosis</b>	means conclusion drawn by a registered <b>Medical Practitioner</b> , supported by acceptable clinical, radiological, histological, histo-pathological, and laboratory evidence wherever applicable.
16.	<b>Disclosure To Information Norm</b>	means the Policy shall be void and all premium paid thereon shall be forfeited to Us in the event of misrepresentation, mis-description or non-disclosure of any material fact.
17.	<b>Educational Institute</b>	means any accredited institution that provides education or training, including but not limited to, any technical / vocational school.
18.	<b>Grace Period</b>	means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a <i>Policy</i> in force without loss of continuity benefits such as waiting periods and coverage of <i>Pre-Existing Diseases</i> . Coverage is not available for the period for which no premium is received.
19.	<b>Hospital</b>	<p>means any institution established for in-patient care and day care treatment of <i>Illness</i> and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:</p> <ul style="list-style-type: none"> <li>i) has qualified nursing staff under its employment round the clock;</li> <li>ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;</li> <li>iii) has qualified <i>Medical Practitioner(s)</i> in charge round the clock;</li> <li>iv) has a fully equipped operation theatre of its own where <i>Surgical Procedures</i> are carried out;</li> <li>v) maintains daily records of patients and makes these accessible to the <i>Our</i> authorized personnel.</li> </ul>

20.	<b>Hospitalization</b>	means admission in a <i>Hospital</i> for a minimum period of twenty-four (24) consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty-four (24) consecutive hours.
21.	<b>Income</b>	<p>means and includes the amount that the Insured Person earns each month from his/her Primary Occupation.</p> <p><u>For Salaried Individuals</u> - Income would mean post tax net monthly take home salary.</p> <p><u>For Self-Employed individuals</u> - Income would mean the Net Income after deduction of tax as per income tax return filed in the previous assessment year. It shall be converted into monthly income for pay out purpose.</p>
22.	<b>Illness</b>	<p>means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.</p> <p>(a) <u>Acute condition</u> - Acute condition is a disease, <i>Illness</i> or <i>Injury</i> that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ <i>Illness/ Injury</i> which leads to full recovery</p> <p>(b) <u>Chronic condition</u> - A chronic condition is defined as a disease, <i>Illness</i>, or <i>Injury</i> that has one or more of the following characteristics:</p> <ol style="list-style-type: none"> <li>i) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests</li> <li>ii) it needs ongoing or long-term control or relief of symptoms</li> <li>iii) it requires rehabilitation for the patient or for the patient to be specially trained to cope with it</li> <li>iv) it continues indefinitely</li> <li>v) it recurs or is likely to recur</li> </ol>
23.	<b>Injury</b>	means accidental physical bodily harm excluding <i>Illness</i> or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
24.	<b>Insured Person (Insured)</b>	means a person whose name specifically appears in the Policy Schedule/Certificate and with respect to whom the premium has been received by Us.
25.	<b>IRDAI</b>	means the Insurance Regulatory and Development Authority of India.
26.	<b>Loss of Income</b>	means loss of income arising from loss of job/employment of Insured Person from his/ her <b>Primary Occupation</b> .

27.	<b>Material Fact</b>	means a fact deemed so important that it would change the decision made by an insurer if it were kept hidden.
28.	<b>Medical Advice</b>	means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
29.	<b>Medical Practitioner</b>	is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homoeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. Medical Practitioner should not be the Insured Person or his/her immediate Family Member or anyone who is living in the same household as the Insured Person.
30.	<b>Nominee/ Assignee</b>	means the person named in the Policy Schedule/Certificate who is nominated by the Policyholder/Insured Person, to receive the benefits under this Policy in accordance with the terms of the Policy, if the Policyholder/Insured Person is deceased.
31.	<b>Notification of Claim</b>	means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
32.	<b>Policy</b>	means this policy document together with the Policy Schedule, Your Proposal Form including any attachment like endorsement, rider, condition, warranty, declaration etc.
33.	<b>Policyholder</b>	means the person or entity named in the <i>Policy Schedule</i> as the Policyholder.
34.	<b>Policy Period</b>	means the period commencing from Policy start date and time as specified in the Schedule and terminating at midnight on the Policy end date as specified in the Schedule to this Policy.
35.	<b>Policy Schedule</b>	means the document attached to and forming part of this <i>Policy</i> mentioning the details of the <i>Insured Persons</i> , the <i>Sum Insured</i> , the <i>Policy Period</i> and the limits, conditions etc. to which benefits under the <i>Policy</i> are subject to including any annexures and / or endorsements.
36.	<b>Permanent</b>	means lasting 365 days and at the expiry of that period being beyond reasonable hope of improvement and certified to that effect by a competent and qualified <b>Medical Practitioner</b> .
37.	<b>Permanent Partial Disability</b>	means the Insured Person has suffered a <i>Permanent</i> loss of physical function or anatomical loss of use of a body part, substantiated by a <b>Diagnosis</b> from a <b>Medical Practitioner</b> .
38.	<b>Permanent Total Disability</b>	means <b>You</b> are unable to engage in each and every occupation or employment <b>You</b> own for compensation or profit for which <i>You</i> are reasonably qualified by education, training or experience for the rest of <b>Your</b> life.

39.	<b>Pre-Existing Disease</b>	<p>means any condition, ailment, injury or disease -</p> <ul style="list-style-type: none"> <li>a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or</li> <li>b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.</li> </ul>
40.	<b>Primary Occupation</b>	<p>means an occupation in which a Salaried Individual / Self Employed Individual has an experience to earn income and which is his primary source of income .</p> <p><u>For avoidance of any doubt, it is clarified that –</u></p> <p><u>Salaried Individual</u> – means he/she works as a permanent employee or a worker, as on the inception of the Policy, and earns a fixed amount of income at a fixed frequency as Salary which is evidenced as such by his/her ITR (Income Tax Return).</p> <p><u>Self Employed Individual</u> – means he/she is having an ownership in a business or operating as a sole trader or under a partnership, company or trust, and the income generated out of such business is evidenced by his / her ITR (Income Tax Return).</p>
41.	<b>Relaxation Period</b>	<p>means the specified period of time immediately following the premium instalment due date during which a payment can be made to continue a Policy in force without loss of continuity of waiting periods and coverage of Pre-existing diseases.</p>
42.	<b>Renewal</b>	<p>means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the renewal continuous for the purpose of gaining credit for Pre-Existing Diseases, time-bound exclusions and for all waiting periods.</p>
43.	<b>Specialist Medical Practitioner</b>	<p>is a person who holds a master’s degree in the field of specified medicine or Surgery and valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.</p>
44.	<b>Sum Insured</b>	<p>means the sum as specified in the Policy Schedule/ Certificate against each of the Insured Persons/cover. It is Our maximum liability for the Insured Person for any and all benefits claimed for during the Policy Period.</p>
45.	<b>Surgery or Surgical Procedure</b>	<p>means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.</p>

46.	<b>Survival Period</b>	means the specified period from the date of first diagnosis of Covered Critical Illness that the insured person has to survive.
47.	<b>Unproven/Experimental treatment</b>	means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
48.	<b>Waiting Period</b>	means the specified period from the commencement date of the policy during which we shall not be liable to make any payment for any claim.  Any Claim manifested during the Waiting Period shall be excluded from coverage for the entire <b>Policy Period</b> including renewals.
49.	<b>We/Our/Us</b>	means Navi General Insurance Limited.
50.	<b>You/Your/Policyholder</b>	means the Policyholder or Insured Person named in the Policy Schedule.

## 2. SCOPE OF COVER

### 2.1 CRITICAL ILLNESS

We will pay the Sum Insured as stated in the Policy Schedule/ Certificate of Insurance if the Insured Person is diagnosed to be suffering from **Covered Critical Illness** and all the following conditions are satisfied subject to other provisions, terms & conditions and limitations of the Policy.

- a. The Insured Person is diagnosed with a **Covered Critical Illness** specifically listed and defined in the Policy; and
- b. Such **Covered Critical Illness** occurs or manifests itself as a first incidence; and
- c. Such **Covered Critical Illness** is diagnosed after “Waiting period” as specified in the Policy Schedule / Certificate of Insurance from the date of commencement of first Policy; and
- d. The Insured Person survives such Critical Illness by “Survival period” as specified in the Policy Schedule/ Certificate of Insurance from the date of Diagnosis/date of undergoing the **Surgery**.

For the purpose of this benefit, Critical Illness shall mean the Illness, medical event or Surgery as specifically defined below -

#### A. Group I – Cancer

1. Cancer of Specified Severity

#### B. Group II - Heart Related Illnesses

2. Myocardial Infarction (First Heart Attack of Specific Severity)
3. Open Chest CABG
4. Pulmonary Artery Graft Surgery
5. Open Heart Replacement or Repair of Heart Valves
6. Aorta Graft Surgery

Navi Health Group Critical Surgery | UIN: NAVHLGP22069V032122

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CIN: U66000KA2016PLC148551 | IRDAI Registration Number: 155

7. Cardiomyopathy
8. Primary (Idiopathic) Pulmonary Hypertension
9. Coronary Artery Disease
10. Refractory Heart Failure

#### **C. Group III - Nervous System & Related Illness**

11. Stroke Resulting in Permanent Symptoms
12. Permanent Paralysis of Limbs
13. Motor Neuron Disease with Permanent Symptoms
14. Coma of Specified Severity
15. Bacterial Meningitis
16. Benign Brain Tumor
17. Encephalitis
18. Multiple Sclerosis with Persisting Symptoms
19. Major Head Trauma
20. Progressive Supranuclear Palsy
21. Primary Parkinson's Disease
22. Multiple System Atrophy
23. Alzheimer's Disease
24. Apallic Syndrome
25. Spinal Stroke
26. Creutzfeldt-Jakob Disease

#### **D. Group IV - Major Organ Related Illnesses**

27. Kidney Failure Requiring Regular Dialysis
28. End Stage Liver Failure
29. End Stage Lung Failure
30. Major Organ / Bone Marrow Transplant
31. Systemic Lupus Erythematosus
32. Aplastic Anaemia
33. Good Pasture's Syndrome
34. Progressive Scleroderma
35. Medullary Cystic Disease
36. Myasthenia gravis

#### **E. Group V - Disability**

37. Loss of Limbs
38. Blindness
39. Deafness
40. Loss of Speech
41. Loss of Independent Existence



**F. Group VI - Other Major**

- 42. Third Degree Burns
- 43. Pneumonectomy
- 44. Muscular Dystrophy
- 45. Poliomyelitis

2.1.1 - CANCER OF SPECIFIED SEVERITY / MAJOR STAGE CANCER	
Critical Illness	Exclusions
<p>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 leukaemia, lymphoma and sarcoma.</p>	<p><b>The following are excluded –</b></p> <ul style="list-style-type: none"> <li>i. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.</li> <li>ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;</li> <li>iii. Malignant melanoma that has not caused invasion beyond the epidermis;</li> <li>iv. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;</li> <li>v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;</li> <li>vi. Chronic lymphocytic leukaemia less than RAI stage 3;</li> <li>vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,</li> <li>viii. All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;</li> <li>ix. All tumours in the presence of HIV infection.</li> </ul>
2.1.2 - MYOCARDIAL INFARCTION (First Heart Attack of Specific Severity)	
Critical Illness	Exclusions

<p>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:</p> <ul style="list-style-type: none"> <li>i. A history of typical clinical symptoms consistent with the Diagnosis of acute myocardial infarction (For e.g. typical chest pain)</li> <li>ii. New characteristic electrocardiogram changes</li> <li>iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.</li> </ul>	<p><b>The following are excluded:</b></p> <ul style="list-style-type: none"> <li>i. Other acute Coronary Syndromes</li> <li>ii. Any type of angina pectoris</li> <li>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</li> </ul>
<b>2.1.3 - OPEN CHEST CABG</b>	
<b>Critical Illness</b>	<b>Exclusions</b>
<p>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 breastbone) 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.</p>	<p><b>The following are excluded:</b></p> <p>Angioplasty and/or any other intra- arterial procedures</p>
<b>2.1.4 - PULMONARY ARTERY GRAFT SURGERY</b>	
<b>Critical Illness</b>	<b>Exclusions</b>
<p>The undergoing of Surgery requiring median sternotomy (i.e. an open chest surgery) on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.</p>	<p><b>The following is excluded:</b></p> <ul style="list-style-type: none"> <li>i. Any other Surgical Procedure for example the insertion of stents or endovascular repairs.</li> </ul>
<b>2.1.5 - OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES</b>	
<b>Critical Illness</b>	<b>Exclusions</b>

<p>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.</p>	<p>Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.</p>
<p><b>2.1.6 - AORTA GRAFT SURGERY</b></p>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>
<p>The actual undergoing of Surgery for a disease or Injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. The conduct of the aortic Surgery has to be confirmed by a Specialist Medical Practitioner (Cardiologist/Cardiac Surgeon).</p>	<p><b>The following are excluded:</b></p> <ul style="list-style-type: none"> <li>i. Any other minimally invasive Surgical Procedure like insertion of stents or endovascular repair.</li> </ul>
<p><b>2.1.7 - CARDIOMYOPATHY</b></p>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>
<p>There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities to at least Class three (3) of the New York Heart Association classification of functional capacity (Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity that causes symptoms), for at least six (6) months. The <b>Diagnosis</b> of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance.</p>	<p><b>The following are excluded:</b></p> <ul style="list-style-type: none"> <li>i. Cardiomyopathy secondary to alcohol or drug abuse.</li> <li>ii. All other forms of heart disease, heart enlargement and myocarditis</li> </ul>
<p><b>2.1.8 - PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION</b></p>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>

<p>I. An unequivocal Diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or Specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.</p> <p>II. The NYHA Classification of Cardiac Impairment are as follows:</p> <ul style="list-style-type: none"> <li>i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</li> <li>ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</li> </ul>	<p>Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.</p>
<p><b>2.1.9 - CORONARY ARTERY DISEASE</b></p>	
<p><b>Critical Illness</b></p> <p>The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary arteriography, regardless of whether or not any form of coronary artery <b>Surgery</b> has been performed. Coronary arteries herein refer to left main stem, left anterior descending circumflex and right coronary artery.</p>	<p><b>Exclusions</b></p> <p>Not Applicable</p>
<p><b>2.1.10 – REFRACTORY HEART FAILURE</b></p>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>

<p>Refractory Heart Failure is defined as the persistence of symptoms that limit daily life (functional class III or IV of the New York Heart Association [NYHA]) despite optimal previous treatment with drugs of proven efficacy for the condition, i.e. ACE inhibitors, angiotensin II receptor antagonists (ARA -II), diuretics, digoxin, and beta-blockers.</p> <p>Stage D Heart Failure - This refers to patients with advanced structural heart disease and severe signs of Heart Failure, with symptoms at rest who are candidates in the absence of contraindications for other specialised interventions, such as heart transplantation (HT), ventricular remodeling, implantation of mechanical assistance devices or the administration of intravenous inotropic drugs.</p> <p>Terminal Heart Failure is the last step in advanced / refractory heart failure, where there is a very poor response to all forms of treatment (by definition, HT is no longer indicated), with serious deterioration of quality of life (both physical and emotional); frequent hospitalization and life expectancy less than 6 months.</p>	<p>Not Applicable</p>
<p><b>2.1.11 - STROKE RESULTING IN PERMANENT SYMPTOMS</b></p>	
<p><b>Critical Illness</b></p> <p>Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extracranial source. Diagnosis has to be confirmed by a Specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least three (3) months has to be produced.</p>	<p><b>Exclusions</b></p> <p><b>The following are excluded:</b></p> <ul style="list-style-type: none"> <li>i. Transient ischemic attacks (TIA)</li> <li>ii. Traumatic Injury of the brain</li> <li>iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.</li> </ul>
<p><b>2.1.12 - PERMANENT PARALYSIS OF LIMBS</b></p>	
<p><b>Critical Illness</b></p> <p>Total and irreversible loss of use of two or more limbs as a result of Injury or disease of the brain or spinal cord. A Specialist Medical Practitioner must be of the opinion that the paralysis will be permanent with no</p>	<p><b>Exclusions</b></p> <p>Not Applicable</p>

hope of recovery and must be present for more than three (3) months.	
<b>2.1.13 - MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS</b>	
<b>Critical Illness</b>	<b>Exclusions</b>
Motor neuron disease diagnosed by a Specialist Medical Practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least (three) 3 months.	Not Applicable
<b>2.1.14 - COMA OF SEPCIFIED SEVERITY</b>	
<b>Critical Illness</b>	<b>Exclusions</b>
A state of unconsciousness with no reaction or response to external stimuli or internal needs. This Diagnosis must be supported by evidence of all of the following: <ul style="list-style-type: none"> <li>i. no response to external stimuli continuously for at least ninety-six (96) hours;</li> <li>ii. life support measures are necessary to sustain life; and</li> <li>iii. permanent neurological deficit which must be assessed at least thirty (30) days after the onset of the coma.</li> </ul> <p>The condition has to be confirmed by a Specialist Medical Practitioner.</p>	Coma resulting directly from alcohol or drug abuse is excluded.
<b>2.1.15 - BACTERIAL MENINGITIS</b>	
<b>Critical Illness</b>	<b>Exclusions</b>

<p>Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least six (6) weeks. This Diagnosis must be confirmed by:</p> <ul style="list-style-type: none"> <li>i. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture;</li> <li>ii. A Specialist Medical Practitioner.</li> </ul>	<p>Not Applicable</p>
<p><b>2.1.16 - BENIGN BRAIN TUMOR</b></p>	
<p><b>Critical Illness</b></p> <p>Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan/ MRI. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical Specialist.</p> <ul style="list-style-type: none"> <li>i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least Ninety (90) consecutive days or</li> <li>ii. Undergone surgical resection or radiation therapy to treat the brain tumor.</li> </ul>	<p><b>Exclusions</b></p> <p><b>The following conditions are excluded:</b> Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumours, tumours of skull bones and tumours of the spinal cord</p>
<p><b>2.1.17 - ENCEPHALITIS</b></p>	
<p><b>Critical Illness</b></p> <ul style="list-style-type: none"> <li>I. It is a severe inflammation of brain tissue, resulting in permanent neurological deficit lasting for a minimum period of thirty (30) days. This must be certified by a Specialist Medical Practitioner (Neurologist).</li> <li>II. The permanent neurological deficit must result in an inability to perform at least three (3) of the <b>Activities of Daily Living</b> as defined in Clause 2.1.41 of this Policy either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.</li> </ul>	<p><b>Exclusions</b></p> <p>Not Applicable</p>
<p><b>2.1.18 - MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS</b></p>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>

<p>The unequivocal Diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:</p> <ul style="list-style-type: none"> <li>i. investigations including typical MRI findings which unequivocally confirm the Diagnosis to be multiple sclerosis and</li> <li>ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least six (6) months.</li> </ul>	<p>Other causes of neurological damage such as SLE and HIV are excluded</p>
<p><b>2.1.19 - MAJOR HEAD TRAUMA</b></p>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>
<ul style="list-style-type: none"> <li>I. Accidental head Injury resulting in permanent Neurological deficit to be assessed no sooner than three (3) months from the date of the Accident. This Diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The Accident must be caused solely and directly by Accidental, violent, external and visible means and independently of all other causes.</li> <li>II. The Accidental Head Injury must result in an inability to perform at least three (3) of the following <b>Activities of Daily Living</b> either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.</li> <li>III. <u>The Activities of Daily Living are:</u> <ul style="list-style-type: none"> <li>i. <u>Washing:</u> the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;</li> <li>ii. <u>Dressing:</u> the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;</li> <li>iii. <u>Transferring:</u> the ability to move from a bed to an upright chair or wheelchair and vice versa;</li> </ul> </li> </ul>	<p><b>The following are excluded:</b></p> <ul style="list-style-type: none"> <li>i. Spinal cord Injury;</li> </ul>



<ul style="list-style-type: none"> <li>iv. <u>Mobility</u>: the ability to move indoors from room to room on level surfaces</li> <li>v. <u>Toileting</u>: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;</li> <li>vi. <u>Feeding</u>: the ability to feed oneself once food has been prepared and made available.</li> </ul>	
<b>2.1.20 - PROGRESSIVE SUPRANUCLEAR PALSY</b>	
<b>Critical Illness</b>	<b>Exclusions</b>
<p>A Diagnosis of progressive supranuclear palsy by a Specialist Medical Practitioner (Specialist Medical Practitioner). There must be permanent clinical impairment of eye movements and motor function for a minimum period of thirty (30) days.</p>	<p>Not Applicable</p>
<b>2.1.21 - PRIMARY PARKINSON'S DISEASE</b>	
<b>Critical Illness</b>	<b>Exclusions</b>
<p>The unequivocal Diagnosis of progressive, degenerative idiopathic Parkinson's Disease (all other forms of Parkinsonism are excluded) by a Neurologist. The Diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> <li>i. The disease cannot be controlled with medication;</li> <li>ii. Signs of progressive impairment; and</li> <li>iii. Inability of the Insured Person to perform at least three (3) of the six (6) <b>Activities of Daily Living</b> as defined in Clause 2.1.41 of this Policy for a continuous period of at least one hundred eighty (180) days.</li> </ul>	<p><b>The following conditions are excluded:</b></p> <ul style="list-style-type: none"> <li>i. Drug induced or toxic causes of Parkinsonism.</li> </ul>
<b>2.1.22 - MULTIPLE SYSTEM ATROPHY</b>	

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Critical Illness	Exclusions
<p>A Diagnosis of multiple system atrophy by a Specialist Medical Practitioner (Neurologist).</p> <p>There must be evidence of permanent clinical impairment for a minimum period of thirty (30) days of bladder control with postural hypotension and any 2 of the following:</p> <ul style="list-style-type: none"> <li>i. Rigidity</li> <li>ii. Cerebellar Ataxia</li> <li>iii. Peripheral Neuropathy</li> </ul>	Not Applicable
<b>2.1.23 - ALZHEIMER'S DISEASE</b>	
Critical Illness	Exclusions
<p>Alzheimer's Disease is a progressive degenerative illness of the brain, characterized by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes.</p> <p>Deterioration of loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The Diagnosis must be supported by a Neurologist.</p> <p>The Diagnosis must be supported by inability of the Insured Person to perform at least three (3) of the six (6) <b>Activities of Daily Living</b> as defined in Clause 2.1.41 of this Policy for a continuous period of one hundred and eighty (180) days.</p>	<p><b>The following are excluded:</b></p> <ul style="list-style-type: none"> <li>i. Non-organic diseases</li> <li>ii. Alcohol related brain damage; and</li> <li>iii. Any other type of irreversible organic disorder/dementia.</li> </ul>
<b>2.1 24 - APALLIC SYNDROME</b>	
Critical Illness	Exclusions
<p>Universal necrosis of the brain cortex with the brainstem remaining intact. The Diagnosis must be confirmed by a Specialist Medical Practitioner and condition must be documented for at least thirty (30) days) with no hope of recovery.</p>	Not Applicable
<b>2.1.25 - SPINAL STROKE</b>	
Critical Illness	Exclusions

<p>I. Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal column resulting in permanent neurological deficit with persisting clinical symptoms</p> <p>II. Evidence of permanent neurological deficit lasting for at least three (3) months has to be produced and be confirmed by a Neurologist.</p>	<p>Not Applicable</p>
<p><b>2.1.26 - CREUTZFELDT-JAKOB DISEASE</b></p>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>
<p>A Diagnosis of Creutzfeldt-Jakob disease must be made by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical loss of the ability in mental and social functioning to do all of the following: remember, reason and perceive, understand, express and give effect to ideas for a minimum period of thirty (30) days to the extent that permanent supervision or assistance by a third party is required and be confirmed by a Neurologist.</p>	<p><b>The following are excluded:</b></p> <p>i. Other type of dementia</p>
<p><b>2.1.27 - KIDNEY FAILURE REQUIRING REGULAR DIALYSIS</b></p>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>
<p>End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out.</p> <p>Diagnosis has to be confirmed by a Specialist Medical Practitioner.</p>	<p>Not Applicable</p>
<p><b>2.1.28 - END STAGE LIVER FAILURE</b></p>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>

<p>Permanent and irreversible failure of liver function that has resulted in all three of the following:</p> <ul style="list-style-type: none"> <li>i. Permanent jaundice; and</li> <li>ii. Ascites; and</li> <li>iii. Hepatic encephalopathy.</li> </ul>	<p>Liver failure secondary to drug or alcohol abuse is excluded.</p>
<p><b>2.1.29 - END STAGE LUNG FAILURE</b></p>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>
<p>End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:</p> <ul style="list-style-type: none"> <li>i. FEV1 test results consistently less than 1 litre measured on three (3) occasions three (3) months apart; and</li> <li>ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and</li> <li>iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO<sub>2</sub> &lt; 55mmHg); and</li> <li>iv. Dyspnea at rest.</li> </ul>	<p>Not Applicable</p>
<p><b>2.1.30 - MAJOR ORGAN / BONE MARROW TRANSPLANT</b></p>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>
<p>The actual undergoing of a transplant of:</p> <ul style="list-style-type: none"> <li>i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or</li> <li>ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a Specialist Medical Practitioner.</li> </ul>	<p><b>The following are excluded:</b></p> <ul style="list-style-type: none"> <li>i. Other stem-cell transplants</li> <li>ii. Where only islets of langerhans are transplanted</li> </ul>
<p><b>2.1.31 - SYSTEMIC LUPUS ERYTHEMATOSUS</b></p>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>
<p>A multi-system, multifactorial, autoimmune disease characterized by the development of autoantibodies</p>	<p><b>The following are excluded:</b></p>

<p>directed against various self-antigens. Systemic Lupus Erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification. The final Diagnosis must be confirmed by Specialist Medical Practitioners (Rheumatologist and Immunologist) supported by a positive antinuclear antibody test.</p> <p><u>The WHO Classification of Lupus Nephritis is as follows:</u></p> <p><b>Class I:</b> Minimal change Lupus Glomerulonephritis- Negative, normal urine.</p> <p><b>Class II:</b> Mesangial Lupus Glomerulonephritis- Moderate Proteinuria, active sediment</p> <p><b>Class III:</b> Focal Segmental Proliferative Lupus Glomerulonephritis- Proteinuria, active sediment.</p> <p><b>Class IV:</b> Diffuse Proliferative Lupus Glomerulonephritis- Acute nephritis with active sediment and / or nephritic syndrome.</p> <p><b>Class V:</b> Membranous Lupus Glomerulonephritis- Nephrotic Syndrome or severe proteinuria.</p>	<p>1. Other forms, discoid lupus, and those forms with only haematological and joint involvement.</p>
<p><b>2.1.32 - APLASTIC ANAEMIA</b></p>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>

<p>A Chronic persistent bone marrow failure which results in total aplasia of the bone marrow and requires treatment with at least two of the following:</p> <ol style="list-style-type: none"> <li>i. Regular blood product transfusion</li> <li>ii. Marrow stimulating agents</li> <li>iii. Immunosuppressive agents</li> <li>iv. Bone marrow transplantation</li> </ol> <p>The Diagnosis and suggested line of treatment must be confirmed by a Specialist Medical Practitioner (Haematologist) using relevant laboratory investigations including Bone Marrow Biopsy. Two out of the following three values should be present:</p> <ol style="list-style-type: none"> <li>i. Absolute Neutrophil count of 500 per cubic millimetre or less;</li> <li>ii. Absolute Reticulocyte count of 20,000 per cubic millimetre or less;</li> <li>iii. Platelet count of 20,000 per cubic millimetre or less.</li> </ol>	<p>Temporary or reversible Aplastic Anaemia is excluded.</p>
<b>2.1.33 - GOOD PASTURE'S SYNDROME</b>	
<p><b>Critical Illness</b></p> <p>Good Pasture's syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage. The permanent damage should be for a continuous period of at least thirty (30) days.</p> <p>The Diagnosis must be proven by Kidney biopsy and confirmed by a Specialist Medical Practitioner (Rheumatologist).</p>	<p><b>Exclusions</b></p> <p>Not Applicable</p>
<b>2.1.34 - PROGRESSIVE SCLERODERMA</b>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>

<p>A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This Diagnosis must be unequivocally confirmed by a Specialist Medical Practitioner (Rheumatologist) and supported by biopsy and serological evidence. The disorder must have reached systemic proportions to involve the heart, lungs or kidneys.</p>	<p><b>The following conditions are excluded:</b></p> <ul style="list-style-type: none"> <li>i. Localized scleroderma (linear scleroderma or morphia);</li> <li>ii. Eosinophilic fasciitis; and</li> <li>iii. CREST syndrome</li> </ul>
<b>2.1.35 - MEDULLARY CYSTIC DISEASE</b>	
<p><b>Critical Illness</b></p> <p>A progressive hereditary disease of the kidneys characterized by the presence of multiple cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure.</p> <p>The Diagnosis must be confirmed by a Specialist Medical Practitioner (Nephrologist) supported by renal biopsy.</p>	<p><b>Exclusions</b></p> <p>Congenital or Acquired Polycystic Disease of the Kidney(s)</p>
<b>2.1.36 - MYASTHENIA GRAVIS</b>	
<p><b>Critical Illness</b></p> <p>Chronic autoimmune neuromuscular disease that causes weakness in the skeletal muscles, which are the muscles the body uses for movement. It occurs when communication between nerve cells and muscles become impaired.</p> <p>The anti-acetylcholine receptor (AChR) antibody (Ab) test must be positive for diagnosing autoimmune myasthenia gravis (MG).</p>	<p><b>Exclusions</b></p>
<b>2.1.37 - LOSS OF LIMBS</b>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>

<p>The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of Injury or disease. This will include medically necessary amputation necessitated by Injury or disease. The separation has to be permanent without any chance of surgical correction.</p>	<p>Loss of Limbs resulting directly or indirectly from self-inflicted Injury, alcohol or drug abuse is excluded</p>
<p><b>2.138 - BLINDNESS</b></p>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>
<p>i. Total, permanent and irreversible loss of all vision in both eyes as a result of Illness or Accident.</p> <p>ii. The Blindness is evidenced by:</p> <ul style="list-style-type: none"> <li>a. corrected visual acuity being 3/60 or less in both eyes or;</li> <li>b. the field of vision being less than 10 degrees in both eyes.</li> </ul> <p>The Diagnosis of blindness must be confirmed and must not be correctable by aids or Surgical Procedure.</p>	<p>Not Applicable</p>
<p><b>2.1.39 - DEAFNESS</b></p>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>
<p>Total and irreversible loss of hearing in both ears as a result of Illness or Accident.</p> <p>This Diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) Specialist.</p> <p>Total means “the loss of hearing to the extent that the loss is greater than ninety (90) decibels across all frequencies of hearing” in both ears.</p>	<p>Not Applicable</p>
<p><b>2.1.40 - LOSS OF SPEECH</b></p>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>



<p>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 twelve (12) months. This Diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) Specialist.</p>	<p>All psychiatric related causes are excluded.</p>
<p><b>2.1.41 - LOSS OF INDEPENDENT EXISTENCE</b></p>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>
<p>A definite diagnosis of the total inability to perform, by oneself, at least 2 of the following <b>6 activities of daily living</b> for a continuous period of atleast 90 days with no reasonable chance of recovery.</p> <p>The diagnosis of loss of independent existence must be made by a specialist medical practitioner (neurologist).</p> <p><u>Activities of daily living are –</u></p> <p>i. <u>Bathing</u> - the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of assistive devices.</p> <p>ii. <u>Dressing</u> - the ability to put on and remove necessary clothing, braces, artificial limbs or other surgical appliances with or without the aid of assistive devices.</p> <p>iii. <u>Toileting</u> - the ability to get on and off the toilet and maintain personal hygiene with or without the aid of assistive devices.</p> <p>iv. <u>Bladder and bowel continence</u> - the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of hygiene is maintained.</p> <p>v. <u>Transferring</u> - the ability to move in and out of the bed, chair or wheelchair, with or without the aid of assistive devices, and</p>	

<p>vi. <b>Feeding</b> - the ability to consume food or drink that already has been prepared and made available, with or without the use of assistive devices.</p>	
<p><b>2.1.42 - THIRD DEGREE BURNS</b></p>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>
<p>There must be third-degree burns with scarring that cover at least 20% (twenty) of the body's surface area. The Diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% (twenty) of the body surface area.</p>	<p>Not Applicable</p>
<p><b>2.1.43 - PNEUMONECTOMY</b></p>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>
<p>The undergoing of Surgery on the advice of an appropriate Specialist Medical Practitioner (Pulmonologist) to remove an entire lung for disease or traumatic Injury.</p>	<p><b>The following conditions are excluded:</b>  i. Removal of a lobe of the lungs (Lobectomy)  ii. Lung resection or incision</p>
<p><b>2.1.44 - MUSCULAR DYSTROPHY</b></p>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>
<p>Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening and atrophy of certain muscle groups based on three (3) out of four (4) of the following conditions:</p> <ol style="list-style-type: none"> <li>1. Family history of the other affected individuals</li> <li>2. Clinical presentation including absence of sensory disturbances, normal cerebrospinal fluid and mild tendon reflex reduction;</li> <li>3. Characteristic electromyogram; or</li> <li>4. Clinical suspicion confirmed by muscle biopsy</li> </ol> <p>The Diagnosis of Muscular Dystrophy must be confirmed by a Specialist Medical Practitioner, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence.</p> <p>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) "<b>Activities of</b></p>	<p>Not Applicable</p>

<p><b>Daily Living"</b> as defined in Clause 2.1.41 of this Policy for a continuous period of six (6) months.</p>	
<p><b>2.1.45 - POLIOMYELITIS</b></p>	
<p><b>Critical Illness</b></p>	<p><b>Exclusions</b></p>
<p>Unequivocal diagnosis by a Consultant Neurologist of Infection with the Poliovirus leading to paralytic poliomyelitis disease as evidenced by impaired motor function for a period of at least three (3) months or reduced breathing capacity requiring continuous respiratory support.</p>	<p>Cases not involving paralysis will not be eligible for this benefit. Other causes of paralysis (such as Guillain Barre syndrome) are specifically excluded.</p>

**2.2 SURGICAL CASH**

We will pay the Sum Insured as stated in the Policy Schedule/Certificate of Insurance, If the Insured Person undergoes a **Covered Surgery** in a hospital during the Policy Period and all the following conditions are satisfied subject to other provisions, terms & conditions and limitations of the policy.

- a. The Covered Surgery is medically necessary and is being recommended by Specialist Medical Practitioner; and
- b. Covered Surgery is due to the Injury or illness that occurred as a first incidence during the Policy Period; and
- c. Such Illness or Injury is diagnosed after waiting period as specified in the Policy Schedule / Certificate of Insurance, from the date of commencement of first Policy.

**OPTIONAL COVERAGES (It will appear in the policy schedule if opted by you)**

**2.3 PERSONAL ACCIDENT**

**2.3.1 Accidental death** - If an Insured Person suffers an Injury due to an Accident during the Policy Period which is the sole and direct cause of his death within three hundred and sixty five (365) days from the date of the Accident, then We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance.

## Disappearance

- i. If *Your* body has not been found within three hundred and sixty-five (365) days after the forced landing, stranding, sinking or wrecking of a conveyance in which *You* were travelling as a passenger or as a result of any Acts of God peril, it shall be presumed that *You* have suffered death resulting from the *Accident* covered by this *Policy*.
- ii. If at any time, after the payment of the *Accidental* death benefit, it is discovered that *You* are still alive, all payments made under this benefit to *Your Nominee* shall be reimbursed in full to *Us*.

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

**2.3.2 Accidental Permanent Total Disability** - If the Insured Person suffers an Injury due to an Accident during the Policy Period which results into **Permanent Total Disability** within three hundred and sixty-five (365) days from the date of Accident, then We will pay the amount as per table of losses below.

### Table of Losses:

Description		Percentage of the Sum Insured
1	actual loss by physical separation of two hands, or	100%
	actual loss by physical separation of two entire feet, or	
	actual loss by physical separation of one entire hand and one entire foot, or	
	actual loss by physical separation of one entire hand or one entire foot and loss of sight of one eye.	
<b>Total and irrecoverable loss of -</b>		100%
2	Sight of both eyes, or	
	Use of two hands, or	
	Use of two feet, or	
	Use of one hand and one foot, or	
	Use of one hand or one foot and loss of sight of one eye.	
3	Hemiplegia or Paraplegia or Quadriplegia	100%

### For the purpose of this benefit,

- i. Hand means at or above wrist.
- ii. Foot means at or above ankle.
- iii. Hemiplegia means total and irrecoverable loss of use of the arm, leg, and trunk on the same side of the body.
- iv. Paraplegia means total and irrecoverable loss of use of the whole of the lower half of the body (below waist) including both the legs.
- v. Quadriplegia means total and irrecoverable loss of use of all four limbs.
- vi. Total & irrecoverable loss of Use of limbs / organs - means complete and irreversible loss of functional, normal or characteristic use of the hand or foot or any other organ mentioned above in table of losses provided loss of use continues for a period of One Hundred and Eighty Days (180) days from the onset of

loss of use and at the expiry of One Hundred and Eighty Days (180) days there is no reasonable medical hope of improvement.

- vii. Physical Separation – means separation of body part from the body.

**Conditions:**

1. Provided that If the Insured Person dies due to an accidental injury before a claim has been admitted under this Benefit, then no amount will be payable under this benefit. However, it will be considered under Section 2.3.1 - Accidental Death Benefit above provided it is payable as per the coverage defined and intimation of death has been made to Us.
2. Once a claim has been accepted and paid under this Benefit then this Policy shall immediately and automatically cease with immediate effect in respect of that Insured Person.

**2.3.3 Accidental Permanent Partial Disability** - If an Insured Person suffers an Injury due to an Accident during the Policy Period which results into Permanent Partial Disability within three hundred and sixty five (365) days from the date of the Accident, then We will pay the Sum Insured as stated in the below table of losses.

**Table of Losses**

	Description	Percentage of the Sum Insured
1	Actual loss by physical separation of one entire hand	50%
2	Actual loss by physical separation of one entire foot	50%
3	Loss of Toes – all	20%
4	Loss of Toes great - both phalanges	5%
5	Loss of Toes great - one phalanx	2%
6	Loss of Toes other than great - each toe	2%
7	Loss of Four fingers and thumb of one hand	50%
8	Loss of Four fingers of one hand	40%
9	Loss of Thumb - both phalanges	25%
10	Loss of Thumb - one phalanx	10%
11	Loss of Index finger - three phalanges	15%
12	Loss of Index finger - two phalanges	10%
13	Loss of Index finger - one phalanx	5%
14	Loss of Middle finger or ring finger or little finger - three phalanges	10%
15	Loss of Middle finger or ring finger or little finger - two phalanges	7%
16	Loss of Middle finger or ring finger or little finger - one phalanx	3%
17	Loss of Metacarpals – each	3%
<b>Total and irrecoverable loss of -</b>		
18	Sight of one eye	50%
19	Use of a hand without physical separation	50%
20	Use of a foot without physical separation	50%
21	Speech	50%
22	Hearing - Both Ears	75%

<b>23</b>	Hearing - One Ear	30%
<b>24</b>	Sense of Taste	5%
<b>25</b>	Sense of smell	10%
<b>26</b>	Any Other permanent partial disablement	% as assessed by Independent Medical Practitioner

**For the purpose of this benefit,**

- i. **Hand** - means at or above wrist
- ii. **Foot** - means at or above ankle
- iii. **Toe, Finger, Thumb** - means actual complete severance from the foot or hand
- iv. **Total & irrecoverable loss of Use of limbs / organs** - means complete and irreversible loss of functional, normal or characteristic use of the hand or foot or any other organ mentioned above in table of losses provided loss of use continues for a period of One Hundred and Eighty Days (180) days from the onset of loss of use and at the expiry of One Hundred and Eighty Days (180) days there is no reasonable medical hope of improvement.
- v. **Physical Separation** – means separation of body part from the body.

**Condition:**

1. When more than one form of disability results from one Accident, We will add the percentages of each disability together. However, We will not pay more than 100% of the Sum Insured stated in the Policy Schedule.
2. If claim is payable for loss or loss of use of a whole member of the body, a claim for parts of that member cannot be made.

**Illustration –**

Member means one entire hand and part means fingers/thumb of that hand. So, if a claim is admitted for loss by physical separation of one entire hand then loss for fingers/thumb of that hand will not be admitted.

3. We will pay upto 25% of sum insured for any other Accidental permanent partial disability, not mentioned in the above table, as per the assessment of the competent and qualified Independent Medical Practitioner.
4. Once a claim has been accepted and paid under this Benefit then coverage of Personal Accident under this Policy shall be reduced to the extent of payment made under Permanent Partial Disability in respect of that Insured Person.

**2.4 CHILD TUITION BENEFIT**

We will pay the Sum Insured for this benefit as stated in the Policy Schedule/ Certificate of Insurance if the Insured Person suffers from a specified Critical Illness as defined in section 2.1, or Accidental Death or Accidental Permanent Total Disability (under section 2.3..1 / 2.3.2, if opted) and the claim is admissible and payable under this Policy. We will pay the benefit to Your Eligible Child who is a full-time student in any recognized Educational Institute at the time of such Accidental Death/Disability or Critical Illness.

We will pay this benefit to the bank account of Eligible child(ren). In case the child is a minor, the benefit will be given to the joint account of the legal guardian and the minor child. Also, in case of more than one child, the payable amount will be divided equally between the eligible children.

## 2.5 MEDICAL SECOND OPINION

If the **Insured Person** is diagnosed with **Covered Critical Illness** / has been advised to undergo a **Covered Surgery/Surgical Procedure** during the **Policy Period**, then **We** will organize the Medical Second Opinion from Our **Service Provider** provided that:

- a. **We** have received a request from the **Insured Person** to exercise this option immediately not exceeding two (2) days after **You** had given intimation of the Claim as specified under section 5.4.5.2 - Claim Intimation.
- b. That the Second opinion will be based only on the information and documentation provided by the **Insured Person** that will be shared with the **Specialist Medical Practitioner**.
- c. This benefit can be availed only once by Insured Person during the lifetime of the Policy, provided Policy is renewed continuously without any break.
- d. This benefit is only a value-added service provided by **Us** and does not deem to substitute the Insured Person's visit or consultation to an independent Medical Practitioner.
- e. The Insured Person is free to choose whether to obtain the Second opinion or not, and if obtained, then whether to act on it or not.
- f. **We** shall not, in any event, be responsible for any actual or alleged errors or representations made by Medical Practitioner in any Medical Second opinion or for any consequence of actions taken or not taken in reliance thereon.
- g. The Second opinion under this **Policy** shall be limited to **Covered Critical Illness / Covered Surgery** as listed in the **Policy** Schedule/ Certificate of Insurance and not be valid for any medico legal purposes.
- h. **We** do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

**Service Provider** - means any person, clinic, organization or institution that has been empanelled with Us to provide Second Opinion.

## 2.6 LOSS OF INCOME

If the Insured person suffers from any of the covered critical illness during the policy period which renders the Insured Person completely unfit to pursue the job and results in his **loss of income**, then we will pay the sum insured mentioned in the policy schedule/certificate of insurance or actual loss of **income** whichever is less,

### Special Condition:

- i. The critical illness claim is admissible under section 2.1 (Critical Illness);
- ii. The Insured Person becomes unemployed due to occurrence of Critical Illness during the policy period and is unfit to pursue the job and the same is certified by the Medical Practitioner.
- iii. Insured Person shall provide all necessary proofs in order to substantiate his Loss of Income.

### Specific Exclusions -

1. Unemployment from any occupation or job which is Casual, Temporary, Seasonal or contractual in nature, or where the **Insured Person** is not on the direct payroll of the employer.
2. Any voluntary retirement.

3. Any reasonable belief that the **Insured Person** was aware that such **Loss of Income** was likely to happen, at the time of Risk Inception Date.
4. Unemployment at the time of inception of the Policy Period or arising within waiting period from the inception of first Policy with Us.

### 3. WAITING PERIODS & SURVIVAL PERIOD

All Waiting Periods shall apply individually for each Insured Person and claims shall be assessed accordingly.

#### 3.1 CRITICAL ILLNESS

- 3.1.1 Initial Waiting Period** – We shall not be liable to make any payment in respect of any Critical Illness which is diagnosed within the initial waiting period specified in the Policy Schedule / Certificate of Insurance. This shall not apply to the subsequent renewals with us without a break or renewals within grace period.
- 3.1.2 Waiting Period for Pre-Existing Disease / Condition** – We shall not be liable to make any payment in respect of the Critical Illness related to or arising out of any Pre-existing disease / illness/ injury or any complication arising from the same, during first forty eight (48) months from the inception of first Policy with Us. However, the coverage under the policy after the expiry of this 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.
- 3.1.3 Survival Period** – We shall not be liable to make any payment in respect of any Critical Illness if the Insured Person does not survive the survival period as specified in the Policy Schedule / Certificate of Insurance,

#### 3.2 SURGICAL CASH

- 3.2.1 Initial Waiting Period** – We shall not be liable to make any payment in respect of any Surgery undertaken within initial waiting period specified in the Policy Schedule / Certificate of Insurance, unless claims



arising due to an Accident. This shall not apply to the subsequent renewals with us without a break or renewals within grace period.

- 3.2.2 Waiting Period for Pre-Existing Disease / Condition** – We shall not be liable to make any payment in respect of the Surgery related to or necessitated due to any Pre- existing disease / illness / injury (declared and accepted at the time of application) or any complication arising from the same, during first forty-eight (48) months from the inception of first policy with Us.

## 4. EXCLUSIONS

We will not make payment for a claim in respect of any **Insured Person** in any way resulting directly or indirectly from or attributable to any of the following unless specifically covered elsewhere in this **Policy**:

### 4.1. STANDARD EXCLUSIONS

- i. **Alcoholism, drug or substance abuse** - Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- ii. **Breach of Law** - Insured Person committing or attempting to commit a breach of law with criminal intent.
- iii. **Chemical and Nuclear Exposure** - Nuclear Weapons /materials, radiations of any kind, contamination by radioactive material, nuclear waste, nuclear fuel or from the combustion of nuclear fuel, chemical or biological Weapons.
- iv. **War** - War, invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts.

### 4.2. EXCLUSIONS SPECIFIC TO THE POLICY WHICH CANNOT BE WAIVED

- i. **Cosmetic surgery** - Plastic surgery or cosmetic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove direct or immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending medical practitioner
- ii. **External Congenital anomaly, disease or defects**
- iii. **Obesity/ Weight Control**- Surgical treatment of obesity that does not fulfil all the below conditions:
  1. Surgery to be conducted is upon the advice of the Specialist Medical Practitioner

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2. The surgery/ procedure to be conducted should be supported by clinical protocols
3. Body Mass Index (BMI);
  - a) greater than or equal to 40 or
  - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    - i. Obesity related Cardiomyopathy
    - ii. Coronary heart disease
    - iii. Severe sleep apnoea
    - iv. Uncontrolled type 2 diabetes
- iv. **Self-Inflicted Injuries or Attempted Suicide** - Self Injury or suicide, attempted suicide while sane or insane.
- v. **Dangerous Acts (Adventure/Professional Sports/Defence Operation)** - Participation or involvement in naval, military or air force operation, as a professional in hazardous or adventure sports including but not limited to para jumping, mountaineering, rafting, motor racing, horse racing, sky diving, deep-sea diving, aviation, scuba diving, parachuting, hand-gliding, rock climbing. Participation in any flying activity, except as a bonafide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- vi. **Unrecognized Medical Practitioner/ Specialist Medical Practitioner** - Certification/Diagnosis/treatment from persons not registered as Medical Practitioners/ Specialist Medical Practitioner, or from a Medical Practitioner/ specialist Medical Practitioner who is practicing outside the discipline that he/she is licensed for.
- vii. **Experimental or Unrecognized Surgery** – Surgery which are experimental, investigational or unproven, which are not consistent with or incidental to the Diagnosis and treatment of the positive existence or lack significant medical documentation to support its effectiveness, pharmacological regimens, stem cell implantation/ therapy or Surgery.
- viii. **Change of Gender**- Surgical management, to change characteristics of the body to those of the opposite sex.
- ix. **Time bound Exclusions** - Specific time bound exclusion(s) shall be applied by Us and mentioned in the Policy Schedule / Certificate of Insurance and accepted by the Policyholder.
- x. Any Surgery which is not listed in your Policy Schedule / Certificate of Insurance / Annexure 1 of this policy wordings.

## 5. GENERAL TERMS & CONDITIONS

### 5.1 CONDITION PRECEDENT TO THE CONTRACT


- 5.1.1 Age** - A person shall be eligible to become an **Insured Person** if he/she is of an age group of Eighteen (18) years to sixty-five (65) years.

- 5.1.2 Condition precedent** - This Policy requires fulfilment of the terms and conditions of this Policy, payment of premium (including payment of instalment premium by the due dates as mentioned in the Policy Schedule) and disclosure of information norm at all times by You or any one acting on Your behalf. This is a precondition to any liability under the Policy.
- 5.1.3 Disclosure to Information Norm** - The Policy shall be void and all premium paid shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any Material Fact.
- 5.1.4 Electronic Transactions** - The Policy holder / Insured Person agrees to adhere to and comply with all terms and conditions as may be imposed for electronic transactions from time to time. The Policyholder hereby agrees and confirms that all transactions effected by or through facilities including the Internet, , call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of the Policy or its terms, shall constitute legally binding and valid when done in adherence to and in compliance with the terms and conditions for such facilities and as may be prescribed from time to time and shall be within the terms and conditions of this contract. However, these terms and condition shall not override provisions of any law(s) or statutory regulations as amended from time to time.
- 5.1.5 No Constructive Notice** - Any knowledge or information of any circumstance or condition in relation to the Policyholder/ Insured Person which is in Our possession and not specifically informed by the Policyholder / Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

**5.2 CONDITIONS APPLICABLE DURING CONTRACT**

**5.2.1 Alterations to the Policy** - The Proposal Form, declaration, Certificate, and Policy constitutes the complete contract of insurance. For any change(s) / alteration/ modification in contract You are requested to give us in writing. Any change that We make will be communicated to You by a written endorsement signed and stamped by Us. This Policy cannot be changed by any one (including an insurance agent or broker) except Us.

**5.2.2 Cancellation of Policy –**

 **Cancellation by You** - You may cancel this Policy/ certificate of Insurance at any time by sending fifteen (15) days notice in writing to Us, stating when cancellation is to take effect. In the event of such cancellation, We shall refund premium for the period this Policy / certificate of Insurance has been in force in accordance with the short-period rate table below. However, there will be no refund of premium in respect of the Insured Person for whom a claim has been paid or is payable under the Policy.

Month	1 Year Policy	2 Year Policy	3 Year Policy	4 Year Policy	5Year Policy
1	83%	89%	91%	92%	93%
2	75%	85%	88%	90%	91%
3	68%	81%	86%	88%	90%
4	60%	77%	83%	86%	88%

5	53%	73%	81%	84%	87%
6	45%	70%	78%	82%	85%
7	38%	66%	75%	80%	83%
8	30%	62%	73%	78%	82%
9	23%	58%	70%	76%	80%
10	15%	54%	68%	75%	79%
11	0%	50%	65%	73%	77%
12	0%	46%	62%	71%	76%
13		43%	60%	69%	74%
14		39%	57%	67%	72%
15		35%	55%	65%	71%
16		31%	52%	63%	69%
17		27%	49%	61%	68%
18		31%	47%	59%	66%
19		19%	44%	57%	65%
20		23%	42%	55%	63%
21		12%	39%	53%	61%
22		8%	36%	51%	60%
23		4%	34%	49%	58%
24		0%	31%	47%	57%
25			29%	45%	55%
26			26%	43%	53%
27			23%	41%	52%
28			21%	39%	50%
29			18%	37%	49%
30			21%	35%	47%
31			13%	33%	46%
32			16%	31%	44%
33			8%	29%	42%
34			5%	27%	41%
35			0%	25%	39%
36			0%	24%	38%
37				22%	36%
38				20%	35%
39				18%	33%
40				16%	31%
41				14%	30%

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42				12%	28%
43				10%	27%
44				8%	25%
45				6%	24%
46				4%	22%
47				2%	20%
48				0%	19%
49					17%
50					16%
51					14%
52					13%
53					11%
54					9%
55					8%
56					6%
57					5%
58					3%
59					2%
60					0%

**✚ Cancellation by Us** - We may cancel this Policy/ certificate of insurance on grounds of misrepresentation, fraud, non-disclosure of Material Facts, non-cooperation by You or anyone acting on Your behalf. When such cancellation of the Policy/ certificate of Insurance will be on the grounds of misrepresentation, fraud, non-disclosure of Material Facts, it will be from inception date or the Renewal date (as the case may be) upon fifteen (15) days written notice delivered to or mailed to Your last address as shown in Our records followed by an endorsement without refund of any premium. In case of cancellation of the Policy/certificate of insurance by Us on account of non-cooperation, You shall be entitled to get refund of pro-rata premium for the unexpired portion of the Policy on the date of cancellation except for those Insured Person(s) for whom a claim has been paid or is payable under the Policy.

### 5.2.3 Communication & Notices –

- i) Any notice, direction or instruction under this Policy shall be in writing and if it is:
  - To any Insured Person, then it shall be sent to You at Your last updated address as shown in Our records and You shall act for all Insured Persons for these purposes.
  - To Us, it shall be delivered to Our address specified in the Schedule.
- ii) No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.
- iii) Notice and instructions will be deemed served ten (10) days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

- iv) You must immediately bring to Our notice any change in the address or contact details. If You fail to inform Us, We shall send notice to the last known address and it would be considered that the notice has been sent to You.
- v) You shall immediately notify Us in writing in regard to change in occupation / business at Your own expense and We may adjust the scope of cover and/or premium after analysing the risk of such a change, if necessary, accordingly.

**Note: Please include Your Policy number for any communication with Us.**

**5.2.4 Geography** - This **Policy** applies to events or occurrences taking place anywhere in the world unless limited under this **Policy** in a particular benefit or definition. All payments under this **Policy** will only be made in Indian Rupees.

**5.2.5 Group Administrator** - The Group Administrator i.e. Policyholder shall take all reasonable steps to cover their members or employees of the company and ensure timely payment of premium in respect of the persons covered. The Group administrator will collect premium from members wherever applicable as mentioned in the Group/Master policy issued to the Group administrator. The Group administrator will neither charge more premium nor alter the scope of coverage offered under the Group/Master policy.

Group/Master policy will be issued to the group administrator and all members wherever required will be provided with the certificate of insurance by Us. Wherever mutually agreed group administrator will issue the certificate of insurance to its member as per agreed terms and conditions and in the format prescribed by us and shall keep the record of such issuance. We reserve the right to inspect the record at any time to ensure that terms and conditions of group policy and provisions of IRDAI group guidelines contained in circular ref: 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14<sup>th</sup> July 2005 and any amendments thereto are being adhered. We may also require submission of certificate of compliance from Your Group Administrator auditors. We may cancel the policy if group administrator is not adhering to the terms and conditions specified in the policy schedule.

The Group administrator will provide all possible help to its member and facilitate any service required under the Policy including claims. Notwithstanding this a member of the group covered under the Policy shall be free to contact Us directly for filing the claim or any assistance required under the Policy.

**5.2.6 Instalment Premium** - In case premium is payable in instalments as specified in the Policy Schedule / certificate of insurance, instalments shall be payable on or before the due date for continuity of coverage under the Policy. You will have relaxation period of fifteen (15) days from the due date for payment of instalment. We will not charge interest on the instalment premium paid during the relaxation period and there will be no impact on coverage of Pre-Existing Disease and continuity of waiting periods. In case We do not receive the premium within the relaxation period, the Policy will be terminated and all claims that fall beyond the instalment due date will not be covered under the Policy. In the event of a claim before instalment due date, all the subsequent premium instalments shall immediately become due and payable. We shall have the right to recover and deduct any or all the pending instalments from the claim amount due under the Policy.

**IMPORTANT POINTS TO BE NOTED WHILE OPTING FOR INSTALMENT PREMIUM PAYMENT VIA ELECTRONIC CLEARING SERVICE (ECS)**

1. Completely filled & signed Electronic Clearing Service Mandate Form is mandatory.
2. Ensure that the Premium amount which would be auto debited & frequency of instalment is duly filled in the ECS Mandate form.
3. New ECS Mandate Form is required to be filled in case of any change in the Premium due to change of Sum Insured / Age / Coverages/ Revision in premium.
4. You need to inform us atleast 15 days prior to the due date of instalment premium if you wish to discontinue with the ECS facility.
5. Non-payment of premium on due date as opted by You in the mandate form subject to an additional 15 days of relaxation period will lead to termination of the policy.

**5.2.7 Protection of Policy Holders Interest** - This Policy is subject to IRDAI (Protection of Policyholders' Interest) Regulation, 2017 and any amendment thereof.

**5.2.8 Policy Disputes** - Any and all disputes or differences concerning the interpretation of the coverage, terms, conditions, limitations and/ or exclusions under this Policy shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

**5.2.9 Records to be maintained** - You or the Insured Person, as the case may be shall keep an accurate record containing all medical records pertaining to the treatment taken for any liability under the policy and shall allow Us or Our representative(s) to inspect such records. You or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.

**5.2.10 Revision & Modification of Product** - Any revision or modification will be done with the approval of the Authority. We shall notify You about revision / modification in the product including premium. Such information shall be given to You at least ninety (90) days prior to the effective date of modification or revision coming into effect.

**5.2.11 Termination of Policy** - This Policy terminates on earliest of the following events-

- a. Cancellation of Policy as per the cancellation provision.
- b. On the policy expiry date.

**5.2.12 Withdrawal of Product** - The product will be withdrawn only after due approval from the Authority. We will inform the Group Organiser /Administrator in the event We may decide to withdraw the product.

In such cases, where Policy is falling due for Renewal within 15 days from the date of withdrawal, We will provide the Group Organiser/Administrator one-time option to renew the existing Policy with us or migrate to modified or new suitable health insurance policy with Us. Any Policy falling due for Renewal after 15 days from the date of withdrawal will have to migrate to modified or new suitable health insurance policy with Us.

Individual members will also have an option to migrate to any suitable health insurance Policy with Us subject to applicable migration norms in vogue. If the Individual member migrates to the similar health insurance product available with Us, We will give credit for the accrued waiting period for Pre-existing disease so that Your total waiting period for pre-existing disease does not exceed the waiting period applicable in the withdrawn product.

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The Group Organiser/Administrator will inform individual members about such withdrawal of product by Us.

However, even if the Group Organiser/Administrator does not respond to Our intimation in case of such withdrawal, the Policy will stand withdrawn on the Renewal date.

### **5.3 CONDITIONS FOR RENEWAL OF CONTRACT**

**5.3.1 Continuity** - Insured Person would have an option to migrate to Our individual health insurance plans if the group Policy is discontinued or if Insured Person is leaving the group on account of resignation, retirement, termination of employment or otherwise, subject to Our underwriting guidelines. Insured Person will be entitled for accrued continuity benefits as per prevailing migration guidelines issued by the Authority.

**5.3.2 Renewal Terms** - This Policy may be renewed by mutual consent every year and in such event, the Renewal premium shall be paid to Us on or before the date of expiry of the Policy. However, We shall not be bound to give notice that such Renewal premium is due. Also, We may exercise option of not renewing the Policy on grounds of fraud, misrepresentation, or suppression of any Material Fact either at the time of taking the Policy or any time during the currency of the Policy.

A Grace Period of thirty (30) days is allowed for Renewal of the policy. This will be counted from the next day following the expiry date, during which a payment can be made to renew the Group Health Policy without loss of continuity benefits such as waiting periods and coverage of Pre-Existing Diseases. Coverage is not available for the period for which no premium is received, and Insurer has no liability for the claims arising during this period.

### **5.4 CONDITIONS WHEN A CLAIM ARISES**

**5.4.1 Arbitration** - If We admit liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration. The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996 or any amendment thereof. No reference to Arbitration shall be made unless We have admitted Our liability for a claim in writing.

**5.4.2 Complete Discharge** - Payment made by Us to You /Assignee/Nominee/legal representative, as the case may be, in respect of any benefit under the Policy shall in all cases be complete and construe as an effectual discharge in favour of Us.

**5.4.3 Disclaimer of Claim** - If Company disclaim liability to the Insured for any claim and if the insured within twelve (12) calendar months from the date or receipt of the notice of such disclaimer does not, notify the Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under the policy.

**5.4.4 Physical Examination** - Any Medical Practitioner authorized by the Us shall be allowed to examine the Insured Person in case of any alleged disease/Illness/Injury requiring Hospitalization. Non-co-operation by the Insured Person will result into rejection of claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

**5.4.5 Claims Process & Management**



In the event of any claim under the Policy, completed claim form and required documents must be furnished to Us within the stipulated time. Failure to furnish this documentation within the stipulated time shall not invalidate nor reduce any claim if You can satisfy Us that it was not reasonably possible for You to submit / give proof within such time.

**5.4.5.1. Policyholder's / Insured Person's duties at the time of Claim**

On occurrence of an event which will eventually lead to a Claim under this Policy, the Policyholder / Insured Person shall:

- a. Forthwith intimate the Claim in accordance with claim intimation section # 5.4.5.2 of this Policy.
- b. If so requested by Us, the Insured Person will have to submit himself / herself for a medical examination including any Pathological / Radiological examination by Independent Medical Practitioner as often as it is considered reasonable and necessary. The cost of such examination will be borne by Us.
- c. Allow the Medical Practitioner or any of Our representatives to inspect the medical and Hospitalization records, investigate the facts.
- d. Assist and not hinder or prevent Our representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

**5.4.5.2. Claim Intimation:**

Upon the occurrence of any event, that may give rise to a claim under this Policy, the Policyholder / Insured Person or Nominee, must notify Us immediately at the call centre or in writing within seven (7) days of occurrence of such event.

The following details are to be provided to Us at the time of intimation of Claim:

- Policy Number
- Name of the Insured Person
- Name of the Insured Person in whose relation the Claim is being lodged
- Details of coverage under which claim is notified
- Name and address of the attending Medical Practitioner and Hospital
- Any other information as requested by Us

**5.4.5.3. Claims Documents**

In case of any Claim for the covered Benefit, the indicative list of documents as mentioned below shall be provided by the Policyholder/Insured Person, immediately but not later than 15 days of event, to avail the Claim.

We may consider the delay in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which the Insured Person was placed, it was not possible for him or any other person to give notice or file claim within the prescribed time limit. However, no proof will be accepted if furnished later than one (1) year from the time the loss occurred. Requirement of all or any of the following documents will depend on the nature of claim.

**Documents required for Claims processing:**

1. Claim Form Duly Filled and Signed (Original);

2. Medical Certificate confirming the diagnosis of Covered Critical Illness / Covered Surgery has been performed from specialist medical practitioner
3. Copy of Investigation test reports confirming the diagnosis;
4. First consultation letter and subsequent prescriptions from treating doctor;
5. Copy of attested Hospital summary / Discharge Summary / Death Summary, if any;
6. Copy of MLC/FIR Report/Post Mortem Report (if applicable and conducted) duly attested by concerned authority, if any;
7. Resignation letter from employee ; certificate from employer on termination of employee / resignation by employee due to critical illness. (Applicable only in Loss of Income coverage)
8. Last 3-month salary slip or Form 16 (For salaried) and ITR of previous assessment year (for self-employed)- applicable for loss of income
9. Any other additional document may be called as required based on the circumstances of the claim.
10. Copy of KYC documents (Photo ID proof, Pan Card, Aadhar Card etc.)
11. Cancelled cheque and bank passbook copy for NEFT payment

#### **5.4.5.4. Scrutiny of Claim Documents**

- a) We shall scrutinize the Claim and accompanying documents. Any deficiency in documents shall be intimated within five (5) days of its receipt.
- b) If the deficiency in the submitted Claim documents is not furnished or partially furnished within ten (10) working days of the first notification, We shall send a reminder of the same every ten (10) days thereafter.
- c) We will send a maximum of three (3) reminders following which, We will send a rejection letter after 15 days from last reminder.

#### **5.4.5.5. Claim Investigation**

We may investigate Claims at *Our* own discretion to determine the validity of Claim. Such investigation may be concluded within thirty (30) days from the date of receipt of last necessary document of the Claim. Verification carried out, if any, will be done by individuals or entities authorized by *Us* to carry out such verification/investigation(s) and the costs for such verification/ investigation shall be borne by *Us*.

**You** additionally hereby consent to disclose **Us** of documentation and information that may be held with **Your Medical Practitioner** and other insurers.

#### **5.4.5.6. Settlement & Repudiation of a Claim**

- i. **We** shall be under no obligation to make any payment under this **Policy** unless **We** have been provided with the documentation and information to establish the validity of the claim.
- ii. We shall ordinarily settle a Claim including rejection within 30 days of the receipt of the last "necessary" documents as listed in the section 5.4.5.3) - Claim Documents. However, where the circumstances of a claim warrant an investigation it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document.
- iii. In such cases, we shall settle the claim within 45 days from the date of receipt of last necessary document / information.
- iv. Repudiated' claims will be informed to **You** in writing with appropriate reasons of repudiation.
- v. In case of delay in the payment beyond the stipulated timelines, We shall be liable to pay interest at the rate of two percent (2%) above the Bank Rate or as per the applicable / extant IRDAI regulation. Such interest shall be paid from the date of the receipt of last relevant and necessary document from the insured /claimant by us till the date of the actual payment.

Navi Health Group Critical Surgery | UIN: NAVHLGP22069V032122

Navi General Insurance Limited

Registered Office: Salarpuria Business Centre, 4th Floor, 93, 5th A Block, Koramangala Industrial Layout, Bengaluru, Karnataka – 560095

Toll-free number: 1800 123 0004 | Website: [www.naviinsurance.com](http://www.naviinsurance.com) | Email: [insurance\\_help@navi.com](mailto:insurance_help@navi.com)

CIN: U66000KA2016PLC148551 | IRDAI Registration Number: 155

#### **5.4.5.7. Payment Terms**

- a. All Claims will be payable in India and in Indian rupees.
- b. Once We have paid a claim in respect of the Insured Person under Section – 2.1 - Critical Illness, the policy shall immediately terminate. However, coverage under Section 2.2 (Surgical Cash) and optional covers (Section – 2.3 - Personal Accident / Section – 2.4 - Child Tuition Benefit), if opted shall continue till expiry of the Policy. Policy shall not be renewed thereafter.
- c. Once we have paid a claim in respect of the Insured Person under Section 2.2 – Surgical Cash, the policy shall immediately terminate. However, coverage under Section 2.1 (Critical Illness) and optional covers (Section – 2.3 - Personal Accident / Section – 2.4 - Child Tuition Benefit), if opted shall continue till expiry of the Policy. Policy shall not be renewed thereafter.
- d. Once we have paid a claim in respect of the Insured Person under Section – 2.3 - Personal Accident, the *Policy* shall immediately terminate.
- e. We will only make payment to the Insured Person / Policyholder under this Policy. The receipt of payment by the Insured Person / Policyholder shall be considered as a complete discharge of Our liability against any claim under this Policy. In the event of Your death, We will make payment to the Nominee / Assignee (as named in the Policy Schedule/ Certificate of Insurance). In case where a Nominee(s)/Assignee has not been mentioned in the Proposal Form, the claim payment shall be made as per Indian succession law.
- f. If premium is payable in instalments and not paid on or before the due date then We will not pay for any claim that occurs during the relaxation period unless the instalment premium is paid by You within the relaxation period. We shall have the rights to recover and deduct the pending instalment premium towards the insured person who has claimed prior to the instalment due date from the claim amount due under the Policy.

#### **5.4.5.8. Claim Process for Medical Second Opinion**

- a. Request for Expert Opinion on **Covered Critical Illness / Surgery** - **You** can submit **Your** request for an expert opinion within two (2) days of intimation of the claim for **covered Critical Illness / Surgery**, by calling **Our** call centre or register request through email/website.
- b. Facilitating the Process - **We** will schedule an appointment or facilitate delivery of Medical Records of the **Insured Person** to a **Medical Practitioner**. Medical Second Opinion is available only if the **Insured Person** is diagnosed with **Covered Critical Illness** or has been advised to undergo a **Covered Surgery/Surgical Procedure** by a **Specialist Medical Practitioner**.

## 6. GRIEVANCE REDRESSAL PROCEDURE

At Navi General Insurance, we want your relationship with insurance to soar beyond what you've experienced yet. To understand, appreciate, and enjoy insurance—we're here for you. However, if you aren't satisfied—please feel free to connect with us on the following channels.

- a. Call us on our Toll Free 1800-123-0004 for any queries that you may have!
- b. Email your queries to [insurance.help@navi.com](mailto:insurance.help@navi.com).
- c. For Senior Citizens, we have a special cell and our Senior Citizen customers can email us at [seniorcare@navi.com](mailto:seniorcare@navi.com) for priority resolution
- d. Visit our website [www.naviinsurance.com](http://www.naviinsurance.com)
- e. Please walk in to any of our branches or partner locations
- f. You can also dispatch your letters to us at:

**Navi General Insurance Limited**

Salarpuria Business Centre,  
4th B Cross Road, 5th Block,  
Koramangala Industrial Layout,  
Bengaluru, Karnataka – 560095

We request you to please mention your complete details: Full Name, Policy Number and Contact Details in all your communications, to enable our customer experience expert to connect with you and provide you with quickest possible solution.

We'll make sure to acknowledge your service request within 3 working days—and try and resolve it to your satisfaction within 15 working days. That's a promise!

### Escalation

**Level 1** : While we attempt to give you best-in-class and prompt resolution for any concerns—sometimes it may not be perfect. If you felt that you weren't offered a perfect resolution, please feel free to share your feedback to our Customer Experience team at [manager.customerexperience@navi.com](mailto:manager.customerexperience@navi.com)

**Level 2** : If you still are not happy about the resolution provided then you may please write to Our Head Customer Experience and Grievance Redressal Officer at [head.customerexperience@navi.com](mailto:head.customerexperience@navi.com)

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**Level 3:** If you are not happy with the resolution, you may approach IRDAI by calling on the Toll Free no. 155255 (or) 1800 4254 732. You can also register an online complaint on the website <http://igms.irda.gov.in>.

If your concern remains unresolved after having followed the above escalation procedure then you may please approach the Insurance Ombudsman for Redressal. To know who your Insurance Ombudsman is—simply refer to the list below/overleaf.

**Ombudsman & Addresses:** Refer the link - <http://ecoi.co.in/ombudsman.html>

S. No.	CONTACT DETAILS	JURISDICTION OF OFFICE
1	<b>AHMEDABAD</b> Office of the Insurance Ombudsman. Jeevan Prakash Building, 6 <sup>th</sup> Floor, Tilak Marg, Relief Road, Ahmedabad- 380 001. Tel.: 079 - 25501201 / 02/05/06 <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">Email: bimalokpal.ahmedabad@ecoi.co.in</a>	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu
2	<b>BENGALURU</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">Email: bimalokpal.bengaluru@ecoi.co.in</a>	Karnataka
3	<b>BHOPAL</b> 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 Fax: 0755 - 2769203 <a href="mailto:bimalokpal.bhopal@ecoi.co.in">Email: bimalokpal.bhopal@ecoi.co.in</a>	States of Madhya Pradesh and Chattisgarh.
4	<b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">Email: bimalokpal.bhubaneswar@ecoi.co.in</a>	State of Orissa
5	<b>CHANDIGARH</b>	States of Punjab, Haryana, Himachal Pradesh, Jammu &

	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 Fax: 0172 - 2708274 <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">Email: bimalokpal.chandigarh@ecoi.co.in</a>	Kashmir and Union territory of Chandigarh.
<b>6</b>	<b>CHENNAI</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 <a href="mailto:bimalokpal.chennai@ecoi.co.in">Email: bimalokpal.chennai@ecoi.co.in</a>	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
<b>7</b>	<b>DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 <a href="mailto:bimalokpal.delhi@ecoi.co.in">Email: bimalokpal.delhi@ecoi.co.in</a>	State of Delhi
<b>8</b>	<b>GUWAHATI</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 <a href="mailto:bimalokpal.guwahati@ecoi.co.in">Email: bimalokpal.guwahati@ecoi.co.in</a>	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>9</b>	<b>HYDERABAD</b> 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 - 65504123 / 23312122 Fax: 040 - 23376599 <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">Email: bimalokpal.hyderabad@ecoi.co.in</a>	States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry

<p><b>10</b></p>	<p><b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 <a href="mailto:Bimalokpal.jaipur@ecoi.co.in">Email: Bimalokpal.jaipur@ecoi.co.in</a></p>	<p>State of Rajasthan</p>
<p><b>11</b></p>	<p><b>ERNAKULAM</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 <a href="mailto:bimalokpal.ernakulam@ecoi.co.in">Email: bimalokpal.ernakulam@ecoi.co.in</a></p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry</p>
<p><b>12</b></p>	<p><b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 <a href="mailto:bimalokpal.kolkata@ecoi.co.in">Email: bimalokpal.kolkata@ecoi.co.in</a></p>	<p>States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands</p>
<p><b>13</b></p>	<p><b>LUCKNOW</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 <a href="mailto:bimalokpal.lucknow@ecoi.co.in">Email: bimalokpal.lucknow@ecoi.co.in</a></p>	<p>District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.</p>
<p><b>14</b></p>	<p><b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 <a href="mailto:bimalokpal.mumbai@ecoi.co.in">Email: bimalokpal.mumbai@ecoi.co.in</a></p>	<p>States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane.</p>

<p><b>15</b></p>	<p><b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514251 / 2514253 <a href="mailto:bimalokpal.noida@ecoi.co.in">Email: bimalokpal.noida@ecoi.co.in</a></p>	<p>States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur</p>
<p><b>16</b></p>	<p><b>PATNA</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 <a href="mailto:bimalokpal.patna@ecoi.co.in">Email: bimalokpal.patna@ecoi.co.in</a></p>	<p>States of Bihar and Jharkhand</p>
<p><b>17</b></p>	<p><b>PUNE</b> 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 - 32341320 <a href="mailto:bimalokpal.pune@ecoi.co.in">Email: bimalokpal.pune@ecoi.co.in</a></p>	<p>States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region</p>

**IRDAI Regulation No 17:** This Policy is subject to regulation 17 of IRDAI (Protection of Policyholder’s Interests) Regulation 2017 or any amendment thereof from time to time.



Annexure – I - List of Surgeries / Surgical Procedures

S . No.	BODY SYSTEM	NAME OF SURGERY/SURGICAL PROCEDURES
1	<b>Cardiovascular system</b>	Aortic valve repair (Open Heart Valvuloplasty)
2		CABG (Coronary Artery Bypass Grafting)
3		Other vascular bypass grafts( e.g. Femoral popliteal grafts)
4		Clipping or repair of Aneurysm(including aortic, cerebral, femoral or iliac ) with or without graft
5		Closed Heart Valvotomy (Aortic, Mitral, Pulmonary, Tricuspid Valves)
6		Coronary Angioplasty with Stent implantation
7		Excision of benign mediastinal lesions (evidence of thoracotomy needs to be ascertained)
8		Heart Proximal aortic aneurysm, Aortic root transplantation with coronary artery reimplantation
9		Heart Valve Replacement using Mechanical or Bio-Prosthetic valves
10		Initial implantation of permanent pacemaker/ICD/VAD device in heart
11		Major Surgery of Aorta
12		Major vein repair with or without grafting for traumatic & non traumatic lesions
13		Mitral valve repair (Open Heart Valvuloplasty)
14		Percutaneous (balloon) Valvuloplasty
15		Pericardiotomy / Pericardiectomy
16		Pulmonary valve repair (Open Heart Valvuloplasty)
17		Carotid endarterectomy/ Ext carotid Int. Carotid bypass/Carotid tumour excision
18		Block dissection of para-aortic lymph nodes
19		Fontan operation
20		Glenn procedure
21		Implantable cardioverter defibrillator surgery
22		Intraventricular tunnel repair
23		Left ventricular aneurysmectomy
24		Left ventricular assist device placement
25		Open maze procedure
26		Decompression of cardiac tamponade or re-exploration for bleeding
27		Pulmonary artery banding
28		Septal myectomy
29		Transcatheter atrial septal defect (ASD) closure
30		Transcatheter ventricular septal defect (VSD) closure
31		Percutaneous transluminal ablation of atrio-ventricular junction
32	<b>Digestive system</b>	Hemicolectomy/ Colectomy/ Ileocollectomy
33		Total excision of stomach

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34		Partial/ Complete Gastrectomy
35		Partial/ Complete Esophagectomy
36		Pancreatectomy
37		pancreaticoduodenectomy- Whipple surgery
38		Partial/Complete Hepatectomy
39		Partial / complete splenectomy
40		Colon Resection
41		Vagotomy with pyloroplasty
42		Highly selective vagotomy
43		Laparoscopic colostomy and stoma formation (including revision)
44		Frey procedure
45		Transanal resection for rectal cancer
46		Abdominal operation for Hirschsprung's disease (e.g. Duhamel, Söave and Sarcuson operations)
47		Sphincterotomy of bile duct and pancreatic duct using duodenal approach
48		Anastomosis of pancreatic duct (to another viscus)
49		Laparotomy for post-operative haemorrhage
50		Laparoscopic Heller myotomy
51		Laparoscopic small intestine partial resection
52		Laparoscopic wedge resection of the liver
53		Laparoscopic-assisted endorectal colon pull-through
54		Excision of retroperitoneal tumour
55	<b>Musculoskeletal system</b>	Amputation of arm*
56		Amputation of foot**
57		Amputation of hand***
58		Amputation of leg****
59		Excision reconstruction of joint
60		Finger Trauma replantation
61		Implantation of prosthesis for limb Open Reduction and Internal fixation of fracture
62		Long bone (Humerus, Radius, ulna, Femur, Tibia, Fibula), with or without Bone grafting
63		Osteomyelitis - Surgical Drainage and Curettage
64		Other interposition reconstruction of joint
65		Other prosthetic replacement of articulation of other bone
66		Other prosthetic replacement of head of femur
67		Other prosthetic replacement of head of Humerus
68		Other reconstruction of joint
69		Other total prosthetic replacement of hip joint/core decompression with graft for osteonecrosis of femoral head
70		Other total prosthetic replacement of knee joint
71		Other total prosthetic replacement of other joint

72		Prosthetic interposition reconstruction of joint
73		Prosthetic replacement of head of femur not using cement
74		Prosthetic replacement of head of femur using cement
75		Prosthetic replacement of head of Humerus not using cement
76		Prosthetic replacement of head of Humerus using cement
77		Prosthetic replacement/articulation/other bone not using cement
78		Prosthetic replacement/articulation/other bone using cement
79		Replantation of lower limb
80		Replantation of upper limb
81		Spinal Fusion (arthrodesis of spine with bone graft/internal fixation)
82		Therapeutic endoscopic operations on cavity of knee joint
83		Therapeutic endoscopic operations on cavity of Shoulder joint
84		Unilateral or bilateral prosthetic replacement of hip joint not using cement
85		Unilateral or bilateral prosthetic replacement of hip joint using cement
86		Unilateral or bilateral replacement of knee joint not using cement
87		Unilateral or bilateral prosthetic replacement of knee joint using cement
88		Unilateral or bilateral prosthetic replacement of other joint not using cement
89		ACL/PCL repair/reconstruction
90	<b>Nervous system</b>	Bur-hole Drainage of Extradural, subdural or intracerebral space
91		Craniotomy for non malignant space occupying lesions
92		Craniotomy for Drainage of Extradural, subdural or intracerebral space
93		Craniotomy for malignant Brain tumors
94		Decompression surgery for Entrapment Syndrome
95		Embolectomy / Thrombectomy/ Endarterectomy with or without Graft
96		Excision of deep seated peripheral nerve tumor
97		Excision of pineal gland
98		Fixation of fracture of spine
99		Free Fascia Graft for Facial Nerve Paralysis
100		Intracranial transection of Cranial nerve
101		Laminectomy/Discectomy for Spinal nerve root decompression
102		Microvascular decompression of cranial nerves/ neurectomy
103		Multiple Microsurgical Repair of digital nerve
104		Operations on Subarachnoid space of brain
105		Other operations on the meninges of the Brain
106		Peripheral nerve Graft
107		Repair of Cerebral or Spinal Arterio- Venous Malformations or aneurysms
108		Total or Partial Excision of the pituitary gland - Any approach (Transfrontal or Trans Sphenoid)
109	<b>Organ Transplant</b>	Bone Marrow transplant (as recipient)
110		Heart/Heart-Lung Transplant
111		Liver Transplantation

112		Lung Transplantation
113		Renal transplant (recipient)
114	<b>Oro-maxillofacial surgery</b>	Major reconstructive oro-maxillofacial surgery due to trauma or burns and not for cosmetic purpose #
115		Osteotomy including segmental resection with bone grafting for Mandibular and maxillary lesions
116		Facial reanimation surgery
117		Fronto-supraorbital advancement Surgery
118		Reconstructive oro-maxillofacial surgery for head and neck cancer
119		TMJ Jaw Surgery
120		<b>Others</b>
121	Radical Excision of malignant tumor in bones	
122	Major resection of tumour and reconstruction of bone	
123	Radical Mastectomy	
124	Total excision of breast/ Simple Mastectomy	
125	Modified radical neck dissection	
126	Adrenalectomy	
127	Bilateral Adrenalectomy	
128	Complete sternocleidomastoid resection	
129	Corpectomy	
130	Discectomy for herniated disc	
131	Endoscopic microdiscectomy	
132	Endoscopic microlaminectomy	
133	Endoscopic microlaminotomy	
134	Membranous labyrinthectomy	
135	Endoscopic ventriculostomy	
136	Osseous labyrinthectomy	
137	Esophageal replacement	
138	Esophageal resection	
139	Total excision of nose	
140	External frontoethmoidectomy	
141	End to end anastomosis for aortic coarctation	
142	Glossectomy	
143	Greater saphenous vein cutdown	
144	Endovascular stent grafting for aortic aneurysm	
145	Esophagogastrectomy	
146	Open Heller myotomy	
147	Thoroscopic oesophagogastric myotomy	
148	Interstitial perineal implant treatment	
149	Functional neck dissection	

150	Laparoendoscopic single-site surgery (LESS) for adrenal gland removal (adrenalectomy)
151	Laparoscopic unilateral adrenalectomy
152	Laparoscopic bilateral adrenalectomy
153	Laparoscopic meniscectomy
154	Partial maxillectomy for malignancy
155	Block dissection of pelvic lymph nodes (as sole procedure)
156	Split autograft of skin, trunk and limbs – each additional 5% of body surface area
157	Laparoscopic radical cystoprostatectomy
158	Creation of subcutaneous cerebrospinal fluid reservoir
159	Bilateral excision of testes
160	Total excision of trapezium
161	Laparoscopic vagotomy
162	Total excision of trapezium and ligament reconstruction
163	Left lateral segmentectomy
164	Lingualplasty
165	Local transanal resection
166	Laparoscopic left lateral segmentectomy
167	Modified radical mastoidectomy
168	Multiple ligament reconstruction
169	Parathyroidectomy
170	Parietal cell vagotomy
171	Partial colectomy
172	Craniostenosis (for more than one suture)
173	Partial laryngectomy
174	Partial vulvectomy
175	Patch aortoplasty for aortic coarctation
176	Reconstruction of transplant ureter
177	Block dissection of pelvic lymph nodes (For Cancer)
178	Neurostimulation of cranial nerve (intracranial)
179	Operation for arachnoid cyst
180	Posterior neck dissection
181	Repair of compound fracture of cranium
182	Proctocolectomy
183	Radical Prostatectomy
184	Bilateral replantation of ureter into bladder
185	Radical clearance of malignant tumour of soft tissue or bone (not otherwise specified)
186	Dupuytren's fasciectomy multiple digits with proximal interphalangeal joints
187	Implantation/removal of neurostimulator from brain (any route)
188	Reconstructive cranioplasty
189	Submucosal minimally invasive lingual excision

190		Thoracoscopic upper extremity sympathectomy
191		Thymectomy
192		Cryotherapy to pituitary gland
193		Thyroid Removal Surgery (Thyroidectomy)
194		Total mesometrial resection
195		Total parotidectomy
196		Tracheal resection
197		Transsphenoidal endoscopy
198		Truncal vagotomy
199		Vena cava filter placement
200		Vertebroplasty
201	<b>Renal/genito urinary system</b>	Amputation of penis
202		Excision of ureter
203		Kidney injury repair
204		Open extirpation of lesion of kidney
205		Total excision of bladder
206		Total or Partial nephrectomy due to medical advice (not as a transplant donor)
207		Unilateral or Bilateral excision of testes
208		Urinary diversion
209		Radical Cystectomy
210		Partial Cystectomy
211		Prostatectomy
212		Open Hysterectomy/BSO due to cancer only
213		Lap. Hysterectomy+ BSO due to cancer only
214		Laparoscopic nephroureterectomy
215	<b>Respiratory system</b>	Wide excision and Major reconstruction of malignant Oro-pharyngeal tumors with chemo
216		Pneumonectomy/Lobectomy
217		Pleurectomy
218		Chronic bronchopleural fistula requiring a surgical procedure for closure of the fistula through an open thoracotomy
219		Brachial plexus surgery
220		Laryngopharyngectomy
221		Exploratory thoracotomy
222		Lung volume reduction surgery
223		Plication of paralysed diaphragm
224		Excision of chest wall tumour - with chest wall reconstruction

**Note –**

	<b>Term</b>	<b>Definition</b>
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*	<b>Arm</b>	means at or above elbow joint
**	<b>Foot</b>	means at or above ankle
***	<b>Hand</b>	means at or above wrist
****	<b>Leg</b>	means at or above knee
#	<b>Burns</b>	means third-degree burns with scarring that cover at least 20% (twenty) of the body's surface area.
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