Antyodaya Shramik Suraksha Yojana, Niva Bupa Health Insurance Co. Ltd.

Policy Terms and Conditions

1. Preamble

This Policy covers Death & Injury solely and directly from Accidents. Expense incurred outside the Policy Period will **NOT** be covered. Unutilized Sum Insured will expire at the end of policy year. All applicable benefits, details and limits are mentioned in your Certificate of Insurance.

2. Definitions

2.1. Standard definitions

2.1.1. **Accident** or **Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2.1.2. **Cashless Facility** means a facility extended by the insurer to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.

2.1.3. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

2.1.4. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

2.1.5. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

2.1.6. **Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

2.1.7. **Emergency care** means management for an illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

2.1.8. **Grace Period** means the specified period of time (30 days) immediately following the premium due date during which a payment can be made to Renew or continue a policy in force 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.

2.1.9. **Hospital** means any institution established for Inpatient Care and Day Care Treatment of Illness and / or Injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

a. has Qualified Nursing staff under its employment round the clock;
b. has at least 10 Inpatient beds in towns having a population of less than 10,00,000 and at least 15 Inpatient beds in all other places;
c. has qualified Medical Practitioner(s) in charge round the clock;
d. has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
e. Maintains daily records of patients and makes these accessible to the Insurance Company's authorized personnel for assessing an insurance claim of an insured Person.

2.1.10. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

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

a. Acute condition - Acute condition is a disease, illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ Injury which leads to full recovery
b. Chronic condition - A chronic condition is defined as a disease, illness, or Injury that has one or more of the following characteristics:

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests 2. it needs ongoing or long-term control or relief of symptoms
2. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
3. it continues indefinitely
4. it recurs or is likely to recur

2.1.12. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

2.1.13. **Injury** means Accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

2.1.14. **Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

2.1.15. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

2.1.16. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

2.1.17. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been Insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.

2.1.18. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his licence.

2.1.19. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:
a. is required for the medical management of the Illness or Injury suffered by the Insured;
b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
c. must have been prescribed by a Medical Practitioner;
d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

2.1.20. **Network Provider** means Hospital enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an Insured by a Cashless Facility.

2.1.21. **Non-Network Provider** means any Hospital, Day Care Centre or other provider that is not part of the network.

2.1.22. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

2.1.23. **OPD Treatment** means the one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or In-patient.

2.1.24. **Pre-existing Disease** means any condition, ailment, Injury or disease:
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
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.

2.1.25. **Pre-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
b. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

2.1.26. **Post-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital, provided that:
a. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalization was required, and
b. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

2.1.27. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

2.1.28. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.

2.1.29. **Renewal** 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.

2.1.30. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

2.1.31. **Surgery** or **Surgical Procedure** 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 or prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.

2.2. Specific definitions

2.2.1. **Accidental Hospitalization** means admission in a Hospital for injuries sustained in an Accident for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

2.2.2. **Age** means age as on last birthday.

2.2.3. **Break in Policy** means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

2.2.4. **Dependent Child** refers to the legal Child of the Insured; whose age is less than or equal to 21 years (as on the last birthdate) with respect to the Date of Loss or Accident.

2.2.5. **Franchise** means a minimum period specified in the policy schedule/certificate of insurance following which the benefit amount will be payable from the first completed day of Hospitalization

2.2.6. **Insured Event** means any event specifically mentioned as covered under this Policy.

2.2.7. **Insured Person** means person(s) named as Insured Persons in the Certificate of Insurance.

2.2.8. **Permanent Partial Disability** means the Insured Person has suffered a Permanent loss of physical function or anatomical loss of use of a body part due to injury sustained in an Accident and within 365 days from the date of the Accident. Provided that the condition is substantiated by diagnosis of a Medical Practitioner.

2.2.9. **Permanent Total Disability** means the Insured Person has suffered a total and permanent loss of physical function or anatomical loss of use of a body part due to injury sustained in an Accident and within 365 days from the date of the Accident. Provided that the condition is substantiated by diagnosis of a Medical Practitioner.

2.2.10. **Policy** means these terms and conditions, the Certificate of Insurance (as amended from time to time), Your statements in the Proposal and any endorsements attached by Us to the Policy from time to time.

2.2.11. **Policy Period** is the period between the inception date and the expiry date of the Policy as specified in the Certificate of Insurance or the date of cancellation of this Policy, whichever is earlier.

2.2.12. **Policy Year** means the period of one year commencing on the date of commencement specified in the Certificate of Insurance or any anniversary thereof.

2.2.13. **Reimbursement** means settlement of claims paid directly by Us to the Policyholder/Insured Person.

2.2.14. **Service Provider** means any person, organization, institution that has been empanelled with Us to provide services specified under the benefits to the Insured Person.

2.2.15. **Terrorism** means an Act, including but not limited to the use of force or violence and/ or the threat thereof, of any person or group(s) of Persons whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.

2.2.16. **We/Our/Us** means Niva Bupa Health Insurance Company Limited.

2.2.17. **You/Your/Policyholder** means the person named in the Certificate of Insurance who has concluded this Policy with Us.

3. Scope of Cover:

a. The terms, conditions and exclusions governing the Benefits under this Policy are described below and the Benefits listed in this section will be payable accordingly.
b. The Certificate of Insurance will specify the Benefits available for the Insured Person.
c. The Certificate of Insurance will specify the Sum Insured, limits, sub limits, Deductible and/or Franchise applicable to the respective benefits.
d. Policy will be active only during the date and/or time as specified in Certificate of Insurance.
e. Claim under this policy will be paid only if the underlying cause of claim is solely and directly due to an Accident caused during the Policy/Coverage Period.
f. Any claim payable towards Dependent Child, where the Dependent Child is a minor, shall be payable to the legal guardian of the Dependent Child.

3.1. Accidental Death Benefit

If the Insured Person dies within 365 days from the date of the Accident, then We will pay the Sum Insured under Accidental Death (AD) benefit. The benefit also covers for Disappearance of the Insured Member.
For the purpose of this benefit, **Disappearance** means that Insured body is missing for at least 365 days following an Accident or natural disaster during the Policy Period. If at any time, after the payment of the Death benefit, it is discovered that the Insured Person is still alive, all payments shall be reimbursed in full to the Company.

NOTE: If we have paid any claim under Permanent Total Disability or Permanent Partial Disability (if applicable) then for any subsequent Accidental Death claim in the same policy year, we will pay claim amount after adjusting the amount already paid.

The policy will terminate for the member for whom we have paid the claim under this benefit.

3.2. Permanent Total Disability Benefit

a. If the Insured Person suffers a Permanent Total Disability (PTD), within 365 days from the date of the Accident, then We will pay the benefit as per the Table 1.

Table 1:

Condition for Permanent Total Disability	% of Sum Insured
Complete & Irrecoverable loss of: • Any 2 Limbs • Sight of both eyes • Speech & hearing of both Ears • Combination of One Limb & Sight of One Eye	100%
Complete & Irrecoverable loss of: • 1 Limb • Sight of 1 Eye	50%

b. Complete & Irrecoverable loss of limb means physical separation or complete loss of functionality of the limb, within 365 days from the date of the Accident. This will include Paralysis including Paraplegia, Quadriplegia with loss of functional use of limb.

The policy will terminate for the member for whom we have paid a total of 100% PTD Sum Insured claim in a lifetime of the Insured.

3.3. Accidental Permanent Partial Disability

a. If the Insured Person suffers a Permanent Partial Disability (PPD), within 365 days from the date of the Accident, then We will pay the benefit as per the Table 2.

Table 2:

Condition for Permanent Partial Disability	% of Sum Insured
Each arm at the shoulder joint	70%
Each arm to a point above elbow joint	65%
Each arm below elbow joint	50%
Each hand at the wrist	50%
Each Thumb	20%
Each Index Finger	10%
Each other Finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%
Each leg to a point below the knee	50%
Each foot at the ankle	40%
Each big toe	5%

Each other toe	2%
Each eye	50%
Hearing in each ear	30%
Sense of smell	10%
Sense of taste	5%

b. If a loss is not mentioned in the table above, then We will internally assess the degree of disablement and determine the amount of payment to be made.
c. If there is more than one Permanent Partial Disability loss, then the total claim amount put together for all losses will not exceed the total Sum Insured available under this benefit.

3.4. Accidental Medical Reimbursement

If an Insured Person is hospitalized (24 Hours or more) due to injuries sustained in an Accident during the Policy Period, then We will pay the expenses incurred by the Insured on Medically Necessary Treatment up to the limits mentioned in the Certificate of Insurance.
Naturally this excludes expenses not linked to treatment like food, beverage, toiletries and cosmetics. Refer Annexure 1 for expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment.

Conditions:

a. Insured is hospitalized in wards or rooms of various categories, ICUs, CCUs, NICU etc.
b. We will **NOT** pay, even if you were admitted, if there was no treatment and only investigations were done. Example: Admission only for investigations like MRI, CT Scan, Endoscopy, Colonoscopy etc.
c. We will NOT pay for any OPD expenses due to Accident.
d. **We will pay for hospitalization within India ONLY.**

3.5. Hospital Daily Cash

If the Insured Person is hospitalized (for 24 hours or more) following an Accidental Injury during the Policy Period, then We will pay either a fixed amount on per hospitalization day basis or a lump sum amount as mentioned in Certificate of Insurance.

NOTE: Deductible or/& Franchise can be applicable as mentioned in the certificate of Insurance.

3.6. Comatose benefit

If the Insured Person is in Comatose (coma) State within one month from date of Accident, then We will pay the Sum Insured as mentioned in the Certificate of Insurance.
An Insured Person is said to be in Comatose State (Coma) if:

a. Has been in a State of Comatose for continuous 96 hours
b. Is on Life support systems
c. Condition is confirmed by the treating Doctor

NOTE: We will NOT pay for coma which results from alcohol/ drug abuse or due to an Illness.

The coverage under this Benefit would terminate for lifetime for the Insured Member for whom we have paid a total of 100% Comatose Sum Insured claim in the lifetime of the Insured.

NOTE: Deductible can be applicable as mentioned in the certificate of Insurance.

3.7. Repatriation of Mortal Remains

In case of Accidental Death of Insured Person during the Policy Period, we will reimburse as per actuals and/or provide a lump sum coverage as mentioned in the Certificate of Insurance towards transportation of mortal remains from the place of death to the residence of the deceased Insured Person.

3.8. Last Rites Expenses

In case of Accidental Death of Insured Person, we will pay Sum Insured as mentioned in the Certificate of Insurance towards funeral expenses of the deceased Insured Person.

3.9. Education Allowance for Children

In case of Accidental Death or Permanent Total Disability of Insured Person due to an Accident, we will pay Sum Insured as mentioned in the Certificate of Insurance towards the Education of the dependent children.

Conditions:

a. The child has to be below the age of 25 yrs and enrolled in a recognized educational institute at the time of the event. For the purpose of this benefit, Educational Institute means any accredited institution that provides education or training, including but not limited to, any technical / vocational school.
b. We will make a single payment, irrespective of the number of Children.

3.10. Terrorism Cover

This benefit provides extension of scope of coverage under this policy by providing a waiver of the exclusion 4.1.3.

Conditions

a. Such extension will not result into any increase in Sum Insured of the respective Coverages.

4. Permanent Exclusions

4.1. Specific exclusions

We will not cover the following conditions in the policy and no claims will be made for them.

4.1.1. Self-inflicted Injury, Suicide or attempted suicide.

4.1.2. Nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader)

4.1.3. Loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or anyway related to Act of Terrorism

4.1.4. Committing an assault, a criminal offence or any breach of law with criminal intent.

4.1.5. Taking or absorbing, Accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a Medical Practitioner other than the Policyholder or an Insured Person.

4.1.6. Adventure Sports

4.1.7. Maternity, Pregnancy or Child birth or in consequence thereof.

4.1.8. Any non-allopathic treatment.

4.1.9. Diseases spread/ caused through an insect bite by transfer of organisms for which the insect is a known carrier or host.

4.1.10. Cosmetic or plastic surgery or any treatment to change appearance not arising out of Accident or Burns.

4.1.11. Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.

4.1.12. Costs which are not Reasonable & Customary and treatments which are not Medically Necessary.

4.1.13. Investigation & Evaluation (Code-Excl04)

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

4.1.14. Rest Cure, rehabilitation and respite care (Code-Excl05)

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

a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

5. Waiting Periods:

All the Waiting Periods as specified in Policy Schedule/ Certificate of Insurance shall be applicable individually for each Insured Person and claims shall be assessed accordingly. On Renewal, if an enhanced Sum Insured is applied for, the Waiting Periods would apply afresh to the extent of the increase in Sum Insured only.

We shall not be liable to make any payment under this Policy directly or indirectly for, caused by, based on, arising out of or howsoever attributable to any of the following, except if any Insured Person suffers an Accident

i. Pre-existing Diseases (Code–Excl01):

a. Expenses related to the treatment of a Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of the number of months (as mentioned in Policy Schedule/Certificate of Insurance) of continuous coverage after the date of inception of the first Policy with Us.
b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) regulations, then waiting period for the same would be reduced to the extent of prior coverage.
d. Coverage under the Policy after the expiry of number of months (as mentioned in Policy Schedule/Certificate of Insurance) for any Pre-existing Disease is subject to the same being declared at the time of application and accepted by Us.

ii. Specified disease/procedure waiting period (Code- Excl02)

a. Expenses related to the treatment of the listed conditions, surgeries/treatments shall be excluded until the expiry of number of months (as mentioned in Policy Schedule/Certificate of Insurance) of continuous coverage after the date of inception of the first Policy with us. This exclusion shall not be applicable for claims arising due to an Accident (covered from day 1).
b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI then waiting period for the same would be reduced to the extent of prior coverage.
f. List of specific diseases/procedures:
   i. Pancreatitis and stones in biliary and urinary system
   ii. Cataract, glaucoma and other disorders of lens, disorders of retina
   iii. Hyperplasia of prostate, hydrocele and spermatocele
   iv. Abnormal utero-vaginal bleeding, female genital prolapse, endometriosis/adenomyosis, fibroids, PCOD, or any condition requiring dilation and curettage or hysterectomy
   v. Hemorrhoids, fissure or fistula or abscess of anal and rectal region
   vi. Hernia of all sites,
   vii. Osteoarthritis, systemic connective tissue disorders, dorsopathies, spondylopathies, inflammatory polyarthropathies, arthrosis such as RA, gout, intervertebral disc disorders, arthroscopic surgeries for ligament repair
   viii. Chronic kidney disease and failure
   ix. Varicose veins of lower extremities
   x. All internal or external benign or in situ neoplasms/tumours, cyst, sinus, polyp, nodules, swelling, mass or lump
   xi. Ulcer, erosion and varices of gastro intestinal tract
   xii. Surgical treatment for diseases of middle ear and mastoid (including otitis media, cholesteatoma, perforation of tympanic membrane), Tonsils and adenoids, nasal septum and nasal sinuses
   xiii. Internal Congenital Anomaly
   xiv. Surgery of Genito-urinary system unless necessitated by malignancy
   xv. Spinal disorders

iii. 30-day waiting period (Code- Excl03):

a. Expenses related to the treatment of any Illness upto 30 days from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
b. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months

The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

6. General Terms and Conditions

6.1. Standard General Terms and Conditions

6.1.1. Free look period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The Insured Person shall be allowed free look period of fifteen days (thirty days for policies with a term of 3 years, if sold through distance marketing) from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the Insured has not made any claim during the Free Look Period, the Insured shall be entitled to:

a. A refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Person and the stamp duty charges

6.1.2. Cancellation

A. **Cancellation by the policyholder –**

b. The policyholder may cancel this policy by giving 30 days written notice and in such an event, the Company shall refund premium for the unexpired Policy Period as detailed below.

c. No refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the policy.

Short Period Grid – Option 1

	Refund %								
	Policy Term								
Timing of Cancellation	1	1.5	2	2.5	3	3.5	4	4.5	5
Up to 30 days	75.0%	80.0%	85.0%	87.5%	90.0%	92.5%	92.5%	95.0%	95.0%
31 to 90 days	50.0%	65.0%	70.0%	75.0%	80.0%	85.0%	87.5%	87.5%	87.5%
3 to 6 months	25.0%	50.0%	60.0%	65.0%	67.5%	70.0%	75.0%	75.0%	75.0%
6 to 12 months	0.0%	25.0%	40.0%	45.0%	50.0%	55.0%	60.0%	65.0%	65.0%
12 to 18 months		0.0%	15.0%	30.0%	37.5%	45.0%	47.5%	50.0%	55.0%
18 to 24 months			0.0%	15.0%	25.0%	32.5%	37.5%	42.5%	47.5%
24 to 30 months				0.0%	12.5%	20.0%	25.0%	35.0%	40.0%
30 to 36 months					0.0%	10.0%	17.5%	25.0%	32.5%
36 to 42 months						0.0%	10.0%	17.5%	27.5%
42 to 48 months							0.0%	12.5%	20.0%
48 to 54 months								0.0%	10.0%
54 to 60 months									0.0%

Short Period Grid – Option 2

	Refund %								
	Policy Term								
Timing of Cancellation	1	1.5	2	2.5	3	3.5	4	4.5	5
Up to 90 days	100%	100%	100%	100%	100%	100%	100%	100%	100%
3 to 6 months	30.0%	50.0%	60.0%	65.0%	67.5%	70.0%	75.0%	75.0%	75.0%
6 to 12 months	0.0%	25.0%	40.0%	45.0%	50.0%	55.0%	60.0%	65.0%	65.0%
12 to 18 months		0.0%	15.0%	30.0%	37.5%	45.0%	47.5%	50.0%	55.0%

18 to 24 months			0.0%	15.0%	25.0%	32.5%	37.5%	42.5%	47.5%
24 to 30 months				0.0%	12.5%	20.0%	25.0%	35.0%	40.0%
30 to 36 months					0.0%	10.0%	17.5%	25.0%	32.5%
36 to 42 months						0.0%	10.0%	17.5%	27.5%
42 to 48 months							0.0%	12.5%	20.0%
48 to 54 months								0.0%	10.0%
54 to 60 months									0.0%

d. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

B. Automatic Cancellation:

The Certificate of Insurance coverage shall automatically terminate in the event of death of the Insured Person.

C. Cancellation in case of Credit Linked Cases:

In cases the Policy is linked to the credit/ loan tenure, the coverage will continue till the end of loan tenure subject to maximum tenure of 5 years, closure of the loan or Policy Period/ Coverage Period Term whichever is earlier. The Insured Person shall inform Us of such closure of the loan immediately in order to cancel the cover under the Policy

6.1.3. **Renewal of Policy**

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.

a. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
b. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years.
c. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
d. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
e. No loading shall apply on renewals based on individual claims experience.

6.1.4. **Nomination**

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Certificate of Insurance/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

6.1.5. **Fraud**

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/ policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

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

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

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

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

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are effected.

6.1.7. **Withdrawal of Policy**

a. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the policy.
b. Insured Person will have the option to migrate to similar product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

6.1.8. **Redressal of Grievance:**

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

Website: www.nivabupa.com
Toll free: 1860-500-8888
E-mail: Email us through our service platform https://rules.nivabupa.com/customer-service/ (Senior citizens may write to us at: seniorcitizensupport@nivabupa.com)
Fax: 011-4174-3397
Courier: Customer Services Department
D-5, 2nd Floor, Logix Infotech Park
opp. Metro Station, Sector 59, Noida,
Uttar Pradesh, 201301

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at:

Head – Customer Services
D-5, 2nd Floor, Logix Infotech Park
opp. Metro Station, Sector 59, Noida,
Uttar Pradesh, 201301
Contact No: 1860-500-8888
Fax No: 011-4174-3397
Email ID: Email our Grievance officer through our Grievance Redressal platform https://transactions.nivabupa.com/pages/grievance-redressal.aspx

For updated details of grievance officer, kindly refer the link https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx
If the Insured Person is not satisfied with the above, they can escalate to our Grievance Redressal officer through our platform https://transactions.nivabupa.com/pages/grievance-redressal.aspx.

If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017 (Refer below Annexure).
Grievance may also be lodged at IRDAI Integrated Grievance Management System –bimabharosa.irdai.gov.in

6.1.9. **Claim settlement (Provision for Penal interest)**

a. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
b. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
c. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
d. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

6.1.10. **Multiple Policies**

a. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
b. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
c. If the amount to be claimed exceeds the Sum Insured under a single policy, the Insured Person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
d. Where an Insured Person has policies from more than one insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

6.1.11. **Disclosure to Information**

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.

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

6.1.12. **Condition Precedent to Admission of Liability**

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

6.1.13. **Complete Discharge**

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

6.1.14. **Migration**

The Insured Person will have the option to migrate the Policy to other health insurance products / plans offered by the Company policy by applying for migration of the policy 30 days before the premium due date of his / her existing Policy as per extant guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product / plan offered by the Company, the proposed insured person will get the accrued continuity benefits in waiting periods as per extant guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

6.2. Specific Terms and Conditions

6.2.1. **Other Renewal Conditions:**

a. Renewal Premium:
Renewal premium can alter based on Age.

b. Addition of Insured Persons on Renewal:
If a new member is added in the Policy, either by way of endorsement or at the time of Renewal, the Pre-existing Disease clause, exclusions, loading (if any) and Waiting Periods will be applicable afresh for that member.

c. Changes to Sum Insured on Renewal:
You may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting.

6.2.2. **Policy Disputes**

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

6.2.3. **Territorial Jurisdiction**

This Policy applies to events or occurrences taking place anywhere in the world unless limited by Us.

The coverage under the Benefits would be applicable for anywhere in the world unless limited by Us as per the policy wordings of each benefit and as mentioned in the Certificate of Insurance to define the geographical scope (if Applicable).

All payments under this Policy will only be made in Indian Rupees within India.

6.2.4. **Notices**

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

a. You/the Insured Person at the address specified in the Policy Schedule or at the changed address of which We must receive written notice.
b. Us at the following address:

Niva Bupa Health Insurance Company Limited

D-5, 2nd Floor, Logix Infotech Park
opp. Metro Station, Sector 59, Noida,
Uttar Pradesh, 201301

Fax No: 011-4174-3397

c. No insurance agents, brokers or other person/entity is authorized to receive any notice on Our behalf.
d. In addition, We may send You/the Insured Person other information through electronic and telecommunications means with respect to Your Policy from time to time.

6.2.5. **Alteration to the Policy**

This Policy constitutes the complete contract of insurance. Any change in the Policy will only be evidenced by a written endorsement signed and stamped by Us. No one except Us can within the permission of the IRDAI change or vary this Policy.

6.2.6. **Assignment**

The Policy can be assigned subject to applicable laws.

6.2.7. **Premium Payment in Installments**

If the Insured Person has opted for Payment of Premium on an instalment basis i.e.Quarterly or Monthly, as mentioned in the policy Schedule/ Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

a. Grace Period of 30 days in case of single premium policies, and a period of 15 days in case of other than single premium policies, would be given to pay the instalment premium due for the policy.
b. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
c. The Insured Person will get the accrued continuity benefit in respect of the “Waiting Periods”, “Specific Waiting Periods” in the event of payment of premium within the stipulated grace Period.
d. No interest will be charged If the instalment premium is not paid on due date
e. In case of instalment premium due not received within the grace period, the policy will get cancelled.
f. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
g. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

6.2.8. **Claims**

a. Cashless claim facility is available at our network hospitals ONLY. As list of network hospitals is dynamic, for the latest list, refer to our website www.nivabupa.com.
b. Documents required

Documents Required	• Our duly filled and signed Claim Form or Online claim submission • Scanned copy of COI • Treating Doctor's prescription advising the need, as mentioned under the benefit terms and conditions of the policy (wherever applicable) • Copy of settlement letter from other insurance company • Medical Records, Case histories, investigation reports and Laboratory investigation reports with supporting prescriptions • Death Certificate and/or Post-mortem report (wherever applicable) • Disability Certificate, issued by a Medical Board duly constituted by the Central and/or the State Government (wherever applicable) • FIR (First Information Report), MLC (Medico-Legal Case) report Copy (if MLC is done), Spot Panchnama, Inquest Panchnama attested by issuing / appropriate authorities • Original Discharge summary with first and subsequent consultation/treatment papers • Original Final Hospital bill with detailed break-up and payment receipt (including pharmacy bills) • Legal heir certificate (wherever applicable) • Marriage Certificate (wherever applicable) • Legal documents as Age proofs (wherever applicable) • Original legal heir certificate (if nomination has not been filed by deceased) • Loan Account statement and last EMI proof (if loan linked policy) **Policyholder documents (Nominee in case of death of Policyholder):** • KYC documents • Cancelled cheque **NOTE: The list of Documents is indicative more documents may be asked for as per claim servicing requirement**

S. No.	Benefits	Claim Documents
1	Accidental Death	• Death Certificate attested by issuing / appropriate authority • Post Mortem Report attested by issuing authorities wherever applicable • Original legal heir certificate (in case nomination has not been filed by deceased)
2	Permanent Total Disability	• Photograph of the injured as a proof of disablement • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor • Medical reports, case histories, investigation reports, treatment papers as applicable • Leave certificate from the employer (as per requirement)
3	Accidental Permanent Partial Disability	• Photograph of the injured as a proof of disablement • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor • Medical reports, case histories, investigation reports, treatment papers as applicable • Leave certificate from the employer (as per requirement)
4	Accidental Medical Reimbursement	• Medical reports, case histories, investigation reports, treatment papers as applicable • Discharge summary • Original invoice and payment receipt for hospitalization expenses • Details of any other related document such as medical bills with prescription
5	Hospital Daily Cash	• Final Hospital bill and/or Discharge Summary mentioning the date and time of admission and discharge Documents related to Accidental Hospitalization as mentioned in the policy wording
6	Comatose benefit	• Copies of all the medical records including discharge summary, follow up medical records, Laboratory reports & Diagnostic reports like X-ray, CT scan, MRI report, etc. • Medical certificate from treating doctor giving the details of neurological status & prognosis, proving the conditions as per defined in the policy wordings • Documents related to Accidental Hospitalization as mentioned in the policy wording

7	Repatriation of Mortal Remains	• Documents related to Accidental Death as mentioned in the policy wording
8	Last Rites Expenses	• Documents related to Accidental Death as mentioned in the policy wording
9	Education Allowance for Children	• Documents related to Accidental Death or PTD as mentioned in the policy wording • Copy identity card of dependent child of an educational institute at the time of date of loss and last fee payment receipt • Copy of Birth Certificate or any other valid document establishing age
10	Terrorism Cover	• Valid document from the necessary authority to validate the "Terrorism , War & War like situations" in the region under consideration • Proof of injury/death caused due to accident due to act of terrorism • Declaration from the insured on the narration of incident

IMPORTANT:

- All documents MUST be submitted within 30 days from discharge.
- For any delay in submission, You MUST provide the reasons in writing. We will condone such delay on merits (i.e. reasons beyond your control).
- We reserve the right to ask for additional documents/reports from case to case basis.
- We reserve the right to check and investigate the hospital / medical records from any doctor, Hospital, clinic, individual or institution.

C. For any hospitalization, We will pay for items included in the bill by the Hospital during the duration of hospitalization. Items not included in the bill will not be paid.

ANNEXURE I - THE EXPENSES THAT ARE NOT COVERED OR SUBSUMED INTO ROOM CHARGES / PROCEDURE CHARGES / COSTS OF TREATMENT

List I – Expenses not covered

Sl. No.	Item	Sl. No.	Item	Sl. No.	Item
1	BABY FOOD	24	ATTENDANT CHARGES	47	LUMBO SACRAL BELT
2	BABY UTILITIES CHARGES	25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	48	NIMBUS BED OR WATER OR AIR BED CHARGES
3	BEAUTY SERVICES	26	BIRTH CERTIFICATE	49	AMBULANCE COLLAR
4	BELTS/ BRACES	27	CERTIFICATE CHARGES	50	AMBULANCE EQUIPMENT
5	BUDS	28	COURIER CHARGES	51	ABDOMINAL BINDER
6	COLD PACK/HOT PACK	29	CONVEYANCE CHARGES	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
7	CARRY BAGS	30	MEDICAL CERTIFICATE	53	SUGAR FREE Tablets
8	EMAIL / INTERNET CHARGES	31	MEDICAL RECORDS	54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	32	PHOTOCOPIES CHARGES	55	ECG ELECTRODES
10	LEGGINGS	33	MORTUARY CHARGES	56	GLOVES
11	LAUNDRY CHARGES	34	WALKING AIDS CHARGES	57	NEBULISATION KIT
12	MINERAL WATER	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
13	SANITARY PAD	36	SPACER	59	KIDNEY TRAY
14	TELEPHONE CHARGES	37	SPIROMETRE	60	MASK
15	GUEST SERVICES	38	NEBULIZER KIT	61	OUNCE GLASS
16	CREPE BANDAGE	39	STEAM INHALER	62	OXYGEN MASK
17	DIAPER OF ANY TYPE	40	ARMSLING	63	PELVIC TRACTION BELT
18	EYELET COLLAR	41	THERMOMETER	64	PAN CAN
19	SLINGS	42	CERVICAL COLLAR	65	TROLLY COVER
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	43	SPLINT	66	UROMETER, URINE JUG
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	44	DIABETIC FOOT WEAR	67	AMBULANCE
22	TELEVISION CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)	68	VASOFIX SAFETY
23	SURCHARGES	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER		

LIST II – ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES

Sl. No.	Item	Sl. No.	Item	Sl. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED/ INDICATED)	14	BED PAN	27	ADMISSION KIT
2	HAND WASH	15	FACE MASK	28	DIABETIC CHART CHARGES
3	SHOE COVER	16	FLEXI MASK	29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
4	CAPS	17	HAND HOLDER	30	DISCHARGE PROCEDURE CHARGES
5	CRADLE CHARGES	18	SPUTUM CUP	31	DAILY CHART CHARGES
6	COMB	19	DISINFECTANT LOTIONS	32	ENTRANCE PASS / VISITORS PASS CHARGES
7	EAU-DE-COLOGNE / ROOM FRESHNERS	20	LUXURY TAX	33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
8	FOOT COVER	21	HVAC	34	FILE OPENING CHARGES
9	GOWN	22	HOUSE KEEPING CHARGES	35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
10	SLIPPERS	23	AIR CONDITIONER CHARGES	36	PATIENT IDENTIFICATION BAND / NAME TAG
11	TISSUE PAPER	24	IM IV INJECTION CHARGES	37	PULSEOXYMETER CHARGES
12	TOOTH PASTE	25	CLEAN SHEET		
13	TOOTH BRUSH	26	BLANKET/WARMER BLANKET		

LIST III – ITEMS THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES

Sl. No.	Item	Sl. No.	Item	Sl. No.	Item
1	HAIR REMOVAL CREAM	9	WARD AND THEATRE BOOKING CHARGES	17	BOYLES APPARATUS CHARGES
2	DISPOSABLES RAZORS CHARGES (for site preparations)	10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	18	COTTON
3	EYE PAD	11	MICROSCOPE COVER	19	COTTON BANDAGE
4	EYE SHEILD	12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER	20	SURGICAL TAPE
5	CAMERA COVER	13	SURGICAL DRILL	21	APRON
6	DVD, CD CHARGES	14	EYE KIT	22	TORNIQUET
7	GAUSE SOFT	15	EYE DRAPE	23	ORTHOBUNDLE, GYNAEC BUNDLE
8	GAUZE	16	X-RAY FILM		

LIST IV – ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT

Sl. No.	Item	Sl. No.	Item	Sl. No.	Item
1	ADMISSION/REGISTRATION CHARGES	7	INFUSION PUMP– COST	13	MOUTH PAINT
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	14	VACCINATION CHARGES
3	URINE CONTAINER	9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	15	ALCOHOL SWABES
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	10	HIV KIT	16	SCRUB SOLUTION/STERILLIUM
5	BIPAP MACHINE	11	ANTISEPTIC MOUTHWASH	17	GLUCOMETER & STRIPS
6	CPAP/ CAPD EQUIPMENTS	12	LOZENGES	18	URINE BAG

ANNEXURE 2 – LIST OF INSURANCE OMBUDSMEN

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL 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 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chhattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, UT of Jammu & Kashmir, Ladakh and Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu,UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry).

DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, UT of Yanam and part of UT of Pondicherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
ERNAKULAM 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 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, UT of Lakshadweep, Mahe-a part of UT of Pondicherry.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, UT of Andaman & Nicobar Islands

LUCKNOW 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 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,-Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI 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 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of 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, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Council for Insurance Ombudsmen,
3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W),
Mumbai - 400 054.
Tel.: 022 -69038800/69038812
Email: inscoun@cioins.co.in

Ombudsmen details are subject to change. Please refer this link for the updated details: CIO (cioins.co.in)"

ANNEXURE 3 – PRODUCT BENEFIT TABLE

Product Benefit Table	
Policy Tenure	Monthly, Quarterly, Annual Up to 5 years for loan linked
Entry Age	Adult- 18 yrs. to 100 yrs. Child: 0 Days onwards Dependent Child Classification - less than or equal to 21 years of age For Child Only Policy - 0 days to 18 years
Plans	Individual or to a Family on Individual Basis
Coverage	Dependent Adult - 100%of base sum Insured Dependent Child - 50% of base sum insured
Relationships	Self, legally married spouse, up to 4 children (Son/Daughter), Daughter-in-law, Father, Mother, Father-in-law, Mother-in-law, Grandfather, Grandmother, Grandson, Granddaughter, Son-in-law, Brother, Sister, Sister-in-law, Brother-in-law, Nephew, Niece and any relationship where there is insurable interest Borrower(s) & Co-Borrower(s)
Waiting Periods	
Initial Waiting Period	Range between 0 to 30 days
Waiting period for Pre-Existing Diseases (PED)	Range between 0 to 48 months
Waiting Period for Disease Specific Exclusions	Range between 0 to 24 months

S. No.	Benefit Name	Coverage Options
1	Accidental Death	Lump sum benefit up to Rs. 10 Cr.
2	Permanent Total Disability	Lump sum benefit up to Rs. 10 Cr.
3	Accidental Permanent Partial Disability	Lump sum benefit up to Rs. 10 Cr.
4	Accidental Medical Reimbursement	Up to INR 1Cr, if hospitalization due to Accident.
5	Hospital Daily Cash	Option 1: Up to Rs. 10,000 per day Option 2: Lump sum of up to Rs. 2L Option 3: 1/2/3/4/5/6/7 days of Franchise Option 4: 1/2/3/4/5/6/7 days of Deductible Option 5: Any possible reasonable combination of above options **Double incase of ICU room**
6	Comatose benefit	Option 1: Up to 100% of Base Sum Insured, Maximum limit of 1 Cr per policy year Option 2: Up to 10% of Base Sum Insured per week, Maximum up to 100 weeks with a maximum limit of 1 Cr per policy year Option 3: Up to INR 1 Cr as lump sum Option 4: Deductible of upto 90 days. Option 5: Any possible reasonable combination of above options, Maximum limit of 1 Cr per policy year
7	Repatriation of Mortal Remains	Option 1: Up to 100% of Base Sum Insured, Maximum limit of 50L per policy year Option 2: Up to INR 50L as lump sum Option 3: Any possible reasonable combination of above options, Maximum limit of 50L per policy year
8	Last Rites Expenses	Option 1: Up to 100% of Base Sum Insured, Maximum limit of 2L per policy year Option 2: Up to INR 2L as lump sum Option 3: Any possible reasonable combination of above options, Maximum limit of 2L per policy year
9	Education Allowance for Children	Option 1: Up to 100% of Base Sum Insured Option 2: Up to INR 1Cr as lump sum Option 3: Any possible reasonable combination of above options
10	Terrorism Cover	Payouts as per the base benefit