

**TATA AIG GENERAL INSURANCE COMPANY LIMITED  
ADDRESS**

**WELLSURANCE – EXECUTIVE**

TATA AIG General Insurance Company Limited (We, Our or Us) will provide the insurance described in this Policy and any endorsements thereto for the Insured Period as defined in this Policy, to the Insured Persons detailed in the Policy Schedule and in reliance upon the statements contained in the Proposal and Declaration Form filled and signed by the Policyholder, which shall be the basis of this Policy and are deemed to be incorporated herein in return for the payment of the required premium when due and compliance with all applicable provisions of this Policy.

The insurance provided under this Policy is only with respect to such and so many of the benefits as are indicated by a specific amount set opposite in the Policy Schedule.

This Policy will only be valid and in force if the Policy Schedule is signed by a person We have authorized.

Authorized Signature

## **Part A: GENERAL DEFINITIONS**

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

**Accident, Accidental** - means a sudden, unforeseen, uncontrollable and unexpected physical event to the Insured Person caused by external, violent and visible means.

**Acquired Immune Deficiency Syndrome** - means the meanings assigned to it by the World Health Organization. Acquired Immune Deficiency Syndrome shall include HIV (Human Immune-deficiency Virus), encephalopathy (dementia), HIV Wasting Syndrome, and ARC (AIDS Related Condition).

**Age** - means the Age of the Insured Person on his / her most recent birthday as per the English calendar, regardless of the actual time of birth. The Insurance under this Policy shall only apply to Insured between the ages of Eighteen (18) to Sixty Five (65) years old.

**Certificate of Insurance** - means the document issued by Us detailing the effective date, Insured Person(s), benefits, sums insured, Deductible, Franchise, premium and more generally all special condition(s) and or endorsement(s).

**Covered Illness** - means illness occurring beyond the waiting period << (as mentioned in the policy schedule) >> after the Issue Date or Inception Date, whichever is later, of this Policy. For this purpose, an illness has occurred when it has been investigated, diagnosed or treated or when its signs or symptoms have manifested which will cause an ordinary prudent person to seek diagnosis, care or treatment. In the event of any conflict or discrepancy of opinions relating to the signs or symptoms of an illness and their manifestation between a Physician and the Insured, we will adopt and follow an independent Physician's professional opinion. We will not pay for any expenses, test, visits, fees etc. relating to the diagnosis.

**Diagnosis** - means the definitive diagnosis made by a Physician as herein below defined, based upon such specific evidence, as referred to herein below in the definition of the particular Critical Illness concerned, or, in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to the Company.

In the event of any dispute or disagreement regarding the appropriateness or correctness of the diagnosis, We, at Our own expense, shall have the right to call for an examination, of either the Insured or the evidence used in arriving at such diagnosis, by an independent acknowledged expert in the field of medicine concerned selected by Us and the opinion of such expert as to such diagnosis shall be binding on both the Insured and Us.

**Hazardous Activities:** the category of activities including but not limited to sky diving, parachuting, hand gliding, bungee jumping, scuba diving, white water rafting, mountain climbing, skiing whether indoor or outdoor.

**Hospital** – means a medically recognized establishment:

- (a) the primary function of which is to provide for the care and treatment of sick or injured persons, and
- (b) that has a staff of one or more Physicians actually available on the premises at all times, and
- (c) that provides a 24-hour nursing service and has at least one qualified and registered professional nurse present and on duty at all times, and
- (d) that has organized diagnostic and surgical facilities, either on its own premises or in facilities available to the Hospital on a pre-arranged basis, and
- (e) is not, except incidentally to its primary function, a clinic, nursing home, rest home, or convalescent home for the aged, or any similar institution, and

(f) that has a minimum of 10 beds, which are used either in the General ward , or special wards/rooms or in Intensive care unit, or all combined.

**Insured Period(s)** - means with respect to the Policy, the period commencing with the Effective Date of the Policy and terminating with the Expiration Date of the Policy as stated in the Policy Schedule and any subsequent period for which the Policy may be renewed.

**Insured Person** - means the Insured Person between the ages of Eighteen (18) to Sixty Five (65) years old, and a resident of country of policy issuance, who is covered under this Policy for the listed Insured Events as described in the policy schedule. Policy is however renewable annually for life upon payment of premium.

**Physician** - means a licensed medical practitioner acting within the scope of his license and who holds a degree of a recognized institution and is registered by the Authorized Medical Council in the Republic of India. The attending Physician will not be (a) an Insured Person or (b) Your Immediate Family Member or c) or anyone who is living in the same household as the Insured. The term Physician would include surgeon.

**Policy** - means the insurance contract, the Policy Schedule, and any attached enrollment forms, endorsements, or riders.

**Policyholder** - means the physical person(s) or the entity named in the Policy Schedule who is (are) responsible for payment of premiums

**Policy Schedule** - means the Policy Schedule attached to and forming part of the Policy.

**Pre-existing Condition** - Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to your first policy with us.

**Professional Sport** - means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.

**Proposal and Declaration Form** - means any initial or subsequent Proposal / Declaration made by the Policyholder/ Insured Person and is deemed to be attached and which forms a part of this Policy.

**War** - means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

**We/Us/Our** - means TATA AIG General Insurance Company Limited.

**You/Your/Yourself** - means the Policy Holder and/or Insured Person(s) who is named in the Policy Schedule.

## **Part B: GENERAL EXCLUSIONS**

This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of:

1. Any Pre-existing Condition, any complication arising from it.  
Pre existing covered after 4 continuous renewals however pre existing illnesses classified as permanent exclusions would not be covered  
**or**  
Pre-existing condition after 4 continuous renewals unless stated in the proposal form and specifically accepted by the company and endorsed thereon.
2. Intentionally self-inflicted Injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune-deficiency Virus (HIV) infection; suicide, or
3. War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or
4. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by You, shall return the pro rata premium for any such period of service; or
5. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
6. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
7. Congenital anomalies or any complications or conditions arising there from; or
8. Professional Sports, Hazardous Activities; or
9. Cosmetic or plastic surgery or any elective surgery or cosmetic procedure, circumcision, (except as a result of an Injury caused by a Covered Accident while Our Policy is in force ) that improve physical appearance, surgical and non-surgical treatment of obesity (including morbid obesity) and weight control programs, or treatment of an optional nature; Routine health checks or convalescence, Custodial Care, general debility, lethargy, rest cure; expenses on vitamins, tonics and any other health supplement; vaccination, inoculation of any kind.
10. Any investigation(s) or treatments not directly related to a Covered Illness or Covered Injury or the conditions or diagnosis necessitating hospital admission; or Any surgery done on the organ(s), if they are not infected or affected;
11. Services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician; or
12. Organ transplants that are considered experimental in nature; expenses incurred for hospitalization or surgery for donation of organs ; or

13. Pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices; This however does not include ectopic pregnancy proved by diagnostic means and is certified to be life threatening by the Physician; or
14. Medical expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose.
15. Any surgery for donation of organs.
16. Treatment of Spondylosis/ Spondilites
17. Cost of Spectacles and contact lens, hearing aids, walkers, crutches, wheel chairs and such other aids
18. Any Ayurvedic, Homeopath or naturopathy treatments.

Some common exclusions followed across the industry: (whenever we re-file the product, we need to consider these )

- Any treatment related to sleep disorder or sleep Apnoea syndrome.
- Genetic disorders and stem cell implantation / surgery.
- Notwithstanding anything contained herein this benefit shall not apply to any medical expenses incurred by the insured person in any place or geographical area other than in India.
- Hospitalisation and treatment of any kind not actually performed, necessary or reasonable, or any kind of elective surgery or treatment which is not medically necessary.

### **Part C: UNIFORM PROVISIONS**

**1. ENTIRE CONTRACT - CHANGES:** This Policy, together with the Proposal and Declaration Form, as well as any forms, riders and endorsements and papers hereto, constitutes the entire contract of insurance.

No change in this Policy shall be valid until approved by Our authorized officer and such approval is endorsed hereon. No agent has authority to change this Policy or to waive any of the provisions of this Policy.

**2. CONSIDERATION:** The premium payable under each Certificate of Insurance issued under this Policy is payable in installments :

- a) in the case of annually paid premium – before the beginning of each 12 monthly period when the annual premium is due, or
- b) in the case of monthly premiums – before the beginning of each such period when the premium installment is due. The coverage will cease if You do not make the payment on the due date.

### **3. EFFECTIVE DATE:**

The Policy will start on the date specified on the Proposal and Declaration Form and Policy Schedule provided it is countersigned by Us and the total premium has been paid by You.

However Your coverage under this Policy begins on the latest of :

- 1) the Policy Effective date as stated above; or
- 2) the date on which the premium is paid when due.

After taking effect each Policy may continue in effect after the renewal date subject to Part C, No. 4, "RENEWAL CONDITIONS," set forth herein. All subsequent Insured Periods shall begin and end at midnight

### **4. RENEWALCONDITIONS:**

The Policy and Certificate of Insurance may be renewed with Our consent by the payment in advance of the total premium specified by Us, which premium shall be at Our premium rate in force at the time of renewal. The policy and the Certificate of Insurance shall be ordinarily renewable except on grounds such as mis-representation, fraud or moral hazard.

We, however, are not bound to give notice that it is due for renewal. Unless renewed as herein provided, this Policy or Certificate of Insurance shall terminate at the expiration of the period for which premium has been paid.

We may extend the renewal automatically if opted by You in the Proposal Form and provided You are eligible for renewal as per age criteria as per Policy terms.

The policy will be renewable provided premium has been paid on the renewal due date. However a delay in payment up to 15 days from the premium due date is allowed where you can still pay your premium and continue your policy. Coverage would not be available for the period for which no premium has been received. Post 15 days from premium due date, if the premium is not paid, the policy will lapse i.e. be terminated.

#### 5. EXPIRATION DATE:

This Policy will terminate on the earliest of the following dates:

- a) at the expiration of the period for which premium has been paid
- b) Expiration Date shown in the Proposal and Declaration Form and Policy Schedule
- c) You cease to be a resident of India,
- d) The date You or We cancel the Certificate of Insurance.

#### 6: CANCELLATION CLAUSE

We may cancel this Policy / Certificate of Insurance at any time on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the insured by giving you 15 Days notice delivered to You, or mailed to Your last address as shown by Our records, stating when such cancellation shall be effective. In the event of cancellation, we will return the pro-rata premium, less administration charges.. Such cancellation shall be without prejudice to any valid claim originating prior thereto.

If you cancel the Policy, the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, provided no claim has occurred up to the date of cancellation in which case there shall be no return of premium.

Short rate table -

Cancellation	<i>ANNUALLY</i>
Up to 14 Days	Rs.99/-
Up to 1 month	25 % OF annual Premium
Up to 3 months	37.5 % OF annual Premium
Up to 4 months	50 % OF annual Premium
Up to 6 months	62.5 % OF annual Premium
Up to 8 months	87.5 % OF annual Premium

Above 8 months	100 % OF annual Premium
These are retention scales.	

**7. TERRITORY:** This Policy applies to incidents anywhere in the world unless limited by Us through endorsement.

**8. CONCEALMENT OR FRAUD:** The entire Policy/ Certificate of Insurance will be void if, whether before or after a loss, You have, related to this insurance:

- a) intentionally or recklessly or otherwise concealed, not disclosed or misrepresented what is considered to be any material fact or circumstance;
- b) engaged in what is considered to be fraudulent, dishonest or deceitful conduct; or
- c) made false statements.

**9. CLAIMS PROCEDURE**

a) **NOTICE OF CLAIM/LOSS:** It is a condition precedent to Our liability hereunder that written notice of claim must be given by You to Us not later than 30 Days after an actual loss begins or as soon as reasonably possible.

b) **CLAIM FORMS:** We, upon receipt of a notice of claim, will furnish Your representative with such forms as We may require for filing proofs of loss.

c) **TIME FOR FILING CLAIM FORMS AND EVIDENCE:** Completed claim forms and written evidence of loss must be furnished to Us within thirty (30) Days after the date of such loss. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if You can satisfy us that it was not reasonably possible for You to give proof within such time. However, no proof will be accepted if furnished later than one (1) year from the time the loss occurred.

d) **TIME OF PAYMENT OF CLAIM:** Benefits payable under this Policy will be paid within a reasonable time upon receipt of due written evidence of such loss and any other documentation, information and assistance that We may request You pursuant to Uniform Provision 10 below.

e) **PAYMENT OF CLAIM:** All claims under this Policy that are payable to You / Your nominee shall be paid in Indian currency.

However in case of monthly premiums, the claim will be paid after deducting the balance premium installment left.

**10. ARBITRATION:** If any dispute or difference shall arise as to the quantum of claim to be paid under this Policy, (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator, to be appointed in writing by the parties to or, if they cannot agree upon a single Arbitrator within 30 Days of any party invoking Arbitration, the same shall be referred to a panel of three Arbitrators, comprising two Arbitrators - one to be appointed by each of the parties to the dispute/ difference, and the third Arbitrator to be appointed by such two Arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Indian Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has denied, disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss or damage shall be first obtained.

**11. ASSIGNMENT OF INDEMNITIES:** Benefit Amount, if any, in case of Loss of Life resulting from any of the covered benefits, is payable as defined in the Policy Schedule by default to the nominee declared by You, in absence of which will be payable to your estate. Any payment We make in good faith pursuant to this provision shall fully discharge Us to the extent of the payment.

**12. CONSENT OF NOMINEE:** Consent of the nominee, if any, shall not be a pre-requisite for any change of nominee or to any other changes in this Policy.

**13. CHANGE OF NOMINEE:** No change of nominee under this Policy shall bind Us, unless consent / such change thereto is formally endorsed thereon by Our authorized officer.

**14. MEDICAL EXAMINATION:** We, at Our own expense, shall have the right and opportunity to obtain a post mortem report in case the same has been conducted and any other medical Reports as permitted by law. Your or Your estate's compliance with the need for such examination report is a condition precedent to establishing liability under the Policy.

**15. LEGAL ACTIONS:** Without prejudice to Uniform Provision 10 above, no action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) Days after written evidence has been furnished in accordance with the requirements of this Policy. If no evidence has been furnished within one (1) year of the date upon which it should have been furnished then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

If We disclaim liability to You for any claim, and if You do not notify Us in writing within one (1) year from the date of receipt of the notice of such disclaimer that You do not accept such disclaimer and intend to recover this claim from Us, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

**16. MISSTATEMENT OF AGE:** If Your Age has been misstated; all amounts payable under this Policy shall be adjusted to the coverage amount that would have been purchased for the premium paid. In the event Your Age has been misstated, and if according to Your correct Age, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then Our liability during the period You are not eligible for coverage, shall be limited to the refund, upon written request, of all premiums paid for the period not covered by the Policy.

**17. COMPLIANCE WITH POLICY PROVISIONS:** Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

**18. LIMITATIONS.**

a) If an Insured Person suffers a covered Illness or Sickness or Disease for which benefits, are payable under more than one such Similar Policy issued by Us, the maximum amount payable under all Policies combined will not exceed the amount payable under the Policy which pays the largest benefit.

b) In case of more than one surgery done during the same hospitalization period, we shall pay against only one- the largest of surgeries, as covered under the Policy.

c) We will not pay more than once for the same Accident, Injury or Illness, resulting in any Hospitalization, treatment or Surgery, during the Policy period

d) Only one Daily Benefit is provided for any one Day of confinement, regardless of the number of covered Accident, Injury or Illness, for which the confinement is required.

**19. INTEREST ON THE BENEFIT WE PAY:** We will not pay any interest on any benefit We pay, unless provided elsewhere as per the Insurance Act.

**20. OTHER INTEREST:** No person(s) other than you and/or your nominee (s) named by you in this application form can claim or sue us under this policy.

**21. REASONABLE CARE AND ASSISTANCE:** You and each Insured Person must take all reasonable steps to avoid or reduce, as far as possible, any loss or damage. In addition, You and each Insured Person must assist Us in any manner We may reasonably require in relation to the investigation or settlement of a claim or the preservation or enforcement of any rights of subrogation to which we may be entitled.

## **Part D: COVERAGE**

### **BENEFITS PROVISIONS**

While this Policy is in force, the Company shall provide the Benefits of this Policy stated on the Policy Schedule or any Endorsement when the Insured is diagnosed to be suffering from a Critical Illness as defined herein below.

### **CRITICAL ILLNESS BENEFITS**

While this Policy is in force, the Company shall provide the benefit in one lump sum as stated in the Schedule of Benefits subject to the provisions, conditions and limitations contained herein or which may be endorsed hereinafter if the Insured is diagnosed to be suffering from a Critical Illness as defined herein below and if all of the following conditions are satisfied.

- (a) The Insured Person experiences a Critical Illness specifically listed and defined in this Policy; and
- (b) The Critical Illness experienced by the Insured is the first incidence of that Critical Illness; and
- (c) The signs or symptoms of the Critical Illness experienced by the Insured Person commenced beyond waiting period of more than 90 days following the Issue Date of the Certificate of Insurance or Inception Date, whichever is later; and
- (d) None of the General or Specific Limitations or Exclusions specifically contained in this Policy applies.
- (e) The person has to survive the illness by (30) days or more, from the date of diagnosis.

Only one lump sum payment shall be provided during the Insured's lifetime regardless of the number of Critical Illness, incapacities or treatments suffered by him/her. This Benefit will be terminated after the lump sum payment. If a Critical Illness is diagnosed within waiting period (90 days) following the effective date of this Policy, the Company's liability shall be limited to the refund of premiums paid under this Policy.

### **Covered Critical Illnesses**

The Critical Illness Benefit covers any of the following illnesses upon diagnosis being:

- C1) Cancer
- C2) First Heart Attack
- C3) Stroke
- C4) Kidney Failure
- C5) Coma

- C6) Total Blindness (due to acute sickness or accident)
- C7) Major Burns
- C8) Multiple Sclerosis
- C9) Permanent Paralysis Of Limbs

### **C1) Cancer -**

A malignant tumour characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- (1) Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- (2) Any skin cancer other than invasive malignant melanoma
- (3) 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.....
- (4) Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- (5) Chronic lymphocytic leukaemia less than RAI stage 3
- (6) Microcarcinoma of the bladder
- a) (7) All tumours in the presence of HIV infection

### **C2) First Heart Attack**

The first occurrence of 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 this will be evidenced by all of the following criteria:

- a) a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- b) new characteristic electrocardiogram changes
- c) elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- (1).Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;
- (2).Other acute Coronary Syndromes (3).Any type of angina pectoris

### **C3) Stroke**

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain.

Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

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

**C4) Kidney Failure**

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner

**C5) Coma**

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:

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

The condition has to be confirmed by a specialist medical practitioner.

Coma resulting directly from alcohol or drug abuse is excluded.

**C6) Total Blindness** (due to acute sickness or accident)

Total irreversible loss of sight in both eyes, duly certified by an ophthalmologist's report, as a result of acute sickness or Accident. Loss of sight will be deemed to have occurred if the degree of sight remaining after correction in both eyes is 3/60 or less on the Snellen scale.

**Diagnostic criteria:**

Attending ophthalmologist's report

**C7) Major Burns**

Third Degree Burns (full thickness skin destruction) covering at least twenty percent (20%) of the body surface.

**C8) Multiple Sclerosis**

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart.

Other causes of neurological damage such as SLE and HIV are excluded.

**C9) Permanent Paralysis Of Limbs**

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months

**Specific Exclusions: Critical Illnesses Section:**

1. Any Illness, sickness or disease , other than specified as Critical Illness, as mentioned in the policy schedule, or
2. Any Critical Illness of which, the signs or symptoms first occurred prior to or within waiting period (90 days ) following the Policy Issue Date or the Inception Date, whichever is later, or
3. Any Critical Illness resulting from a pre-existing condition as defined in the Policy wordings, or
- 4 Any Critical Illness based on a Diagnosis made by the Insured or his/her Immediate Family Member or anyone who is living in the same household as the Insured or by a herbalists, acupuncturist or other non-traditional health care provider.

**Part D: COVERAGE**

**Hospitalization:**

We will pay, subject to the Deductible shown in the Policy Schedule or the Schedule of Benefits for Covered Medical Expenses, as medically necessary, incurred whilst hospital confined which are not due to a Pre-existing Condition as per maximum benefit stated in the Policy Schedule or the Schedule of Benefits, for the treatment of an Injury or Sickness sustained by You under the circumstances described.

**Definition:**

**Covered Medical Expenses** - 1) made for services and supplies not excluded under the policy; 2) made for services and supplies which are a Medical Necessity; 3) made for services included in the Policy Schedule or in Schedule of Benefits; and 4) in excess of the amount stated as a deductible, if any. Covered medical expenses will be deemed "incurred" only: 1) when the covered services are provided; and 2) when a charge is made to the Insured Person for such services. 3) when the expenses are incurred whilst confined as inpatient in the Hospital.

**Medical Necessity** - means those services or supplies provided or prescribed by a Hospital or physician which are:

- 1) Essential for the symptoms and diagnosis or treatment of the Sickness or Injury;
- 2) Provided for the diagnosis, or the direct care and treatment of the Sickness or Injury;
- 3) In accordance with the standards of good medical practice;
- 4) Not primarily for the convenience of the Insured, or the Insured's Physician; and
- 5) The most appropriate supply or level of service which can safely be provided to the Insured.

The Medical Necessity of being Hospital Confined means that: 1) the Insured requires acute care as a bed patient; and 2) the Insured cannot receive safe and adequate care as an outpatient. This policy only provides payment for services, procedures and supplies which in the judgment of the Company are a Medical Necessity. No benefits will be paid for expenses which are determined not to be a Medical necessity, including any or all days of Hospital Confinement.

**Hospital Confined/Hospital Confinement** - means confined in a Hospital for at least 24 hours by reason of an Injury or Sickness for which benefits are payable.

**Hospital Room Rent and Board Expenses** – means daily room rate when Hospital confined;

**Intensive Care Unit** - means

- 1) a specifically designated facility of the Hospital that provides the highest level of medical care; and
- 2) which is restricted to those patients who are critically ill or injured.

Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement.

A Daily Room & Board Benefit shall be paid, subject to Deductibles as Specified, when, upon the recommendation of a Registered Medical Practitioner, an Insured Member is registered as a bed patient in a Hospital.

**Nursing Expenses, Physician Charges and Hospital Diagnostic Tests** - while hospital confined; Benefits will be paid for cost of investigations if carried out and costs incurred, as specified in the Policy schedule.

- MRI
- CT Scan or Doppler Study
- Lab Test and/or x-ray examination and /or ECG
- Physiotherapy
- Nursing Expenses
- Physician's Visits - when Hospital Confined.
- Anesthetist's Fees – in connection with inpatient surgery.

**Ambulance Service** – medical transportation fees and services while admitting and/or while discharging from the Hospital. Benefits are paid as specified under the Policy.

**Exclusions:**

Any other ailment for which hospitalization is not warranted due to advances in medical technology for eg.

1. Coronary Angiography (CAG)
2. Cataract
3. Dialysis
3. Chemotherapy & Radiotherapy
4. Hernia
5. Lithotripsy (Kidney stone crushing)
6. Tonsillectomy
7. Adenoidectomy
8. Haemorrhoidectomy
9. Fistulectomy
10. Ascitic / pleural fluid tapping
11. Dislocation of joints
12. Arthroscopy or arthroscopic repair of torn ligament.
13. Dilatation & curettage (D & C for any abnormal menstrual complaints or abortion)
14. Septoplasty (Deviated Nasal Septum)

Note – this list is indicative and not exhaustive. This may get updated from time to time based on advances in medical science.

### **Section: IN-HOSPITAL BENEFIT FOR ACCIDENTS**

We will pay a Daily Benefit for each Day You are an Inpatient in a Hospital within the Republic of India due to Injury or Accidents subject to the Deductible shown in the Policy Schedule. The Period of Confinement must be Medically Necessary and recommended by a Physician. The total benefits provided for any One Period of Confinement are subject to the In-Hospital maximum shown in the Policy Schedule.

#### **Definitions:**

Daily Benefit - means the amount payable for each Day spent in the Hospital.

**One Period of Confinement** - means a Hospital confinement due to the same Injury or Accident unless separated by at least 45 Days.

**Period of Confinement** - means a period of consecutive Days of confinement as an Inpatient caused by an Accident, or Injury. However, successive confinements as an Inpatient caused by or attributable to the same Accident, or Injury, are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least 45 Days

Only one Daily Benefit is provided for any one Day of confinement, regardless of the number of covered Accidents, or Injuries, for which the confinement is required.

#### **Exclusions:**

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. Hospitalization outside the Republic of India; or
2. Pregnancy and resulting childbirth, miscarriage; or
3. Disease of the female / male organs of reproduction; or
4. Routine physical exams; or
5. Elective, cosmetic or plastic surgery, except as a result of an Injury caused by a covered Accident while the policy is in force; or
6. Any mental, nervous or emotional disorders or rest cures.

### **Section: IN-HOSPITAL BENEFIT FOR SICKNESS**

We will pay a Daily Benefit for each Day You are an Inpatient in a Hospital within the Republic of India due to Illness, or Disease or Sickness subject to the Deductible shown in the Policy Schedule. The Period of Confinement must be Medically Necessary and recommended by a Physician. The total benefits provided for any One Period of Confinement are subject to the In-Hospital maximum shown in the Policy Schedule.

#### **Definitions:**

Daily Benefit - means the amount payable for each Day spent in the Hospital.

**One Period of Confinement** - means a Hospital confinement due to the same Illness, or Disease or Sickness unless separated by at least 45 Days.

**Period of Confinement** - means a period of consecutive Days of confinement as an Inpatient caused by Illness, or Disease, or Sickness. However, successive confinements as an Inpatient caused by or attributable to the same Illness, or Disease, or Sickness are considered to be part of the same Period of

Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least 45 Days

Only one Daily Benefit is provided for any one Day of confinement, regardless of the number of covered Illness, or Diseases, or Sicknesses for which the confinement is required.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

- 1 Hospitalization outside the Republic of India; or
- 2 Pregnancy and resulting childbirth, miscarriage; or
- 3 Disease of the female / male organs of reproduction; or
- 4 Routine physical exams; or
- 5 Elective, cosmetic or plastic surgery, except as a result of an Injury caused by a covered Accident while the policy is in force; or
- 6 Any mental, nervous or emotional disorders or rest cures.

## **Part D: COVERAGE**

### **Major Surgical Benefit**

We will pay, subject to the Deductible shown in the Policy Schedule or the Schedule of Benefits in the event of an Insured Person undergoing any **Covered Major Surgery** as Specified in the Policy Schedule, as medically necessary and incurred whilst hospital confined which is not due to a Pre-existing Condition as per the Policy Schedule or the Schedule of Benefits. The Benefit shall be paid as lump sum irrespective of the actual expenses incurred for the Surgery.

**Surgery:** Treatment of Injury or Illness by incision or manipulation by a Surgeon

**Surgeon:** Means a qualified medical practitioner who specializes in Surgeries and is legally authorized to practice medicine.

**Surgical Treatment –** .Treatment of bodily injuries/illness/disorders/deformities/defects by Incisions or Shockwaves or Lasers , including therapeutic Endoscopic procedures requiring the professional services of a qualified surgeon and the use of an Operation Theatre for repair of injuries/diagnosis and /or cure of diseases and /or relief of suffering and /or prolongation of life.

### **Covered Major Surgeries**

1. **CABG**: Coronary Artery Bypass Grafting is an open heart surgery where bypass grafting done using arterial or venous graft supported with or without heart lung machine. This is done on coronary arteries (one or more) due to blockage.
2. **Angioplasty**: This is a laser or intra-arterial procedure done in a “Cath Lab” due to opening the occluded artery via balloon insertion. Stents (mediated or non-medicated) placed on the occluded artery to restore the revascularization of the myocardium.
3. **Brain surgery** :
  - a. **Craniotomy**: Cutting into cranial cavity, decompression surgery, trephining and tapping.
  - b. **Tumor removal**: Surgical removal of tumor.
4. **Post traumatic surgery**: Surgery due to trauma induced surgeries of skull fracture, pelvis fracture, and compound / comminuted fractures requiring ORIF (Open Reduction and Internal Fixation) in other parts of body.
5. **Bone marrow transplant**: Transplant surgery where healthy bone marrow implanted in those patients whose bone marrow is not working properly. This is due to hereditary hemolytic diseases, hereditary immunodeficiency diseases or various forms of cancer.
6. **Major organ transplant (Excluding Kidney Transplant)**: The actual undergoing as a recipient of a transplant of a heart, lung, liver, pancreas. The diagnosis and recommendation of transplant must be made by at least two specialist physicians.
7. **Knee replacement**: This procedure is performed by using artificial prosthesis in case of traumatic arthritis, severe knee injuries.
8. **Hip replacement**: Procedure is performed by using artificial prosthesis in case of severe injuries, trauma.
9. **Spinal surgeries**: Repairative surgery in case of major blunt trauma.
10. **Enucleation**: Surgical removal of eyeball due to malignant tumor or due to severe trauma of eyeball or due to Odontogenic cyst
11. **Heart Valve replacement**: Valve replacement surgery by using artificial prosthetic valve in case of valvular disease.
12. **Pacemaker implant**: Pacemaker implant due to heart block or in case of severe arterial or ventricular fibrillation.
13. **Knee ligament surgery/ Arthroscopy**: Arthroscopic repair of ligaments of knee due to traumatic tear.

## **Part D: COVERAGE**

### **Minor Surgical Benefit:**

We will pay, subject to the Deductible shown in the Policy Schedule or the Schedule of Benefits in the event of an Insured Person undergoing any **Covered Minor Surgery** as Specified in the Policy Schedule, as medically necessary and incurred whilst hospital confined which is not due to a Pre-existing Condition up to the maximum stated in the Policy Schedule or the Schedule of Benefits. The Benefit shall be paid as lump sum irrespective of the actual expenses incurred for the Surgery.

**Surgery:** Treatment of Injury or Illness by incision or manipulation by a Surgeon

**Surgeon:** Means a qualified medical practitioner who specializes in Surgeries and is legally authorized to practice medicine.

**Surgical Treatment –** .Treatment of bodily injuries/illness/disorders/deformities/defects by Incisions or Shockwaves or Lasers , including therapeutic Endoscopic procedures requiring the professional services of a qualified surgeon and the use of an Operation Theatre for repair of injuries/diagnosis and /or cure of diseases and /or relief of suffering and /or prolongation of life.

### **Covered Minor Surgeries**

**1: Appendectomy/ Cholecystectomy:**- Surgical removal of the appendix due to acute appendicitis, rupture of appendix. Surgical removal of gall bladder due to acute or chronic Cholecystitis or Symptomatic gall stones.

**2: Removal of Gall stones/ kidney stones:** Laser/surgical removal of gall stones and kidney stones.

**3: Hernia repair:** Hernia repair surgery is done by using mesh to repair the weakness on the abdominal wall from where the bulging appeared.

**4: Hemorrhoids:** Piles/ Hemorrhoids removal in case of Symptomatic bleeding anal varices.

**5:Removal of Skin lesion:** Removal of Skin lesion like Symptomatic cyst, melanoma ganglion.

**6:Biopsy of Growth:** Surgical removal of a portion of growth for histopathological study.

## **Part D: COVERAGE**

### **Post Hospitalization Expenses**

We will pay, subject to the Deductible shown in the Policy Schedule or the Schedule of Benefits in the event of an Insured Person incurring expenses post hospitalization for any Covered Major Surgery or Covered Minor Surgery as listed/ defined above and Specified in the Policy Schedule, as medically necessary and which is not due to a Pre-existing Condition up to the maximum stated in the Policy Schedule or the Schedule of Benefits. The Benefit shall be paid as lump sum irrespective of the actual expenses incurred, under the following circumstances only.

1. Post Operative Physiotherapy: Eligibility: Minimum of 2 visits
2. Chemotherapy and/ or Radiation: Eligibility: Minimum of 3 visits. Payable once during the lifetime of the Insured.
3. Kidney Dialysis. Payable once during the lifetime of the Insured.

## **CONVALESCENCE**

The Policy covers the Insured Person for a lump sum payment, as the sum Insured shown in the Policy Schedule of Cover, for recovery at home, immediately following hospital discharge as an in-patient for a minimum hospitalisation of 5 consecutive nights.

### **Value Added Services –**

In addition to the above benefits, E-Meditek Solutions Ltd., our appointed service provider for your Health Policy, offers some value added benefits as listed below -

**1. Health Line** – You will be able to talk to Physicians on daily-routine Medical problems like – Acidity, sinus, cough-colds, infections, diabetes etc through the Toll Free No. which is mentioned in the Welcome Kit. The Physicians will inform the Customers on the causes of these Problems and suggested therapies. This service will not provide any specific Medicines, but will only act as additional information.

You will have to accept the Medico legal disclaimer at the beginning of the Call.

Medico legal disclaimer – *“This call is meant for additional Information purpose only and doesn’t substitute your visit/ consultation to a Physician,*

**2. Health Portal** – You will be given access to the Health Portal, exclusively developed for TATA-AIG General Insurance Co., which has a ‘Knowledge Centre’ which will host ‘Health Articles’ on relevant topics like diabetes, Cholesterol, Weight management, Yoga, heart diseases, Fitness. The purpose of this service is to educate you on Health & Wellness topics so that you can start practicing Preventive Care.

You will have to accept the Medico legal disclaimer before accessing the Health articles

Medico legal disclaimer – *“These articles are intended for additional Information purpose only and doesn’t substitute your visit/ consultation to a Physician”*

The Health portal will also host the list of network hospitals for Cashless settlement, provided by the appointed Third Party Administrator (TPA).

**3. Health Query** – You will be able to write queries on routine health problems like acidity, sinus, cough-colds, infections, diabetes etc on – “Post Your Health Query”

The Queries will be answered by a Physician, and will be e-mailed to your e-mail address.

This service will not provide any specific Medicines, but will only act as additional information.

You will have to accept the Medico legal disclaimer while availing this service on the health portal

Medico legal disclaimer – *“This service is intended for additional Information purpose only and doesn’t substitute your visit/ consultation to a Physician”*

**4. Discounted Services for Health & Wellness:** You will be offered discounts at health related services like Gyms, Weight management Centers, beauty parlors, diagnostic centers by personally visiting / calling the respective centers in their respective cities and paying directly to the centre

We will provide the list of discounted tie-ups, along with Centre address/ contact numbers available on the health portal which will be updated on regular intervals.

#### **5. e-News letter**

You will receive regular updates on various health Topics, latest trends in Health & Wellness, via an ‘e-News Letter’ which will be mailed to your e-mail id (if available & provided). The purpose of this e-news letter is to educate you on Health & Wellness topics so that you can start practicing Preventive Care.

You will have to accept the Medico legal disclaimer before accessing the Health articles

Medico legal disclaimer – *“These articles are intended for additional Information purpose only and don’t substitute your visit/ consultation to a Physician”*

### **PART E - SCOPE OF COVERAGE:**

#### **Hazard (H 1)**

#### **24-HOUR PROTECTION**

#### **(Business and Pleasure)**

At any time, anywhere in the world, unless specifically restricted in the Policy.

#### **Customer Service and Grievance Procedure:**

We have a 24/7 help line for addressing customer queries. The contact details of our helpline are as under.

Toll Free: 1 800 11 99 66 ( from a BSNL/ MTNL landline)

Tolled No: 022 6693 9500

Email: customersupport@tata-aig.com

Our customer service executives are equipped to address queries, attend to grievances. You may also seek details of nearest office of Insurance Ombudsman for any Complaint redressal.

Details of the Office of Ombudsman is as listed below -

<b>OFFICE OF THE OMBUDSMAN</b>	<b>NAME OF THE OMBUDSMEN</b>	<b>CONTACT DETAILS</b>	<b>AREAS OF JURISDICTION</b>
AHMEDABAD	Shri Amitabh	Insurance Ombudsman Office of the Insurance Ombudsman 2 nd floor, Ambica House Nr. C.U.Shah College 5, Navyug Colony, Ashram Road, <b>AHMEDABAD – 380 014</b> Tel.079- 27546150 Fax:079-27546142 E-mail: insombahd@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Shri N.A.Khan	Insurance Ombudsman Office of the Insurance Ombudsman Janak Vihar Complex, 2 nd floor Malviya Nagar, <b>BHOPAL</b>  Tel. 0755-2769201/02 Fax:0755-2769203 E-mail: bimalokpalbhopal@airtelbroadband.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Shri S.K.Dhal	Insurance Ombudsman Office of the Insurance Ombudsman 62, Forest Park <b>BHUBANESHWAR – 751 009</b> Tel.0674-2596461(Direct) Secretary No.:0674-2596455 Tele Fax - 0674-2596429 E-mail: ioobbsr@dataone.in	Orissa
CHANDIGARH	Shri K.M.Chadha	Insurance Ombudsman Office of the Insurance Ombudsman S.C.O. No.101, 102 & 103 2 nd floor, Batra Building Sector 17-D , <b>CHANDIGARH – 160 017</b> Tel.: 0172-2706196 Fax: 0172-2708274 E-mail: <a href="mailto:ombchd@yahoo.co.in">ombchd@yahoo.co.in</a>	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Shri K.Sridhar	Insurance Ombudsman Office of the Insurance Ombudsman Fatima Akhtar Court , 4 th floor, 453 (old 312) Anna Salai, Teynampet, <b>CHENNAI – 600 018</b> Tel. 044-24333678 Fax: 044-24333664 E-mail: <a href="mailto:insombud@md4.vsnl.net.in">insombud@md4.vsnl.net.in</a>	Tamil Nadu, UT– Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Sri P.K.Mishra	Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road <b>NEW DELHI – 110 002</b> Tel. 011-23239611 Fax: 011-23230858 E-mail: <a href="mailto:jobdelraj@rediffmail.com">jobdelraj@rediffmail.com</a>	Delhi & Rajashthan

GUWAHATI	Shri Sarat Chandra Sarma	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nivesh, 5 th floor Nr. Panbazar Overbridge , S.S. Road <b>GUWAHATI – 781 001</b> Tel. : 0361-2131307 Fax:0361-2732937 E-mail: <a href="mailto:omb_ghy@sify.com">omb_ghy@sify.com</a>	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Shri P.A.Chowdary	Insurance Ombudsman Office of the Insurance Ombudsman 6-2-46 , 1 st floor, Moin Court Lane Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool <b>HYDERABAD – 500 004</b> Tel. 040-23325325 Fax: 040-23376599 E-mail: <a href="mailto:hyd2_insombud@sancharnet.in">hyd2_insombud@sancharnet.in</a>	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
ERNAKULAM	Shri James Muricken	Insurance Ombudsman Office of the Insurance Ombudsman 2 ND Floor, CC 27/2603, Pulinat Building , Opp. Cochin Shipyard, M.G. Road , <b>ERNAKULAM – 682 015</b> Tel: 0484-2358734 Fax:0484-2359336 E-mail: <a href="mailto:iokochi@asianetglobal.com">iokochi@asianetglobal.com</a>	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA	Shri K.Rangabhashyam	Insurance Ombudsman Office of the Insurance Ombudsman North British Bldg. 29, N.S. Road , 3 rd floor, <b>KOLKATA – 700 001</b> Tel.:033-22134869 Fax: 033-22134868 E-mail : <a href="mailto:iombkol@vsnl.net">iombkol@vsnl.net</a>	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
LUCKNOW	Shri M.S.Pratap	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6 th floor, Nawal Kishore Rd. Hazratganj, <b>LUCKNOW – 226 001</b> Tel.:0522-2201188 Fax: 0522-2231310 E-mail: <a href="mailto:ioblko@sancharnet.in">ioblko@sancharnet.in</a>	Uttar Pradesh and Uttaranchal
MUMBAI	Shri R.K.Vashishtha	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Seva Annexe, 3 rd floor, S.V.Road, Santacruz(W), <b>MUMBAI – 400 054</b> PBX: 022-26106928 Fax: 022-26106052 E-mail: <a href="mailto:ombudsman@vsnl.net">ombudsman@vsnl.net</a>	Maharashtra , Goa

Note : Address and contact number of Governing Body of Insurance Council:

Secretary General  
Governing Body of Insurance Council  
Jeevan Seva Annexe  
3rd Floor, S.V. Road,  
Santacruz (W)

Mumbai - 400 054  
Tel. No. : 022 - 2610 6889, 26106245  
Fax No. : 022 - 26106949, 2610 6052  
E-mail ID : [inscoun@vsnl.net](mailto:inscoun@vsnl.net)