

my:health Group Personal Accident Insurance
Policy Wording

Preamble

The Insured named in the Schedule hereto has, by a Proposal and declaration which shall be the basis of this contract and shall be deemed to be incorporated herein, applied to L & T General Insurance Company Limited (hereinafter called "the Company") for the insurance hereinafter set forth in respect of Insured/Insured Persons.

The Company hereby agrees, subject to the definitions, terms, conditions and exclusions herein contained or endorsed or otherwise expressed hereon, to provide the benefits to the Insured/Insured Persons to the extent and in the manner specified under various Sections of this Policy as are specified in the Schedule hereto due to operation of any of the insured perils during the Policy period as hereinafter mentioned.

Definitions

Any word or expression to which a specific meaning has been assigned in any part of this Policy or the Schedule hereto shall bear the same meaning wherever it appears. For purposes of this Policy, the terms specified below shall have the meaning set forth:

1. **Accident** means a sudden, unforeseen, and unexpected physical event caused by external, violent and visible means.
2. **Capital Sum Insured or CSI** means the maximum amount of Accident Benefit to which an Insured/Insured Person is eligible, as specified in the Schedule.
3. **Family** means the Insured, his/her spouse, children, parents and /or blood relatives i.e. brother or sister subject to the maximum ages as specified in the Policy.
4. **Injury** means bodily Injury caused solely and directly by accident during the Policy period.
5. **Proposer** means the person authorised by the group to propose for insurance on behalf of the members of the group.
6. **Insured** means the Group Owner named in the Schedule who has finalised the terms on behalf of the Insured Persons and in whose name the Policy is issued.
7. **Insured Person** means the person named in the Schedule to this Policy, having a place of residence in India and who is/are covered under this Policy, for whom the insurance is proposed and the appropriate premium paid.
8. **Loss of Limb** means physical separation of one or both hands or feet or permanent and total loss of use of one or both hands or feet.
9. **Hospital/Nursing Home** means an establishment in India for indoor medical care and treatment of patients which:
 - is registered with the appropriate local authorities as such and benefits from the supervision of a Medical Practitioner on a 24 hour basis, or
 - complies with at least the following criteria:
 - i) it has at least 5 inpatient beds;
 - ii) it has a fully equipped operating theatre where surgery is performed;

- iii) it employs qualified nursing staff on a 24 hour basis;
 - iv) maintains a daily record of patients.
- By the nature of the medical treatment provided is an establishment properly recognised as a Hospital/Nursing Home within the locality and fulfils all the demands ordinarily or customarily of a Hospital for medical treatment, and where all medical treatment is administered by a Medical Practitioner, and is not, a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel, health spa, massage center or any similar establishment.

10. In-Patient Care means treatment for which the Insured/Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

11. Out-Patient Care means treatment for which the Insured/Insured Person is not hospitalized for 24 hours or more but who visits a Hospital, clinic, associated facility for Diagnosis or treatment.

12. Hospitalisation Expenses mean reasonable expenses for treatment as In-Patient in a Hospital for a minimum period of 24 hours necessarily incurred by the Insured/Insured Person for the treatment of an injury in respect of which a claim for Accident Benefit is admitted, under following heads or is otherwise expressly covered under this Policy:-

- Hospital (Room & Boarding and Operation Theatre) charges inclusive of Nursing Charges.
- Fees of Surgeon, Anaesthetist, Specialists.
- Cost of diagnostic tests, medicines, blood, oxygen, internal appliances like pacemaker.
- Pre and Post hospitalisation expenses.
- Ambulance Charges.

13. Medical Practitioner is a person who holds a valid registration from the Medical Council of any State of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his/her license. The term Medical Practitioner includes a physician, specialist and surgeon, provided that this person is not a member of the Insured/Insured Person's family.

14. Period of Insurance means the duration of this Policy as specified in the Schedule.

15. Permanent Total Disablement or PTD means bodily injury, which permanently totally and absolutely prevents Insured/Insured Person from engaging in any kind of occupation whatsoever.

16. Permanent Partial Disablement or PPD means bodily injury of such nature as permanently reduces the earning capacity of the Insured/Insured Person in any employment which he was capable of undertaking at the time of accident, as assessed by a Doctor appointed by the Company.

17. Physical Separation means separation of the hand at or above the wrist and/or of the foot at or above the ankle respectively.

18. Policy includes the Proposal Form and any declarations made along with the Schedule and any Endorsement.

19. Reasonable and Customary Charges mean 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 injury involved.

20. Schedule means the Schedule attached to and forming part of this Policy containing details including that of Insured/Insured Persons, Capital Sum Insured, the Period of Insurance and the limits of Benefits under the Policy.

21. Standard Type of Aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine.

22. Table or Table of Benefits means the Table of Benefits specified under the Accident Benefit section of this Policy.

Scope of Cover

(A) ACCIDENT BENEFIT

Subject to the terms, conditions, exclusions, stipulations and definitions contained herein or expressed or endorsed hereon,

- i) **If** during the **Period of Insurance** the Insured/Insured Person shall sustain bodily injury by reason of an accident due to external, violent and visible means anywhere in the world **And**
- ii) within 12 months of the accident, such bodily injury solely and directly results in Death or Disablement of the nature specified below **Then**
- iii) the Company shall pay the corresponding Benefit indicated in the Table below together with any Additional Benefits **as may be applicable:-**

(Table-1)

Cover	Benefits	Percentage of CSI Payable
1.	Accidental Death	100%
2.	Permanent Total Disablement (PTD)	
	i) Loss of sight of both eyes	100%
	ii) Loss of, by physical separation of two entire hands or two entire feet	100%
	iii) Loss of one entire hand and one entire foot	100%
	iv) Loss of sight of one eye and such loss of one entire hand or one entire foot	100%
	v) Complete loss of hearing of both ears and complete loss of speech	100%
	vi) Complete loss of hearing of both ears and loss of one limb/loss of sight of one eye	100%
	vii) Complete loss of speech and loss of one limb/loss of sight of one eye	100%
	viii) Sight of one eye or of the actual loss by physical separation of one entire hand or one entire foot	50%
	ix) Loss of use of an entire hand or a foot without physical separation.	50%
	For the purpose of item 2 above, physical separation of one entire hand shall mean separation at or above wrist and/or of the foot at or above ankle, respectively	
	x) Permanent total and absolute disablement disabling the Insured/Insured Person from engaging in any employment or occupation of any description whatsoever	100%
3.	Permanent Partial Disablement (PPD) – In case of multiple partial disabilities company's liability shall not exceed the CSI.	
	i) Loss of toes-all	20%
	ii) Loss of Toes Great - both phalanges	05%
	iii) Loss of Toes Great - one phalanges	02%

	iv) Loss of Toes Other than great, if more than one toe lost, each	01%
	v) Loss of hearing-both ears	50%
	vi) Loss of hearing –one ear	15%
	vii) Loss of speech	50%
	viii) Loss of four fingers and thumb of one hand	40%
	ix) Loss of four fingers	35%
	x) Loss of thumb –both phalanges	25%
	xi) Loss of thumb- one phalanx	10%
	xii) Loss of index finger-three phalanges	10%
	two phalanges	8%
	one phalanx	4%
	xiii) Loss of middle finger-three phalanges	06%
	two phalanges	04%
	one phalanx	02%
	xiv) Loss of ring finger-three phalanges	05%
	two phalanges	04%
	one phalanx	02%
	xv) Loss of little finger-three phalanges	04%
	two phalanges	03%
	one phalanx	02%
	xvi) Loss of metacarpals-first or second, third, fourth or fifth	03% 2%
	xvii) Any other Permanent Disablement	Percentage as assessed by panel Doctor.
4.	Temporary Total Disablement (TTD)	If such injury shall be the sole and direct cause of temporary total disablement, then so long as the Insured/Insured Person shall be totally disabled from engaging in any employment or occupation of any description whatsoever, a sum at the rate of 1% of the Capital Sum Insured under this Section hereto per week, but in any case not exceeding Rs. 6000/- per week and a maximum of 100 weeks in all, under this policy in respect of any one injury calculated from the date of commencement of disablement and in no case exceeding the Capital Sum Insured.

(B). ADDITIONAL BENEFITS

Subject to the terms, conditions, exclusions, stipulations and definitions contained herein or expressed or endorsed hereon, in the event of a claim for Accident Benefit being admitted, the Company shall pay the Additional Benefits specified hereunder in the following circumstances:-

i. Transportation of Dead body and funeral expenses. In the event of Accidental death of Insured/ Insured Person outside his/her Home, reimbursement of transportation cost for carriage of dead body to Home including	2% of Capital Sum Insured or Rs. 2,500/- (Two thousand five hundred) or actual whichever is lower.
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funeral/cremation charges.	
ii. Ambulance Charges Reimbursement of Ambulance charges for transportation of Insured/Insured Person to Hospital following accident	Rs. 1000/- (one thousand) per Insured Person for any one accident or actual expenses whichever is lower.
iii. Education Fund In the event of Accidental death or Permanent Total Disablement of Insured/Insured Person Education Fund for dependent children as below a) If one child up to the age of 25 yrs. b) If more than one child up to the age of 25 yrs.	-10% (Ten percent) of C.S.I subject to a maximum of Rs. 12500/-. -10% (Ten percent) of C.S.I subject to a maximum of Rs. 25000/- in respect of all children.

Special Conditions applicable to Benefits A and B under Scope of Cover.

The Company shall not be liable for:

1. Any other payment, after a claim under cover 1 or 2 (except 2viii and 2ix) of Table of Benefits has been admitted and become payable other than for payments under Additional Benefits mentioned above.
2. Any payment in case of more than one claim under the Policy during any one period of insurance by which the maximum liability of the Company in that period would exceed the Capital Sum Insured. This would not apply to payments made under B (above) and any extension opted with a Sum Insured in addition to Capital Sum Insured.
3. Payment of weekly compensation until the total amount shall have been ascertained and agreed.

General Exclusions

This Policy does not provide benefits for Accidental death, disability, expenses or loss incurred as a result of any Injury attributable directly or indirectly to the following:

1. Any existing disability existing prior to the inception of the first policy with Company.
2. Accidental death or permanent disability due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
3. Accidental death or permanent disability caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
4. Any injury arising or resulting from the Insured/Insured Person or any of his family members committing any breach of law with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion.
5. Accidental Death or permanent disablement or Injury due to accidental injury arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainments.
6. In the event the insured person is a victim of culpable homicide, i.e. where the insured dies due to act committed against him, which act is committed with the intention of causing death or with the intention of causing bodily injury as is likely to cause death or with the knowledge that such act is likely to cause death.
7. Directly or indirectly caused or contributed by congenital anomaly, venereal disease, sexually transmitted disease, AIDS or insanity.
8. Accidental Death or permanent disablement due to accidental injury, directly or indirectly, caused by or contributed to by or arising from -
 - i) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel and for the purposes hereof, combustion shall include any self-sustaining process of nuclear fission;

- ii) Nuclear weapons material.
- 9. Accidental Death/Disablement/Hospitalization resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
- 10. Loss due to disease/infection or as a result of any curative treatments or interventions that you carry out or have carried out on your body, except where such condition arises directly as a consequence of an accident during the policy period.
- 11. While the Insured/Insured Person is participating in or training for any sport as a professional.
- 12. Accidental Death or disability arising or resulting from an "Act of Trespassing" by the Insured/Insured Person on any public/private property.
- 13. Any claim in respect of the Insured/Insured Person from:
 - i. intentional self-injury, suicide or attempted suicide
 - ii. abuse of intoxicants or hallucinogens including drug and alcohol
 - iii. Driving any vehicle without a valid driving licence
 - iv. whilst engaging in aviation or ballooning whilst mounting into, learning to operate any aircraft, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world
 - v. whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, training for any sport as a professional, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports.
- 14. Illness/ sickness/ natural death.

Specific Exclusions applicable to Medical Benefit Extension

- 1. Any hospitalization for an existing disability from a previous accident which has occurred prior to the first inception of this Policy.
- 2. Any stay in Hospital for an injury due to accident without undertaking any treatment.
- 3. Any hospitalization for accidental injury aggravated by an existing disability or pre-existing illness / condition / injury.
- 4. Any hospitalization, resultant from an accidental injury, received in convalescent homes, convalescent hospitals, health hydros, nature cure clinic or similar establishments.
- 5. Any hospitalization due to an accidental injury where the treatment by a family member or self medication or any treatment that is not scientifically recognized is taken.
- 6. Vaccination and inoculation of any kind unless forming part of treatment for injury due to an accident as prescribed by the Medical Practitioner.
- 7. Vitamins and tonics unless forming part of treatment for injury due to an accident as prescribed by the Medical Practitioner.
- 8. Aesthetic treatment, cosmetic surgery and plastic surgery unless necessitated due to accident or as a part of any injury.
- 9. Treatment taken from persons not registered as Medical Practitioners.
- 10. Loss caused directly or indirectly, wholly or partly by bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease.
- 11. Any other medical or surgical treatment except as may be necessary solely as a result injury.
- 12. Any treatment taken outside India.

Claim Procedure

It is a condition precedent to the Company's liability that upon the discovery or happening of any loss that may give rise to a claim under this Policy, the Insured/Insured Person shall undertake the following:

Claim Intimation

The claim has to be intimated to the Company's Call centre XXXX-XXX-XXXX or in writing at the nearest/Policy issuing office of the Company immediately or as early as reasonably possible but not later than 30 days from the date of loss.

The following information should be furnished by the Insured/Insured Person while intimating a claim:

1. Policy Number,
2. Location, Date and Time of accident,
3. Nature and cause of loss,
4. Whether Police authorities have been informed
5. Insured/Insured Person's contact numbers,

For Accident Benefit

In case of Accidental Death, written notice of the death must, unless reasonable cause is shown, be so given before internment / cremation, and in any case, within one calendar month after the death, and in the event of loss of sight or amputation of limb(s), written notice thereof must be given within one calendar month after such loss of sight or amputation.

Proof satisfactory to the Company shall be furnished on all matters upon which a claim is based. Any Medical or other agent of the Company shall be allowed to examine the Insured/Insured Person on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the Company and in the event of death, to make a post-mortem examination of the body of the Insured/Insured Person.

The following is the list of primary documents required to be submitted within 30 days of intimation of the claim. The Company reserves its right to call for any further documentation to prove the validity of the claims made under the various Benefits:

Fatal Claims:

- Claim Form duly filled in and signed.
- Death certificate.
- Copy of post Mortem report.(wherever it is conducted)
- F.I.R, Police Panchanama / Final Investigation report (in case of accident outside residence)
- Copy of treatment papers, if any
- Newspaper cutting (in case the accident has been reported by press)

Permanent Disablement Claims:

- Claim Form duly filled in and signed.
- Copy of treatment papers, if any
- Disability Certificate or Medical Report determining disability.
- FIR, Police Panchanama (in case of accident outside residence)

Temporary Total Disability Claims:

- Claim Form duly filled in and signed.
- Copy of treatment papers and copy of medical investigation report / X-rays.
- Fitness certificate from the treating doctor.
- Leave certificate (for salaried people)
- Salary certificate / income proof

Transportation:

- Bills/receipt towards cost of transportation of the mortal remains to the place of residence/hospital and/or cremation/burial ground.
- Receipt of Cremation Charges

Ambulance

Bills/receipt from a registered Ambulance Service Provider

Education Grant:

- Proof of number of dependent children viz. Ration card
- Age proof of the dependent children

The above list is only indicative. The Company may call for additional documents/ information and/or carry out verification on a case to case basis to ascertain the facts/collect additional information/documents of the case. Cost of such verification shall be borne by the Company.

Completed claim form must be furnished to the Company 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 the Insured/Insured Person can satisfy the Company that it was not reasonably possible for the Insured/Insured Person 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.

Claim Settlement

The Company shall within a period of 30 days on receipt of final completed set of documents/investigation reports (if applicable) offer settlement of the claim. In the event that the Company decides to reject a claim made under this Policy, the Company shall do so within a period of 30 days of the receipt of the final completed set of documents/investigation reports (if applicable), in accordance with the provisions of Protection of Policyholders' Interest Regulations 2002.

General Conditions

1. Duty of Disclosure

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or device being used by the Insured/Insured Person or any one acting on his/their behalf to obtain a benefit under this Policy.

Material information to be disclosed includes every matter that the Insured/Insured Person knows, or could reasonably be expected to know that relates to question in proposal form and which is relevant to the Company's decision to accept the risk of insurance and if so on what terms. This also includes facts which are not subject to questions in the proposal. The Insured/Insured Person must exercise the same duty to disclose those matters to the Company in writing before the renewal, extension, variation, endorsement or reinstatement of the Contract which may lead to adjustment in the scope of cover and/or premium, if necessary, accordingly.

2. Observance of Terms and Conditions

The due observance and fulfillment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Insured/Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

3. Alteration of Risk

All coverage under this Policy shall cease if any alteration be made whereby the risk of injury is increased unless such alteration be agreed by the Company in writing.

The Insured/Insured Person shall give immediate notice to the Company of any change in business or occupation. Such intimation is not mandatory when only the employer changes but the nature of occupation does not change.

The Insured shall on tendering any premium for the renewal of this Policy give notice in writing to the Company of any disease, physical defect or infirmity with which the Insured/Insured Persons may have become affected since the payment of last preceding premium.

4. No constructive notice

Any knowledge or information of any circumstance or condition in connection with the Insured Person in possession of any official of the Company shall not be deemed to be notice or be held to bind or prejudicially affect the Company, or absolve the Insured/Insured Persons from their duty of disclosure, irrespective of acceptance of premium by the Company.

5. Notice of charge

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured/Insured Person, his/her nominees or legal representative, as the case may be, of any Benefit under the Policy shall in all cases be an effectual discharge to the Company.

6. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

7. Electronic Transactions

The Insured/Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of this Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. Sales through such electronic transactions shall ensure that all conditions of section 41 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Insured. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated/confirmed by the Insured/Insured Person.

8. Position after a claim

For Accidental Death or Permanent Total Disablement (*cover (1) and (2) except 2viii and 2ix of Table of Benefits*) claim, the Insured Person(s) in respect of whom such claim is admitted, shall stand deleted from the Policy as and from the date of accident.

For Permanent Partial Disablement and Temporary Total Disablement (*cover (3) and (4) of Table of Benefits*) claim, the Capital Sum Insured shall stand reduced in respect of Insured person, to the extent of amount admitted under the claim towards Accident Benefit. For Family floater cover this reduced limit shall apply to all members covered under the family.

9. Fraudulent Claims

(a) If any claim is in any respect fraudulent, or if any false statement, or declaration be made or used in support thereof, or if any fraudulent means or devices be used by an Insured Person or anyone acting on his / her behalf to obtain any benefit under this Policy then this Policy shall be void for any such Insured Person and all benefits due to him/her under this Policy shall stand forfeited.

(b) Notwithstanding the above and without prejudice thereto, the Company shall at all times be at liberty and be entitled, to exercise, all its legal rights and remedies against any Insured Person and others concerned for recovery of the benefit or of moneys paid under the Policy in respect of a claim subsequently discovered to be fraudulent or in anywise not payable in terms of sub-clause (a) above.

10. If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement, the claim shall be deemed to have been abandoned and liability of the Company extinguished and shall not be recoverable thereafter.

11. Law and Jurisdiction

The geographical scope of this Policy will be worldwide; however the claims shall be settled in India in Indian rupees. The provisions of this Policy shall be governed by the laws of India and subject to the exclusive jurisdiction of Courts in India.

12. Cancellation / Termination

The Company may at any time, cancel this Policy, on grounds of misrepresentation, fraud non disclosure of material fact or non co-operation of the insured, by giving 15 days notice in writing by Registered Post Acknowledgment Due to the Insured at his/her last known address in which case the Company shall not be liable to repay the premium for the unexpired term. The Insured/Insured Person may also give 15 days notice in writing, to the Company, for the cancellation of this Policy/certificate of Insurance, in which case the Company shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales.

Period On Risk	Rate Of Premium Refunded
Up to 1 month	75% of annual rate
Up to 3 months	50% of annual rate
Up to 6 months	25% of annual rate
Exceeding six months	Nil

13. Subrogation

In the event of payment under this Policy, the Company shall be subrogated to all the Insured/Insured Person's rights of recovery thereof against any person or organization, and the Insured/Insured Person shall execute and deliver instruments and papers necessary to secure such rights. The Insured/Insured Person and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured/Insured Person's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated. This clause applies only to coverage under the indemnity section of the Policy but does not apply to benefit sections.

14. Contribution

If there shall be existing any other insurance of any nature whatsoever covering the same Insured/Insured Person whether effected by the Insured/Insured Person or not, then the Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage. This clause applies only to coverage under the indemnity section of the Policy but does not apply to benefit sections.

15. Renewal Notice

The Company shall not be bound to accept any renewal premium nor give notice that such is due. Renewal of the Policy shall be by mutual consent. If the Insured desires renewal he/she shall apply to the Company prior to expiry of the Period of Insurance and pay the necessary premium. The Insured/Insured Person shall disclose to the Company in writing of any material change in circumstances at the time of seeking renewal of this Policy, irrespective of any claim arising or made and upon such disclosure the Company shall be entitled to modify or vary the terms of insurance and/or premium, if necessary, accordingly. Failure to comply with this Condition would render any renewal voidable at the option of the Company.

There will be no exit age on the Policy. Renewals will not be denied except on grounds of misrepresentation, fraud, non-disclosure or non-cooperation by the insured.

Renewal of Policies issued only to specific institution with which the Company has a Tie-up or to affinity partner will be deemed to be continuous if renewed within 30 days from date of expiry of previous policy. In such case Company's risk would commence from the date of receipt of premium, any claim between date of expiry and premium receipt date would not be payable.

The Company reserves its rights to vary the premium from time to time subject to approval of IRDA.

16. Continuity Benefits

For Roll Over Cases (inward migration from other Insurers) Continuity benefits will be available only with respect to accumulation of earned cumulative bonus. Where the Policy is offered to the customers of a specific institution/employee Group, with which the Company has a tie up, continuity of benefits will be provided under the same or similar policies available with the Company with appropriate loadings/exclusions based on previous cover, claims history and current health status, in the event that such tie-up has been discontinued or the individual opts out of the Group.

17. Operation of Master Policy

A Master Policy when issued shall be for a group for the duration as specified in the Schedule. thereto, All additions to the Master Policy shall be by way of certificate/s of insurance valid for a period of one year commencing from the actual date of addition to the Master Policy, it being agreed and understood that the Company shall continue to extend the benefit of coverage of insurance to the Insured Person(s) in the same manner on renewal of the Master Policy or until expiry of the certificates of insurance whichever is later.

18. Notice

Every notice and communication to the Company required by this Policy shall be in writing and be addressed to the nearest office of the Company. In case the Policy is sold via voice log the notice to the Company may be placed via same mode.

19. Grievance Redressal Procedure

For any grievance related to delay in settlement or against decision on any claim, Premium, Non-issue or Interpretation of Policy terms, or such other grievances the Insured/Insured Person may write to:

Head-Customer Services

601-602, 6th Floor, Trade Centre, Bandra Kurla Complex, Bandra East, Mumbai 400051

Helpline Number- <<toll free no>> or write to Head-Customer Services at <<abc@ltinsurance.com>>

In case the Insured/Insured Person is not satisfied with the decision of the above office, or have not received any response within 10 days, the Insured/Insured Person may contact the following official for resolution:

The Grievance Officer

L&T General Insurance Company Limited

601-602, 6th Floor, Trade Centre, Bandra Kurla Complex, Bandra East, Mumbai 400051

Helpline Number- <<toll free no>> or write to The Grievance Officer at <<abc@ltinsurance.com>>

In case the Insured/Insured Person is not satisfied with the decision/resolution the Insured/Insured Person shall be entitled to approach the Insurance Ombudsman.

The complaint should be made in writing duly signed by the complainant or by his/her legal heirs with full details of the complaint and the contact information of the complainant.

The details of the Insurance Ombudsmen and their jurisdiction are as listed below-

Ombudsman Offices	
Areas of Jurisdiction	Addresses of the Ombudsman Offices
State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.	AHMEDABAD 2nd Floor, Ambica House, Nr. C U Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD-380014 Tel: 27546150, Fax: 079-27546142 Email: insombalhd@rdiffmail.com
States of Madhya Pradesh and Chattisgarh.	BHOPAL 1st Floor, 117, Zone II (Above D M Motors Pvt. Ltd.), Maharana Pratap Nagar, BHOPAL-462 011 Tel: 0755 - 2769200, Fax: 0755-2578103 Email:insombmp@satyam.net.in
State of Orissa.	BHUBANESWAR 62, Forst Park, BHUBANESWAR-751 009. Tel: 2535220, Fax: 0674-2531607 Email:susantamishra@yahoo.com, ioobbsr@vsnl.net

States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.	CHANDIGARH S.C.O No.101,102 & 103, 2nd Floor, Batra Building, Sector 17 D, CHANDIGARH-160 017 Tel: 0172- 2706196 EPBX:0172-2706468 Fax: 0172-2708274
State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).	CHENNAI Fatima Akhtar Court , 4th Floor, 453 (Old 312) Anna Salai, Teynampet, CHENNAI-600 018 Tel: 24333678, 24333668, 24335284 Fax: 044-24333664 Email:insombud@md4.vsnl.net.in
States of Delhi and Rajasthan.	DELHI 2/2 A, Universal Insurance Bldg, Asaf Ali Road, NEW DELHI-110 002 Tel: 23239611, Fax: 011-23230858 Email: insombudsmandel@netcracker.com
States of Andhra Pradesh, Karnataka and Union Territory of Yanam - a part of the Union Territory of Pondicherry.	HYDERABAD 6-2-46, Yeturu Towers, Lane Opp. Saleem Function Palace, A C Guards, Lakdi-Ka-Pool, HYDERABAD-500 004 Tel: 55574325, Fax:040-23376599 Email:insombud@hd2.vsnl.net.in
State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.	KOCHI 2nd Floor, CC 27/2603 Pulinat Bldg, Opp. Cochin Shipyard, M G Road, ERNAKULAM-682 015 Tel: 2373334, 2350959, Fax:0484-2373336 Email:insuranceombudsmankochi@hclinfinet.com
States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.	KOLKATTA North British Building 29, N S Road, 3rd Floor, KOLKATTA-700 001 Tel: 22212666, 22212669, Fax:033-22212668
States of Uttar Pradesh and Uttaranchal.	LUCKNOW Jeevan Bhavan, Phase 2, 6th floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226001 Tel: 0522-2201188, 2231330, 2231331 Fax:0522-2231310 E-mail: ioblko@sancharnet.in
States of Maharashtra and Goa.	3rd Floor, Jeevan Seva Annexe (above MTNL), S V Road, Santacruz (W), Mumbai-400 054 Tel: 26106889, EPBX:022-26106889 Fax:022-26106052, 26106980 Email:ombudsman.i@hclinfinet.com
States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	GUWAHATI Aquarius Bhaskar Nagar, R G Baruah Road, GUWAHATI 781 021 Tel: 2413525 EPBX:0361-2415430 Fax: 0361-2414051
Address and contact number of Governing Body of Insurance Council	Secretary General Governing Body of Insurance Council 5 th Floor, Royal Insurance Building, 14 Jamshedji Tata Road, Churchgate, Mumbai 400020 022-22817515 Email: inscoun@vsnl.net

20. **IRDA Regulations:** This Policy is subject to Regulations of IRDA (Protection of Policyholder's Interest) Regulations, 2002 as amended from time to time.