



my:Health Benefit Package Policy-Group

Policy Wordings

Insuring Clause

We will provide insurance cover to the **Insured Person(s)** under this Policy up to **Sum Insured** mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**.

This **Policy** is subject to **Your** statements in respect of all the Insured Persons in Proposal form/Application Form, declarations, payment of premium and the terms and conditions of this **Policy**.

Definitions

Certain words used in the Coverage description have specific meanings which are mentioned in Definitions and which impacts the Coverage. All such words, where ever mentioned in this document are mentioned in Bold to enable you to identify that particular word has a specific meaning for which You need to refer Section D and E, Definitions.

Section A: Coverage

1. Critical Illness Cover

We will pay **Sum Insured** if **Insured Person** , suffers from **Critical Illness** as specifically defined and listed in Annexure 1 below , whose diagnosis and/or manifestation first commence/occurs more than 90 days after the commencement of **Coverage period** and shall only include:

Annexure 1- List of critical Illnesses covered

1. Cancer of specified severity	2. Kidney failure requiring regular dialysis
3. Myocardial Infarction (First Heart Attack of specified severity)	4. Multiple Sclerosis with persisting symptoms
5. Permanent Paralysis of Limbs	6. Stroke resulting in permanent symptoms
7. Benign Brain Tumour	8. Coma of specified severity
9. Parkinson's Disease	10. Alzheimer's Disease
11. End Stage Liver Failure	12. Deafness
13. Loss of Speech	14. Third Degree Burns
15. Medullary Cystic Disease	16. Motor Neurone Disease with permanent symptoms
17. Muscular Dystrophy	18. Primary (Idiopathic) Pulmonary Hypertension
19. Systemic Lupus Erythematosus with Lupus Nephritis	20. Apallic Syndrome
21. Aplastic Anaemia	22. Cardiomyopathy
23. Creutzfeldt-Jakob Disease (CJD)	24. End Stage Lung Failure



25. Major Head Trauma	26. Progressive Scleroderma
27. Blindness	28. Refractory heart failure
29. Poliomyelitis	30. Myasthenia gravis
31. Good pastures syndrome with lung or renal involvement	32. Loss of limbs
33. Loss of independent existence	

Survival Period

Company shall not be liable to make any payment arising out of any claim under Section A1 for any Insured event if the **Insured Person** does not survive a period of at least 30 days after the date of occurrence of the Insured Event.

I. Condition Applicable to Critical Illness Cover:

- a. The cover under this Policy, for the specific Insured Person, shall terminate in the event of claim in respect of such Insured Person becoming admissible and accepted by the Company under this Section. In consequence thereof no benefit shall be payable under any other Section of this Policy except Section A2 and A4 if opted.

II. Exclusions Applicable for Critical Illness Cover

- i. A waiting period of 48 months shall apply for all Pre-existing Conditions declared and/or accepted at the time of applying first policy with us.
- ii. Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies, unless prescribed by Medical Practitioner.
- iii. Any treatment arising from pregnancy (including voluntary termination), miscarriage, maternity or birth (including caesarean section)
- iv. Any other Critical Illness not defined/not listed above

2. Surgery Care

We will pay Sum Insured on **Medically Necessary Hospitalisation** of an **Insured Person** for undergoing a Surgery listed in Annexure 2, provided that such **Illness** or **Injury** has been contracted or sustained by an **Insured Person** during the **Coverage Period**

I. Exclusions and Waiting Period Applicable for Surgery Care

We will not make any payment for any claim in respect of any **Insured Person**, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in this **Policy**:



i) Waiting periods

All claims payable will be subject to the waiting periods specified below:

- a) **General waiting period:** 30 days except claims arising due to an **Accident**. In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of sum of **Sum Insured** increase.
- b) **Waiting Period for listed illnesses and Procedures:** 24 months for all Illnesses and Surgical Procedures listed in following table a. and b. except claims payable due to the occurrence of cancer. In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of **Sum Insured** increase.

a. Illnesses

Internal Congenital diseases	Non infective Arthritis
Diseases of gall bladder including cholecystitis	Calculus disease of Urogenital system e.g. Kidney stone, Urinary Bladder Stone
Pancreatitis	Ulcer and erosion of stomach and duodenum
All forms of Cirrhosis	Gastro Oesophageal Reflux Disorder (GERD)
Diabetes and related complications	Hypertension and related complications
Pilonidal sinus	Gout and rheumatism
Benign tumors, cysts, nodules, polyps including breast lumps	Osteoarthritis and osteoporosis
Polycystic ovarian diseases	Fibroids (fibromyoma)
Skin tumours	Benign Hyperplasia of Prostate

b. Procedures

Myomectomy for fibroids	Surgery of Genito urinary system
Surgery on prostate	Cholecystectomy
Hernia	Hydrocele/Rectocele
Surgery for prolapsed inter vertebral disc	Joint replacement surgeries
Surgery for varicose veins and varicose ulcers	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

c) Waiting Period for Pre-existing conditions:



A waiting period of 48 months shall apply for all Pre-existing Conditions declared and/or accepted at the time of applying first policy with us. In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of **Sum Insured** increase.

- ii) Treatment rendered by a **Medical Practitioner** which is outside his discipline or the discipline for which he is licensed; treatments rendered by a **Medical Practitioner** who is a member of an Insured Person's family, or stays with him,
- iii) Any treatment or part of a treatment that is not of a **Reasonable and Customary** charge, not Medically Necessary; treatments or drugs not supported by a prescription.
- iv) Any specific time bound exclusion(s) applied by **Us** and specified in the **Policy Schedule/ Certificate of Insurance** and accepted by the Insured.
- v) Any Claim arising due to Non-disclosure of **Pre-existing Illness** or Material fact as sought to be declared on the Proposal form
- vi) Any Surgery which is not listed in the Annexure 1 of policy wordings

3. Personal Accident

- 3.1 We will pay **Sum Insured** if **Insured Person** sustains **Injury** due to Accident during the **Coverage Period** which shall within twelve months of its occurrence be the sole and direct cause of,
- a. Death
 - b. **Permanent Total Disablement**
 - c. **Permanent Partial Disablement**

I. Condition Applicable to Personal Accident Cover:

The cover under this **Policy**, for the specific **Insured Person**, shall terminate in the event of claim in respect of such **Insured Person** becoming admissible and accepted by the Company under this Section. In consequence thereof no benefit shall be payable under any other Section of this Policy except Section A2 and A4 if opted.

II. Exclusions Applicable for Personal Accident

We will not make any payment for any claim in respect of any **Insured Person**, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in this **Policy**:

- i). Event which occurs whilst the **Insured** is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning, or whilst the **Insured** is mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- ii). From engaging in or participation in **Adventure Sports**.



4. Payment Suraksha

4.1: Termination from Employment:

We will pay Sum Insured If **Insured Person** suffers Loss of Income due to his/her termination, dismissal, suspension or retrenchment from employment, imposed on him/her by his/her employer as per the employer's rules/regulations during the **Coverage Period**.

Specific Condition applicable to Section 4.1

A claim under this section shall become admissible provided the period of termination, dismissal, temporary suspension or retrenchment from employment of the Insured shall not be less than 30 consecutive days.

a) Exclusions applicable for Section 4.1, Termination from Employment

- i. **We** will not be liable to make any payment under this **Policy** in connection with or in respect of:
 - a. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
 - b. Any voluntary unemployment;
 - c. Temporary dismissal or suspension
- ii. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
- iii. Any unemployment due to voluntary resignation, retirement whether voluntary or otherwise
- iv. Arising out of or resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The Policy also excludes loss, damage, cost or expenses of whatsoever nature caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or relating to action taken in respect of any act of terrorism.

4.2: Resignation from Employment:

We will pay **Sum Insured** if **Insured Person** suffers from **Loss of Income** due to his/her Voluntary resignation from the employment arising out of **Injury** due to **Accident** during the **Coverage Period** resulting into;

- i. **Permanent Total Disablement**
- ii. **Permanent Partial Disablement**
- iii. **Temporary Total Disablement**

a) Exclusions applicable for Section 4.2, Resignation from Employment

- i. Any Loss of Income due to Resignation for reasons other than mentioned under Section A4.1
- ii. Any loss of Income due to retirement whether voluntary or otherwise
- iii. Any Resignation due to non-confirmation of employment after or during such period under which the Insured was under probation.



- iv. If accidental Injury is the result of carrying out the duties of your occupation, If your occupation involves;
 - a. Working above 10 meters from ground
 - b. Working underground
 - c. Working offshore
 - d. Underwater diving
 - e. Working with explosives
 - f. Employment in armed forces
- v. Self-inflicted injury, being under the influence of alcohol or drugs (unless prescribed by Medical Practitioner)
- vi. Loss of income due to Accidental Death
- vii. Any accidental Injury that has occurred prior to coverage effective date
- viii. Event which occurs whilst the **Insured** is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning, or whilst the Insured is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- ix. From engaging in or participation in **Adventure Sports**

I. General Exclusions Applicable for Section A.4, Payment Suraksha

- i). 90 days waiting period shall apply from the commencement of the **Coverage period** to all claims due to Unemployment due to termination or resignation
- ii). **We** will not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the **Insured** being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
- iii). The Company shall not be liable to make any payment under this **Policy** in connection with or in respect of:
 - a. Self employed persons;
 - b. Unemployment at the time of inception of the **Policy**
- iv). Any unemployment from a job under which no salary or any remuneration is provided to the **Insured**
- v). Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.

Section B -my: Health Active

The services listed below are available to all **Insured Person** through **Our Network Provider** on **Our HDFC ERGO Mobile App** only.

1. Health Coach:

An **Insured Person** will have access to Health Coaching services in areas given below :

HDFC ERGO General Insurance



- Disease management
- Activity and fitness
- Nutrition
- Weight management.

These services will be available through **Our HDFC ERGO Mobile App** as a chat service or as a call back facility.

2. Wellness services

- **Discounts:** on OPD, pharmacy, diagnostic centers.
- **Customer Engagement:** Monthly newsletters, Diet consultation, health tips
- **Specialized programs:** stress management, Pregnancy Care, Work life balance management.

These services will be available through **Our HDFC ERGO Mobile App**

Disclaimer applicable to HDFC ERGO Mobile App and associated services

It is agreed and understood that Our **HDFC ERGO Mobile App** and Wellness services are not providing and shall not be deemed to be providing any **Medical Advice**, they shall only provide a suggestion for the Insured Person's consideration and it is the Insured Person's sole and absolute choice to follow the suggestion for any health related advice. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations suggested under this benefit.

Section C- Exclusions

General exclusions applicable to all Sections under the policy

We will not make any payment for any claim in respect of any Insured Person, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in this Policy.

- i). War or any act of war (whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, , civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- ii). Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- iii). Any Insured Person's participation or involvement in naval, military or air force operation.
- iv). From engaging in or participation in **Adventure sports**
- v). The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies (unless prescribed by Medical Practitioner)

Section D- Critical Illness Definitions applicable to Policy



1. Cancer of specified severity

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

2. Kidney Failure requiring regular dialysis

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

3. Myocardial Infarction

(First Heart Attack of specific severity)

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - 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.
- II. The following are excluded:
 - a. Other acute Coronary Syndromes
 - b. Any type of angina pectoris
 - c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

4. Multiple Sclerosis with persisting symptoms



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

5. Permanent Paralysis of Limbs

- I. 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.

6. Stroke resulting in permanent symptoms

- I. Any cerebrovascular incident producing permanent neurological sequelae.
 - a. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source.
 - b. 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.
- II. The following are excluded:
 - a. Transient ischemic attacks (TIA)
 - b. Traumatic injury of the brain
 - c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

7. Benign Brain Tumor

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - b. Undergone surgical resection or radiation therapy to treat the brain tumor.
- III. The following conditions are **excluded**:
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

8. Coma of specified severity

- I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - a. no response to external stimuli continuously for at least 96 hours;
 - b. life support measures are necessary to sustain life; and



- c. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- II. The condition has to be confirmed by a specialist medical practitioner.
 - a. Coma resulting directly from alcohol or drug abuse is excluded.

9. Parkinson's Disease

- I. The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in Permanent Inability to perform independently atleast three of the activities of daily living as defined below.
 - a. Transfer: Getting in and out of bed without requiring external physical assistance
 - b. Mobility: The ability to move from one room to another without requiring any external physical assistance
 - c. Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance
 - d. Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means
 - e. Eating: All tasks of getting food into the body once it has been prepared
- II. Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

10. Alzheimer's Disease

- I. Clinically established diagnosis of Alzheimer's Disease (presenile dementia) resulting in a permanent inability to perform independently three or more activities of daily living – bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months.

11. End Stage Liver Failure

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
 - a. Permanent jaundice; and
 - b. Ascites; and
 - c. Hepatic encephalopathy.
- II. Liver failure secondary to drug or alcohol abuse is **excluded**.

12. Deafness

- I. Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing" in both ears.

13. Loss of Speech



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

14. Third Degree Burns

- I. There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

15. Medullary Cystic Disease

- I. Medullary Cystic Disease where the following criteria are met:
 - a. the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
 - b. clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
 - c. the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.
- II. Isolated or benign kidney cysts are specifically excluded from this benefit.

16. Motor Neuron Disease with Permanent Symptoms

- I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

17. Muscular Dystrophy

- I. A group of hereditary degenerative diseases of muscle characterized by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered Medical practitioner who is a consultant neurologist. The condition must result in the inability of the Insured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

Activities of daily living:

- a. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
- b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- c. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
- d. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;



- e. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- f. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

18. Primary (Idiopathic) Pulmonary Hypertension

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catherization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - a. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - b. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

19. Systemic Lupus Erythematosus with Lupus Nephritis(renal involvement)

- I. A multi-system autoimmune disorder characterized by the development of autoantibodies directed against various self-antigens. In respect of this Add on Cover, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered Medical practitioner specializing in Rheumatology and Immunology.
- II. The WHO Classification of Lupus Nephritis:
 - a. Class I Minimal Change Lupus Glomerulonephritis
 - b. Class II Mesangial Lupus Glomerulonephritis
 - c. Class III Focal Segmental Proliferative Lupus Glomerulonephritis
 - d. Class IV Diffuse Proliferative Lupus Glomerulonephritis
 - e. Class V Membranous Lupus Glomerulonephritis

20. Apallic Syndrome

- I. Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist and the condition must be documented for at least one month.

21. Aplastic Anaemia

- I. Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
 - a. Blood product transfusion;
 - b. Marrow stimulating agents;



- c. Immunosuppressive agents; or
 - d. Bone marrow transplantation.
- II. The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:
- a. Absolute neutrophil count of less than 500/mm³ or less
 - b. Platelets count less than 20,000/mm³ or less
 - c. Reticulocyte count of less than 20,000/mm³ or less
- III. Temporary or reversible Aplastic Anaemia is excluded.

22. Cardiomyopathy

- I. An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association Classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:
Class IV – inability to carry out an activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.
- I. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance.
- II. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

23. Creutzfeldt-Jacob Disease (CJD)

- I. Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A Registered Medical practitioner who is a neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.

24. End Stage Lung Failure

- I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
- a. FEV1 test results consistently less than 1 liter measured on 3 occasions 3 months apart; and
 - b. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 - c. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 5mmHg); and
 - d. Dyspnoea at rest.

25. Major Head Trauma



- I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
- II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.
- III. The Activities of Daily Living are:
 - a. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - d. Mobility: the ability to move indoors from room to room on level surfaces;
 - e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - f. Feeding: the ability to feed oneself once food has been prepared and made available.
- IV. The following are excluded:
 - a. Spinal cord injury;

26. Progressive Scleroderma

- I. A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.
- II. The following are excluded:
 - a. Localised scleroderma (linear scleroderma or morphea);
 - b. Eosinophilic fasciitis; and
 - c. CREST syndrome.

27. Blindness

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- I. The Blindness is evidenced by:
 - a. corrected visual acuity being 3/60 or less in both eyes or;
 - b. the field of vision being less than 10 degrees in both eyes.
- II. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

28. Refractory heart failure



Refractory Heart Failure can be defined as the persistence of symptoms that limit daily life (functional class III or IV of the New York Heart Association [NYHA]) despite optimal previous treatment with drugs of proven efficacy for the condition, i.e. ACE inhibitors, angiotensin II receptor antagonists (ARA-II), diuretics, digoxin, and beta-blockers.

Stage D heart failure- This refers to patients with advanced structural heart disease and severe signs of Heart Failure at rest who are candidates in the absence of contraindications for other specialized interventions, such as heart transplantation (HT), ventricular remodeling, implantation of mechanical assistance devices or the administration of intravenous inotropic drugs.

Terminal Heart Failure is the last step in advanced / Refractory Heart Failure, where there is a very poor response to all forms of treatment (by definition, HT is no longer indicated), with serious deterioration of quality of life both physical and emotional frequent

29. Poliomyelitis

Unequivocal diagnosis by a Consultant Neurologist of infection with the Poliovirus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness. Cases not involving paralysis will not be eligible for this benefit. Other causes of paralysis (such as Guillain-Barre syndrome) are specifically excluded

30. Myasthenia gravis

Chronic autoimmune neuromuscular disease that causes weakness in the skeletal muscles, which are the muscles your body uses for movement. It occurs when communication between nerve cells and muscles becomes impaired.

31. Good pastures syndrome with lung or renal involvement

A subtype of pulmonary-renal syndrome, is an autoimmune syndrome of alveolar haemorrhage and glomerulonephritis caused by circulating anti-glomerular basement membrane (anti-GBM) antibodies. In this Condition antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage.

- i. The permanent damage should be for a continuous period of at least 30 days.
- ii. The Diagnosis must be proven by Kidney biopsy and confirmed by a Specialist Medical Practitioner (Rheumatologist).
- iii. Patients tested positive for serum anti-GBM antibodies by indirect immunofluorescence testing or direct enzyme-linked immunosorbent assay (ELISA) with recombinant or human NC-1 α 3

32. Loss of limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

33. Loss of independent existence

a definite diagnosis of the total inability to perform, by oneself, at least 2 of the following 6 activities of daily living for a continuous period of at least 90 days with no reasonable chance of recovery.



The diagnosis of loss of independent existence must be made by a specialist.

Activities of daily living are:

- i. Bathing: the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of assistive devices
- ii. Dressing: the ability to put on and remove necessary clothing, braces, artificial limbs or other surgical appliances with or without the aid of assistive devices
- iii. Toileting: the ability to get on and off the toilet and maintain personal hygiene with or without the aid of assistive devices
- iv. Bladder and bowel continence: the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of hygiene is maintained
- v. Transferring: the ability to move in and out of a bed, chair or wheelchair, with or without the aid of assistive devices, and
- vi. Feeding: the ability to consume food or drink that already has been prepared and made available, with or without the use of assistive devices

Section E - Other Definitions applicable to the Policy

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same

- Def. 1. **Accident** or **Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def. 2. **Adventurous/Hazardous Sports** means any sport or activity involving physical exertion and skill in which an **Insured Person** participates or competes for entertainment or as part of his Profession whether he / she is trained or not.
- Def. 3. **Age** or **Aged** means completed years as at the Policy Commencement Date.
- Def. 4. **Bank Rate** means the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- Def. 5. **Commencement Date** means the commencement date of the Policy as specified in the Policy Schedule.
- Def. 6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon
- Def. 7. **Congenital Anomaly** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- a) Internal **Congenital Anomaly: Congenital Anomaly** which is not in the visible and accessible parts of the body.
- b) External **Congenital Anomaly: Congenital Anomaly** which is in the visible and accessible parts of the body
- Def. 8. **Co-Payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A **Co-Payment** does not reduce the Sum Insured



- Def. 9. **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.
- Def. 10. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery
- Def. 11. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 12. **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.
- Def. 13. **Grace Period** means the specified period of time 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.
- Def. 14. **Hospital** means any institution established for In-patient 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:
- has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
 - has qualified nursing staff under its employment round the clock,
 - has qualified Medical Practitioner(s) in charge round the clock,
 - has a fully equipped operation theatre of its own where surgical procedures are carried out,
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- Def. 15. **Day care Centre** means any institution established for **Day Care Treatment of Illness** and / or injuries or a medical set -up with a **Hospital** and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under:-
- i. has qualified nursing staff under its employment;
 - ii. has qualified medical practitioner/s in charge;
 - iii. has fully equipped operation theatre of its own where surgical procedures are carried out;



iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

- Def. 16. **Day Care Treatment/Procedures** means those medical treatment, and/or surgical procedure which is
- i) undertaken under General or Local Anaesthesia in a **Hospital/Day Care Centre** in less than 24 hours because of technological advancement, and
 - ii) which would have otherwise required **Hospitalization** of more than 24 hours,
- Treatment normally taken on an Out-patient basis is not included in the scope of this definition
- Def. 17. **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.
- Def. 18. **Illness/ Illnesses** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period 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 on-going or long-term monitoring through consultations, examinations, check-ups, and /or tests
 2. it needs on-going or long-term control or relief of symptoms
 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 4. it continues indefinitely
 5. it recurs or is likely to recur
- Def. 19. **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.
- Def. 20. **In-patient Care** means treatment for which the Insured Person has to stay in a **Hospital** for more than 24 hours for a covered event.
- Def. 21. **Insured Person** means You and the persons named in the **Policy Schedule/ Certificate of Insurance**.
- Def. 22. **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.



Def. 23. **Loss of income** refers to the situation in which a person's source of money for expenses or lifestyle, such as salary from a job is terminated. **Material Facts** means 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.

Def. 24.

Def. 25. **Maternity Expenses** means

- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean section incurred during **Hospitalization**).
- b. Expenses towards lawful medical termination of pregnancy during the policy Period.

Def. 26. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

Def. 27. **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 Medical practitioners in the same locality would have charged for the same medical treatment.

Def. 28. **Medically Necessary treatment** means any treatment, test, medication, or stay in **Hospital** or part of stay in **Hospital** which

- Is required for the medical management of the **Illness** or **Injury** suffered by the Insured Person;
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
- Must have been prescribed by a Medical Practitioner.
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

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 license. Medical Practitioner who is sharing the same residence with the Insured person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.

Def. 29. **HDFC ERGO Mobile App** is proprietary App of HDFC ERGO General Insurance Company. With **HDFC ERGO Mobile App** you can:

- Access **Your** Policy Details
 - Manage **Your** policy, download **Your Policy Schedule/** Certificate of Insurance and access to **Your** e-card will always be at **Your** fingertips, 24 x 7.
- Policy Endorsement made easy
 - By submitting a request to us through **HDFC ERGO Mobile App**, you can make any modifications in **Your** policy, for e.g. change in spelling of the name, contact number etc.
- Effortless Claims Management



- Now you can Submit **Your** claims from the app for faster processing and track the status at **Your** fingertips. You can also intimate a claim using the app. You can also view Network hospitals in **Your** area with directions.
- Stay Active – Short Walks, Big Benefits
 - The App tracks **Your** steps, fitness session and lets you earn incentive on renewal discount on **Your** policy.

Def. 30. **Network Provider** means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a **Cashless facility**.

Def. 31. **Non Network** means any **Hospital, Day Care Centre** or other provider that is not part of the Network

Def. 32. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication

Def. 33. **OPD Treatment**. 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.

Def. 34. **Period of Insurance** means the period between the Coverage Commencement Date and the Expiry Date specified in the **Policy Schedule/ Certificate of Insurance** of Insurance under the **Policy** with the **Company** under which Insured Person is covered.

Def. 35. **Permanent Partial Disability** means Medical practitioner certified total and continuous loss or impairment of a body part or sensory organ

Def. 36. **Permanent Total Disablement** means disablement, as the result of a Bodily Injury, which:

- I. continues for a period of twelve (12) consecutive months, and
- II. is confirmed as total, continuous and permanent by a Physician after the twelve (12) consecutive months, and
- III. entirely prevents an Insured Person from engaging in or giving attention to gainful occupation of any and every kind for the remainder of his/her life.

Def. 37. **Physical Separation** means as regards the hand actual separation at or above the wrists, and as regards the foot means actual separation at or above the ankle

Def. 38. **Portability** means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

Def. 39. **Pre-existing disease** means any condition, ailment, injury or disease:

- i. 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



ii. 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 or its reinstatement.

- Def. 40. **Policy** means **Your** statements in the proposal form/application form (which are the basis of this Policy), this policy wording (including endorsements, if any), and the **Policy Schedule/ Certificate of Insurance**(as the same may be amended from time to time).
- Def. 41. **Policy Period/ Coverage Period** means the period between the Commencement Date and the Expiry Date specified in the **Policy Schedule/ Certificate of Insurance**. For **Insured Person** it means **Period of Insurance** as specified in the Certificate of Insurance or Endorsement
- Def. 42. **Policy Holder** means Entity who has proposed the Policy and in whose name the Policy is issued
- Def. 43. **Policy Schedule/ Certificate of Insurance** means Schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to (Schedule of coverage), including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
- Def. 44. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 45. **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
- Def. 46. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services ,taking into account the nature of **Illness/ Injury** involved.
- Def. 47. **Sum Insured** means the sum shown in the **Policy Schedule/ Certificate of Insurance** which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Year, and in relation to a Family Floater represents Our maximum liability for any and all claims made by You during the Policy Year
- Def. 48. **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 and prolongation of life, performed in a **Hospital or Day Care Centre** by a medical practitioner.
- Temporary Total Disablement** means disablement which temporarily and entirely prevents an Insured Person from engaging in or giving attention to the Insured Person's usual occupation
- Def. 49. **Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven
- Def. 50. **We/Our/Us** means the HDFC ERGO General Insurance Company Limited



Def. 51. **You/Your** means the person named in the **Policy Schedule/** Certificate of Insurance who has concluded this Policy with Us.

Section F - Claims process

On the occurrence of any **Illness/ Injury** that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed.

Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy , Health Card or our Website
Claim Intimation Timelines	Within 14 days of the diagnosis of Critical Illness
Particulars to be provided to Us for Claim notification	<ol style="list-style-type: none"> 1. Policy Number, 2. Name of the Insured Person(s) named in the Policy schedule availing treatment, 3. Nature of disease/illness/injury, 4. Name and address of the attending Medical Practitioner/Hospital 5. Date and time of event if applicable 6. Date of admission if applicable
Claims documents for Critical Illness cover and Surgery Care	<ol style="list-style-type: none"> 1. Claim Form duly signed by the Insured Person; 2. Copy of Discharge Summary / Discharge Certificate; 3. First consultation letter from treating Medical Practitioner 4. Medical certificate confirming diagnosis, and the treatment of Critical Illness from Medical Practitioner 5. OT Notes in case of Surgery 6. Medical certificate from treating Medical Practitioner specifying the diagnosis and need for the surgery 7. certificate from treating Medical Practitioner, specifying the duration and aetiology 8. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 9. All pathological and radiological Investigation Reports. We may require the Insured Person to undergo medical examination by Medical Practitioner authorized by Us to obtain an independent medical opinion for the processing of the claim. Any cost towards such a medical examination will be borne by Us. 10. NEFT details & cancelled cheque
Claims documents for	



<p>Personal Accident cover: Death</p>	<ol style="list-style-type: none"> 1. Duly Completed Claim Form signed by Nominee/ legal heir of the Insured Person. 2. Copy of address proof (Ration card or electricity bill copy). 3. Attested copy of Death Certificate. 4. Burial Certificate (wherever applicable). 5. Attested copy of Statement of Witness, if any lodged with police authorities. 6. Attested copy of FIR / Panchanama / Inquest Panchanama. 7. Attested copy of Post Mortem Report (only if conducted). 8. Attested copy of Viscera report if any(Only if Post Mortem is conducted). 9. NEFT details & cancelled cheque of the Insured Person 10. Original Policy copy along with Original Assignment endorsement (if any)
<p>Claims documents for Personal Accident cover: Permanent Total Disability and Permanent Partial Disability</p>	<ol style="list-style-type: none"> 1. Duly Completed Claim Form signed by Insured Person. 2. Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability. 3. Attested copy of FIR. (If any) 4. All X-Ray / Investigation reports and films supporting to disability. 5. NEFT details & cancelled cheque of Insured Person. 6. Original Policy copy along with Original Assignment endorsement (if any)
<p>Claims documents for Personal Accident cover: Temporary Total Disability</p>	<ol style="list-style-type: none"> 1. Duly Completed Personal Accident Claim Form signed by Insured Person. 2. Attested copy of FIR. (If required) 3. All X-Ray / Investigation reports and films supporting to disability. 4. Claim form with NEFT details & cancelled cheque duly signed by Insured 5. Original Policy copy. 6. For Employed persons: Certificate from HR with details of medical leave availed during the period of Injury 7. Certificate from the treating doctor mentioning the extent of Injury along with the period of disability 8. Certificate from Treating doctor with date of full recovery & resuming of duties
<p>Claims documents for Payment Suraksha Cover: Termination from Employment</p>	<ol style="list-style-type: none"> 1. Duly Completed Claim Form signed by Insured Person; 2. Certificate from the employer of the Insured confirming the termination from employment of the Insured, furnishing the date of termination from employment of the Insured with the reasons for the same 3. Form 16A



	4. NEFT details & cancelled cheque
Claims documents for Payment Suraksha Cover: Resignation from Employment	1. Duly Completed Claim Form signed by Insured Person ; 2. Form 16A 3. Termination Letter/ Resignation Acceptance letter 4. NEFT details & cancelled cheque
	Claims documents for Permanent Total Disability and Permanent Partial Disability
	1. Duly Completed Claim Form signed by Insured Person . 2. Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability. 3. Attested copy of FIR. (If any) 4. All X-Ray / Investigation reports and films supporting to disability. 5. NEFT details & cancelled cheque of Insured Person. 6. Original Policy copy along with Original Assignment endorsement (if any)
	Claims documents for Temporary Total Disability
	1. Duly Completed Personal Accident Claim Form signed by Insured Person ; 2. Attested copy of FIR. (If required) 3. All X-Ray / Investigation reports and films supporting to disability. 4. Claim form with NEFT details & cancelled cheque duly signed by Insured Person ; 5. Original Policy copy. 6. For Employed persons: Certificate from HR with details of medical leave availed during the period of Injury 7. Certificate from the treating doctor mentioning the extent of Injury along with the period of disability 8. Certificate from Treating doctor with date of full recovery & resuming of duties
Claims documents submission	In case of any Claim for the Insured Events, the list of documents as mentioned above shall be provided by the Policy Holder/ Insured Person , immediately but not later than 30 days of date of occurrence of an Insured Event, at own expense to avail the Claim
Condonation of delay	If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control

Section G : General Conditions



1. *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 have 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**.

2. *Geography*

This Policy covers events occurred within India, except under the Critical Illness Cover and Personal Accident cover.

3. *Non Disclosure or Misrepresentation*

- i. If at the time of issuance of Policy or during continuation of the Policy, the information provided to **Us** in the proposal form or otherwise, by **You** or the **Insured Person** or anyone acting on behalf of **You** or an **Insured Person** is found to be incorrect, incomplete, suppressed or not disclosed, willfully or otherwise, the Policy shall be:



- a) cancelled ab initio from the inception date or the **Renewal** date (as the case may be), or the Policy may be modified by Us, at **Our** sole discretion, upon 30 day notice by sending an endorsement to **Your** address shown in the Schedule and
 - b) the claim under such Policy if any, shall be rejected/repudiated forthwith.
- ii. We may also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of Non-Disclosure/Misrepresentation of Pre-existing diseases subject to your prior consent;
- a) Permanently exclude the disease/condition and continue with the Policy
 - b) Incorporate additional waiting period of not exceeding 4 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.
 - c) Levy underwriting loading from the first year of issuance of policy or renewal, whichever is later.

The above options will not prejudice the rights of the Company to invoke cancellation under clause 2 i above.

4. Grace Period

- i. A grace period of 30 days for Renewals is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, any treatment availed for an Illness contracted during the grace period will not be admissible under the Policy.
- ii. For **Renewal** received after completion of 30 days grace period, the policy would be considered as a fresh policy.
- iii. All eligible claims reported in the grace period would be payable if otherwise admissible as per terms and conditions of the policy
- iv. For Policies on instalment basis, Grace Period is available as given below.

Instalment Premium Option	Grace Period applicable
Half Yearly	30 days
Quarterly	30 days
Monthly	15 days

5. Renewal

- i. The **Company** shall be under no obligation to renew the policy on expiry of the period for which premium has been paid. The **Company** reserves the right to offer revised rates, terms and conditions at renewal based on claim experience and a fresh assessment of the risk. This policy may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of renewal. The **Company**, however, shall not be bound to give notice that the policy is due for renewal or to accept any renewal premium. Unless renewed as herein provided, this policy shall automatically terminate at the expiry of the **Policy Period/ Coverage Period**.



6. 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**.

7. Disclosure of 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.

8. 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.

9. Cancellation

- i. The Policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

For Policies where instalment option is not availed and no claim has been made under the Policy, We will refund premium in accordance with the table below:

Month	1 Year
Up to 1 Month	85.0%
Up to 3 Month	70.0%
Up to 6 Month	45.0%
Above 6 months	0.0%

For Policies where Premium is paid by instalment, additional conditions as given below will be applicable.

- 50% of current instalment premium will be refunded when the current period is less than 6 months in to the policy year. For instalment after 6 months, no refund will be payable.
- In case of admissible claim under the Policy, future instalments for the current policy year will be adjusted in the claim amount and no refund of any premium will be applicable during policy year

Notwithstanding anything contained herein or otherwise, 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**.



- ii. 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 30 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

10. Premium Payment in Instalments

If the **Insured Person** has opted for Payment of Premium on an installment basis i.e. Yearly, Half Yearly, Quarterly or Monthly, as mentioned in the **Policy Schedule**, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- i. **Grace Period** as mentioned in the table below would be given to pay the installment premium due for the **Policy**.

Options	Installment Premium Option	Grace Period applicable
Option 1	Half Yearly	30 days
Option 2	Quarterly	30 days
Option 3	Monthly	15 days

- i. During such **Grace Period**, coverage will not be available from the due date of installment premium till the date of receipt of premium by **Company**.
- ii. 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**.
- iii. No interest will be charged If the installment premium is not paid on due date.
- iv. In case of installment premium due not received within the **Grace Period**, the Policy will get cancelled.
- v. In the event of a claim, all subsequent premium installments shall immediately become due and payable.
- vi. The **Company** has the right to recover and deduct all the pending installments from the claim amount due under the policy.

Instalment Premium payment through Auto Debit/ECS Facility

- i. If Option of Premium payment by Installment is opted through auto Debit/ECS facility, a separate authorization form shall be submitted by Insured Person where Premium to be debited at a chosen frequency will be mentioned upfront
- ii. Where there is a change either in the terms and conditions of the Coverage or Policy or in the premium rate, the ECS authorization shall be obtained afresh
- iii. The Insured Person has the option to withdraw from the ECS mode at least fifteen days prior to the due date of instalment premium payable
- iv. No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode

11. Endorsements



The following endorsements are permissible during the **Coverage Period**:

1.1. Non-Financial Endorsements – which do not affect the premium

- i. Minor rectification/correction in name of the Insured Person (and not the complete name change)
- ii. Rectification in gender of the Insured Person (if this does not impact the premium)
- iii. Rectification of date of birth of the Insured Person (if this does not impact the premium)
- iv. Change in the correspondence address of the Proposer (if this does not impact the premium)
- v. Change in Nominee Details
- vi. Change in bank details
- vii. Any other non-financial endorsement

1.2. Financial Endorsements – which result in alteration in premium

- i. Cancellation of Policy
- ii. Any other financial endorsement

12. 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.

13. Withdrawal of Policy

- i. 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.
- ii. **Insured Person** will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as **Cumulative Bonus**, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

14. Moratorium Period

After completion of eight continuous years under the policy, no look back to be applied. This period of eight years is called as Moratorium Period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract

15. Portability

The **Insured Person** will have the option to port the Policy to other insurers by applying to such **Insurer** to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to **Portability**. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an



Indian General/Health insurer, the proposed **Insured Person** will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

16. Claim Settlement (Provision of Penal Interest)

- i. If there are any deficiencies in the necessary claim documents which are not met or are partially met, **We** will send a maximum of 3 (three) reminders following which **We** will send a closure letter or make a part-payment if **We** have not received the deficiency documents after 45 days from the date of the initial request for such documents
- ii. 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.
- iii. Upon acceptance of an offer of settlement by the **Insured person**, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the **Insured Person**. 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**.
- iv. 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.
- v. 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.
- vi. If **We**, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to You in writing within 30 days of the receipt of documents.
- vii. If requested by **Us** and at **Our** cost, the **Insured Person** must submit to medical examination by **Our Medical Practitioner** as often as **We** consider reasonable and necessary and **We/Our** representatives must be permitted to inspect the medical and Hospitalization records pertaining to the treatment of **Insured Person** and to investigate the circumstances pertaining to the claim.
- viii. **We** and **Our** representatives must be given all reasonable co-operation in investigating the claim in order to assess **Our** liability and quantum in respect of the claim

17. 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/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the **Policyholder** whose discharge shall be treated as full and final discharge of its liability under the **Policy**.



18. Contact Us

	within India	Outside India
Claim Intimation:	<p>Service No. 022-62346234 / 0120-62346234</p> <p>Email:healthclaims@hdfcergo.com</p>	<p>Toll Free No: 800 08250825</p> <p>Global Toll Free No : +800 08250825 (accessible from locations outside India only)</p> <p>Landline no (Chargeable) : 0120-4507250</p> <p>Email: travelclaims@hdfcergo.com</p>
Claim document submission at address	<p>HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Sector 62 Noida – 0120 398 8360</p>	<p>HDFC ERGO General Insurance Co Ltd 6th Floor, Leela Business Park, AndheriKurla Road, Andheri East, Mumbai-400059, Ph-022 66383600</p>

19. Redressal of Grievance

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

- Website: www.hdfcergo.com
- Toll free: 022 6234 6234 / 0120 6234 6234
- Contact Details for Senior Citizen: 022 6234 6234 / 0120 6234 6234
- E-mail: care@hdfcergo.com

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 cgo@hdfcergo.com

For updated details of grievance officer, kindly refer the link:
<https://www.hdfcergo.com/customer-voice/grievances>

Contact Points	First Contact Point	Escalation level 1	Escalation level 2

HDFC ERGO General Insurance



Contacts us at	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - : 022 6234 6234 / 0120 6234 6234
Contact Point for Senior Citizen	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - : 022 6234 6234 / 0120 6234 6234
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri, Mumbai – 400059	The Compliance Officer, Registered & Corporate Office: HDFC House, 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020

- ii. 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.
- iii. Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

List of Ombudsman

Office Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.



Office Details	Jurisdiction of Office (Union Territory, District)
<p>BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL - Shri Guru Saran Shrivastava 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@ecoi.co.in</p>	<p>Madhya Pradesh Chattisgarh.</p>
<p>BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p>	<p>Orissa.</p>
<p>CHANDIGARH - Dr. Dinesh Kumar Verma 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@ecoi.co.in</p>	<p>Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.</p>
<p>CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p>



Office Details	Jurisdiction of Office (Union Territory, District)
Email: bimalokpal.chennai@ecoi.co.in	
<p>DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in</p>	Delhi.
<p>GUWAHATI - Shri Kiriti .B. Saha 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@ecoi.co.in</p>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<p>HYDERABAD - Shri I. Suresh Babu 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 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p>	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
<p>JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p>	Rajasthan.
<p>ERNAKULAM - Ms. Poonam Bodra 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</p>	Kerala, Lakshadweep, Mahe-a part of Pondicherry.



Office Details	Jurisdiction of Office (Union Territory, District)
Email: bimalokpal.ernakulam@ecoi.co.in	
<p>KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p>	West Bengal, Sikkim, Andaman & Nicobar Islands.
<p>LUCKNOW -Shri Justice Anil Kumar Srivastava 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@ecoi.co.in</p>	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
<p>MUMBAI - Shri Milind A. Kharat 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@ecoi.co.in</p>	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
<p>NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p>	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.
<p>PATNA - Shri N. K. Singh</p>	Bihar,



Office Details	Jurisdiction of Office (Union Territory, District)
Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Jharkhand.
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Annexure 2: List of Surgeries

S .no	BODY SYSTEM	NAME OF SURGERY/SURGICAL PROCEDURES
1	Cardiovascular system	Aortic valve repair (Open Heart Valvuloplasty)
2	Cardiovascular system	CABG (Coronary Artery Bypass Grafting)
3	Cardiovascular system	Other vascular bypass grafts(e.g. Femoral popliteal grafts)
4	Cardiovascular system	Clipping or repair of Aneurysm(including aortic, cerebral, femoral or iliac) with or without graft
5	Cardiovascular system	Closed Heart Valvotomy (Aortic, Mitral, Pulmonary, Tricuspid Valves)
6	Cardiovascular system	Coronary Angioplasty with Stent implantation
7	Cardiovascular system	Excision of benign mediastinal lesions (evidence of thoracotomy needs to be ascertained)



8	Cardiovascular system	Heart Proximal aortic aneurysm, Aortic root transplplantation with coronary artery reimplantation
9	Cardiovascular system	Heart Valve Replacement using Mechanical or Bio-Prosthetic valves
10	Cardiovascular system	Initial implantation of permanent pacemaker/ICD/VAD device in heart
11	Cardiovascular system	Major Surgery of Aorta
12	Cardiovascular system	Major vein repair with or without grafting for traumatic & non traumatic lesions
13	Cardiovascular system	Mitral valve repair (Open Heart Valvuloplasty)
14	Cardiovascular system	Percutaneous (balloon) Valvuloplasty
15	Cardiovascular system	Pericardiotomy / Pericardectomy
16	Cardiovascular system	Pulmonary valve repair (Open Heart Valvuloplasty)
17	Cardiovascular system	Carotid endarterectomy/ Ext carotid Int. Carotid bypass/Carotid tumour excision
18	Musculoskeletal system	Amputation of arm
19	Musculoskeletal system	Amputation of foot
20	Musculoskeletal system	Amputation of hand
21	Musculoskeletal system	Amputation of leg
22	Musculoskeletal system	Excision reconstruction of joint
23	Musculoskeletal system	Finger Trauma replantation
24	Musculoskeletal system	Implantation of prosthesis for limb
25	Musculoskeletal system	Open Reduction and Internal fixation of fracture Long bone (Humerus, Radius, ulna, Femur, Tibia, Fibula), with or without Bone grafting
26	Musculoskeletal system	Osteomyelitis - Surgical Drainage and Curettage
27	Musculoskeletal system	Other interposition reconstruction of joint
28	Musculoskeletal system	Other prosthetic replacement of articulation of other bone
29	Musculoskeletal system	Other prosthetic replacement of head of femur
30	Musculoskeletal system	Other prosthetic replacement of head of Humerus
31	Musculoskeletal system	Other reconstruction of joint
		Other total prosthetic replacement of hip joint/core



32	Musculoskeletal system	decompression with graft for osteonecrosis of femoral head
33	Musculoskeletal system	Other total prosthetic replacement of knee joint
34	Musculoskeletal system	Other total prosthetic replacement of other joint
35	Musculoskeletal system	Prosthetic interposition reconstruction of joint
36	Musculoskeletal system	Prosthetic replacement of head of femur not using cement
37	Musculoskeletal system	Prosthetic replacement of head of femur using cement
38	Musculoskeletal system	Prosthetic replacement of head of Humerus not using cement
39	Musculoskeletal system	Prosthetic replacement of head of Humerus using cement
40	Musculoskeletal system	Prosthetic replacement/articulation/other bone not using cement
41	Musculoskeletal system	Prosthetic replacement/articulation/other bone using cement
42	Musculoskeletal system	Replantation of lower limb
43	Musculoskeletal system	Replantation of upper limb
44	Musculoskeletal system	Spinal Fusion (arthrodesis of spine with bone graft/internal fixation)
45	Musculoskeletal system	Therapeutic endoscopic operations on cavity of knee joint
46	Musculoskeletal system	Therapeutic endoscopic operations on cavity of Shoulder joint
47	Musculoskeletal system	Unilateral or bilateral prosthetic replacement of hip joint not using cement
48	Musculoskeletal system	Unilateral or bilateral prosthetic replacement of hip joint using cement
49	Musculoskeletal system	Unilateral or bilateral replacement of knee joint not using cement
50	Musculoskeletal system	Unilateral or bilateral prosthetic replacement of knee joint using cement
51	Musculoskeletal system	Unilateral or bilateral prosthetic replacement of other joint not using cement
52	Musculoskeletal system	ACL/PCL repair/reconstruction



53	Nervous system	Bur-hole Drainage of Extradural, subdural or intracerebral space
54	Nervous system	Craniotomy for non malignant space occupying lesions
55	Nervous system	Craniotomy for Drainage of Extradural, subdural or intracerebral space
56	Nervous system	Craniotomy for malignant Brain tumors
57	Nervous system	Decompression surgery for Entrapment Syndrome
58	Nervous system	Embolectomy / Thrombectomy/ Endarterectomy with or without Graft
59	Nervous system	Excision of deep seated peripheral nerve tumor
60	Nervous system	Excision of pineal gland
61	Nervous system	Fixation of fracture of spine
62	Nervous system	Free Fascia Graft for Facial Nerve Paralysis
63	Nervous system	Intracranial transection of Cranial nerve
64	Nervous system	Laminectomy/Discectomy for Spinal nerve root decompression
65	Nervous system	Microvascular decompression of cranial nerves/nervectomy
66	Nervous system	Multiple Microsurgical Repair of digital nerve
67	Nervous system	Operations on Subarachnoid space of brain
68	Nervous system	Other operations on the meninges of the Brain
69	Nervous system	Peripheral nerve Graft
70	Nervous system	Repair of Cerebral or Spinal Arterio- Venous Malformations or aneurysms
71	Nervous system	Total or Partial Excision of the pituitary gland - Any approach (Transforntal or Trans Sphenoid)
72	Organ transplant	Bone Marrow transplant (as recipient)
73	Organ transplant	Heart/Heart-Lung Transplant
74	Organ transplant	Liver Transplantation
75	Organ transplant	Lung Transplantation
76	Organ transplant	Renal transplant (recipient)



77	Oro-maxillofacial surgery	Major reconstructive oro-maxillofacial surgery due to trauma or burns and not for cosmetic purpose
78	Oro-maxillofacial surgery	Osteotomy including segmental resection with bone grafting for Mandibular and maxillary lesions
79	Others	Excision and Major Flap Repair of skin and Subcutaneous tissue due to Major Burns
80	Others	Radical Excision of malignant tumor in bones
81	Others	Major resection of tumour and reconstruction of bone
82	Others	Radical Mastectomy
83	Others	Total excision of breast/ Simple Mastectomy
84	Renal/genito urinary system	Amputation of penis
85	Renal/genito urinary system	Excision of ureter
86	Renal/genito urinary system	kidney injury repair
87	Renal/genito urinary system	Open extirpation of lesion of kidney
88	Renal/genito urinary system	Total excision of bladder
89	Renal/genito urinary system	Total or Partial nephrectomy due to medical advice (not as a transplant donor)
90	Renal/genito urinary system	Unilateral or Bilateral excision of testes
91	Renal/genito urinary system	Urinary diversion
92	Renal/genito urinary system	Cystectomy
93	Renal/genito urinary system	Prostatectomy
94	Renal/genito urinary system	Open Hysterectomy/BSO due to cancer only
95	Renal/genito urinary system	Lap. Hysterectomy+ BSO due to cancer only
96	Respiratory system	Wide excision and Major reconstruction of malignant Oro-pharyngeal tumors with chemo
97	Respiratory system	Pneumonectomy/Lobectomy
98	Respiratory system	Pleurectomy
99	Respiratory system	Chronic bronchopleural fistula requiring a surgical procedure for closure of the fistula through an open thoracotomy



100	Digestive system	Hemicolectomy/ Colectomy/ Ileocollectomy
101	Digestive system	Total excision of stomach
102	Digestive system	Partial/ Complete Gastrectomy
103	Digestive system	Partial/ Complete Eosophagectomy
104	Digestive system	Pancreatectomy
105	Digestive system	pancreaticoduodenectomy, Whipples surgery
106	Digestive system	Partial/Complete Hepatectomy
107	Digestive system	Partial / complete splenectomy