



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

IFFCO-TOKIO GROUP HOSPITAL DAILY CASH POLICY

UIN : IFFHLGP21045V012021

Policy Wording

This Policy is evidence of the contract between You and Us. The Proposal along with any written statement) or declaration(s) of Yours for purpose of this Policy forms part of this contract.

This Policy witnesses that in consideration of Your having paid the premium, We will insure Your/ Insured person(s) interest(s) under the Sections specified as operative in the Schedule during the Policy Period and accordingly, We will pay You/ Insured Person(s) in respect of events occurring during the Period of Insurance in the manner and to the extent set forth in the Policy including endorsements, provided that all the terms, conditions, provisions and exceptions of this Policy in so far as they relate to anything to be done or complied with by You/ Insured person(s) have been met.

The Schedule shall form part of this Policy and the term Policy whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning whenever it may appear.

Your Policy is based on information, which You have given Us pertaining to the risk insured under this policy and the truth of this information shall be condition precedent to Your or the Insured person's right to recover under this Policy.

DEFINITIONS OF WORDS

1. **Accident** - It means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age** means age of the Insured person on last birthday as on date of commencement of the Policy.
3. **Bank** - It means a banking company that is registered in India to transact the business of banking in India or overseas.
4. **Business** - It means Your employment, profession, business or trade.

5. **Benefit Period** – It means the maximum number of days specified in the policy schedule/ certificate of insurance per policy year for which the daily cash benefit is payable under the policy. The options available for benefit period under this policy are 15/30/60/90/180 days. The benefit period shall be the cumulative of all hospitalizations, whether single or multiple, occurring in each policy year.
6. **Break in Policy** – It means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.
7. **Condition Precedent** – It means a policy term or condition upon which Our liability under the policy is conditional upon.
8. **Congenital Anomaly** - It means a condition 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
9. **Credit/ Loan** - It means the sum of money lent at interest or otherwise to the Insured person by any Bank / Financial Institution.
10. **Day Care Centre** - It means any institution established for day care treatment of illness and/or injuries or a medical set-up within 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 criteria as under:
 - i) has qualified nursing staff under its employment;
 - ii) has qualified medical practitioner(s) in charge;
 - iii) has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - iv) maintains daily records of patients and shall make these accessible to our authorized personnel.
11. **Day Care Treatment** - It refers to medical treatment, and/or surgical procedure which is:
 - I. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24(twenty-four) hours because of technological advancement, and
 - II. Which would have otherwise required a hospitalization of more than 24 (twenty-four) hours.
 Treatment normally taken on an out-patient basis is not included in the scope of this definition. [The list of covered day care treatment is as per Annexure “List of Day care Procedures” attached herewith].
12. **Endorsement** - It means any alteration made to the Policy which has been agreed to by Us in writing.
13. **Family** - It means, the Family that consists of the proposer and any one or more of the family members as mentioned below:
 - i. legally wedded spouse.
 - ii. Parents and Parents-in-law.

- iii. dependent Children (i.e. natural or legally adopted) between the age 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals.
 - iv. Any other member of the family as agreed and accepted by us.
14. **Financial Institution** - It shall have the same meaning assigned to the term under Section 45-I of the Reserve Bank of India Act, 1934 (As amended from time to time) and shall include a Non-banking Financial company as defined under Section 45-I of the Reserve Bank of India Act, 1934 (As amended from time to time).
15. **Grace Period** - 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.
16. **Hospital/ Nursing Home** - It means any institution established for in-patient care and day care treatment of disease/ 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 Schedule of Section 560) of the said Act, OR complies with all minimum criteria as under:
- a. has qualified nursing staff under its employment round the clock;
 - b. has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;
 - c. has qualified medical practitioner (s) in charge round the clock;
 - d. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - e. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.
17. **Hospitalisation** - It means admission in a Hospital for a minimum period of 24 (Twenty-four) consecutive "In-patient Care" hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 (Twenty-four) consecutive hours.
18. **Illness** - It 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 means a disease, illness or injury that is likely to response 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 means a disease, illness, or injury that has one or more of the following characteristics
 - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - ii. it needs ongoing or long-term control or relief of symptoms
 - iii. it requires rehabilitation for the patient or for the patient to be special trained to cope with it
 - iv. it continues indefinitely
 - v. it recurs or is likely to recur

19. **Injury** - Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
20. **In-Patient Care** – It means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
21. **Insured Event** - It means any event specifically mentioned as covered under this policy
22. **Insured Person** - It means person(s) named in the schedule/ certificate of insurance of the Policy.
23. **Intensive Care Unit (ICU)** – It 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.
24. **Medical Practitioner** - A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for 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 the license.
25. **Migration** – It means, the right accorded to health insurance policyholders (including all members under family cover and members of group Health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.
26. **Newborn Baby** - Newborn baby means baby born during the policy period and is aged upto 90 days.
27. **Nominee** - It means the person nominated by the insured to receive the insurance benefits under this policy payable on the death of the insured.
28. **Notification of Claim** - It means the process of intimating a claim to Us through any of the recognized modes of communication.
29. **Nuclear, chemical or biological attacks or weapons** -
 - a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
 - b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.

- c) **Biological attack or weapons** means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
30. **Policy** - It means these Policy wordings, the Policy Schedule/ certificate of insurance and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to The Insured person.
31. **Policy Period** - It means the period commencing from the effective date and hour as shown in the Schedule/ certificate of insurance and terminating on the expiry date as shown in the Schedule/ certificate of insurance.
32. **Pre-Existing Disease** – – It means any condition, ailment, injury or disease.
- a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
33. **Proposal** - It means any signed Proposal by filling up the questionnaires and declarations, written statements and any information in addition thereto supplied to Us by You or on Your behalf.
34. **Renewal** - It 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.
35. **Schedule/ Certificate of Insurance** - It means the latest Schedule/ certificate of insurance issued by Us as part of Your Policy. It provides details of Sections of Your Policy which are in force, and the level of cover You have.
A revised Schedule/ certificate of insurance will be sent at each renewal and whenever You request for a change in the cover.
36. **Senior Citizen** - It means any person who has completed sixty or more years of age as on the date of commencement or renewal of an insurance policy.
37. **Surgery or Surgical Procedure** - It 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.
38. **Third Party Administrators or TPA** - It means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.

39. **Unproven/ Experimental Treatment** – It means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
40. **Waiting Period** - It means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.
41. **We/Our/Us** - It means **IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED**.
42. **What is Covered** - It means the damages/perils/contingencies which are covered under the Policy and for which We have liability in the event of claim occurrence.
43. **What is Not Covered** - It means the damages/perils/contingencies which are not covered under the Policy and for which We have no liability in the event of claim occurrence.
44. **You/Your** - It means the Person(s)/ Company/ Group named as Insured/ Policy holder in the Schedule/ certificate of insurance to whom this Policy is issued.

COVERAGE

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We will pay the amount as specified in the schedule/ certificate of insurance as Hospital Daily Cash, for each continuous and completed period of 24 hours, upto the benefit period per year, that the Insured Person is Hospitalised during the policy period due to an illness or accidental bodily injury.</p> <p>In case of each continuous and completed period of 24 hours of hospitalization within the Intensive Care Unit (ICU), We will pay twice the benefit amount as specified in the schedule/ certificate of insurance as Hospital Daily Cash.</p> <p>Other Benefits -</p> <p>1. Day Care Surgeries – We will pay the One day Daily Cash benefit as mentioned in the schedule/ certificate of insurance, for the Day care surgeries as listed in Annexure – “List of Day Care Procedures” of the policy document.</p>	<p>We will not pay for any claim caused by, based on, arising out of or attributable to any of the following:</p> <p>1. Pre-existing Diseases -</p> <p>a) Any claim for hospitalization relating to a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.</p> <p>b) In case of enhancement of Daily Cash Limit/ benefit period, the exclusion shall apply afresh to the extent of Daily Cash Limit/ benefit period increase.</p> <p>c) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.</p>

2. Modern Treatment Methods and Advancement in Technologies -

We will pay the Daily cash benefit for each day of hospitalization or One day Daily Cash benefit (depending upon the nature of procedure), upto the benefit period specified in the policy schedule/ certificate of insurance, during the policy period for the following procedures (wherever medically indicated):

- a) Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- b) Balloon Sinuplasty
- c) Deep Brain stimulation
- d) Oral chemotherapy
- e) Immunotherapy- Monoclonal Antibody to be given as injection
- f) Intra vitreal injections
- g) Robotic surgeries
- h) Stereotactic radio surgeries
- i) Bronchical Thermoplasty
- j) Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- k) IONM - (Intra Operative Neuro Monitoring)
- l) Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

Note: The benefit period as specified in the policy schedule/ certificate of insurance is cumulative of all hospitalizations, whether single or multiple, occurring in each policy year.

2. 30-day waiting period -

- a) Any claim for hospitalization relating to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident.
- b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced Daily Cash Limit /benefit period in the event of granting higher Daily Cash Limit /benefit period in subsequent renewals.

3. Specified disease/procedure waiting period –

- a) Any claim for hospitalisation relating to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of Daily Cash Limit/ benefit period in subsequent renewals, the exclusion shall apply afresh to the extent of Daily Cash Limit/ benefit period increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) List of specific diseases/ procedures excluded under the first year of policy with us:
 - i) Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma
 - ii) Hernia, Hydrocele

	<ul style="list-style-type: none"> iii) Fistula in anus, Piles, Sinusitis and related disorders 4. Refractive Error: Any claim if the hospitalization relates to treatment for correction of eyesight due to refractive error less than 7.5 dioptries. 5. Any claim of hospitalization for Dental treatment or other dental examination and/or tests not incidental to the treatment or diagnosis of an injury, sickness or disease. 6. Sterility and Infertility – Any claim for hospitalization relating to Birth Control, sterility and infertility. This includes: <ul style="list-style-type: none"> (i) Any type of contraception, sterilization (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI (iii) Gestational Surrogacy (iv) Reversal of sterilization 7. Maternity -Any claim for hospitalisation relating to - <ul style="list-style-type: none"> a) Childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; b) Miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period. 8. Sleep disorder, Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition"); or growth hormone therapy. 9. Venereal disease, sexually transmitted disease or illness. 10. Change of Gender – Any claim relating to hospitalization of treatment, including surgical management, to change characteristics of the body to those of the opposite sex. 11. Circumcisions unless required as a part of treatment of an illness or injury.
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	<p>12. Cosmetic or Plastic Surgery: Any claim if hospitalization necessitated due to cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an accident, burn(s) or cancer or as part of medically necessary treatment to remove a direct or immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the Attending Medical Practitioner</p> <p>13. Rest Cure, Rehabilitation and respite care – Any claim if hospital admission is primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <ul style="list-style-type: none">a) Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.b) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. <p>14. Obesity/ Weight Control – Any claim if hospitalisation is related to the surgical treatment of obesity that does not fulfill all the below conditions:</p> <ul style="list-style-type: none">1) Surgery to be conducted is upon the advice of the Doctor2) The surgery/procedure conducted is supported by clinical protocols3) The member is 18 years of age or older and4) Body Mass Index (BMI);<ul style="list-style-type: none">a) greater than or equal to 40 orb) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:<ul style="list-style-type: none">i. Obesity-related cardiomyopathyii. Coronary heart diseaseiii. Severe Sleep Apnea
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	<p>iv. Uncontrolled Type2 Diabetes</p> <p>15. Intentional self-injury, suicide or attempted suicide.</p> <p>16. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.</p> <p>17. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense.</p> <p>18. Breach of Law – Any claim for hospitalisation if treatment arises from or is consequent upon You/ any insured person committing or attempting to commit a breach of law with criminal intent.</p> <p>19. Treatment of alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</p> <p>20. Hazardous or Adventure Sports : Any claim if the hospitalisation is necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p> <p>21. Participation in a naval, military, airforce or law enforcement operation.</p> <p>22. Any sporting risk in so far as they involve, the training or participation in competitions of professional or semi professional sportsmen or women or riding or driving in any form of race or competition.</p> <p>23. Participation by the Insured Person in any flying activity, except as a bona fide, farepaying passenger, pilot or crew of a recognized airline on regular routes and on a scheduled timetable.</p> <p>24. Unproven Treatments – Any claim for hospitalisation relating to any unproven</p>
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	<p>treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p> <p>25. Investigation, Prevention & Evaluation - Any claim if admission in hospital is primarily for diagnostics, preventive and evaluation purposes which are not related or not incidental to the current diagnosis and treatment.</p> <p>26. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner.</p> <p>27. Excluded Providers - Any claim towards treatment in any hospital specifically excluded by Us and disclosed in Our website www.iffcotokio.co.in / notified to You/ Insured person. However, in case of life threatening situations or following an accident, Daily cash benefit up to the stage of stabilization shall be payable but not for the complete hospitalisation.</p> <p>28. Any external congenital anomaly or birth defects.</p> <p>29. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.</p> <p>30. Hospitalisation for treatment with alternative medicines like Ayurvedic, Homeopathic, Accupuncture, Accupressure, Osteopath, Naturopathy, Chiropractic, Reflexology and Aroma Therapy or any other non-allopathic treatment.</p> <p>31. Hospitalisations which are not followed by active treatment/ management during the hospitalisation period and which could have been treated on outpatient basis.</p> <p>32. In respect of existing diseases disclosed by the insured and mentioned on the schedule/ certificate of insurance (based on insured's</p>
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	consent), the insured person is not entitled to get coverage for specified ICD codes.
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CLAIM PROCEDURE

1. **NOTIFICATION OF CLAIM:** An event, which gives rise to a claim or might become a claim under the Policy, must be reported to Us as soon as possible.
2. **CLAIM PROCEDURE AND REQUIREMENTS:** A written statement of the claim will be required and a Claim Form will be provided. This written statement of claim along with supporting documentation must be delivered to Us within 30 (thirty) days of date of discharge.
3. **DOCUMENTS TO BE SUBMITTED:** Submission of the following documents to Our satisfaction is condition precedent to admission of any liability under the policy:
 - a) Duly completed claim form.
 - b) Photo Identity and age proof of the patient.
 - c) Medical practitioner's prescription advising admission.
 - d) Discharge summary including complete medical history of the patient along with other details.
 - e) Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner.
 - f) Letter from treating consultant stating presenting complaints with duration and the past medical history.
 - g) OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
 - h) MLR(Medico Legal Report copy if carried out and FIR (First information report) if registered, where ever applicable.
 - i) NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque.
 - j) KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines.
 - k) Death Certificate/ Post mortem report (only if conducted), if applicable
 - l) Legal heir/succession certificate, wherever applicable.

Note:

- a) We shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
- b) We are entitled to:
 - i. Receive all necessary information, proof of occurrence of Insured event and assistance from You/ Insured person and from any other person seeking benefit under this Policy.
 - ii. Inspect the medical hospitalization records, investigate the facts and examine the Insured person.

- c) In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to Our satisfaction.
 - d) Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.
4. You/ Insured person shall assist and not hinder or prevent Us or Our Representatives in pursuance of their duties for ascertaining the admissibility of the claim under the Policy.
5. **DISCLAIMER CLAUSE** - If We shall disclaim Our liability in any claim, and such claim shall not have been made the subject matter of a suit in a court of law within 12 (twelve) months from the date of disclaimer, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.
6. **PROVISION FOR PENAL INTEREST** - In the event of a claim, if the same is found admissible under the policy, We shall make an offer of settlement or convey the rejection of the claim within 30 (thirty) days of receipt of all relevant documents and investigation/ assessment report (if required). In case the claim is admitted, the claim proceeds shall be paid within 7(seven) days of Your/ Insured person's acceptance of Our offer. In case of delay in payment, We shall be liable to pay interest at a rate which is 2% (two percent) above the bank rate prevalent at the beginning of financial year in which the claim is received by us.
7. No sum payable under this Policy shall carry any interest/penalty except as mentioned under Provision of Penal Interest.
8. **CLAIM SERVICING:** Claims will be directly serviced by IFFCO-Tokio or any Third party administrator as mentioned in your policy.
9. **PAYMENT OF CLAIM** - All claims under the policy shall be payable in Indian currency only.

GENERAL CONDITIONS

1. **COVERAGE OPTIONS AVAILABLE-**

- i) Individual option – All members shall have individual Daily Cash Limit and individual benefit period. An individual has the option to cover his/her family in the policy. For such policies, where all the members of the family are covered, individual Daily Cash Limit and individual benefit period shall be applicable for each member independently.
- ii) Family Floater option - In case of Family floater policy, the benefit period (maximum number of days of Hospitalisation as mentioned in the Schedule/ certificate of insurance) would float over all members of each Family under the Policy. In the event of more than one Family member being hospitalised at the same time, the cumulative days of hospitalization of the hospitalised family members can not exceed the benefit period as mentioned in the Schedule/ certificate of insurance (benefit period would float over the Family) under the Policy.

(Note: Kindly refer policy schedule/ certificate of insurance for the coverage option applicable in your policy.)

2. POLICY PERIOD –

i. Credit linked policies

The policy period shall be the tenure of the outstanding loan upto a maximum of 5 years. (1 year/ 2 years/ 3 years/ 4 years/ 5 years)

The policy term shall not change even if the loan tenure changes due to changes in interest rates/repayment installments

In case of foreclosure of the loan, the policy will continue up to its natural expiry.

ii. Non Credit linked policies

The policy period shall be a maximum of 1 year.

3. IN CASE OF NON EMPLOYER EMPLOYEE RELATIONSHIP -

a) The individual group member would be treated as the insured beneficiary and the group organiser will only be the holder of the group policy. In such cases, certificate of insurance shall be issued to the all members of the group. Such a certificate shall contain information on the benefits and important terms and conditions of the insurance policy. The certificate shall also state the full address of Our office/ Toll free number where the claim could be registered. While the group organiser or manager may play a role in facilitating the registering and settlement of a claim, the claim payment shall be made in the name of the insured member even if the cheque is sent to the group manager for administrative convenience.

b) We shall conduct a surprise inspection of the books and records of the group organiser or manager atleast once a year to ensure total compliance with these guidelines or require a certificate of such compliance from the auditors of the group organiser or manager atleast once a year.

4. DISCLOSURE TO INFORMATION NORM - The Policy shall be void and all premium paid hereon shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

5. CONDITION PRECEDENT TO ADMISSION OF LIABILITY - The due observance and fulfilment of the terms and conditions of the policy, by the insured person, shall be a condition precedent to any liability on Us to make any payment for claim(s) arising under the policy.

6. RECORDS TO BE MAINTAINED- The Insured Person shall keep an accurate record containing all relevant medical records and shall allow Us or our representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as We may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

7. COMPLETE DISCHARGE - Any payment to the Insured Person or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Policy shall in all cases be a full, valid and an effectual discharge towards payment of claim by Us to the extent of that amount for the particular claim.

8. NOTICE & COMMUNICATION -

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to Our address or through any other electronic modes specified in the Policy Schedule/ Certificate of insurance.
- iii. We shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule/ Certificate of insurance.

9. TERRITORIAL LIMIT - All medical treatment for the purpose of this insurance will have to be taken in India only.

10. 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 shall be forfeited.

Any amount already paid against claims which are found fraudulent later under this policy shall be repaid by all person(s) named in the policy schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the insurer or to induce the insurer to issue a 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

We shall not repudiate the policy 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. Onus of disproving is upon the Insured, if alive, or beneficiaries.

11. CANCELLATION -

(a) You/ Insured person may cancel the cover at any time during the policy period by sending 15 (fifteen) days written notice to Us. We will then allow a refund based on short period table as defined below.

Short Period Table - % Return Premium

Length of time Policy in force	Policy Term				
	1	2	3	4	5
1 month	75%	88%	92%	94%	95%
1-3 months	50%	75%	83%	88%	90%
3-6 months	25%	63%	75%	81%	85%

6-12 months	0%	38%	58%	69%	75%
12-18 months	0%	13%	42%	56%	65%
18-24 months	0%	0%	17%	38%	50%
24-36 months	0%	0%	0%	13%	30%
36-48 months	0%	0%	0%	0%	10%
48-60 months	0%	0%	0%	0%	0%

In case of prepayment (part/full) of loan of a credit-linked policy, the cover can either be continued upto its natural expiry or be cancelled at Insured person's request. If cancellation request is received, refund will be allowed subject to no claim been admitted for the Insured person

This refund of premium is subject to the condition that no claim has been preferred on Us.

(b) We may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by You/ Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

12. **AUTOMATIC CHANGE IN COVERAGE UNDER THE POLICY** -The coverage for the Insured Person(s) shall automatically terminate:

a) In the case of Insured Person's demise.

However the cover shall continue for the remaining Insured Persons in the group till the end of Policy Period.

b) Upon exhaustion of the benefit period, for the policy year.

However, the policy is subject to renewal on the due date as per the applicable terms and conditions.

13. **TERRITORIAL JURISDICTION** - All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

14. **ARBITRATION –**

i. If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).

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

- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.
15. **MIGRATION** – The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under similar health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:
- i. The waiting periods specified in Coverage ‘What is Not covered’ shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous similar health insurance Policy.
 - ii. Migration benefit will be offered to the extent of the previous coverage period/ benefit amount and shall not apply to any other additional increased coverage period/ benefit amount.
16. **RENEWAL**- The policy shall ordinarily be renewable for lifelong only by mutual consent except on grounds of fraud, moral hazard, misrepresentation or non co-operation by You/Insured person. We are not bound to give notice that it is due for renewal.
- i. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
 - ii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.
 - iii. If not renewed within Grace Period after due renewal date, the Policy shall terminate.
 - iv. Daily Cash amount/ Benefit period can be modified at the time of renewal for which fresh proposal form will be required to be submitted. In case of enhancement of Daily Cash amount/Benefit period, waiting periods will apply afresh for the enhanced Daily Cash amount/ Benefit period.
17. **WITHDRAWAL & ALTERATION OF POLICY CONDITIONS** - The policy terms and conditions may undergo alteration as per the IRDA Regulation. However the same shall be duly notified to You at least three months prior to the date when such alteration or revision comes into effect by registered post at Your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Regulation.
- A product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to You in advance as per the IRDA guidelines with details of options provided by us. If We do not receive Your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and You shall have to take a new policy available with us, subject to terms & conditions.
18. **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 affected.
19. **FREE LOOKUP PERIOD** – The free look period shall be applicable at the inception of the policy and not on renewal or at the time of migration of the policy and

- 1) The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable.
 - 2) If the insured has not made any claim during the free look period, the insured shall be entitled to—
 - a) A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
 - b) where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
 - c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;
20. **ENDORSEMENTS (CHANGE IN POLICY)** – This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except Us, Any change made by Us shall be evidenced by a written endorsement signed and stamped.
21. **CHANGE OF CASH BENEFIT AMOUNT/ BENEFIT PERIOD** – Available only in case of Employer-employee policies. Midterm revision of Daily Cash benefit amount/ benefit period shall not be available in the policy except in case of promotion of an employee where the group has differential Daily cash limits for different grades/designations. In case of enhancement of Daily Cash amount/Benefit period, waiting periods will apply afresh for the enhanced Daily Cash amount/Benefit period.
22. Mid-term inclusion of dependent family member shall be available only on grounds of:
 - i. a child attaining age of 91 days
 - ii. spouse in the event of marriage of the insured member during the policy period.The mid-term of inclusion of such family members shall take place on prorata premium basis.
23. **TERMS AND CONDITIONS OF THE POLICY** - The terms and conditions contained herein and in the Policy Schedule/ Certificate of insurance shall be deemed to form part of the Policy and shall be read together as one document.
24. In case of any inconsistency in the terms and conditions in the policy wordings vis-a-vis the information contained in the Policy Schedule/ Certificate of insurance, the information contained in the Policy schedule/ Certificate of insurance shall prevail.
25. **PAYMENT OF PREMIUM** - The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on Our official form signed by Our duly authorized official. In similar way, no waiver of any terms, provision, conditions and endorsements of this policy shall be valid unless made in writing and signed by Our authorized official.
26. **NOMINATION:** The Insured person 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 Insured person. Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the policy is made. For Claim settlement under this policy, We will pay the Insured person. In the event of death of the Insured person, We 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 Insured person whose discharge shall be treated as full and final discharge of its liability under the Policy.

27. **No Constructive Notice:** Any knowledge or information of any circumstance(s) or condition in connection with you / insured person(s), in possession of any of our official shall not be the notice to or be held to bind or prejudicially affect us notwithstanding subsequent acceptance of the premium.

28. **Electronic Transaction:** You and/or insured person(s) agree(s) to adhere to and comply with all such terms and conditions as we may prescribe from time to time and hereby agree(s) and confirm(s) that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of us for and in respect of the policy or its terms or our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with our terms and conditions for such facilities, as may be prescribed from time to time. However, the terms of the condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDA regulations for protection of policy holder's interests.

29. **PROVISION FOR SENIOR CITIZENS**

- a) The insured will be informed in writing of any underwriting loading charged over and above the premium and the specific consent of the policyholder for such loading will be obtained before issuance of a policy.
- b) Separate channel to address the related claims and grievances of senior citizen are mentioned below:

Claims/ Grievance: seniorcitizengrievance@iffcotokio.co.in
Contact Number: 0124-2850100
Address: IFFCO-Tokio General Insurance Company Limited.
IFFCO TOWER – II
Plot No.3, Sector-29, Gurgaon
Haryana-122001

30. **REDRESSAL OF GRIEVANCE –**

(A) In case of any grievance relating to servicing the Policy, the insured person may submit in writing to the Policy issuing office or regional office for redressal. You may also register a grievance or complaint by visiting Our website www.iffcotokio.co.in. You may also contact the offices from where You have bought the policy or the grievance officer who can be reached at Our corporate office.

Grievance Department details are as mentioned below:

E-Mail ID: chiefgrievanceofficer@iffcotokio.co.in
Address: IFFCO-Tokio General Insurance Company Limited.
IFFCO TOWER – II
Plot No.3, Sector-29, Gurgaon
Haryana-122001

IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

(B) INSURANCE OMBUDSMAN:

The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided below:

Office Details	Jurisdiction of Office Union Territory, District)
<p>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</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<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</p>	<p>Orissa.</p>

Office Details	Jurisdiction of Office Union Territory, District)
Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	
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	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
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 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
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	Delhi.
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	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
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	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

Office Details	Jurisdiction of Office Union Territory, District)
Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	
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	Rajasthan.
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 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
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	West Bengal, Sikkim, Andaman & Nicobar Islands.
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	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.

Office Details	Jurisdiction of Office (Union Territory, District)
<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>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p>	<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>
<p>PATNA - Shri N. K. Singh 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</p>	<p>Bihar, Jharkhand.</p>
<p>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</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>

Address of Insurance Regulatory and Development Authority of India is also mentioned below:

Insurance Regulatory and Development Authority of India
Sy. No 115/1, Financial District, Nanakramguda, Gachibowli,

HYDERABAD 500 032

Insurance is the subject matter of solicitation.