Health Protect – Group Policy Wordings

PREAMBLE

This Policy is issued to You based on Your Proposal and declarations together/ followed by, with any other documents to Us and Your payment of the premium on behalf of all the persons to be insured. This Policy records the contract between Us and You and/or any Insured Person and sets out the terms of insurance and the obligations of each party. Now this contract witnesses to the definitions terms, conditions and exclusions contained herein or endorsed or otherwise expressed hereon and sets out as stated in Schedule of this policy/contract to the said Insured Person/s claiming payment or upon the happening of an event upon which one or more benefits become payable under the sum insured as stated in the Schedule will be paid by the Company.

Only those persons between Ages 18 years to 65 years and who are named as Insured in the Schedule will be able to avail the benefits under the Policy, subject to the terms, conditions and exclusions of the Policy.

A. DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

A. Standard Definitions

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
   Note: Insect and mosquito bites is not included in the scope of this definition.
2. **Condition Precedent** shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
3. **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.
4. **Disclosure of Information Norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
5. **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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
   i. has qualified nursing staff under its employment round the clock.
   ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places.
   iii. has qualified medical practitioner(s) in charge round the clock.
   iv. has a fully equipped operation theatre of its own where surgical procedures are carried out.
   v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
6. **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.
7. **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.
8. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
   a) **Acute Condition** means 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** 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 specially trained to cope with it
   iv. it continues indefinitely
   v. it recur or is likely to recur

9. **Intensive Care Unit** (ICU) 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.
10. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
11. **Maternity expense** shall include –
    a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalisation)
    b) expenses towards lawful medical termination of pregnancy during the Policy period.
12. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
13. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
14. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his/her license. The registered practitioner should not be the Insured or his/her close family members.
15. **Medically necessary treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
    a) is required for the medical management of the illness or injury suffered by the Insured.
    b) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity.
    c) must have been prescribed by a Medical Practitioner,
    d) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
16. **Migration** 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.
17. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
18. **Pre-existing Disease** means any condition, ailment, injury or disease:
    a) That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or
    b) For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy or its reinstatement.
19. **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.
20. **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 of suffering and prolongation of life, performed in a hospital or day care center by a Medical Practitioner.

21. **Unproven/Experimental Treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

B. Specific Definitions –

22. **Accidental Death** means death due to Accident.
23. **Bank Rate** means Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
24. **Beneficiary** in case of Death of the Insured Person, the Beneficiary means, unless stipulated otherwise by the Insured Person, the surviving spouse or immediate blood relative of the Insured Person, mentally capable and not divorced, followed by the children recognized or adopted followed by the Insured Person's legal heirs. For all other benefits, the Beneficiary means the Insured Person himself unless stipulated otherwise.
25. **Break in policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
26. **Civil War** means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Included in the definition: armed rebellion, revolution, sedition, insurrection, Coup d"état, and the consequences of Martial law.
27. **Critical Illness** means an Illness, sickness or a disease or a corrective measure as specified in Section B.I. of this Policy.
28. **Critical Illness Benefit** means the amount specified in the Schedule, which is the maximum amount for which the Company may be liable to make payment for the Critical Illnesses covered under this Policy.
29. **EMI or EMI Amount**[1] means and includes the amount of monthly payment required to repay the principal amount of Loan and Interest by the Insured as set forth in the amortization chart referred to in the loan agreement (or any amendments thereto) between the Bank/Financial Institution and the Insured prior to the date of occurrence of the Insured Event under this Policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.
30. **Financial Institution** shall have the same meaning assigned to the term under section 45 I of the Reserve Bank of India Act, 1934 and shall include a Non-Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934
31. **Foreign War** means armed opposition, whether declared or not between two countries
32. **Insured** means the person(s) named as insured in the Schedule who are covered under this Policy, for whom the Insurance is proposed and the appropriate premium has been received and are referred to as "You"/" Your"/"Yours"/"Yourself". For the purpose of avoidance of doubt it is clarified that the heirs, executors, administrators, successors or legal representatives of the Insured may present a claim on behalf of the Insured to the Company.
33. **Insured Event** means any event specifically mentioned as covered under this Policy.
34. **Loan** means the sum of money lent at interest or otherwise to the Insured by any Bank/Financial Institution as identified by the Loan Account Number referred to in the Schedule of this Policy.
35. **Loss of Job** means any job loss of Insured Person due to diagnosis of any of the covered Critical Illnesses OR Permanent Total Disability occurring due to an accident during the policy period with benefit amount equivalent up to maximum of three (3) equated monthly instalments (EMIs) payable corresponding to the loan insured. The pay-out for this benefit is as fixed at the outset and shall not be affected by any midterm change in EMI / interest.
36. **Nominee** means the person(s) nominated by the Insured to receive the insurance benefits under this Policy payable on the death of the Insured. For the purpose of avoidance of doubt it is clarified that if the Insured is a minor, his guardian shall appoint the Nominee.
37. **Permanent Partial Disablement** means a bodily Injury caused by accidental, external, violent and visible means, which as a direct consequence thereof, disables any part of the Limbs or organs of the body of the Insured Person and which falls into one of the categories listed in the "Table of Events" set out in the Policy.

[1] **EMI refers to the EMI or Pre EMI on the loan or the Sum Insured, whichever is lower, on the date of the Insured Event.**

38. **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 Medical Practitioner 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
39. **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.
40. **Proposal** means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.
41. **Policy** means the complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any**.**
42. **Policyholder** means the entity or person named as such in the Schedule.
43. **Policy Period** means the period starting with the commencement date mentioned in the Schedule till the end date mentioned in the Schedule
44. **Policy Year** means every annual period within the Policy Period starting with the commencement date
45. **Principal Outstanding** means the principal amount of the Loan outstanding as on the date of occurrence of Insured Event less the portion of principal component included in the EMIs payable but not paid from the date of the loan agreement till the date of the Insured Event/s. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the Bank prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.
    The outstanding Loan amount would not include any arrears or interest of the borrower due to any reasons whatsoever.
46. **Professional Sports** means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.
47. **Public Authority** means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, exact obedience, and command, determine or judge
48. **Schedule** means that portion of the Policy which sets out Your personal details, the type of insurance cover in force, the period and the sum insured. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.
49. **Scheduled Airline** means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier and is flown by authorized licensed pilot.
50. **Spouse** means an Insured Person's husband or wife who is recognized as such by the laws of the jurisdiction in which they reside.
51. **Sum Insured** means the amount stated in the Schedule against each relevant Section, which shall be Our maximum, total and cumulative liability for any and all claim made under such Section during the Policy Year in respect of all Insureds
52. **Strike** means a stoppage of work
    a) announced, organized and sanctioned by a labor union or any other stoppage or work recognized as a strike or equivalent under applicable law in the place of stoppage of work; and
    b) which interferes with the normal departure and arrival of a Common Carrier. The term "Strike" includes work slowdowns, lockouts and sickouts.
53. **Temporary Total Disablement** means disablement which temporarily and totally prevents the Insured Person from attending to the duties of his usual business or Occupation and shall be payable for a maximum period of 100 weeks during such disablement from the date on which the Insured Person first became disabled.
54. **Terrorism** means activities against persons, organizations or property of any nature:

a) that involve the following or preparation for the following:
   i. use or threat of force or violence; or
   ii. commission or threat of a dangerous act; or
   iii. commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and
b) when one or both of the following applies:
   i. the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
   ii. It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology

55. **War** means war, whether declared or not or any warlike activities, including use of the military force by any sovereign nations to achieve economic, geographic, nationalistic, political racial religious or other ends.
56. **We, Our, Us or GCICL** means Generali Central Insurance Company Limited
57. **You or Your** means the policyholder named in the Schedule who has concluded the Policy with Us.

Please note

a) Insect and mosquito bites is not included in the scope of definition of Accident.
b) Medical Expenses would include both medical treatment and/ or surgical treatment

B. SCOPE OF COVER

This Policy provides You coverages / benefits namely Critical Illness cover, Personal Accident cover and Loss of Job cover. The Policy Schedule will specify the sections which are opted by the Insured.

I. SECTION I: CRITICAL ILLNESS

The policy provides You options of 6 (Six) plans under Critical Illness Section namely Plan A, Plan B, Plan C, Plan D, Plan E, Plan F depending on the number of critical illnesses covered.

1.1 Insured event

For the purpose of this Section and the consideration of the Company's liability under it, the Insured Event in relation to the Insured person, shall mean any illness, medical event or surgical procedure as specifically defined below for which the insured was first diagnosed, and/or received medical advice/treatment more than 90 days after the commencement of Period of Insurance and shall only include:

		Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
(A) First Diagnosis of the below-mentioned Illnesses							
1	Cancer of specified severity	Covered	Covered	Covered	Covered	Covered	Covered
2	Kidney failure requiring regular dialysis (End Stage Renal Failure)	Covered	Covered	Covered	Covered	Covered	Covered
3	Multiple Sclerosis with persisting symptoms	Not covered	Covered	Covered	Covered	Covered	Covered
4	Benign Brain Tumor	Not covered	Not covered	Not covered	Covered	Covered	Covered
5	Parkinson's Disease	Not covered	Not covered	Not covered	Covered	Covered	Covered
6	End Stage Liver Failure	Not covered	Not covered	Covered	Covered	Covered	Covered
7	Alzheimer's Disease	Not covered	Not covered	Not covered	Covered	Covered	Covered
(B) Undergoing for the first time of the following surgical procedures							
1	Major Organ/ Bone Marrow Transplant	Not covered	Covered	Covered	Covered	Covered	Covered

2	Open Heart Replacement or Repair of Heart Valves (Heart Valve Replacement)	Not covered	Covered	Not covered	Covered	Covered	Covered
3	Open Chest CABG (Coronary Artery Bypass Graft)	Not covered	Covered	Covered	Covered	Covered	Covered
4	Surgery of Aorta	Covered	Not covered	Covered	Covered	Covered	Covered
(C) Occurrence for the first time of the following medical events							
1	Stroke resulting in permanent symptoms	Covered	Covered	Covered	Covered	Covered	Covered
2	Permanent Paralysis of limbs	Not covered	Covered	Not covered	Covered	Covered	Covered
3	First Heart Attack – of specified severity (Myocardial Infarction)	Covered	Covered	Covered	Covered	Covered	Covered
4	Coma of Specified Severity	Not covered	Not covered	Covered	Covered	Covered	Covered
5	Third Degree Burns	Not covered	Not covered	Not covered	Not covered	Covered	Covered
6	Deafness	Not covered	Not covered	Not covered	Not covered	Covered	Covered
7	Loss of Speech	Not covered	Not covered	Not covered	Not covered	Covered	Covered
8	Primary (Idiopathic) Pulmonary Hypertension)	Not covered	Not covered	Covered	Not covered	Not covered	Covered
9	Blindness	Not covered	Not covered	Covered	Not covered	Not covered	Covered
	Total Critical Illnesses Covered	**5**	**9**	**12**	**15**	**18**	**20**

The Insured Event under this Section I and the conditions applicable to the same are more particularly defined below:

1. Cancer of Specified Severity

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.

The following are excluded –

i. 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.
ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond.
iii. Malignant melanoma that has not caused invasion beyond the epidermis.
iv. 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
v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below.
vi. Chronic lymphocytic leukaemia less than RAI stage 3.
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
viii. 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.

2. **Kidney Failure requiring regular dialysis**
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. **Multiple Sclerosis with persisting symptoms**
I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
   i. Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and.
   ii. 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. Neurological damage due to SLE is excluded
II. Neurological damage due to SLE is excluded.

4. **Benign Brain Tumor**
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.
This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

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.

5. **Parkinson's Disease**
The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease before age 60 years, must be supported by the clinical confirmation of a Neurologist.

The diagnosis must be supported by all of the following conditions:
- the disease cannot be controlled with medication.
- signs of progressive impairment; and
- inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

Activities of daily living:
1. 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.
2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
3. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheelchair and vice versa.
4. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
5. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
6. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

6. **End Stage Liver failure**

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- Permanent jaundice; and
- Ascites; and
- Hepatic Encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

7. **Alzheimer's Disease**

Alzheimer's disease is a progressive degenerative Illness of the brain, characterized by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis of the disease must be before age 60 years, must be supported by the clinical confirmation of a Neurologist, evidenced by typical findings in cognitive and neuroradiological tests (e.g. CT scan, MRI, PET of the brain) and supported by Our appointed Medical Practitioner.

The following conditions are however not covered:

- non-organic diseases such as neurosis and psychiatric Illnesses.
- alcohol related brain damage; and
- any other type of irreversible organic disorder/dementia not associated with Alzheimer's Disease.

8. **Major Organ / Bone Marrow Transplant**

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using hematopoietic stem cells

The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- Other stem-cell transplants
- Where only islets of Langerhans are transplanted.

9. **Open Heart Replacement or Repair of Heart Valves**

The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s)
The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.
Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

10. **Open Chest CABG**

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting (CABG) done via a sternotomy (cutting through the breastbone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

i. Angioplasty and/or any other intra-arterial procedures.

11. **Surgery of Aorta**

The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.

The following conditions are excluded:

- Surgery performed using only minimally invasive or intra-arterial techniques.
- Angioplasty and all other intra-arterial, catheter-based techniques, "keyhole" or laser procedures.

The diagnosis to be evidenced by any two of the following:

a) Computerized tomography (CT) scan
b) Magnetic Resonance Imaging (MRI) scan
c) Echocardiography (an ultrasound of the heart)
d) Angiography (Injecting X ray dye)
e) Abdominal ultrasound

12. Stroke resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

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

13. Permanent Paralysis of Limbs

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

14. Myocardial Infarction (First Heart Attack of Specified Severity)

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 this will be evidenced by all of the following criteria:

i. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain).
ii. New characteristic electrocardiogram changes
iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

i. Other acute Coronary Syndromes
ii. Any type of Angina Pectoris
iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

15. Coma of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs
This diagnosis must be supported by evidence of all of the following:

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

The condition has to be confirmed by a specialist medical practitioner.
Coma resulting directly from alcohol or drug abuse is excluded.

16. **Third degree Burns**
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

17. **Deafness**
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, Throat (ENT) specialist." Total Loss" means "the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing" in both ears.

18. **Loss of Speech**
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

19. **Primary (Idiopathic) Pulmonary Hypertension)**
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 Cauterization. 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.

The NYHA Classification of Cardiac Impairment are as follows:
i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest

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.

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

1.2 Benefit Payable under Section I, Critical Illness
The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in this Policy, to pay the Sum Insured in relation to the Insured person or Financial Institution as stated against Section I under Schedule on the occurrence of an Insured Event as stated above, under this Section.

1.3 Specific Conditions applicable to Section I, Critical Illness
The cover for the specific Insured Person shall terminate in the event of claim becoming admissible and accepted by the Company for any of the listed Critical Illness under this Section.

II. SECTION II: PERSONAL ACCIDENT

2.1 Insured event
For the purpose of this Section and the consideration of the Company's liability under it,

Insured Event in relation to any Insured Person, shall mean that following an Accidental Bodily Injury to Insured Person which results in any of the events listed in the Table of Events, We will pay the Insured Person, if opted, the percentage stated against the event in the Table of Events of the sum insured stated in the Schedule
The Personal Accident Cover includes the following benefits, of which Accidental Death and/or Permanent Total Disablement are mandatory covers, in case this cover is opted:

a. **Accidental Death**
b. **Permanent Total Disablement**
c. **Permanent Partial Disablement**
d. **Temporary Total Disablement**

a. Accidental Death

If during the Policy Year the Insured Person sustains Injury which directly and independently of all other causes results in death of the Primary Insured Person within twelve (12) months from the date of Accident, then We will pay the Sum Insured as stated in the Schedule.

We will pay the percentage of the Sum Insured shown in the table below:

Event	Percentage of Sum Insured
Accidental Death	**100%**

b. Permanent Total Disablement

If during the Policy Year, the Insured Person sustains Injury which directly results in Permanent Total Disablement within twelve (12) months from the date of Accident, then We agree to pay the percentage of the Sum Insured shown in the Table of Events below and as specified in the Schedule.

It is clarified that for the purpose of this cover, Permanent Total Disablement shall entail one of the following:

Event	Percentage of Sum Insured
Permanent Total Disablement:	**As Follows**
Permanent total loss of sight of both eyes	100%
Permanent total loss of sight of one eye and physical separation of or the loss of ability to use either one hand or one foot	100%
Permanent total loss and physical separation of or the loss of ability to use both hands or both feet	100%
Permanent total loss and physical separation of or the loss of ability to use one hand and one foot	100%

c. Permanent Partial Disablement

If during the Policy Year, the Insured Person sustains Injury which directly results in Permanent Partial Disablement within twelve (12) months from the date of Accident, then We agree to pay the percentage of the Sum Insured shown in the Table of Events below and as specified in the Schedule. The Table of Events below sets out the events which constitute 'Permanent Partial Disablement'.

We will pay the percentage of the Sum Insured shown in the table below:

Event	Percentage of Sum Insured
Permanent Partial Disablement:	**As Follows**
An arm at the shoulder joint	75%
An arm above the elbow joint	70%
A hand at the wrist	50%
An arm beneath the elbow joint	60%
A thumb	25%
An index Finger	10%

Any other Finger	5%
A leg above mid-thigh	75%
A leg up to mid-thigh	60%
A leg up to beneath the knee	50%
A leg up to mid-calf	45%
A foot at the ankle	40%
A large Toe	5%
Any other Toe	2%
Permanent loss of sight of one eye	50%
Hearing of one ear	25%
Hearing of both ears	75%
Sense of smell	10%
Sense of taste	5%
Shortening of leg by at least 5%	7%

If the Permanent Partial Disablement event not listed above, then the disability percentage certified by the Government Civil Surgeon would be considered under this section.

If there is more than one Permanent Partial Disablement due to an Injury, the claim amount payable for all such losses put together should not exceed the Sum Insured as opted by the Insured Person under this section

d. Temporary Total Disablement

If during the Policy Year, the Insured Person sustains Injury which directly results in Temporary Total Disablement which completely prevents the Insured Person from performing each and every duty pertaining to employment or Occupation, then We will pay a weekly benefit, provided that:

i. The Temporary Total Disablement is certified by a Medical Practitioner.
ii. Our liability to make payment will be limited to of 1% of the Sum Insured for each week during the period of temporary total disablement for a period as specified in the Policy Schedule not exceeding 100 weeks from the date of the Accident and if the Insured Person is disabled for a part of a week, then only a proportionate part of the weekly benefit will be payable.
iii. We will not pay any amount in excess of the Sum Insured mentioned in the Policy Schedule.
iv. We will not pay any amount in excess of the Insured Person's base weekly income excluding overtime, bonuses, tips, commissions, or any other special compensation

We will pay the percentage of the Sum Insured shown in the table below:

Event	Percentage of Sum Insured
Temporary Total Disablement (weekly benefit)	weekly benefit up to a maximum of 100 weeks or as mentioned in the Schedule

2.2 Benefit Payable under Section II, Personal Accident

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in this Policy, to pay the percentage of Sum Insured in relation to the Insured person or Financial Institution as stated in the Policy Schedule on the occurrence of an Insured Event as stated above in this Section.

2.3 Specific conditions applicable to Section II, Personal Accident:

a. If more than one claim raises out of from the same accident, our liability would be restricted to 100% of the sum insured.
b. In the event of admissible claim paid by the Company to the insured person, benefits thereafter under section II will be ceased.

III. SECTION III: LOSS OF JOB

3.1 Insured event

For the purposes of this Section and the determination of the Company's liability under it, Insured Event in relation to any Insured Person, shall mean –

1. Termination from employment or
2. Lay off or
3. Retrenchment or
4. Permanent Dismissal

Imposed on him/ her during the policy period due to any of the following:

a) First time diagnosis of any of the covered critical Illness for which a claim is admissible and payable under Section 1 – Critical Illness, during the policy period, **or**

b) Permanent Total Disability occurring due to an accident during the policy period for which a claim is admissible and payable under Section 2 - Personal Accident.

3.2 Benefit Payable under Section III, Loss of Job

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in the Policy, to pay, on occurrence of the Insured Event as stated above under this Section, in relation to the Insured Person maximum of 3 EMI Amount(s) falling due in respect of the Loan (Loan account number as stated in Policy Schedule of this Policy) after the commencement of the Insured Event, subject to a maximum of Sum Insured as stated in Policy Schedule. If the maximum of sum insured as stated in the policy schedule for critical illness and/or personal accident cover is less than the outstanding loan amount, the benefit payable shall be proportionately reduced.

3.3 Specific Conditions applicable to Section III

1. A claim under this section shall become admissible provided the period of termination, permanent dismissal, lay off or retrenchment from employment of the Insured Person shall not be less than 30 consecutive days ("Retrenchment Period")
2. The benefit under Section III (Loss of Job) is available only for salaried employees within India
3. A claim shall be admissible under this section if the insured person loses his job within 12 months from the date of first diagnosis of a covered Critical Illness or the date of Accident leading to the Permanent Total Disablement subject to the policy being in force at the time of unemployment.
4. The cover as described under this Section, for specific Insured Person, shall terminate in the event of a claim in respect of that Insured becoming admissible and accepted by the Company under this Section and the Company admitting liability against Section III for the Insured Person under Policy Schedule.
5. In the event the Sum Insured as appearing against Section I (Critical Illness) & Section II (Personal Accident) of the Policy is less than the total of the actual Loan disbursed up to the date of the occurrence of the Insured Event, then the EMI payable shall be in the same proportion as the actual Loan disbursed to the Sum Insured.
6. The payout for Loss of Job benefit is as fixed at the outset and shall not be affected by any midterm change in EMI/interest rates, irrespective of whether You/ Insured person has opted for Fixed Sum Insured or Reducing Sum Insured.

C. EXCLUSIONS

C.1. General Exclusions applicable to all sections: -

We will not pay for any expenses incurred by You in respect of claims arising out of or howsoever related to any of the following:

A. Standard Exclusions

a) Change-of-Gender treatments: Code- Excl07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

b) Cosmetic or Plastic Surgery: Code- Excl08

Expenses for 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 and immediate health risk to the insured. For this to be considered a medically necessity, it must be certified by the attending Medical Practitioner.

c) **Hazardous or Adventure sports: Code- Excl09**
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc. unless specifically agreed by the Insurance Company.

d) **Breach of law: Code- Excl10**
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

e) **Code- Excl12**
Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

f) **Unproven Treatments**: **Code- Excl16**
Expenses related to any unproven 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.

g) **Birth control, Sterility and Infertility: Code- Excl17**
Expenses related to Birth Control, sterility and infertility. This includes:
(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

B. Specific Exclusions applicable to all

i. due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of the heads of state and citizens of any nation and of all kinds and acts of terrorism, riots, strike, malicious acts.
ii. directly or indirectly caused by or contributed to by or arising from ionizing, radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
iii. directly or indirectly caused by or contributed to by or arising from nuclear weapon materials.
iv. directly or indirectly caused by or contributed to by or arising out of usage, consumption or abuse of alcohol and/or drugs.
v. arising out of or as a result of any act of self-destruction or self-inflicted injury, attempted suicide or suicide.
vi. any sexually transmitted diseases other than HIV/ AIDS.
vii. any consequential or indirect loss or expenses arising out of or related to any Insured Event.
viii. arising out of or resulting directly or indirectly due to or as a consequence of pregnancy or treatment traceable to pregnancy and child birth, abortion, miscarriage and its consequences, tests and treatment relating to infertility and in-vitro fertilization.
ix. arising out of or resulting directly or indirectly while serving in any branch of the Military or Armed Forces of any country during war or warlike operations.
x. arising out of or resulting directly or indirectly caused by, resulting from or in connection with any act of terrorism/ sabotage 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 directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism/sabotage.
xi. Participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion
xii. Participation in skydiving/ parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or diving in races

or rallies using a motorized vehicle or bicycle, caving or potholing hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), any bodily contact sport, any other potentially dangerous sport participation in any professional sports

C.2. Exclusions specific to Critical Illness Cover:

i. Any claim with respect to any Critical Illness diagnosed prior to Policy Inception Date
ii. Medical Expenses incurred for the listed Critical Illnesses diagnosed within 90 days of the commencement of the Policy.
iii. Any Insured Event arising on account of or in connection with any Pre-Existing Illness/ Disease related to specified Critical Illnesses.
iv. If the Insured does not submit a medical certificate from the Medical Practitioner evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical/ surgical procedure in relation to the claim of the particular insured person.
v. Any external congenital Illness.
vi. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.
vii. Treatment by a family member and self- medication
viii. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy.
ix. Any Critical Illness directly or indirectly caused due to or associated with human T-cell Lymphotropic virus type III (HTLV-III or HTLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants.
x. Any Critical Illness arising out of use, abuse or consequence or influence of any substance (substances that are abuse like illegal drugs, opioids, marijuana etc.), intoxicant, drug, alcohol or hallucinogen.
xi. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,
xii. Any Critical Illness directly or indirectly caused due to intentional self-injury, suicide or attempted suicide, whether the person is medically sane or insane.
xiii. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis or treatment that is not scientifically recognized or Unproven/Experimental Treatment or is not Medically Necessary or any kind of self- medication and its complications.
xiv. Diagnosis outside India, unless reaffirmed by Specialist Medical Practitioner in India and subject to presentation of all Claim documents in English

C.3. Exclusions specific to Personal Accident Cover:

i. Payment under more than one of the categories specified in the Benefit Payable in respect of the Insured Person
ii. Any pre-existing disability / accidental injury.
iii. Accidental death or disability due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
iv. Accidental death or disability caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
v. Any other claim after a claim for death due to accidental injury has been admitted by the Company and becomes payable.
vi. Any claim in respect of accidental death or disablement of the Insured:
    a. whilst engaging in aviation or ballooning whilst mounting into, dismounting from or traveling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world
    b. whilst the Insured person is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines
    c. Whilst engaging in hunting, ice hockey, winter sports.
vii. Any change of profession after inception of the Policy which results in the enhancement of risk under the Policy, if not accepted and endorsed by the Company;

viii. Death or disablement directly or indirectly caused due to or associated with human T-cell Lymphotropic virus type III (HTLV-III or HTLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants

ix. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

- 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.
- Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

x. Insured whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular scheduled airline or air Charter Company;

xi. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities;

xii. Any physical, medical condition or treatment or service that is specifically excluded in the Policy.

xiii. Payment of compensation in respect of death or Permanent Total Disablement arising from or resulting directly or indirectly from any Illness to any Insured Person.

xiv. Any claim caused by osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture (any fracture in an area where Pre-Existing Disease has caused the weakening of the bone) or chronic degenerative diseases if osteoporosis or bone disease or chronic degenerative diseases diagnosed prior to the commencement date of the Policy

C.4. Exclusions specific to Loss of Job:

i. In the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured person being attributed to dishonesty or fraud or poor performance on the part of the Insured person or his wilful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured person by the employer.

ii. 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. 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.
   c. Any voluntary unemployment.
   d. Unemployment at the time of inception of the Policy Period or arising within the first 90 days of inception of the Policy Period.

iii. Any unemployment from a job under which no salary or any remuneration is provided to the Insured person.

iv. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority.

v. Any unemployment due to resignation, retirement whether voluntary or otherwise.

vi. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.

D. General terms and Clauses

A. Standard General Terms and Clauses

1. Migration

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company; the insured person will get all the accrued continuity

benefits in waiting periods as per the IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link
https://generalicentralinsurance.com/portability-and-migration

2. **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.

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

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

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:
a. the suggestion, as a fact of that which is not true and which the insured person does not believe to be true.
b. the active concealment of a fact by the insured person having knowledge or belief of the fact.
c. any other act fitted to deceive; and
d. any such act or omission as the law specially declares to be fraudulent.
The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

4. **Nomination**
The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/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.

5. **Arbitration Clause**
The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy.
Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

6. **Redressal of Grievance**
In case of any grievance the insured person may contact the company through
Website: https://generalicentralinsurance.com
Toll Free: 1800-220-233 / 1860-500-3333 / 022-67837800
Email: GCIcare@generalicentral.com

Courier: Grievance Redressal Cell, Generali Central Insurance Company Ltd.
Lodha I –Think Techno Campus, B Wing –2nd Floor, Pokhran Road –2, Off Eastern Express Highway Behind TCS, Thane West – 400607

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 GCIGRO@generalicentral.com or call at: 7900197777

For updated details of grievance officer, kindly refer the link
https://generalicentralinsurance.com/customer-service/grievance-redressal

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. Kindly refer the annexure on Grievance Redressal Procedures.

Grievance may also be lodged at IRDAI Bima Bharosa (an Integrated Grievance Management System) - https://bimabharosa.irdai.gov.in/

B. Specific General Terms and Clauses

1. Condition Precedent to the contract

i. Age Limit (Entry age)

To be eligible to be covered under the Policy or get any benefits under the Policy, the minimum age of entry is 18 years, and the maximum age of entry is 65 years, on the date of commencement of the Policy Period, as applicable to such Insured.

ii. Payments

The Company shall be duly discharged of its obligations under this Policy and the Insured shall hold the Company harmless, upon making the payment of the claim to the Insured or his/her nominee/ legal heirs or to Financial Institution in case of outstanding loan amount, as the case may be or as agreed in the contract.

iii. Entire Contract

The Policy and the Proposal form constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, for which approval shall be evidenced by an endorsement on the Schedule.

iv. Due Care

The Insured shall take all reasonable steps to safeguard the Insured's interests against loss or damage that may give rise to a claim.

2. Conditions applicable during the contract

I. Addition and Deletion of members

a) The new members of Health Protect – Group policy can be added at periodic intervals. However, the insurance coverage for every member of the Health Protect – Group policy shall not exceed the maximum policy term.

b) The Company may issue multiple group insurance policies in tranches to the Group Organizer, subject to minimum group size and maximum policy term, for providing insurance coverage to the new members on an ongoing basis.

c) All members of the group will be issued a Certificate of Insurance giving the details of the benefits, important conditions and exclusions.
If so required by the Company, the Insured will have to submit to a medical examination by the Company's nominated Medical Practitioner or undergo diagnostic or other medical tests as often as the Company considers necessary, in its sole discretion.

II. Cancellation

a) This Policy may be renewed by mutual consent and in such event; the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof.

b) The Company may cancel this insurance by giving the Insured Person at least 15 days written notice, and if no claim has been made then the Company shall refund a pro-rata premium for the unexpired Policy Period.

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

d) The Insured Person may cancel this insurance by giving the Company at least 15 days written notice.

i. In respect of Policy issued for a period of more than one year and if no claim has been made then, We shall refund premium on short term rates for the unexpired Policy period as per the rates detailed below:

Policy Period	**1**	**2**	**3**	**4**	**5**
Year of Cancellation	**% Return Premium**				
1		50%	67%	75%	80%
2			33%	50%	60%
3				25%	40%
4					20%

ii. In respect of Policy issued for a period of one year and if no claim has been made then, We shall refund premium on short term rates for the unexpired Policy period as per the rates detailed below:

Period on risk	**Rate of premium refunded**
Up to one month	75% of annual rate
Up to three months	50% of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

No refunds of premium will be made under the Policy during the last year of the Policy Period.

In event of part prepayment of the Loan, no refunds of premium shall be made under this Policy.

Upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of the Insured, the cover in respect of that Insured shall forthwith terminate and the Company shall not be liable hereunder.

e) Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the Insured where any claim has been admitted by the Company or has been lodged with the Company.

f) For a policy with multiple Insured covered under same policy, in the event of the death of any of the Insured, the cover ceases to exist for that Insured and the remaining Insureds would continue to have the coverage until the end of the policy period

III. Policy Period

(a) The Policy can be issued for a minimum tenure of 1 year to those who are not loan borrowers of financial institutions.

(b) The Policy can be issued for a maximum term of up to 5 years or up to the loan period, whichever is less, in case of credit linked policies

IV. Dispute Resolution

Each party agrees that the Indian courts shall have exclusive jurisdiction to settle any dispute which may arise out of or in connection with this Policy.

V. Territorial limit

We cover the benefits due to Accidental Bodily Injury or Illness sustained by the Insured Person during the Policy Period anywhere in India only.

VI. Governing Law

The construction, interpretation and meaning of the provisions of this policy shall be determined in accordance with the laws of India.

3. Conditions when a claim arises

i. Claims Procedure applicable to Section I, Critical Illness Cover:

If Insured Person is diagnosed / underwent a surgical procedure/ a medical condition occurs as per the definition of the Critical Illness mentioned that may result in a claim, then as a Condition Precedent to Our liability, Insured Person must comply with the following:

a) You or someone claiming on Your behalf must give Notification of Claim to us in writing immediately, and in any event within 45 days of the first diagnosis of the Illness, date of surgical procedure or date of occurrence of the medical event as the case may be

b) You must be Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary

c) You or someone claiming on Your behalf must give Us the documentation and other information We ask for to investigate the claim or Our obligation to make payment for it

d) List of necessary documents required for processing of the Claims are:

i) Duly completed claim form

ii) Certificate from the attending Medical Practitioner of the Insured Person confirming
- name of the Insured person.
- name, date of occurrence and medical details of the Insured Event
- confirmation that the Insured Event does not relate to any Pre-Existing Illness or any Illness or Injury which existed within the first 90 days of commencement of Period of Insurance.

iii) Original or attested photocopies of Discharge Certificate/ Card from the hospital/ Medical Practitioner.

iv) Original or attested photocopies of investigation test reports, inpatient papers

e) On receipt of claim documents as mentioned above or any other relevant document as required by the Company from You, We shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Company will make the payment of benefit as per the contract. In case if the claim is repudiated, We will inform the claimant about the same in writing with the reason for repudiation.

ii. Claims Procedure applicable to Section II, Personal Accident cover:

(i) Upon the happening of any Injury giving rise or likely to give rise to a claim under this Policy, the Injury as described above shall be intimated to the Company as soon as possible but not later than 30 days from the date of its occurrence.

(ii) The Insured shall deliver to the Company, within 30 days of the date of occurrence of the Insured Event, a detailed statement in writing as per the claim form and any other material particular, relevant to the making of such claim.

(iii) The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.

(iv) Proof satisfactory to the Company shall be furnished in connection with all matters upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the Insured person on the occasion of any alleged Injury when and as often as the same may reasonably be required on behalf of the Company. Such evidence as the Company may from time to time require shall be furnished and a post-mortem

examination report, wherever applicable, shall be furnished to the Company within a period of 30 days.

The Company shall not be liable to pay any claims under Section II unless the claim under the Policy is accompanied by the following documents:

- Duly Completed Claim Form signed by Insured/ Nominee along with completely filled Attending Physician's Statement
- Photocopy of Policy Schedule
- Copies of medical documents supporting the accidental injury and treatment taken related to the same
- Disability Certificate
  - For Physical Disabilities related with separation of limbs or complete loss of organs - Copy of Disability Certificate issued by Orthopaedic Surgeon mentioning the type and percentage of disability
  - For Physical Disabilities NOT related with separation of limbs or complete loss of organs - Copy of Disability Certificate issued by a Government Doctor / Disability Board / Panel only
  - For Non - Physical Disabilities - Copy of Disability Certificate issued by a Government Doctor / Disability Board / Panel only for the related speciality (e.g. Loss of memory, sense organs, vision, hearing etc.)
- Original Investigation Reports and copies of reports, X - Ray films supporting the accidental injury. Post-Operative X-ray films, if any
- Photographs of the Insured Person highlighting the injury / disability
- Copy of FIR / MLC (if registered)/ Panchnama, wherever applicable
- Copy of Photo ID and Address Proof of Insured Member for whom Claim is lodged
- Copy of Photo ID, Address Proof and Recent Photograph of Proposer *(if claimed amount is above INR 1 Lakh).*
- Copy of Death Summary, Treatment Papers & Investigation Reports, in case of Death Claim
- Copy of Death Certificate, in case of Death Claim
- Copy of Postmortem / Viscera Report, in case of Death Claim
- Copy of Final Police Investigation Report, in case of Death Claim
- Photographs and Newspaper reports related to the accident, in case of Death Claim
- Original Discharge Summary of Hospital mentioning the date of admission, date of discharge, presenting complaints with duration, clinical condition, detailed line of treatment, final diagnosis and past medical and surgical history with duration, wherever applicable
- Original final hospital bill for hospitalization period, with pre-numbered paid receipt with hospital seal and signature of authorized signatory, wherever applicable
- Original pharmacy bills along with copies of prescriptions, wherever applicable
- Legal Heir Certificate containing affidavit and indemnity bond both duly signed by all legal heirs and notarized (Mandatory if Nominee name is not mentioned on policy schedule)

On receipt of claim documents as mentioned above or any other relevant document as required by the Company from You, We shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Company will make the payment of benefit as per the contract. In case if the claim is repudiated, We will inform the claimant about the same in writing with reason for repudiation

iii. Claim settlement process applicable to Section III, Loss of Job cover:

1. In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated by the Insured to the Company within thirty (30) days from the date of termination from employment of the Insured person or his dismissal, temporary suspension or retrenchment from employment as the case may be and the Insured shall arrange for submission of the following documents to the Company:
   a) Duly completed claim form.
   b) Certificate from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding.

c) Certificate from the employer of the Insured person confirming the termination, dismissal, temporary suspension or retrenchment from employment of the Insured person furnishing the date of termination, permanent dismissal, lay off or retrenchment from employment of the Insured person with the reasons for the same i.e. either due to any of the covered Critical Illness or Permanent Total Disablement.
d) Declaration from the insured confirming the tenure of unemployment in support of his/her claim

iv. Settlement of Claims

a) The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
b) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
c) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
d) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
e) (Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)
f) In the event of claim of loan account holder, the financial institution will receive an amount equal to the outstanding loan amount and rest will be paid to the nominee or insured, as agreed in the contract.
g) Settled claims will be forwarded for payment
h) Pending claims will be asked for submission of incomplete documents.
i) Rejected claims will be informed to the Insured person in writing with reason for rejection.

1. **Conditions for renewal of the contract**

a) This Policy may be renewed by mutual consent and in such event; the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof.
b) The Policyholder, shall throughout the period of insurance keep and maintain a record containing the names of all the insured persons. The Policyholder shall declare to the company any additions in the number of insured persons as and when arising during the period of insurance and shall pay the additional premium as agreed.
c) It is hereby agreed and understood that, this insurance being a group policy availed by the Insured covering members, the benefit thereof would not be available to members who cease to be part of the group for any reason whatsoever. Such members may obtain further individual insurance directly from the Company and any claims shall be governed by the terms thereof.
d) The premium rates or loadings for the product would not be changed without approval from Authority. However, the performance of the product will be reviewed annually and further pricing will be done on experience basis

E. SCHEDULE OF BENEFITS

<table>
<tr><th rowspan="2">S. No.</th><th colspan="3" rowspan="2">Benefits</th><th colspan="6">Plans</th></tr>
<tr><th>A</th><th>B</th><th>C</th><th>D</th><th>E</th><th>F</th></tr>
<tr><td>1</td><td colspan="3">Section I, Critical Illness Cover</td><td>Covers 5 Critical Illnesses/ conditions</td><td>Covers 9 Critical Illnesses/ conditions</td><td>Covers 12 Critical Illnesses/ conditions</td><td>Covers 15 Critical Illnesses/ conditions</td><td>Covers 18 Critical Illnesses/ conditions</td><td>Covers 20 Critical Illnesses/ conditions</td></tr>
<tr><td colspan="9">Or</td></tr>
<tr><td rowspan="5">2</td><td rowspan="5">Section II, Personal Accident Cover</td><td rowspan="3">Mandatory cover*</td><td>Accidental Death</td><td colspan="6">100% of Sum Insured</td></tr>
<tr><td colspan="7">and/ or</td></tr>
<tr><td>Permanent Total Disablement</td><td colspan="6">100% of Sum Insured</td></tr>
<tr><td rowspan="2">Optional cover</td><td>Permanent Partial Disablement</td><td colspan="6">As per table of benefits</td></tr>
<tr><td>Temporary Total Disablement</td><td colspan="6">Weekly benefit, 1% of the Sum Insured for each week, maximum 100 weeks</td></tr>
<tr><td>3</td><td colspan="3">Section III, Loss of Job Cover (optional cover) **</td><td colspan="6">3 EMIs payable corresponding to the loan insured, up to a maximum of ₹ 10,00,000</td></tr>
</table>

(* Accidental Death or Permanent Total Disablement are mandatory covers.
Accidental Death should have highest sum insured in Personal Accident cover.
** Loss of Job can be opted only for salaried and having loan from Bank/ Financial Institution)

GRIEVANCE REDRESSAL PROCEDURE

Dear Customer,

At Generali Central Insurance, we continuously strive for service excellence to give you exceptional customer experience. This helps us build trust and long-term relationship with you.

We request you to read the policy document including the terms and conditions carefully. This will help you understand your plan and drive maximum benefits. We want to ensure the plan is working for you and welcome your feedback.

What is a grievance?

"Complaint" or "Grievance" means written expression (includes communication in the form of electronic mail or voice based electronic scripts), of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel.

“Complainant” means a policyholder or prospect or any beneficiary of an insurance policy who has led a complaint or grievance against an insurer or a distribution channel.

We are always here for your help. You may use any of the following channels to reach us-

Helpline	Website	Email	Branch GRO	Complaint Form
Call us on **1800 220 233/ 1860 500 3333/ 022-67837800** Senior citizens can avail priority support by choosing the senior citizen option from the helpline menu.	**Click here** to **know more**	**Write to us at** **GCIcare@generalicentral.com** Senior citizens can avail priority support by writing to care.assure@generalicentral.com	**Click here** to know your nearest branch.	**Click here** to raise complaint.

By when will my grievance be resolved?

- You will receive grievance acknowledgement from us immediately for your complaint.
- Final resolution will be shared with you within 2 weeks of receiving your complaint.
- Your complaint will be considered as closed if we do not receive any reply from you within 8 weeks from the date of receipt of response.

How do I escalate my complaint if I don't receive a response on time?

- You may write to our Grievance Redressal Officer at **GCIGRO@generalicentral.com**
- You may send a physical letter to our Grievance Redressal Cell, Head Office at the below address:

GENERALI CENTRAL INSURANCE COMPANY LIMITED (Formerly known as Future Generali India Insurance Company Limited)
Lodha I – Think Techno Campus, B Wing – 2nd Floor, Pokhran Road – 2, Off Eastern Express Highway Behind TCS, Thane West – 400607

GRIEVANCE REDRESSAL PROCEDURE

What if I am not able to register my grievance?

You can comfortably raise a grievance via any of the above-mentioned avenues. If you face any challenge, you may write to the provided email IDs for help.

If you still face any challenge, you may use any of the below options to raise a complaint with the Insurance Regulatory and Development Authority of India (IRDAI).

- Call on toll-free number: **155255**
- **Click here** to register complaint online

Is there any special provision for senior citizen to raise grievance?

We understand our customers and their needs. Thus, have a separate channel to address the grievances of senior citizens. The concerns will be addressed to the senior citizen's channel **(care.assure@generalicentral.com)** as complaints for faster attention or speedy disposal of grievance, if any.

Insurance Ombudsman:

If you are still dissatisfied with the grievance redressal, you may approach the Office of the Insurance Ombudsman located in your vicinity, provided the same is under their purview. The guidelines for taking up a complaint with the Insurance Ombudsman, are available on the website a **(https://www.cioins.co.in/About)** of the Insurance Ombudsman. **Click here** to access the list of insurance Ombudsman offices.

You can also lodge an online complaint through the website of the Council for Insurance Ombudsmen (CIO): **https://www.cioins.co.in/**