

PROSPECTUS**GROUP HOSPI-CASH CONNECT POLICY****INTRODUCTION**

Liberty's **GROUP HOSPI-CASH CONNECT** Policy guards the Insured Person/(s) against the trauma of increased financial burden during Hospitalization, Deductible applicable or unpaid expenses in your regular Hospitalization Policy.

This Policy pays **FIXED** daily hospital cash along with a host of covers with the freedom to choose and pick covers as per the group's need.

Note: The information provided herein is only indicative, we request to refer the Policy document for better understanding of the covers, Sum Insured, exclusions and conditions and deductibles.

ELIGIBILITY CRITERIA

- Minimum Entry Age : 18 Years for Adults and 91 days for children
- Maximum Entry Age : 65 Years for Adults
- Renewability: Lifelong
- Policy Tenure: 1 Year
- Relationships covered: Primary Insured, Spouse, Children, Parents, Parent-in-laws, Siblings, Son-in-law, Daughter-in-law Grand-children, Grand-parents

KEY FEATURES

- **Selection of covers available** as per your needs.
- **Special care on Minor/Major Surgical Procedures**
- **Double Accident benefit**
- **Double ICU benefit**
- **Double Critical Illness benefit**

SCOPE OF COVER**A. Basic Cover**

This Policy offers selection of either of the below cover.

1. **Daily Hospital Cash (DHC):** In case of Hospitalization of the Insured/Insured Person/s for a Medically Necessary treatment due to any Illness or accidental bodily Injury sustained or contracted within the Policy period, for a continuous period of more than 24 hours, a daily hospital cash benefit as mentioned in the Schedule to this Policy will be payable for every completed 24 hours of hospitalization, subject to per event/Hospitalisation limited to

30 days (inclusive of both ICU & Non-ICU stay) and payable upto balance Sum Insured for that Policy Year.

- 2. Daily Hospital Cash (DHC)-Accident:** In case of Hospitalization of the Insured/Insured Person/s due to accidental bodily Injury and/or any illness/sickness arising due to consequences of accidental bodily injury sustained or contracted during the Policy Period, for a continuous period of more than 24 hours, a Daily Hospital cash benefit –Accident as mentioned in the Schedule to the Policy shall be payable, for every completed 24 hours of Hospitalization subject to per event/Hospitalisation limited to 30 days (inclusive of both ICU & Non-ICU stay) and upto balance Sum Insured for that Policy Year.

B. Choose and Pick Covers

The Policy would also offer covers as listed below which are available as optional covers and may be opted individually or for the entire Group and as specified in the Schedule to this Policy.

- 1. Double Accident Benefit (DAB):**In case of Hospitalization of the Insured/Insured Person/s due to accidental bodily Injury and/or any illness/sickness arising due to consequences of accidental bodily injury sustained or contracted during the Policy Period, for more than 3 consecutive completed days, then the Daily Hospital Cash benefit as mentioned in the Schedule to the Policy shall be doubled and the Insured would be entitled to a Double Accident Benefit payable for every completed 24 hours of Hospitalization, subject to per event/Hospitalisation limited to 30 days (inclusive of both ICU & Non-ICU stay), payable upto balance Sum Insured for that Policy Year.

If this cover is admissible, We will then not pay separately for the Daily Hospital Cash benefit or Daily Hospital Cash- Accident as applicable under the Policy.

- 2. Double ICU Benefit (DIB)-Sickness:** In case the Insured/Insured Person/s is required to be admitted in an Intensive Care Unit (ICU) for a Medically Necessary treatment due to any Illness not traceable to accidental bodily injury, for a continuous period of more than 24 hours, a Daily Hospital Cash Benefit as mentioned in the Schedule to the Policy shall be doubled and payable for every completed 24 hours in an ICU, subject to per event/Hospitalisation limited to 30 days (inclusive of both ICU & Non-ICU stay), payable upto balance Sum Insured for that Policy Year.

If this cover is admissible, We will then not pay separately for the Daily Hospital Cash benefit or Daily Hospital Cash- Accident as applicable under the Policy.

- 3. Double ICU Benefit(DIB)-Accident:** In case the Insured/Insured Person/s is required to be admitted in an Intensive Care Unit (ICU) for a Medically Necessary treatment due to accidental bodily Injury and includes any illness/sickness arising from such accidental bodily injury sustained or contracted within the Policy period, for a continuous period of more than 24 hours, a Daily Hospital Cash Benefit or Daily Hospital Cash –Accident, as per the selected Sum Insured under the chosen Plan will be doubled and payable for every completed 24 hours in an ICU, subject to per event/Hospitalisation limited to 30 days (inclusive of both ICU & Non-ICU stay), payable upto balance Sum Insured for that Policy Year.

If this cover is admissible, then We will not pay Daily Hospital Cash benefit or Daily Hospital Cash benefit-Accidents as applicable under the Policy.

4. **Recovery Benefit:** In case of Hospitalization of the Insured/Insured Person/s for a Medically Necessary treatment due to any Illness or accidental bodily Injury sustained or contracted within the Policy Period, for more than 15 consecutive days of Hospitalization then a onetime lump sum payment as mentioned in the Schedule to the Policy will be payable towards Recovery in addition to Daily Hospital Cash Benefit and/or any other lump sum benefits applicable subject to the maximum of balance Sum Insured for that Policy Year.
5. **Convalescence benefit:** If in case 2 or more Family members covered under this Policy are hospitalized due to the same Accident sustained or contracted within the Policy Period, for more than 24 consecutive hours, and the hospitalization of the members is within a weeks' time from the first date of accident of an Insured member, then a onetime lump sum payment, as mentioned in the Schedule to the Policy will be payable towards convalescence individually and separately, in addition to the Daily Hospital Cash Benefit and/or any other lump sum benefits applicable subject to the maximum of balance Sum Insured for that Policy Year.
6. **Special Care on Listed Minor Surgeries:** In case the Insured/Insured Person/s is/are hospitalized and has incurred expenses more than the threshold limit of Rs 50,000 for a Medically Necessary treatment due to any Illness or accidental Injury involving minor Surgical Procedure as listed below, then a onetime lump sum payment as specified under Schedule of the Policy shall be payable, in addition to Daily Hospital Cash Benefit and/or any other lump sum benefits applicable subject to the maximum of balance Sum Insured for that Policy Year.

List of Minor Surgeries	
Sr.No	Minor Surgeries
1	Removal of Appendix
2	Removal of Renal Calculi
3	Haemorrhoidectomy
4	Removal of Gall Stone/Gall Bladder
5	All types of Hernia repair
6	Benign Prostatic Hypertrophy (TURP)

7. **Special Care on Listed Major Surgeries:** While this Policy is in force, in case the Insured/Insured Person/s is/are hospitalized and has incurred expenses more than the threshold limit of Rs 2,00,000, for a Medically Necessary treatment due to any Illness or accidental Injury involving a Major Surgical Procedure as listed below, then a onetime lump sum payment as specified under Schedule of the Policy shall be payable, in addition to Daily

Hospital Cash Benefit and/or any other lump sum benefits applicable subject to the maximum of balance Sum Insured for that Policy Year.

List of Major Surgeries	
Sr.No	Major Surgeries
1	CABG- Coronary Artery Bypass Grafting
2	Angioplasty – PTCA
3	Brain Surgery including Craniotomy, tumor removal and intracranial drainage
4	Major organ transplant (Heart, Lung, Liver, Pancreas, kidney)
5	Bone marrow transplant Surgery
6	Post traumatic Surgeries including Skull fracture, amputation of upper and / or lower limb, pelvis fracture / hip fracture, compound communicated fracture of any part where ORIF is required.
7	Knee replacement (traumatic / septic arthritis, severe irreparable knee Injury)
8	Knee ligament Surgery -trauma related
9	Hip replacement (traumatic hip Injury- both partial and total)
10	Spinal surgeries
11	Heart valve replacement
12	Surgery of Aorta
13	Thyroidectomy

8. Restore Benefit: The Policy provides, a Restore Sum Insured equivalent to the opted Sum Insured as per the Plan selected, if the Sum Insured is exhausted due to claims made and paid during the Policy year or made during the Policy Year and accepted as payable, for the particular policy year, provided that:

- a. The Restored Sum Insured will be utilized only after the selected Sum Insured have been completely exhausted in that Policy year; and
- b. The Restored Sum Insured will be available during the Policy year till it is exhausted completely.
- c. Any unutilized restored amount cannot be carried forward to any subsequent Policy year.
- d. The total amount of restored Sum Insured shall not exceed the selected Sum Insured for that Policy year and shall be available for all the covers specified under the Policy Schedule.
- e. In case of Portability, the credit for Sum Insured would be given only to the extent of Sum Insured selected at first policy inception date and would not include any amount available by way of Restore Benefit.

9. Double Critical Illness Benefit (DCI):- In case of Hospitalization of the Insured/Insured Person/s for a Medically Necessary treatment for any of the below listed Critical Illness/s herein below contracted within the Policy Period, for a continuous period of more than 24 hours, a daily hospital cash benefit applicable as per the Sum Insured as mentioned in the

Schedule to the Policy will be doubled and payable for every completed 24 hours of Hospitalization, subject to the maximum of balance Sum Insured for that Policy Year.

If this cover is admissible, then We will not pay Daily Hospital Cash benefit or Daily Hospital Cash benefit-Accidents as applicable under the Policy.

Covered Critical Illness:

C1	Cancer of specified severity
C2	Kidney Failure requiring regular Dialysis
C3	Multiple Sclerosis with persisting symptoms
C4	Major Organ/Bone marrow Transplant
C5	Open Heart Valve Replacement/Repair of Heart Valves
C6	Open Chest Coronary Artery Bypass Graft
C7	Stroke resulting in permanent symptoms
C8	Permanent Paralysis of Limbs
C9	First Heart Attack of specified Severity
C10	Benign Brain Tumor
C11	Parkinson's Disease
C12	Alzheimer's Disease
C13	End Stage Liver Disease
C14	Surgery of Aorta
C15	Major Burns
C16	Loss of Speech
C17	Deafness
C18	Coma of specified severity

10. Day Care Procedure cash (DCP):- In case of Hospitalization of the Insured/Insured Person/s for a Medically Necessary treatment as an inpatient for less than 24 hours in a Hospital or standalone Day Care Centre for any of the below listed Procedures, then We will pay Day care Procedure Cash as mentioned in the Schedule to this Policy, for each procedure undertaken subject to the maximum of Yearly Sum Insured for that Policy Year.

Covered Day Care Procedures:

1.	Cataract
2.	Dilatation and Curettage
3.	Lithotripsy
4.	Manipulation for Dislocation under General Anesthesia
5.	Cystoscopy

11. Wellness & Assistance Program-

The below services will be available when the Insured/Insured member/s is/are more than 150 kilometers within Indian territory from their residential address. The services would be provided by Us /through our appointed Service provider, with prior intimation and acceptance by the Company.

- i. **Medical Consultation, Evaluation and Referral-** In case of any emergency situation, We/our Service Provider will evaluate, troubleshoot and make immediate recommendations including referrals to qualified doctors and/or hospitals.
The company will only arrange for the medical consultant, the consultant fee will be borne by the policyholder
- ii. **Medical Monitoring and Case Management-** A team of doctors, nurses, and other medically trained personnel would be in regular communication with the attending physician and hospital, monitors appropriate levels of care and relay necessary and legally permissible information to the members of the Family / employer.
- iii. **Emergency Medical Evacuation-** If the Insured / Insured member/s becomes ill or injured in an area where appropriate care is not available, the Company /via Service Provider will intervene and use available transportation, equipment and personnel necessary to evacuate the Individual safely to the nearest facility for medical care.
- iv. **Compassionate Visit:** When an Insured Person/s is/are hospitalized for more than seven (7) consecutive days, The Company/ Service Provider will arrange for a family member or a personal friend to travel to visit the Insured Person/s, by providing an appropriate means of transportation

12. Special Care –

You can opt for this cover and get a fully recharged Policy without any Duration limits as specified under Schedule of Benefits attached to this document. This option is available only for Insured member/s below 60 years of age.

13. Special Limits-

You can opt for this cover and select lower Daily Hospital Cash (DHC) Benefit than eligible as per the Schedule of Benefits attached to this document. The minimum DHC limit can be 0.5% of Sum Insured.

C. Extensions

The following extensions are available on payment of premium as applicable.

1. Thirty (30) days waiting period waiver

With this extension, the waiting period of thirty (30) days shall be waived off for the Insured member/s (as applicable) under the Policy.

2. Ninety (90) days waiting period waiver

With this extension, the waiting period of ninety (90) days shall be waived off for the Insured member/s covered under the benefit '**Double Critical Illness Benefit (DCI)**' under the Policy.

3. First year waiting period waiver

With this extension, the First year waiting period shall be waived off for the Insured member/s (as applicable) under the Policy.

4. Two years waiting period waiver

With this extension, the Two years waiting period shall be waived off for the Insured member/s (as applicable) under the Policy

5. Pre- existing Conditions coverage

By opting this extension, the Policy exclusion of Pre- existing Conditions coverage shall be deleted for the Insured member/s (as applicable) under the Policy.

6. Baby day one cover

The Policy is extended to include the new born child from Day one under this extension. The inclusion of new born baby under the said extension shall be subject to ‘ Addition/Deletion of members’ clause as mentioned in D.1 below.

7. AYUSH Benefits

Under this extension, the cover against AYUSH benefit shall be covered and clause 2.14 of the EXCLUSIONS of the policy shall be deleted for the Insured member/s (as applicable) under the Policy.

By this extension, the Policy is extended to include Inpatient Ayurveda, Unani, Sidha or Homeopathy treatment.

D. Addendum to the Policy

1. Additions/Deletion of Members

The Insured shall provide data in the prescribed format for all the additions and deletions in the member information as per the agreed intervals & timelines and premium thereon will be calculated on a pro rata basis.

- a. During the currency of the Policy, additions will be permitted for new joiners and their Family members, newly married spouse, newborn child subject to the Age criteria under this Policy. The deletions will be permitted for the employees (including their Family members) leaving the organization. No interchange of Family members is allowed under this Policy.
- b. The cover will commence from the joining date to the Group for such Insured Person/s (as requested by the Insured and agreed to by the Insurance Company) subject to adequate premium balance maintained with the insurer for such additions. In case of inadequate premium balance with the Insurer on the day of inclusion of the additional members, the balance premium available as on that date would be reckoned for such members as per the serial number of the list received from the Insured. Where no such premium balance is maintained, the cover for such additions will commence from the date of receipt of premium by the Insurer.
- c. In case of intimation received beyond the stipulated time period, the risk commencement date for additional members would be from the date of intimation to the Insurer or as otherwise specifically agreed to by the Insurer subject to adequate premium balance.

- d. Refunds in respect of any deletion of Insured Persons shall be made on pro-rata basis from the date of deletion until the expiry date of the Policy provided no claim has been made in respect of that Insured Person.

All other terms, conditions, warranties & exclusions of the Policy remain unaltered.

2. Payment of premium on Installment basis

This facility is available for paying the premium on installment basis maximum upto 12 number of installments in the Policy Year subject to approval and acceptance by the Company. Upon non-payment of any installment on its due date, the Policy shall cease to operate from the time and date of the default in payment of the installment and no liability shall attach under the Policy for any claim occurring thereafter, nor shall any refund of premium become due under the Policy. Additionally, in the event of claim during the currency of this Policy from any cause whatsoever, all the subsequent installments applicable to the respective Insured member/s shall immediately become due and payable notwithstanding anything to the contrary hereinabove contained.

DISCOUNTS/ LOADINGS

The following discount is applicable on the Premium as provided in the Annexure-Premium Rate Chart:

1. **Group discount-** It is permissible as per the following scale depending upon the total number of Insured persons covered under the Group policy at the inception. This discount mainly reflects savings on expenses in large group policies.

No. of Persons Insured under the Group Policy	Group Discounts %
Up to 100 persons	0%
101 Persons - 250 Persons	2.5%
251 Persons - 500 Persons	5%
501 Persons – 1000 Persons	7.5%
1001 Persons - 2000 Persons	10%
2001 Persons - 5000 Persons	12.5%
5001 Persons – 10000 Persons	15%
10001 Persons - 15000 Persons	20%
15001 Persons - 25000 Persons	22%
25001 Persons - 50000 Persons	25%
Above 50001 Persons	30%

RENEWAL BENEFITS

1. Lifelong Renewal without any exit Age
2. Enhancement of Sum Insured: Change in Sum Insured or enhancement in Sum Insured can be done subject to Our approval.

CONTINUITY BENEFITS

Portability: If You are insured continuously and without interruption under this policy and at renewal, if you want to shift to retail health insurance policy on Individual/family cover, the Company will consider such requests on proper evaluation, as per Company's underwriting guidelines and terms of the Portability Guidelines issued by IRDAI.

“Portability” means transfer by an individual health insurance policy holder (including family cover) of the credit gained for Pre-existing Conditions and time bound exclusions if he/she chooses to switch from one insurer to another.

POLICY EXCLUSIONS

1. Waiting Period Exclusions:

a. 30 days Waiting Period Exclusion:

A waiting period of 30 days from the commencement date of the first Policy will apply to all disease/ Illness contracted other than accidental bodily Injury requiring Hospitalization.

b. 90 days Waiting Period Exclusion: A waiting period of 90 days from the commencement date of the first Policy will apply to Critical Illness(es) contracted other than accidental bodily Injury requiring Hospitalization.

c. First Year Waiting Period Exclusion:

During the first year of operation of this insurance cover, expenses on treatment of the following diseases are not payable: Cataract, Benign Prostatic Hypertrophy, Hernia, Hydrocele, Fistula in anus, piles, Sinusitis and related disorders, Fissure, Gastric and Duodenal ulcers, gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus, polycystic ovarian diseases; skin tumors unless malignant, benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); & Congenital Internal Diseases.

d. Two Year Waiting Period Exclusion:

During the first two years of the operation of this insurance cover, the expenses on treatment of following diseases are not payable: Calculus diseases of Gall bladder and Urogenital system, Hypertension and Diabetes and related complications, Joint Replacement due to Degenerative condition, Surgery for prolapsed inter vertebral disc unless arising from Accident, Age related Osteoarthritis and Osteoporosis, Spondylosis / Spondylitis, Surgery of varicose veins and varicose ulcers.

Diabetes & related complications including but not limited to: Diabetic Retinopathy, Diabetic Nephropathy, Diabetic Foot/Wound, Diabetic Angiopathy, Diabetic Neuropathy, Hypo/Hyperglycemic Shocks.

Hypertension & related complications including but not limited to: Coronary Artery Disease, Cerebrovascular Accident, Hypertensive Nephropathy, Internal Bleed/Haemorrhages.

If these diseases as mentioned under Policy Exclusion 1c. and/or 1 d. above, are pre-existing at the time of proposal or subsequently found to be pre-existing, then Pre-Existing Condition Exclusion (1.e below) shall be applicable.

e. Pre- Existing Condition Exclusion:

Pre-existing Conditions and any complications arising from the same will not be covered until 36 months of continuous coverage have elapsed, since inception of your first Policy with Us.

2. We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary elsewhere in this Policy:
 1. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice & Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T Cell Lymphotropic Virus Type III (HTLV-III or HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
 2. Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.
 3. Any treatment arising from or traceable to any fertility, infertility, sub fertility or assisted conception procedure or sterilization, birth control procedures, hormone replacement therapy, contraceptive supplies, or services including complications arising due to supplying services or Assisted Reproductive Technology.
 4. Any Dental Treatment or Surgery unless requiring Hospitalization arising out of an Accident.
 5. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
 6. Experimental, investigational or unproven treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or consequence of undergoing such experimental or unproven treatment.
 7. Any weight management services, procedures and treatment, services and supplies including those related to treatment of conditions and complication arising out of obesity (including morbid obesity)
 8. Any procedure, investigation, treatment related to sleep disorder or sleep apnea syndrome, general debility, convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, rehabilitation measures, private duty nursing (unless covered under the Policy), respite care, long term nursing care, custodial care or any treatment in an establishment that is not a Hospital.
 9. External Congenital Anomaly.
 10. Treatment of mental Illness, stress, psychiatric or psychological disorders.
 11. Aesthetic treatment, cosmetic Surgery/implants or plastic Surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an Injury or Burns.
 12. Any treatment / Surgery for change of sex or gender reassignments including any complication arising from these treatments.

13. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident
14. Alternative treatment
15. Any OPD treatment
16. Treatment received outside India
17. Charges incurred at Hospital Primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury for which Inpatient Care/Day Care Treatment is required
18. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, mutiny, military or usurped acts, seizure, capture, arrest, restraints and detainment of all kinds.
19. Any Illness or Injury arising from Insured Person committing any breach of law with criminal intent.
20. Act of self-destruction or self-inflicted, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol or hallucinogens.
21. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
22. Stem Cell implantation, harvesting, storage or any kind of treatment using stem cells
23. Any Hospitalisation primarily for investigation and / or diagnosis purpose.
24. 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. For the purpose of this exclusion:
 - 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 deathIn addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above shall also be excluded.
25. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants
26. Alopecia, wigs and/or toupee and all hair or hair fall treatment and products
27. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, mentally disturbed, remodeling clinic or similar institutions
28. EECF & Chelation Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR) or Cytotron therapy
29. Any treatment/ loss required arising from Insured Person's participation in any hazardous activity including but not limited to scuba diving, engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parachuting, hang-gliding, rock

or mountain climbing, winter sports, mountaineering (where ropes or guides are customarily used), caving or potholing, hunting or equestrian, sky diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), polo, snow and ice sports, professional sports or any other potentially dangerous sport.

GENERAL TERMS AND CONDITIONS APPLICABLE

- 1. Disclosure of information norm** -The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of mis- representation, mis-description or non-disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or device being used by the Insured/ Insured Person/s or any one acting on his/their behalf to obtain a benefit under this Policy.
- 2. Reasonable Care-** The Insured shall take all reasonable steps to safeguard the interests of the Insured against accidental loss or damage that may give rise to the claim.
- 3. Observance of Terms and Conditions** - The due observance and fulfillment of the terms, conditions and Endorsements, including the payment of premium of this Policy and compliance with specified claims procedure insofar as they relate to anything to be done or complied with by the Insured shall be a Condition Precedent to any liability of the Company to make any payment under this Policy.
- 4. Alterations to the Policy-** This Policy together with the Policy Schedule constitutes the complete contract of insurance. This Policy cannot be changed or varied by any one (including an insurance agent or broker) except the Company, and any change We make will be evidenced by a written Endorsement signed and stamped by the Company.
- 5. Material Change-** It is a Condition Precedent to the Company's liability under the Policy that the Insured Person/s shall immediately notify the Company in writing of any material change in the risk on account of change in nature of occupation or business at his/ their own expense. The Company may, in its discretion, adjust the scope of cover and/or the premium paid or payable, accordingly.
- 6. Records to be maintained** - The Insured Person/s shall keep an accurate record containing all relevant medical records and shall allow the Company to inspect such record. The Insured Person/s shall furnish such information to the Company as may be required under this Policy at any time during the Policy Period or until the final adjustment, if any and resolution of all Claims under this Policy.
- 7. Notice of charge** - The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured Person/s, his/her/their Nominees or legal representatives, as the case may be, of any Medical expenses or compensation or benefit under the Policy shall in all cases be complete and construe as an effectual discharge in favor of the Company.
- 8. Fraudulent Claims-** If any claim 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/Insured Person/s or any one acting on his / her behalf to obtain any benefit

under this Policy, or if a claim is made and rejected and no Court action or suit is commenced within twelve months after such rejection all benefits under this Policy shall be forfeited.

- 9. Renewal** -The Policy shall ordinarily be renewable except on the grounds of fraud, moral hazard or misrepresentation or non-cooperation by the Insured. Policy will automatically terminate at the end of the Policy Period. However Grace period of 30 days for renewing the Policy is provided under this Policy. Any claim/loss during the Grace period will not be covered.

We are under no obligation to give notice that it is due for Renewal or to renew it on the same terms whether as to premium or otherwise. All Renewal applications and requisite premium shall be given to us on or before the Policy Period end date and in any event before the expiry of the Grace Period.

The Insured shall give the Company written notice along with Renewal Application, of any material changes to the risk insured under the Policy. If no such written notice is received by us along with Renewal application it shall be deemed that there is no material change to the risk. No Renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company.

Any revision or modification in a Policy which is approved by the Authority shall be notified to each policy holder at least three months prior to the date when such revision or modification comes into effect.

Insured Person/s could avail of policy renewal in terms of the applicable Portability norms governing such renewals and the same would be renewed in accordance with the Company's underwriting policy.

We are not under any obligation to Renew your Policy on same terms or premium as the expiring Policy. Any change in benefit or premium (other than due to change in Age) will be done with the approval of the IRDA and will be intimated to You atleast 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to policy expiry.

The table below illustrates the waiting period which would be applicable as per Portability norms:

Sno	No of years of continuous insurance cover with previous insurer(s)	Waiting period to be served with new insurer in number of days/years upon Portability					
		30 days	90 days	1 Year	2 years	3 years	4 years
1	1 Year	NIL	NIL	NIL	1 Yr	2 Yr	3 Yr
2	2 years	NIL	NIL	NIL	NIL	1 Yr	2 Yr
3	3 years	NIL	NIL	NIL	NIL	NIL	1 Yr
4	4 years	NIL	NIL	NIL	NIL	NIL	NIL

10. Entry Age

Minimum entry Age: Adult –18 years and 91 days for children; Maximum entry Age: 65 Years.

- 11. Sum Insured Enhancement-** The provision for increase in Sum Insured is available at the

time of renewal of the Policy and subject to approval and acceptance by the Company.

- 12. Cancellation/Termination-** This Policy will terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in Policy Schedule.

Cancellation by Insurer:

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact. The Company may, in the event of non-cooperation of the Insured/ Insured person/s cancel this Policy, by giving 15 days' notice in writing by Registered Post Acknowledgment due to the Insured/ Insured Person/s at his / their last known address in which case the Company shall be liable to repay a rateable proportion of the premium for the unexpired term from the date of the cancellation subject to there being no claim made/ reported under the Policy.

Cancellation by Insured/ Insured Person:

The Insured may elect to cancel the Policy by giving 15 days' notice in writing to the Company. If no claim has been made under the Policy then the Company shall from the date of receipt of notice cancel the Policy and shall refund the premium as per the Table below;

Cancellation period	1 Year Policy
Up to 1 Month	75%
Up to 3 Months	50%
Up to 6 Months	25%
Exceeding 6 Months	NIL

- 13. Withdrawal of Product-** In case the product is found to be financially unviable or is deficient in any manner, the Company shall, in terms of Insurance Regulatory & Development Authority (Health Insurance) Regulations 2013, have the option to withdraw this product from the market subject to prior approval of such withdrawal from the Regulatory Authority. Any withdrawal of the product would be duly intimated to existing customers, who on expiry of the existing Policy, will have an option to obtain Renewal under similar product/s available with Us. The Company shall allow the benefit of Portability in all such cases.
- 14. Disclaimer-** It is being expressly agreed and declared that if the Company shall disclaim liability for any claim hereunder and such claim shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in a court of law then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
- 15. Area of Validity-** The Policy shall provide for eligible medical treatment taken within India & all the benefits under the Policy shall be payable in Indian rupees only.
- 16. Policy Disputes-** The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to, by both the Insured and the Company to be subject to Indian law. Each party agrees to be subject to the executive jurisdiction of the High Court of Mumbai and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

17. Arbitration- If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of 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 the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

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

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

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

19. Electronic Transaction- The Insured agrees to adhere to and comply with all such terms, conditions and exclusions as the Company may prescribe from time to time, and hereby agrees and validates that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, has his concurrence and full understanding of the terms and conditions affecting this Contract and shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. Sales through such electronic transactions shall ensure adherence to conditions of section 41 of the Insurance Act 1938 with full disclosures on terms, conditions and exclusions. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and sent to the Insured Person, duly validated/confirmed by the Insured Person.

CLAIMS PROCEDURE

A) Notification and Submission of Claim-

Upon the happening of any event giving rise or likely to give rise to a claim under this Policy, a notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of Illness/Injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us immediately or not later than 7 days from the date of hospitalization/Injury/death.

Please ensure to send the claim form duly completed in all respects along with all the following documents within 15 days from the date of discharge from Hospital.

The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons beyond the control of the Insured

Person/s. The Insured Person/s shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder. The Company shall settle claims, including its rejection, within thirty working days of receipt of the last required documents.

B) Documentation-

- a. You shall deliver to Us, within 15 days from the date of discharge a detailed statement in writing as per the claim form together with bills, vouchers and any other material particular, relevant to the making of such claim.
- b. We may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons Your beyond the control.

C) Payment of Claim-

- a. We shall be under no obligation to make any payment under this Policy unless We have received all the premium payments in full and all payments have been realised and We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy
- b. This Policy only covers medical treatment taken in India, and payments under this Policy shall only be made in Indian Rupees within India
- c. We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person could reasonably have minimised the costs incurred, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner

The Claim Procedure would be in full compliance with relevant provisions of Insurance Regulatory and Development Authority Health Regulation 2013.

For further details/checklist for claims documents, please read the Policy or Claims Manual.

BENEFIT SCHEDULE

Hospi-Cash Connect			
	Sum Insured per Annum (Rs.)	Range for selection: Rs 10,000 to Rs 15,00,000 (in multiples of '00)	Duration Limits
A.	Basic Cover: Mandatory Cover		
	Daily Hospital Cash (DHC) Benefit(Rs./day)	1% of SI	Per event/Hospitalization limit- Upto 30 days
O	Daily Hospital Cash (DHC)- Only Accidents Benefit(Rs./day)	1% of SI	Per event/Hospitalization limit- Upto 30 days
B.	Choose and Pick covers: Optional		
1	Double Accident Benefit (DAB)- in case of Hospitalization more than 3 days	Double the DHC limit	Per event/Hospitalization limit- Upto 30 days
2	Double ICU Benefit (DIB) –Sickness	Double the DHC limit	Per event/Hospitalization limit- Upto

			30 days
3	Double ICU Benefit (DIB) –Accident	Double the DHC limit	Per event/Hospitalization limit- Upto 30 days
4	Double Critical Illness Benefit (DCI)- Listed Critical Illnesses	Double the DHC limit	Per event/Hospitalization limit- Upto 30 days
5	Day care Procedure Cash- Listed Procedures	50% of DHC Limit	Max upto 5 Day Care Procedures
6	Recovery Benefit	Up to 15 times of DHC limit	Range (Min INR 100, Max INR 15,000*15=2,25,000)
7	Convalescence Benefit	Up to 15 times of DHC limit	Range (Min INR 100, Max INR 15,000*15=2,25,000)
8	Special care on Minor Surgeries	Up to 15 times of DHC limit	Range (Min INR 100, Max INR 15,000*15=2,25,000)
	Threshold Limit Applicable of Rs. 50000		
9	Special care on Major Surgeries	Up to 15 times of DHC limit	Range (Min INR 100, Max INR 15,000*15=2,25,000)
	Threshold Limit Applicable of Rs. 200000		
10	Restore Benefit	Equivalent to the Sum Insured	
11	Wellness & Assistance Program	Available and serviced by Us/Our Service Provider	
12	Special Limit	Option to select lower DHC limit (minimum 0.5% of the Sum Insured)	
13	Special Care	Policy without any Duration limits. This option is available only for the Insured member/s below 60 years of age	

PREMIUM RATE CHART

Base Premium will depend on the Sum insured/daily cash benefit, policy tenure, age. The same is as per enclosed rate chart.

If statistically credible information is not available/fully credible or the characteristics of the proposed group are entirely different from the groups whose experience is available, then the Base Premium would be based on rates as mentioned in the Premium chart which will be suitably adjusted based on partial credible group experience which will depend on factors like Size of the group, Attrition rates, Sum insured changes, Additional covers sought, delay in reporting of claims, exceptional claims proportion, Heterogeneity in group.

Claim payment illustration

Details of covers Opted		Details/Limits
Policy Tenure		1 Year (1 April 2015- 31 March 2016)
Family Definition		Self+ Spouse + 2 C
Sum Insured Opted (in Rs) per member		Rs 200,000
Basic Cover		
Daily Hospital Cash Benefit (DHC)	✓	Rs 2,000 per day
Daily Hospital Cash - Accident	×	NA
Choose and Pick covers		

Double Accident Benefit (DAB)	✓	Rs 4,000 per day
Double ICU Benefit- Sickness	✓	Rs 4,000 per day
Double ICU Benefit- Accident	✓	Rs 4,000 per day

Individual Sum Insured (in Rs) (A)	200,000	200,000
Daily Hospital Cash Benefit (DHC) (in Rs per day)	2,000	2,000

Claim 1 : May 20, 2015			
	For Insured	For his Son	Reasons
If the Insured and his Son (both covered under policy) met with an Accident and are Hospitalized for 35 days, with initial 5 days in ICU. Due to incurred injuries, the insured had to be operated for "Spinal Surgeries". The treatment cost for Spinal surgery was Rs 3,00,000. The claim paid shall be as below			
Daily Hospital Cash Benefit (DHC) (Rs 2,000 for 30 days)	-	-	Triggered and paid under DAB and DIC hence separate payment under DHC will not be paid.
Double Accident Benefit (for 25 days)	120,000	120,000	Coverage is limited to 30 days per hospitalization
Double ICU Benefit- Accident (for 5 days in ICU)	20,000	20,000	
Total Claim 1 Amount (in Rs) (B)	140,000	140,000	

Claim 2 : September 1, 2015	
	For Insured
If the Insured is hospitalized for 10 days against treatment for "Gall Stones" and the Cost of treatment is Rs 2,50,000.	
Daily Hospital Cash Benefit (DHC) (for 10 days)	20,000
Total Claim 2 Amount (in Rs) (C)	20,000
Policy Balance Sum Insured (in Rs) after claim 1 (D=A-B)	60,000
Claim 2 Amount (in Rs)	20,000
New Balance Sum Insured (in Rs) after claim 2 (E=D-C)	40,000

STATUTORY NOTICE: INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION