

Liberty General Insurance Ltd.
 15th Floor, Unit-1501&1502, Tower 2,
 One International Center,
 Senapati Bapat Marg,
 Prabhadevi, Mumbai- 400013
 IRDAI Reg. No.150, CIN: U66000MH2010PLC269656

Customer Information Sheet

Description is illustrative and not exhaustive

SI No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product / Policy	Liberty Surro Assure * This product is specially designed for providing insurance cover to Oocyte Donor and Surrogate Mother as per The Surrogacy (Regulation) Act, 2021 and The Assisted Reproductive Technology (Regulation) Act, 2021 and is subject to any change, modification and amendment as per the above referred Acts.	
2	Policy Number		
3	Type of Insurance Product / Policy	Indemnity	
4	Sum Insured (Basis) (Along with amount)	Individual Sum Insured Policy Sum Insured: 2 Lac and 3 Lac as per Plan chosen.	
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p>Expenses in respect of:</p> <p>1. Hospitalisation Expenses</p> <p>a. In-Patient Treatment Expenses</p> <p>The Company undertakes to indemnify Insured person as Oocyte Donor or Surrogate Mother against complications arising due to oocyte retrieval with respect to the Oocyte Donor or complications arising out of pregnancy during Surrogacy and post-partum delivery complications for the Surrogate Mother during the Policy Period and if the above shall require the Insured Person, upon the advice of a duly qualified physician/Medical Practitioner to incur In-patient care expenses for medical/surgical treatment at any Hospital in India, towards following expenses, subject to the terms, conditions, exclusions and definitions contained herein or endorsed.</p> <ol style="list-style-type: none"> 1. Room, Boarding expenses 2. Intensive Care Unit bed charges 3. Doctor's fees 4. Nursing Expenses 5. Surgical Fees, Operation Theatre Charges, Anesthetist, Anesthesia, Blood, Oxygen and their administration, Physical Therapy 6. Prescribed Drugs and medicines consumed on the premises 7. Investigation Services such as Laboratory, X-Ray, Diagnostic tests 8. Dressing, Ordinary splints and plaster casts 	<p>Part II.1.a</p> <p>PartII.1.b</p>

9. Cost of Prosthetic devices if implanted during a surgical procedure

b. AYUSH Treatment#

The Company will indemnify Reasonable and Customary charges up to the Basic Sum Insured mentioned in the Policy Schedule, towards Medical Expenses incurred for the inpatient hospitalization treatment taken under Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy provided that the hospitalization is for minimum 24 hours and is not for evaluation and/or investigation purpose only and treatment is availed in India and provided the treatment has undergone in:

- (i) Government hospital or in any institute recognized by government and/or accredited by Quality Council of India or National Accreditation Board on Health;
- (ii) Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH);
- (iii) AYUSH Hospitals as defined hereinabove.

Part –II.2

Exclusions specific to AYUSH Treatment

The Company shall not make payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the following:

1. OPD / Day care treatment
2. Wellness and non-therapeutic treatment
3. Any Pre-Hospitalization and Post-Hospitalization Expenses
4. All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary.
5. Non- Prescribed medicines by treating physician, non-disclosed formulations & non-standardized preparations or Health Supplementary products will be excluded.
6. Any Pre or Post hospitalization AYUSH treatment taken before/pursuant to inpatient Allopathy treatment

The above exclusions are in additions to the General exclusions listed under the Policy.

c. Day Care Procedure/Treatment

The Company will indemnify medical expenses incurred on a treatment towards a Day Care procedure, where the procedure or surgery is taken by the Insured Person as an inpatient in less than 24 hours in a Hospital or standalone day care center but not in the Outpatient department of a Hospital for hospitalization due to complications arising out of oocyte retrieval with respect to the Oocyte Donor or complications arising out of pregnancy during Surrogacy and post-partum delivery complications for the Surrogate Mother.

		<p>Conditions applicable to Section 1</p> <ol style="list-style-type: none"> 1. The Policy must have been available before the commencement of the Surrogacy or Oocyte retrieval Procedure. 2. The treatment under Section 1(a) has been taken in a registered Clinics, Surrogacy Clinics, Hospitals under the supervision of a Registered Medical Practitioner as per the respective Act. 3. The coverage shall be available if all the provisions as specified in “The Surrogacy Regulation Act, 2021” and “Assisted Reproductive Technology (Regulation) Act, 2021” and the relevant rules thereunder are fulfilled. <p>2. Emergency Local Road Ambulance Charges</p> <p>The Company will indemnify expenses incurred on an ambulance offered by a healthcare or ambulance service provider used to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of health services during the Policy Period., provided that:</p> <ol style="list-style-type: none"> i) There is a valid claim admissible under Part II 1.a (In-patient Treatment Expenses) or 1.b. (Day Care Procedure / Treatment) of the Policy. ii) Our maximum liability shall be as specified in the Schedule to this Policy. iii) The coverage also includes the cost of the transportation of the Insured Person from one Hospital to another nearest Hospital which is prepared to admit the Insured Person and provide necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person was first admitted, provided that the transportation has been prescribed by a Medical Practitioner and is Medically Necessary. 	
6	<p>Exclusions (what the policy does not cover)</p>	<p>The Company shall bear no liability to make the payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the following:</p> <p>Standard Exclusions</p> <ol style="list-style-type: none"> 1. Investigation & Evaluation: Code-Excl04 <ol style="list-style-type: none"> a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. 2. Rest Cure, rehabilitation and respite care: Code- Excl05 <p>Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <ol style="list-style-type: none"> i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. 	Part V. E

3. Obesity/ Weight Control: Code- Excl06

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

4. 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.

5. 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 medical necessity, it must be certified by the attending Medical Practitioner.

6. 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, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7. Breach of law: Code- Excl 10

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

8. Excluded Providers: Code-Excl11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl 12

10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **Code - Excl 13**

11. Dietary supplements and substances that can be purchased without prescription including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. **Code-Excl 14**

12. Refractive Error: Code -Excl15

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

13.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.

14. Sterility and Infertility: Code- Excl17

Expenses related to 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. Reversal of sterilization

15. Maternity: Code Excl18

1. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
2. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

Specific Exclusions (Exclusions other than those mentioned under E(i) above)

1. 60 days Waiting Period

Expenses related to the treatment of any complications arising due to oocyte retrieval with respect to the Oocyte Donor or complications arising out of pregnancy during Surrogacy and post-partum delivery complications for the Surrogate Mother incurred within 60 days from the policy commencement date shall be excluded, except claims arising due to accident, provided the same are covered under the Policy.

2. Complications of pregnancy to the Surrogate Mother, which is:

- i. Other than Altruistic Surrogacy
- ii. For second Surrogacy

- iii. If the Surrogate Mother donates her own gametes
3. Newborn baby through Surrogacy to the Surrogate Mother.
 4. Miscarriage/Medical termination other than in case of Life-Threatening condition to the Surrogate Mother
 5. Pre and Post Hospitalization Expenses.
 6. Treatment taken on OPD basis.
 7. Domiciliary Treatment
 8. Surrogacy Treatment Procedure Cost from Policy Commencement Date till completion of embryo implantation process.
 9. Surrogacy which is for Commercial Purposes
 10. Treatment or Complications arising out of any Pre-Existing conditions/ disease.
 11. 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, Human T Cell Lymphotropic Virus Type III (HTLV-III or HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
 12. Any dental treatment or surgery unless requiring hospitalization arising out of an accident.
 13. 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.
 14. Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations, dentures, artificial teeth and all other similar external appliances and /or devices whether for diagnosis or treatment.
 15. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.P.A.D) and oxygen concentrator or asthmatic condition, cost of cochlear implants.
 16. External Congenital Anomaly.

17. Treatment received outside India unless specifically mentioned in your policy schedule.
18. Any illness, sickness or disease other than the complications arising out of pregnancy and post-partum delivery for the Surrogate mother or any complications arising out of Oocyte retrieval for the Oocyte donor.
19. Complications arising due to Surrogacy procedure, if the Insured is undergoing the Surrogacy procedure for second time.
20. Complications arising due to Oocyte retrieval, if the Insured is donating for second time.
21. Any claim with respect to abandon or disown or exploit or cause to be abandoned, disowned or exploited in any form, the child or children born through Surrogacy.
22. 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.
23. 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.
24. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
25. Personal comfort and convenience items or services including but not limited to TV (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs, (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.
26. Expenses related to any kind of RMO charges, service charge, surcharge, admission fees, registration fees, night charges levied by the hospital under whatever head.
27. 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:

		<p>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.</p> <p>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.</p> <p>c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and /or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death</p> <p>In 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.</p> <p>28. Drugs or treatment and medical supplies not supported by a prescription from a Medical Practitioner.</p>	
7	<p>Waiting Period</p> <ul style="list-style-type: none"> • Time period during which specified diseases / Treatments are not covered • It is counted from the beginning of the policy coverage 	<p>60 days Waiting Period : Expenses related to the treatment of any complications arising due to oocyte retrieval with respect to the Oocyte Donor or complications arising out of pregnancy during Surrogacy and post-partum delivery complications for the Surrogate Mother incurred within 60 days from the policy commencement date shall be excluded, except claims arising due to accident, provided the same are covered under the Policy.</p>	<p>Part V.E. ii (1)</p>
8	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p>	<p>No Sub-limits , Co-payment and Deductibles applicable under the product.</p>	

	<p>ii. Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policyholder / insured)</p> <p>iii. Deductible (It is a specified amount:</p> <p>b. -upto which an insurance company will not pay any claim, and</p> <p>c. - which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>iv. Any other limit (as applicable)</p>		
9	<p>Claims / Claim Procedure</p>	<p>a. For Cashless Service: You may call to our Customer care number for obtaining Cashless facility. You may also visit to our Company website www.libertyinsurance.in to know the list of empaneled Hospitals.</p> <p>b. For Reimbursement of Claim: You need to intimate Us immediately on hospitalization/ injury/ death, further submit all claim documents with supporting details/documents at your own expense to Us within 15 days of discharge from the hospital.</p>	<p>Part IV G (4)</p>
7	<p>Policy Servicing</p>	<p>Step 1 Call us on Toll free number: 1800-266-5844 (8:00 AM to 8:00 PM, 7 days of the week) or Email us at: care@libertyinsurance.in Senior Citizens can email us at: seniorcitizen@libertyinsurance.in or Write to us at: Customer Service Liberty General Insurance Limited</p> <p>Step 2 If our response or resolution does not meet your expectations, you can escalate at Manager@libertyinsurance.in</p> <p>Step 3 If you are still not satisfied with the resolution provided, you can further escalate at ServiceHead@libertyinsurance.in</p>	<p>Part VI (F)(i)(11)</p>

		10 th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai 400 013		
11	Grievances / Complaints	<p>Step 1</p> <p>Call us on Toll free number: 1800-266-5844 (8:00 AM to 8:00 PM, 7 days of the week) or Email us at: care@libertyinsurance.in Senior Citizens can email us at: seniorcitizen@libertyinsurance.in or Write to us at: Customer Service Liberty General Insurance Limited 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai 400 013</p>	<p>Step 2</p> <p>If our response or resolution does not meet your expectations, you can escalate at Manager@libertyinsurance.in</p> <p>Step 3</p> <p>If you are still not satisfied with the resolution provided, you can further escalate at ServiceHead@libertyinsurance.in</p>	Part VI (F)(i)(11)
		<p>IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/</p> <p>Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.</p>		

12	Things to Remember	<p>Free Look cancellation: The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy.</p> <p>The Free Look Period shall be applicable only for new individual health insurance policies, except for those policies with tenure of less than a year and not on renewals.</p> <p>If the insured has not made any claim during the Free Look Period, the insured shall be entitled to -</p> <ul style="list-style-type: none"> i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period; <p>Policy renewal: The Policy shall not be renewable at the end of respective Policy Period and/or on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person/ Proposer.</p> <p>Migration and Portability: Not applicable under the said product</p> <p>Change in Sum Insured: Option not available under the said product.</p> <p>Moratorium Period: Not applicable for the said product</p>	Part VI (i) (10) Part VI (ii) (7)
13	Your Obligations	Please disclose all Pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.	

Declaration by the Policy Holder:

I have read the above and confirm having noted the details:

Place:

Date:

(Signature of the Policy)

#Added pursuant to “Guidelines on providing AYUSH Coverage in Health insurance policies” dated 31 January, 2024 issued by the IRDAI effective 1st April 2024.

Liberty Surro Assure

A. POLICY SCHEDULE

The Policy Schedule is enclosed with the Policy document shared with you comprising the benefits and Sum Insured applicable to every available cover.

B. PREAMBLE

Liberty General Insurance Limited (hereinafter called the “Company”, “Insurer” , “**We, Our, or Us**”) will provide insurance cover to the person(s) (hereinafter called the “Insured” , “**You, Your, or Yourself**”) based on the Proposal and Declaration made and agreed premium paid within such time, as may be prescribed under the provisions of the Insurance Act, 1938, for the Policy Period stated in the Schedule or during any further period for which the Company may accept payment for the renewal or extension of this Policy, subject always to the following terms, conditions, provisos, exclusions, and limitations contained herein or endorsed or otherwise expressed herein . This Policy records the agreement between the Company (We) and the Insured (You), and sets out the terms of insurance and obligations of each party.

This product is specially designed for providing insurance cover to Oocyte Donor and Surrogate Mother as per The Surrogacy (Regulation) Act, 2021 and The Assisted Reproductive Technology (Regulation) Act, 2021 and is subject to any change, modification and amendment as per the above referred Acts.

Part I: Definitions

C. DEFINITIONS

The words or expressions defined below have specific meanings ascribed to them wherever they appear in this Policy. For purposes of this Policy, please note that references to the singular or masculine include references to the plural or to the female.

i. Standard Definitions (Definitions whose wordings are specified by IRDAI)

1. “**Accident**” means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. “**Any one illness**” means continuous period of illness and it includes relapse within forty five days from the date of last consultation with the hospital/nursing home where treatment was taken.
3. **AYUSH Hospital:** An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
 - a. Central or State Government AYUSH Hospital; or
 - b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or

c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

- i. Having at least 5 in-patient beds;
- ii. Having qualified AYUSH *Medical Practitioner* in charge round the clock;
- iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

4. **AYUSH Day Care Centre:**

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

5. **“Cashless facility”** means a facility extended by the Insurer to the Insured where the payments, of the costs of treatment undergone by the Insured person in accordance with the policy terms and conditions, are directly made to the network provider by the Insurer to the extent pre-authorization approved.

6. **“Condition Precedent”** means a policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

7. **“Day Care Centre”** means any institution established for day care treatment of illness and /or injuries or a medical set up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under-

- a) has qualified nursing staff under its employment;
- b) has qualified medical practitioner(s) in charge;
- c) has a fully equipped operation theater of its own where surgical procedures are carried out;
- d) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

8. **“Day care Procedure/Treatment”** means medical treatment, and/or surgical procedure which is –

- i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than twenty four (24) hours because of technological advancement, and
- ii. which would have otherwise required hospitalization of more than twenty four (24) hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

9. **“Disclosure to information norm”** 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.
10. **“Domiciliary Hospitalisation”** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
- the condition of the patient is such that he/she is not in a condition to be moved to a hospital or,
 - the patient takes treatment at home on account of non-availability of room in a hospital.
11. **“Emergency Care”** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person’s health.
12. **“Hospital”** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:
- has qualified nursing staff under its employment round the clock;
 - has at least ten inpatient beds in towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;
 - has qualified medical practitioner (s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and makes these accessible to the insurance company’s authorized personnel.
13. **“Hospitalization”** means admission in a hospital for a minimum period of twenty four (24) consecutive ‘In-patient care’ hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours.
14. **“Illness”** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- Acute Condition** means a disease, illness or injury that is likely to response quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
 - Chronic Condition** means a disease, illness, or injury that has one or more of the following characteristics
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur
15. **“Injury”** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner.

16. **“Inpatient Care”** means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event
17. **“Intensive Care Unit”** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
18. **“ICU Charges”** ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
19. **“Maternity expenses”** Maternity expenses means;
 - a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
 - b) expenses towards lawful medical termination of pregnancy during the policy period.
20. **“Medical Advice”** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
21. **“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.
22. **“Medical Practitioner”** A Medical Practitioner is a person who holds a valid registration from the medical council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license provided that this person is not a member of the Policyholder / Insured Person’s family.
23. **“Medically Necessary Treatment”** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
 - i. is required for the medical management of illness or injury suffered by the insured;
 - ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - iii. must have been prescribed by a medical practitioner;
 - iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
24. **“Network Provider”** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.
25. **“New Born Baby”** means baby born during the Policy Period and is aged upto 90 days
26. **“Non-Network Provider”** means any hospital, day care centre or other provider that is not part of the Network.

27. **“Notification of Claim”** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.
28. **“Out-Patient (OPD) Treatment”** means treatment in which the insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The insured is not admitted as a day care or in-patient.
29. **“Pre-Existing Disease”** Preexisting disease means any condition, ailment, injury or disease
- That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
30. **“Pre-hospitalization”** means medical expenses incurred during pre-defined number of days preceding the hospitalisation of the Insured Person, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person’s Hospitalisation was required, and
 - The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.
31. **Post-hospitalization Medical Expenses”** means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
- Such Medical Expenses are for the same condition for which the insured person’s hospitalisation was required, and
 - The inpatient hospitalisation claim for such hospitalisation is admissible by the Insurance Company.
32. **“Qualified Nurse”** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
33. **“Reasonable and Customary charges”** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
34. **“Room Rent”** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.
35. **“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 centre by a medical practitioner.
36. **“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.

ii. Specific Definitions (Definitions other than those mentioned under C(i) above)

1. **“Abandoned child”** means a child born out of surrogacy procedure who has been deserted by his intending parents or guardians and declared as abandoned by the appropriate authority after due enquiry.
2. **“Age”** means age of the Insured person (Surrogate Mother / Oocyte Donor) on last birthday as on date of commencement of the Policy.
3. **“Altruistic surrogacy”** means the surrogacy in which no charges, expenses, fees, remuneration or monetary incentive of whatever nature, except the medical expenses and such other prescribed expenses incurred on surrogate mother and the insurance coverage for the surrogate mother, are given to the surrogate mother or her dependents or her representative.
4. **“Ambulance”** means a road vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
5. **“Assisted Reproductive Technology Act”** means the Assisted Reproductive Technology (Regulation) Act, 2021.
6. **“AYUSH Treatment”** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
7. **Ayush 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 or Ayurvedic and or such other authorities 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 its scope and jurisdiction of license and acceptable to Us.
8. **“Basic Sum Insured”** means the amount specified against Insured Person specified in the Schedule to this Policy, subject to terms, conditions and exclusions of this Policy.
9. **“Commercial Surrogacy”** means commercialization of surrogacy services or procedures or its component services or component procedures including selling or buying of human embryo or trading in the sale or purchase of human embryo or gametes or selling or buying or trading the services of surrogate motherhood by way of giving payment, reward, benefit, fees, remuneration or monetary incentive in cash or kind, to the surrogate mother or her dependents or her representative, except the medical expenses and such other prescribed expenses incurred on the surrogate mother and the insurance coverage for the surrogate mother
6. **“Couple”** means the legally married Indian man and woman above the age of 21 years and 18 years respectively.
7. **“Egg”** includes the female gamete.
8. **“Embryo”** means a developing or developed organism after fertilisation till the end of fifty-six days.

9. **“Embryologist”** means a person who possesses any post-graduate medical qualification or doctoral degree in the field of embryology or clinical embryology from a recognised university with not less than two years of clinical experience.
10. **“Fertilisation”** means the penetration of the ovum by the spermatozoan and fusion of genetic materials resulting in the development of a zygote.
11. **“Foetus”** means a human organism during the period of its development beginning on the fifty seventh day following fertilization or creation (excluding any time in which its development has been suspended) and ending at the birth.
12. **“Gamete”** means sperm and oocyte.
13. **“Gestational Surrogacy”** means a practice whereby a surrogate mother carries a child for the intending couple through implantation of embryo in her womb and the child is not genetically related to the surrogate mother.
14. **“Insured” / “Insured Person”** means an individual Resident Indian named in the Policy Schedule who is insured under the Policy and in respect of whom the applicable premium has been received.
15. **“Implantation”** means the attachment and subsequent penetration by the zona-free blastocyst, which starts five to seven days following fertilization.
16. **“Intending Couple”** means a couple who have a medical indication necessitating gestational surrogacy and who intend to become parents through surrogacy and holding certificate of recommendation issued as per provision of the Surrogacy (Regulation) Act, 2021.
17. **“Intending Woman”** means an Indian woman who is a widow or divorcee between the age of 35 to 45 years and who intends to avail the surrogacy and holding certificate of recommendation issued as per the provision of the Surrogacy (Regulation) Act, 2021.
18. **“Life Threatening Medical Condition”** means a medical condition suffered by the Insured Person which has any of the following characteristics:
 - a. Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate); or
 - b. Acute impairment of one or more vital organ systems (involving brain, heart, lungs, liver, kidneys and pancreas); or
 - c. Critical care being provided, which involves highly complex decision making to assess, manipulate and support vital system function(s) to treat single or multiple vital organ failure(s) and requires interpretation of multiple physiological parameters and application of advanced technology; or
 - d. Critical Care being provided in critical care areas such as coronary care unit, intensive care unit, respiratory care unit, or the emergency department; and
 - e. Is certified by the attending Medical Practitioner as a Life-Threatening Medical Condition.
19. **“Nominee”** means the person whose name specifically appears as such in the Policy Schedule and is the person to whom the proceeds under this Policy, if any, shall become payable in the event of the death of the Insured Person.
20. **“Oocyte”** means naturally ovulating oocyte in the female genital tract.

21. **“Oocyte Donor”** means a fertile woman who donated her eggs to the Intending Couple / Intending Woman to help her conceive as part of an assisted reproduction.
22. **“Oocyte Donation”** is the process by which a fertile woman donates eggs to another woman to help her conceive as part of an assisted reproduction.
23. **“Policy”** means these Policy wordings, the Policy Schedule and any applicable endorsement or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to The Insured person.
24. **“Policy Period”** means the period between the inception date and expiry date of the Policy as specified in the Schedule to this Policy or the date of cancellation of this Policy, whichever is earlier.
25. **“Policy Schedule”** means the Policy Schedule attached to and forming part of Policy.
26. **“Proposer/ Policyholder”** means Intending Couple or Intending Woman defined under this Policy and had paid the premium for Surrogate Mother or Oocyte Donor.
27. **“Surrogacy”** means a practice whereby one woman bears and gives birth to a child for an intending couple with the intention of handing over such child to the intending couple after the birth.
28. **“Surrogacy Clinic”** means surrogacy clinic, centre or laboratory, conducting, assisted reproductive technology services, invitro fertilisation services, genetic counselling centre, genetic laboratory, Assisted Reproductive Technology Banks conducting surrogacy procedure or any clinical establishment, by whatsoever name called, conducting surrogacy procedures in any form and holding valid registration as per provisions of the Surrogacy (Regulation) Act, 2021.
29. **“Surrogacy procedures”** means all gynaecological, obstetrical or medical procedures, techniques, tests, practices or services involving handling of human gametes and human embryo in surrogacy.
30. **“Surrogate Mother”** means a woman who agrees to bear a child (who is genetically related to the intending couple or intending woman) through surrogacy from the implantation of embryo in her womb and is in possession of an eligibility certificate issued by the appropriate authority on fulfillment of below conditions:
- A married woman having a child of her own
 - 25 - 35 years of age as on the day of implantation
 - Shall not provide her own gametes.
 - Shall not act as a 'Surrogate Mother' for more than once in her lifetime.
 - Shall possess a certificate of medical and psychological fitness for surrogacy and surrogacy procedures from a registered medical practitioner.
31. **“Third Party Administrator or TPA”** means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.

32. **“Waiting Period”** means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.
33. **“We/Our/Us”** means the Liberty General Insurance Limited.
34. **“You/Your”** means the Insured named in the Schedule who has concluded this Policy with Us.
35. **“Zygote”** means the fertilised oocyte prior to the first cell division.

Part II: Scope of Cover

D. BENEFITS COVERED UNDER THE POLICY

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed to pay and/or reimburse actual expenses incurred or up to the limits specified in the schedule against each benefit whichever is less.

1. Hospitalisation Expenses

a. In-Patient Treatment Expenses

The Company undertakes to indemnify Insured person as Oocyte Donor or Surrogate Mother against complications arising due to oocyte retrieval with respect to the Oocyte Donor or complications arising out of pregnancy during Surrogacy and post-partum delivery complications for the Surrogate Mother during the Policy Period and if the above shall require the Insured Person, upon the advice of a duly qualified physician/Medical Practitioner to incur In-patient care expenses for medical/surgical treatment at any Hospital in India, towards following expenses, subject to the terms, conditions, exclusions and definitions contained herein or endorsed.

1. Room, Boarding expenses
2. Intensive Care Unit bed charges
3. Doctor's fees
4. Nursing Expenses
5. Surgical Fees, Operation Theatre Charges, Anesthetist, Anesthesia, Blood, Oxygen and their administration, Physical Therapy
6. Prescribed Drugs and medicines consumed on the premises
7. Investigation Services such as Laboratory, X-Ray, Diagnostic tests
8. Dressing, Ordinary splints and plaster casts
9. Cost of Prosthetic devices if implanted during a surgical procedure

b. AYUSH Treatment#

The Company will indemnify Reasonable and Customary charges up to the Basic Sum Insured mentioned in the Policy Schedule, towards Medical Expenses incurred for the inpatient hospitalization treatment taken under Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy provided that the hospitalization is for minimum 24 hours and is not for evaluation and/or investigation purpose only and treatment is availed in India and provided the treatment has undergone in:

- (i) Government hospital or in any institute recognized by government and/or accredited by Quality Council of India or National Accreditation Board on Health;
- (ii) Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH);
- (iii) AYUSH Hospitals as defined hereinabove.

Exclusions specific to AYUSH Treatment

The Company shall not make payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the following:

1. OPD / Day care treatment
2. Wellness and non-therapeutic treatment
3. Any Pre-Hospitalization and Post-Hospitalization Expenses

#Added pursuant to “Guidelines on providing AYUSH Coverage in Health insurance policies” dated 31 January, 2024 issued by the IRDAI effective 1st April 2024.

4. All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary.
5. Non- Prescribed medicines by treating physician, non-disclosed formulations & non-standardized preparations or Health Supplementary products will be excluded.
6. Any Pre or Post hospitalization AYUSH treatment taken before/pursuant to inpatient Allopathy treatment.

The above exclusions are in additions to the General exclusions listed under the Policy.

c. Day Care Procedure/Treatment

The Company will indemnify medical expenses incurred on a treatment towards a Day Care procedure, where the procedure or surgery is taken by the Insured Person as an inpatient in less than 24 hours in a Hospital or standalone day care center but not in the Outpatient department of a Hospital for hospitalization due to complications arising out of oocyte retrieval with respect to the Oocyte Donor or complications arising out of pregnancy during Surrogacy and post-partum delivery complications for the Surrogate Mother.

Conditions applicable to Section 1

1. The Policy must have been available before the commencement of the Surrogacy or Oocyte retrieval Procedure.
2. The treatment under Section 1(a) has been taken in a registered Clinics, Surrogacy Clinics, Hospitals under the supervision of a Registered Medical Practitioner as per the respective Act.
3. The coverage shall be available if all the provisions as specified in “The Surrogacy Regulation Act, 2021” and “Assisted Reproductive Technology (Regulation) Act, 2021” and the relevant rules thereunder are fulfilled.

2. Emergency Local Road Ambulance Charges

The Company will indemnify expenses incurred on an ambulance offered by a healthcare or ambulance service provider used to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of health services during the Policy Period., provided that:

- i. There is a valid claim admissible under Part II 1.a (In-patient Treatment Expenses) or 1.b. (Day Care Procedure / Treatment) of the Policy.
- ii. Our maximum liability shall be as specified in the Schedule to this Policy.
- iii. The coverage also includes the cost of the transportation of the Insured Person from one Hospital to another nearest Hospital which is prepared to admit the Insured Person and provide necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person was first admitted, provided that the transportation has been prescribed by a Medical Practitioner and is Medically Necessary.

Part V: General Exclusions

E. EXCLUSIONS

The Company shall bear no liability to make the payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the following:

i. Standard Exclusions (Exclusions for which standard wordings are specified by IRDAI)

1. Investigation & Evaluation: Code-Excl04

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation and respite care: Code- Excl05

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- iii. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- iv. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Obesity/ Weight Control: Code- Excl06

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 5) Surgery to be conducted is upon the advice of the Doctor
- 6) The surgery/Procedure conducted should be supported by clinical protocols
- 7) The member has to be 18 years of age or older and
- 8) Body Mass Index (BMI);
 - c) greater than or equal to 40 or
 - d) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - v. Obesity-related cardiomyopathy
 - vi. Coronary heart disease
 - vii. Severe Sleep Apnea
 - viii. Uncontrolled Type2 Diabetes

4. 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.

5. 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 medical necessity, it must be certified by the attending Medical Practitioner.

6. 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, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7. Breach of law: Code- Excl 10

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

8. Excluded Providers: Code-Excl11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl 12

10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code - Excl 13

11. Dietary supplements and substances that can be purchased without prescription including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code-Excl 14

12. Refractive Error: Code -Excl15

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

13. 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.

14. Sterility and Infertility: Code- Excl17

Expenses related to 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. Reversal of sterilization

15. Maternity: Code Excl18

3. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
4. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

ii. Specific Exclusions (Exclusions other than those mentioned under E(i) above)

1. 60 days Waiting Period

Expenses related to the treatment of any complications arising due to oocyte retrieval with respect to the Oocyte Donor or complications arising out of pregnancy during Surrogacy and post-partum delivery complications for the Surrogate Mother incurred within 60 days from the policy commencement date shall be excluded, except claims arising due to accident, provided the same are covered under the Policy.

2. Complications of pregnancy to the Surrogate Mother, which is:

- i. Other than Altruistic Surrogacy
- ii. For second Surrogacy
- iii. If the Surrogate Mother donates her own gametes

3. Newborn baby through Surrogacy to the Surrogate Mother.
4. Miscarriage/Medical termination other than in case of Life- Threatening condition to the Surrogate Mother
5. Pre and Post Hospitalization Expenses.
6. Treatment taken on OPD basis.
7. Domiciliary Treatment
8. Surrogacy Treatment Procedure Cost from Policy Commencement Date till completion of embryo implantation process.
9. Surrogacy which is for Commercial Purposes
10. Treatment or Complications arising out of any Pre-Existing conditions/ disease.
11. 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, Human T Cell Lymphotropic Virus Type III (HTLV-III or HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
12. Any dental treatment or surgery unless requiring hospitalization arising out of an accident.
13. 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.
14. Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations, dentures, artificial teeth and all other similar external appliances and /or devices whether for diagnosis or treatment.
15. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.P.A.D) and oxygen concentrator or asthmatic condition, cost of cochlear implants.
16. External Congenital Anomaly.
17. Treatment received outside India unless specifically mentioned in your policy schedule.
18. Any illness, sickness or disease other than the complications arising out of pregnancy and post-partum delivery for the Surrogate mother or any complications arising out of Oocyte retrieval for the Oocyte donor.

19. Complications arising due to Surrogacy procedure, if the Insured is undergoing the Surrogacy procedure for second time.
20. Complications arising due to Oocyte retrieval, if the Insured is donating for second time.
21. Any claim with respect to abandon or disown or exploit or cause to be abandoned, disowned or exploited in any form, the child or children born through Surrogacy.
22. 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.
23. 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.
24. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
25. Personal comfort and convenience items or services including but not limited to TV (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs, (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.
26. Expenses related to any kind of RMO charges, service charge, surcharge, admission fees, registration fees, night charges levied by the hospital under whatever head.
27. 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.
28. Drugs or treatment and medical supplies not supported by a prescription from a Medical Practitioner.

Part VI: General Conditions

F. GENERAL TERMS AND CLAUSES

i. Standard General Terms and Clauses (General terms and clauses whose wordings are specified by IRDAI)

1. Disclosure of information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder/insured person.

("Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

2. Condition Precedent to admission of Liability

The terms and conditions of the policy must be fulfilled by the policyholder/insured person for the Company to make any payment for claim(s) arising under the policy.

3. Claim Settlement (Provision for Penal Interest)

a) The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

b) In the case of delay in the payment of a claim, the Company shall be liable to pay interest 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 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 at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "bank rate" shall mean the rate fixed by Reserve Bank of Indian (RBI) at the beginning of the financial year in which the claim falls due)

4. Complete Discharge

Any payment to the Policy holder / Insured Person or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5. Multiple Policies

a) Indemnity based policies: In case of multiple policies held by Insured person, insured person has a choice to file claim settlement under any policy. if insured person chooses to file such claim under policy held with the Company, then same shall be treated as the primary Insurer. In case the available coverage under the said policy is less than the admissible claim amount, then we, Liberty General Insurance as primary Insurer shall seek the details of other available policies of the Insured and shall coordinate with other Insurers to ensure settlement of the balance amount as per the policy conditions, without causing any hassles to the Insured.

b) Benefit based Policies: On occurrence of the insured event, the policyholders can claim from all Insurers under all policies.

6. Fraud

If any claim made by the policyholder / 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)/insured person, 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 / policyholder/ 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.

7. Cancellation/Termination

(i) The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Company shall

a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.

b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

c. In case of Installment policy, Policy will be cancelled with proportionate premium refund for unexpired policy period if there is no claim made during the policy period.

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

Cancellation Grid	Time period	Claim Status	One Year - Single payment	3 Years Policy tenure - Single payment
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Free Look Period (Risk not commenced)	Upto30 days	Nil	Full refund less medical examination of insured person and the stamp duty charges
Free Look Period (Risk commenced)	Upto30 days	Nil	Proportionate refund for unexpired policy period
Pro rate (Risk commenced)	Beyond 30 days	Nil	Proportionate refund for unexpired policy period

In the case of demise of Surrogate Mother/ Oocyte Donor, the coverage for the Insured Person shall automatically terminate. In such scenario, if no claim has been made under the Policy then the Policyholder can request for cancellation and We shall refund the premium for the unexpired Policy Period as per the Premium refund grid mentioned in this Policy.

8. **Withdrawal of Policy**

In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

9. **Possibility of Revision of Terms of the Policy Including the Premium Rates**

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are affected.

10. **Free Look Period**

The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. The Free Look Period shall be applicable only for new individual health insurance policies, except for those policies with tenure of less than a year and not on renewals.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to -

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

11. **Redressal of Grievance**

In case of any grievance the insured person may contact the company through

Step 1	Step 2
Call us on Toll free number: 1800-266-5844 (8:00 AM to 8:00 PM, 7 days of the week) or Email us at: care@libertyinsurance.in	If our response or resolution does not meet your expectations, you can escalate at Manager@libertyinsurance.in
	Step 3

<p>Senior Citizens can email us at: seniorcitizen@libertyinsurance.in or Write to us at: Customer Service Liberty General Insurance Limited 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai 400 013</p>	<p>If you are still not satisfied with the resolution provided, you can further escalate at ServiceHead@libertyinsurance.in</p>
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Policy holder / Insured Person may also approach the grievance cell at any time of the Company's branches with the details of the grievance.

If the policyholder / insured person is not satisfied with the redressal of the grievance through one of the above methods, insured person may contact the grievance officer at gro@libertyinsurance.in.

For updated details of grievance officer kindly refer <https://www.libertyinsurance.in/customer-support/grievance-redressal>

If Policyholder / 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 the Insurance Ombudsman Rules 2017. The contact details of the Insurance Ombudsman offices have been provided in **Annexure B**.

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

12. Migration – Not Applicable under the said product

13. Portability – Not Applicable under the said product

14. Nomination

The Insured Person is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the Insured Person. Any change of nomination shall be communicated to 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 Insured Person, 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 Insured Person whose discharge shall be treated as full and final discharge of its liability under the policy.

ii. Specific terms and clauses (terms and clauses other than those mentioned under F(i) above

1. 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/Policyholder shall be a Condition Precedent to any liability of the Company to make any payment under this Policy.

2. 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 anyone (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.

3. Material Change

It is a Condition Precedent to the Company's liability under the Policy that the Insured Person/Policyholder 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.

4. Records to be maintained

The Policyholder / Insured Person shall keep an accurate record containing all relevant medical documents including a variety of types of "notes" entered over time by Medical Practitioner, recording observations and administration of drugs and therapies, Investigation reports and shall allow the Company to inspect such record. The Policyholder / Insured Person shall furnish such information to the Company as may be required under this Policy, during the Policy Period or until the final adjustment, if any, and resolution of Claim/s under this Policy whichever is later.

5. Notice of charge

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Policy holder/ Insured Persons 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.

6. 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.

7. Renewal of Policy

The Policy shall not be renewable at the end of respective Policy Period and/or on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person/ Proposer.

8. 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 Policyholder/ Insured Person 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.

9. 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.

10. Electronic Transaction

The Insured Person / Policyholder 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.

G. OTHER TERMS AND CONDITIONS:

1. Entry Age

Insured Member - Entry Age on the day of donating the oocyte / on the day of implantation

Minimum Age at Entry (Oocyte Donor / Surrogate Mother) 25 Years

Maximum Age at Entry (Oocyte Donor / Surrogate Mother) 35 Years

Proposer Eligibility -

Intending couple (a couple who have a medical indication necessitating gestational surrogacy and who intend to become parents through surrogacy)

- a) Married
- b) 23-50 years in case of females, 26-55 years in case of males on the day of certification
- c) Not had any surviving child biologically or through adoption or through surrogacy earlier
- d) Need to submit certificate from the Board as per the provision of the Surrogacy (Regulation) Act, 2021

Intending woman (an Indian woman who is a widow or divorcee between the age of 35 to 45 years and who intends to avail the surrogacy)

- a) 35-45 years
- b) Have not had any surviving child biologically or through adoption or through surrogacy earlier
- c) Needs to submit certificate from the Board as per the provision of the Surrogacy (Regulation) Act, 2021

2. Policy Period

Plans	Plan 1 - Oocyte Donor	Plan 2 -Surrogate Mother
Policy Period	12 months	36 months

The Policyholder/Insured Person can opt either Plan 1 or Plan 2 under the product.

3. Discount Parameters

- i. Employee Discount: 10% discount if the client is an employee of the Company
 - ii. Direct Policy Purchase Discount- 10% discount will be given if you are purchasing this Policy through Our Website.
- *Either Employee Discount or Direct Policy Purchase Discount will be applicable.

4. Claim Procedure:

- a. **Notification of claim:** Upon the happening of any event giving rise or likely to give rise to a claim under this Policy, the Policy holder/ Insured Person/s shall give immediate notice to the TPA named in the Policy/Health Card or the Company by calling toll-free number as specified in the Policy/Health Card or in writing to the address shown in the Schedule with Particulars below:
 - i. Policy Number / Health Card No
 - ii. Name of the Insured / Insured Person availing treatment
 - iii. Details of the disease/illness/injury
 - iv. Name and address of the Hospital
 - v. Any other relevant information

Intimation must be given atleast 48 hours prior to planned hospitalization and within 24 hours of hospitalization in case of emergency hospitalization.

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 Policy holder/Insured Person/s. The Policy holder /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. For opting Cashless Facility: (applicable where the Policy holder /Insured Person/s has opted for cashless facility in a Network Hospital) - The Policy holder /Insured Person must call the helpline and furnish membership no and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form. The call must be made 48 hours before admission to Hospital and details of hospitalization like diagnosis, name of Hospital, duration of stay in Hospital should be given. In case of emergency hospitalization the call should be made within 24 hours of admission.
 - i. The company may provide Cashless facility for Hospitalisation expenses either directly or through the TPA if treatment is undergone at a Network Hospital by issuing Pre-Authorisation letter to the health care service provider.
 - ii. For the purpose of considering Pre-Authorisation and Cashless facility, the Insured Person/s shall submit to the TPA complete information of the disease, requiring treatment along with necessary certification from the Hospital/Medical Practitioner.
 - iii. If the claim for treatment appears admissible, the Company either directly or through the TPA shall issue Pre-Authorisation to the Hospital concerned for cashless facility whereby hospitalization expenses shall be paid directly by the Company/ through the TPA as confirmed in the Pre-Authorisation.
 - iv. Cashless facility will not be available in Non-network Hospital and may be declined even for treatment at a network hospital where the information available does not conclusively establish that a claim in respect of the treatment would be admissible. In such cases, the Insured Person/s shall bear such expenses and claim reimbursement immediately after discharge from the Hospital.

- v. The list of Network hospitals where we are having cash less arrangement would be made available to the Policy holder and subsequent amendments to the same would also be duly communicated by us/ the TPA service provider.
- c. **Reimbursement Claims** - 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 should be given to Us immediately on hospitalization /injury/ death, failing which admission of claim would be based on the merits of the case at our discretion. The Insured Person/s shall after intimation as aforesaid, further submit at his/her own expense to the TPA within 15 days of discharge from the hospital the following:
- i. Claim form duly completed in all respects
 - ii. Original Bills, Receipt and Discharge certificate / card from the Hospital.
 - iii. Original Cash Memos from Hospital(s)/Chemist(s), supported by proper prescriptions.
 - iv. Original Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological tests.
 - v. Surgeon's certificate stating nature of operation performed and Surgeons' original bill and receipt.
 - vi. Attending Doctor's / Consultant's / Specialist's / - Anesthetist's original bill and receipt, and certificate regarding diagnosis.
 - vii. Medical Case History / Summary.
 - viii. Original bills & receipts for claiming Ambulance Charges
 - ix. Any additional documents or information, as may be deemed necessary by the Company or TPA.

The Insured Person/s shall at any time as may be required authorize and permit the TPA and/or Company to obtain any further information or records from the Hospital, Medical Practitioner, Lab or other agency, in connection with the treatment relating to the claim. The Company may call for additional documents/information and/or carry out verification on a case to case basis to ascertain the facts/collect additional information/documents of the case to determine the extent of loss. Verification carried out will be done by professional Investigators or a member of the Service Provider and costs for such investigations shall be borne by the Company.

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 Policy holder / Insured Person/s. The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.

Applicable Taxes prevailing at the time of claim will be considered as part of the Claim Amount and the aggregate liability of the Company, including any payment towards such Taxes shall in no case exceed the Basic Sum Insured opted.

No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy.

In the event of intending couple / intending woman, that is, the Policyholder pay the incurred hospitalization expenses which become payable under this policy and subject to furnishing appropriate supporting proof and documents to prove such payment and with the consent of surrogate mother, the Company may consider payment of claim to intending couple / intending woman.

CHECK LIST OF ENCLOSURES FOR SUBMISSION OF CLAIM

In-patient Treatment /Day Care Procedures

- Duly filled and signed Claim Form.
- Photocopy of ID card / Photocopy of current year policy.
- Original Detailed Discharge Summary / Day care summary from the hospital. Original consolidated hospital bill with bill no. and break up of each Item, duly signed by the Insured.
- Original payment Receipt of the hospital bill with receipt number
- First Consultation letter and subsequent Prescriptions. Original bills, original payment receipts and Reports for investigation supported by the note from attending Medical Practitioner / Surgeon demanding such test.
- Surgeons certificate stating nature of Operation performed and Surgeons Bills and Receipts
- Attending Doctors/ Consultants/ Specialist's/ Anesthetist Bill and receipt and certificate regarding same
- Original medicine bills and receipts with corresponding Prescriptions. Original invoice/bills for Implants (viz. Stent /PHS Mesh/ IOL etc.) with original payment receipts, as per Surrogacy Regulation Act,2021
- Hospital Registration Number and PAN details from the Hospital, as per Surrogacy Regulation Act,2021
- Doctors registration Number and Qualification from the doctor

Ambulance Benefit

- Duly filled and signed Claim Form.
- Photocopy of ID card / Photocopy of current year policy.
- Original Bill with Original Payment Receipt.
- Treating Doctor's consultation prescription indicating Emergency Hospitalization.

We may call for additional documents/ information as relevant to the claim.

Applicable to all claims under the Policy:

- a. In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, We shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider.
- b. If required, the Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
- c. If required, the Insured person must agree to be examined by a medical practitioner of our choice at Our expenses.
- d. The Policy - excludes the Standard List of excluded items - attached in the Policy document.

- e. We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions or reject the claim as per the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. However, where the circumstances of a claim warrant an investigation in the opinion of the insurer, 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, Insurer shall settle the claim within 45 days from the date of receipt of last necessary document.
- f. All claims will be settled in accordance with therelevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time. . In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed underthe relevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time, we shall pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us For the purpose of this clause, '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”
- g. No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy.

Benefit Schedule – As Annexed

Annexure-A
List I – Items for which coverage is not available in the policy

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR

43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II – Items that are to be subsumed into Room Charges

Sl No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK

17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET

23	ORTHOBUNDLE, GYNAEC BUNDLE
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List IV – Items that are to be subsumed into costs of treatment

Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER& STRIPS
18	URINE BAG

The contact details of the **Insurance Ombudsman** offices are as below –

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, Dadra & Nagar Haveli, Daman and Diu.	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in
Karnataka	Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in
Orissa	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in
Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in
Tamil Nadu, Tamil Nadu Puducherry/Town and Karaikal (which are part of Puducherry).	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in
Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road,

	Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in
Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in
Rajasthan	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in
Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in
West Bengal, Sikkim, Andaman & Nicobar Islands.	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in
Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in
State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad,	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar,

<p>Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>	<p>U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>
<p>Bihar, Jharkhand.</p>	<p>Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>
<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>	<p>Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in</p>