

Liberty Secure Future Connect Group Policy Prospectus

Introduction:

This product is offered to Person/s who have availed of loan/s.

Key Features:

1. Sum Insured
 - a. Fixed Sum Insured Basis.
 - b. Minimum Sum Insured – INR 25,000
 - c. Maximum Sum Insured - INR 15,00,00,000
 - d. Pre medical checkup required for Sum Insured in excess of INR 3 crores.
2. The SI cannot be increased / reduced during the policy period.
3. Eligibility
 - a. Entry Age - Minimum Age of Entry – 18 years
 - b. Nationality – Indian Nationals
 - c. Policy can only be issued once the Loan has been disbursed
 - d. The loan should be based in India irrespective of where the applicants reside.
 - e. 'Involuntary Loss of Job' cover is available only for salaried applicant/s & for employment in India only.
4. Waiting Period – 90 days from the inception of first policy
5. Tenure – 1,2,3,4 or 5 years
6. Premium Payment
 - a. Premium for the entire policy period to be collected upfront
 - b. Premium to be calculated as per premium table – Plan selected, Options sought, Age of the applicant/s and/or Co-applicants/s, Sum Insured, Policy Period, Loan Period, salaried type of employment & waiver of survival period and any other optional covers opted.
 - c. In case of more than one applicant, completed Age of the applicants as on their last birthday will be considered for premium computation
7. Coverage –In case of joint applicants, all or any of the applicants/co-applicants, subject to their eligibility, may be insured.

Pre-Policy checkup: Proposals where the age of the applicant is above 50 years and/or the Sum Insured is above INR 3 crores followed by health check-up may be accepted as per the board approved underwriting policy of the Company. This is not applicable for all subsequent renewal(s) involving age slab changes. The health check-up will be carried out at our network list of diagnostic centers as available on our website. The result of these tests will be valid for a period of 3 months from the date of tests. If the proposal is accepted we shall refund 50% of the health check-up cost.

1. List of tests applicable for the member above 50 years of age:

FME	RUA	FBS	CBC
Lipid profile	LFT	RFT	HbA1c
TMT	PSA (for male)	PAP smear (for female)	USG
Chest X-Ray			

FME – Full Medical examination, RUA (Routine Urine Analysis), FBS (Fasting Blood Sugar), CBC (Complete Blood Count), Lipid profile, TMT (Tread Mill Test), LFT (Liver Function Test), RFT (Renal Function Test), HbA1c, PSA (Prostate Specific Antigen for Males), PAP Smear (females only), USG Abdomen -males & females (Ultrasonogram).

2. List of tests for proposals with SI above INR 3 crores:

Sum Insured (INR)	Entry Age			
	20 – 35	36 – 45	46 – 55	56 & Above
Above 3 Crores	Health Form + FME + CBC + RUA + Chest X-ray + Lipid Profile + LFT	Health Form + FME + CBC + RUA + Chest X-ray + Lipid Profile + LFT + HbA1c + TMT	Health Form + FME + CBC + RUA + Chest X-ray + Lipid Profile + LFT + HbA1c + TMT + RFT + USG + Tumour Markers	Health Form + FME + CBC + RUA + Chest X-ray + Lipid Profile + LFT + HbA1c + TMT + RFT + USG + PAP Smear + Tumour Markers

Tumour marker test to be included

- a. Carcinoembryonic Antigen (CEA)
- b. Prostate-specific Antigen (PSA)

The Company reserves the rights to prescribe further tests based on the Medical Reports of the applicant/s.

Benefits:

1. Critical Illness
2. Personal Accident
3. Involuntary Loss of Job

1. Critical Illness: Options

List of Critical Illness	Option A	Option B	Option C	Option D	Option E
Cancer of Specified Severity	✓	✓	✓	✓	✓
First Heart Attack of Specified Severity	✓	✓	✓	✓	✓
Open Chest CABG	✓	✓	✓	✓	✓
Open Heart Replacement or Repair of Heart Valves	✓	✓	✓	✓	✓
End Stage Renal failure	✓	✓	✓	✓	✓
Stroke Resulting in Permanent Symptoms	✓	✓	✓	✓	✓
Major Organ/ Bone Marrow Transplant	✓	✓	✓	✓	✓
Permanent Paralysis of Limbs	✓	✓	✓	✓	✓
Multiple Sclerosis with Persisting Symptoms	✓	✓	✓	✓	✓
Coma of Specified Severity.		✓	✓	✓	✓
Motor Neurone Disease with Permanent Symptoms		✓	✓	✓	✓
Primary Pulmonary Arterial Hypertension			✓		✓
Pulmonary Artery Graft Surgery			✓		✓
Muscular Dystrophy			✓		✓
Systemic Lupus Erythematosus with Lupus Nephritis			✓		✓
Pneumonectomy			✓		✓
Medullary Cystic Disease			✓		✓
End Stage Liver Disease				✓	✓
Surgery of Aorta				✓	✓
Benign Brain Tumor				✓	✓
Parkinson's Disease				✓	✓
Alzheimer's Disease				✓	✓
Major Burns				✓	✓
Deafness				✓	✓
Loss of Speech				✓	✓

Claims Settlement Process Applicable To Critical Illness Section

In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated to the Company within 30 (thirty) days from the date of first diagnosis of the Illness, date of surgical procedure or date of occurrence of the medical event as the case may be. However, the Company may condone the delay on merits of the claim subject to getting satisfied that the delay in notification was due to reasons beyond the control of the Insured Person/s/Nominee.

Specific Exclusion applicable for Critical Illness Section:

- a. The Company shall not be liable to make any payment under this Policy in connection with or in respect of any Insured Event, as stated in this Section, occurred or suffered before the commencement of Period of Insurance or arising within the first 90 days of the commencement of the Period of Insurance.
- b. **Pre-Existing Diseases - Code- Excl01**
 - i. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
 - ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

- iii. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
 - iv. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer..
- c. If the Insured/Insured Person/s does not submit a medical certificate from the Doctor evidencing diagnosis of Illness or Injury or occurrence of the medical event or undergoing of the medical / surgical procedure in relation to the claim of the particular Insured Person/s.
- d. Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor.
- e. Treatment relating to birth defects and external congenital Illness or condition
- f. Birth control procedures and hormone replacement therapy.
- g. **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.
- h. **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.
- i. Treatment by a family member and self-medication or any treatment that is not scientifically recognized.
- j. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- **Excl12**
- k. Any illness which is not a part of the listed Critical Illness as mentioned under Section I of Part 2 of the Policy and/or not opted by the Insured.

Specific Condition applicable for Critical Illness Section

The cover under this Policy, for the specific Insured Person/s, shall terminate in the event of claim in respect of that Insured Person/s becoming admissible and accepted by the Company under this Section. In consequence thereof no benefit shall be payable under any other Section of this Policy.

2. Personal Accident:

Coverage	Option A	Option B
Accidental Death	100% of CSI	100% of CSI + 100% of CSI in case of Accidental death whilst travelling in the listed public carriers
Permanent Total Disability	100% of CSI	100% of CSI + 100% of CSI in case of Permanent total disability due to accident whilst travelling in the listed public carriers
Performance of Funeral Ceremony	Rs. 5000	Rs. 5000

Death/ Permanent Total Disability: If an Insured Person/s suffers an accident during the Policy Period and this is the sole and direct cause of his Death/ Permanent total disability in one of the ways as detailed in the table below, within 12 months of such accidental Bodily Injury sustained, then We will pay the Sum Insured as applicable.

“Public Carrier” means shared passenger transportation service which is available for use by the general public and which operates on a scheduled timetable.

Listed public carriers: Bus, ferry, hovercraft, ship, taxi, train, tram, underground train, commercial helicopter or aircraft.

Permanent Total Disablement shall mean

Permanent Total Disability – Table of Benefits	
Loss of	% of Sum Insured
Limbs (both hands or both feet or one hand and one foot)	100%
Loss of a limb and an eye	100%
Complete and irrecoverable loss of sight of both eye	100%
Complete and irrecoverable loss of speech & hearing of both ears	100%

The geographical scope of this benefit will be worldwide; however the claims shall be settled in India in Indian rupees.

In the event of We making payment for a claim for Performance of Funeral Expenses, We will indemnify towards

- i. Expenses incurred for preparation for burial or cremation service of mortal remains
- ii. Our liability to make payment will be as per the amount mentioned in the Policy Schedule during the full policy period

Claim Settlement Applicable to Personal Accident Section:

- (i) Upon the happening of any Injury giving rise or likely to give rise to a claim under this Policy, the Injury as described above shall be intimated to the Company as soon as possible but not later than 30 days from the date of its occurrence. However, the Company may condone the delay on merits of the claim subject to getting satisfied that the delay in notification was due to reasons beyond the control of the Insured/Insured Person/s/Nominee.
- (ii) The Insured Person/s shall deliver to the Company, within 30 days of the date of occurrence of the Insured Event, a detailed statement in writing as per the claim form and any other material particular, relevant to the making of such claim.
- (iii) The Insured Person/s shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.
- (iv) Proof satisfactory to the Company shall be furnished in connection with all matters upon which a claim is based and as deemed necessary any medical or other agent of the Company shall be allowed to examine the Insured Person/s on the occasion of any alleged Injury.

Specific Exclusion applicable for Personal Accident Section:

- (i) Payment under more than one of the categories specified (Death or Permanent Total Disablement) in the benefit payable in respect of the Insured Person/s.
- (ii) Payment of Compensation in respect of Insured Event which occurs whilst the Insured Person/s is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning, or whilst the Insured person/s is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airline anywhere in the world;
- (iii) **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.
- (iv) Payment of Compensation in respect of death or Permanent Total Disablement arising from or resulting directly or indirectly from any Illness to the Insured Person/s.
- (v) No sum shall be payable under this Section in case of any Permanent Total Disability for which medical care, treatment, or advice was recommended by or received from a Doctor or from which the Insured Person/s suffered or which was present before the commencement of the Policy Period.
- (vi) We (Liberty General Insurance) shall not be deemed to provide cover nor be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Liberty or its parent to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Australia, the European Union, United Kingdom, United States of America or other applicable jurisdiction.

Specific Condition applicable for Personal Accident Section:

The cover under this Policy, for the specific Insured Person/s, shall terminate in the event of claim in respect of that Insured Person/s becoming admissible and accepted by the Company under this Section. In consequence thereof no benefit shall be payable under any other Section of this Policy.

3. Involuntary Loss of Job

Loss of job with benefit amount equal to three (3) equated monthly installments (EMIs) payable as declared at proposal stage corresponding to the loan insured. However, if the Sum Insured opted is less than the Loan Amount, then the EMI payable will be in proportion to the Sum insured opted and will not be the actual EMI corresponding to the Loan amount. In any case, the EMI payable cannot exceed the actual EMI. 'Involuntary Loss of Job' cover is payable once during the policy period and is available only for salaried person employed in India.

Claims Settlement applicable to Involuntary Loss of Job Section:

In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described below shall be intimated by the Insured/Insured Person/s to the Company within thirty (30) days from the date of termination from employment of the Insured Person/s or his dismissal, temporary suspension or retrenchment from employment as the case may be.

Insured event: For the purposes of this Section and the determination of the Company's liability under it, Insured Event in relation to any Insured Person/s, shall mean termination from employment of the Insured Person/s or his dismissal, temporary suspension or retrenchment from employment imposed on him by the employer during the Policy Period as per the employer's rules/regulations or executed / implemented by the employer in compliance of any laws for the time being in force or any directives by any Public Authority.

Specific Exclusion applicable for Involuntary Loss of Job Section:

1. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured Person/s being attributed to any dishonesty or fraud or poor performance on the part of the Insured Person/s or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured Person/s by the employer.
2. The Company shall not be liable to make any payment under this Policy in connection with or in respect of:
 - a) Self employed Persons;
 - b) Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
 - c) Any voluntary unemployment;
 - d) Unemployment at the time of inception of the Policy Period or arising within the first 90 days of inception of the Policy Period.
3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured Person.
4. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority.
5. Any unemployment due to resignation, retirement whether voluntary or otherwise.
6. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.

Specific Condition applicable for Involuntary Loss of Job Section:

1. A claim under this section shall become admissible provided the period of termination, dismissal, temporary suspension or retrenchment from employment of the Insured Person/s shall not be less 30 consecutive days ("Retrenchment Period").
2. The benefit under this section is available for salaried employees and for employment in India Only
3. The cover as described under this Section, for specific Insured Person/s, shall terminate in the event one claim in respect of that Insured Person/s becoming admissible and accepted by the Company under this Section and the Company admitting liability against Section III for the Insured Person/s.

Optional Covers:

The Insured Person/s can choose to avail of the following optional cover (s) under this Policy:

1. **30 days survival period under Critical Illness cover:** The Policy is extended to apply 30 days survival period under Section I of Part 2 of the Policy. We as Insurer will make payment towards Critical Illness only if the Insured Person/s survives for 30 days upon diagnosis or occurrence of the opted Critical Illness under the Policy.

2. **Deletion of ‘Involuntary Loss of Job’ cover:** By this option Involuntary Loss of Job cover stands deleted for the Insured Person/s.

3. Selection of Option B of Personal Accident cover

It is agreed and declared that Option B under Section II of Part 2 of the Policy would cover 100% of CSI as available under Option A + 100% of CSI in case of Accidental death or Permanent Total

Disability whilst the Insured Person/s is travelling as a fare paying passenger in any of the listed public carriers like Bus, ferry, hovercraft, ship, taxi, train, tram, underground train, commercial helicopter or Scheduled Airline as described in the Schedule to this Policy.

“Public Carrier” means shared passenger transportation service which is available for use by the general public and which operates on a scheduled timetable

4. Permanent Partial Disability cover under Personal Accident cover:

If an Insured Person/s suffers an accident during the Policy Period and this is the sole and direct cause of his Permanent Partial Disability in one of the ways detailed in the table below, within 12 months of such accidental Bodily Injury sustained, then We will pay a percentage of the Sum Insured as mentioned in the table below:

Permanent Partial Disability – Table of Benefits	
Loss of	% of CSI
Each arm at the shoulder joint	70%
Each arm to a point above elbow joint	65%
Each arm below elbow joint	60%
Each hand at the wrist	55%
Each thumb	20%
Each index finger	10%
Each other finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%
Each leg to a point below the knee	50%
Each leg up to the center of tibia	45%
Each foot at the ankle.	40%
Each big toe	5%
Each other toe	2%
Each eye	50%
Hearing in each ear	30%
Sense of smell	10%
Sense of taste	5%
Any other Permanent Partial Disability	Percentage as assessed by Registered medical practitioner

The compensation under more than one event as stated above, for same period of disability shall not exceed the Capital Sum Insured stated under this cover.

In case of multiple claims under Permanent Partial Disability arising due to multiple events during the Policy period, the total claim payable amount shall not exceed the Capital Sum Insured stated under this cover.

5. Child Education Benefit

If the Insured Person/s suffers an Accident during the Policy Period for which a valid claim has been admitted under Section II of Part 2 of the Policy for Accidental Death or Permanent Total Disability, We as Insurer will make payment towards child education benefit of the Insured Person(s) dependent child /children to the extent of the Sum Insured mentioned against this benefit as specified in the Schedule to this Policy.

In case of one child, the benefit payable would be the maximum Sum Insured specified under this option and in the case of more than one child, the benefit will be equally divided subject to 2 dependent children being provided the stated benefit.

“**Dependent Child**” refers to a child (natural or legally adopted) below 25 years of age, who is financially dependent on the Insured Person and does not have his/her independent source of income.

The benefit chosen should be in the range of INR 25,000 to INR 500,000 in multiples of INR 25,000.

The Policy covers individual members who are applicant/co-applicants of the loan. In case where both wife and husband are the joint applicants of loan, the cover will be given to each insured member as specified in the Policy Schedule.

Claims Procedure:

In the event of a claim under ‘Child Education Benefit’, the following documents are required:

- i. Proof of number of dependent child /children substantiated by proof of identity documents
- ii. Age proof of the dependent child /children

5. Deletion of ‘Personal Accident’ cover

Section II of Part 2 of the Policy relating to Personal Accident coverage stands deleted for the Insured Person/s. This option can be selected only if Section I of Part 2 of the Policy ‘Critical Illness’ is opted.

6. Deletion of ‘Critical Illness’ cover

Section I of Part 2 of the Policy relating to Critical Illness coverage stands deleted for the Insured Person/s. This option can be selected only if Section II of Part 2 of the Policy ‘Personal Accident’ is opted.

General Exclusions:

The Company shall not be liable for any loss or damage under this Policy

1. Breach of law: Code- Excl10

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

2. Due to, or arising out of, or directly or indirectly connected with or traceable to, War, invasion, act of foreign enemy, hostilities (whether war be declared or not) Civil War, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of Terrorism, Riots, Strike, Malicious Acts etc.
3. Directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
4. Directly or indirectly caused by or contributed to by or arising from nuclear weapon materials.
5. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code- Excl12**
6. Arising out of or as a result of any act of self-destruction or self-inflicted Injury, attempted suicide or suicide.

7. 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. Gestational Surrogacy
- iv. Reversal of sterilization

8. Maternity: Code Excl18

- a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b) Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
9. Arising out of or resulting directly or indirectly while serving in any branch of the Military or Armed Forces of any country during War or warlike operations.
10. Arising out of or resulting directly or indirectly caused by, resulting from or in connection with any act of terrorism/sabotage regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The Policy also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of Terrorism/sabotage.
11. Due to Any Claim of the Insured Person/s while driving any vehicle without a valid Driving License.

General Terms & Conditions:

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.

2. Nomination:

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. For Claim settlement under reimbursement, the Company will pay the policyholder. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

3. Observance of terms and conditions

The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

4. Entire Contract

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an Endorsement on the Policy. No agent shall or has the authority to change in any respect whatsoever, any term of this Policy or waive any of its provisions.

5. No Constructive Notice

Any of the circumstances in relation to these conditions coming to the knowledge of any official of the company shall not be the notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

6. Records to be maintained

The Insured/Insured Person/s shall keep an accurate record of any material change in the risk during the currency of the policy, containing all relevant particulars and shall allow the Company to inspect such record. The Insured/Insured Person/s shall within one month after the expiry of each period of insurance furnish such information as the Company may require.

7. Notice of charge etc.

The Company shall not be bound to notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy but the receipt of the Insured Person/s or his legal personal representative shall in all cases be an effectual discharge to the Company.

8. Assignment

You can assign this policy under intimation to Us. Assignment of a policy shall be in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time .

1) An assignment of a policy of insurance, wholly or in part, whether with or without consideration, may be made only by an endorsement upon the policy itself or by a separate instrument, signed in either case by the assignor or his duly authorised agent and attested by at least one witness, specifically setting forth the fact of assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made.

(2) An insurer may, accept the assignment, or decline to act upon any endorsement made under sub-section (1), where it has sufficient reason to believe that such assignment is not bona fide or is not in the interest of the Insured Person or in public interest or is for the purpose of trading of insurance policy.

(3) The insurer shall, before refusing to act upon the endorsement, record in writing the reasons for such refusal and communicate the same to the Insured Person not later than thirty days from the date of the Insured Person giving notice of such assignment.

(4) Any person aggrieved by the decision of an insurer to decline to act upon such assignment may within a period of thirty days from the date of receipt of the communication from the insurer containing reasons for such refusal, prefer a claim to the Authority.

(5) Subject to the provisions in sub-section (2), the assignment shall be complete and effectual upon the execution of such endorsement or instrument duly attested but except, where the assignment is in favour of the insurer, shall not be operative as against an insurer, and shall not confer upon the assignee, or his legal representative, any right to sue for the amount of such policy or the moneys secured thereby until a notice in writing of the assignment and either the said endorsement or instrument itself or a copy thereof certified to be correct by both assignor and assignee or their duly authorised agents have been delivered to the insurer: Provided that where the insurer maintains one or more places of business in India, such notice shall be delivered only at the place where the policy is being serviced.

(6) The date on which the notice referred to in sub-section (5) is delivered to the insurer shall regulate the priority of all claims under the assignment as between persons interested in the policy; and where there is more than one instrument of assignment the priority of the claims under such instruments shall be governed by the order in which the notices referred to in sub-section (5) are delivered: Provided that if any dispute as to priority of payment arises as between assignees, the dispute shall be referred to the Authority.

(7) Upon the receipt of the notice referred to in sub-section (5), the insurer shall record the fact of such assignment together with the date thereof and the name of the assignee and shall, on the request of the person by whom the notice was given, or of the assignee, on payment of such fee as may be specified by the regulations, grant a written acknowledgement of the receipt of such notice; and any such acknowledgement shall be conclusive evidence against the insurer that he has duly received the notice to which such acknowledgment relates.

(8) Subject to the terms and conditions of the assignment, the insurer shall, from the date of the receipt of the notice referred to in sub-section (5), recognise the assignee named in the notice as the absolute assignee entitled to benefit under the policy, and such person shall be subject to all liabilities and equities to which the assignor was subject at the date of the assignment and may institute any proceedings in relation to the policy, obtain a loan under the policy or surrender the policy without obtaining the consent of the assignor or making him a party to such proceedings. Explanation. Except where the endorsement referred to in sub-section (1) expressly indicates that the assignment is conditional in terms of subsection (10) hereunder, every assignment shall be deemed to be an absolute assignment and the assignee shall be deemed to be the absolute assignee.

(9) Notwithstanding any law or custom having the force of law to the contrary, an assignment in favour of a person made upon the condition that —

(a) the proceeds under the policy shall become payable to the Insured Person or the nominee or nominees in the event of either the assignee predeceasing the insured Person; or

(b) the Insured Person surviving the term of the policy, shall be valid: Provided that a conditional assignee shall not be entitled to obtain a loan on the policy or surrender a policy.

(10) In the case of the partial assignment of a policy of insurance under sub-section (1), the liability of the insurer shall be limited to the amount secured by partial assignment and such insured person shall not be entitled to further assign the residual amount payable under the same policy.

9. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

10. Electronic Transactions

The Insured agrees to adhere to and comply with all terms and conditions involving 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 this Policy or its terms as approved by the Authority. Any terms and conditions for electronic transactions shall be within the approved Policy Terms and Conditions.

11. Right to Inspect

If required by the Company, an agent/representative of the Company including a loss assessor or a Surveyor appointed in that behalf shall in case of any loss or any circumstances that have given rise to the claim to the Insured/Insured Person/s be permitted at all reasonable times to examine into the circumstances of such loss. The Insured/ Insured Person/s shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the Company so

far as they relate to such claims or will in any way assist the Company to ascertain in the correctness thereof or the liability of the Company under the Policy. The Insured/Insured Person/s shall provide reasonable support to the Company in this regard.

12. Fraud

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

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

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

- (a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- (b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- (c) any other act fitted to deceive; and
- (d) any such act or omission as the law specially declares to be fraudulent

The company shall not repudiate the policy on the ground of fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

13. Currency for Payment

All claims shall be payable in India and in Indian Rupees only.

14. Payments

The Company shall be duly discharged of its obligations under this Policy and the Insured Person/s shall hold the Company harmless, upon making the payment of the claim to the Insured Person/s / his assignee or the Bank/Financial Institution or his Nominee/ legal heirs as the case may be.

15. Material Change / Change of Occupation

The Insured/ Insured Person/s shall immediately notify the Company in writing by way of the Alterations of risk format of any material change in the risk or change in business or occupation during the currency of the Policy and the Company may adjust the scope of the cover and/or the premium, if necessary, accordingly.

The above notification is not mandatory when only the employer changes but the nature of occupation does not change.

16. Condition Precedent to Admission of Liability

The due observance and fulfilment of the terms and conditions of the policy, by the insured person, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the policy.

17. Policy Disputes

- i. This Policy/Certificate of Insurance shall be exclusively governed and construed as per laws of India and all disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Group Policy/Certificate of Insurance shall be, determined by the Indian court and in accordance to Indian laws.
- ii. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.
- iii. The section headings of this Policy and Certificate of Insurance are included for descriptive purposes only and do not form part of this Policy and Certificate of Insurance for the purpose of its construction or interpretation.

18. Arbitration Clause

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. (This clause is not applicable to retail customers)

You are requested to go through the Arbitration Agreement proposed by the Company which is available on the Company website www.libertyinsurance.in. In case you do not agree with the proposed Arbitration Agreement you are requested to kindly inform the same to the Company by writing within 7 days from the date of issuance of policy to care@libertyinsurance.in for further discussion and agreement, if you fails to notify your concern to the Company, in such case the said agreement shall be deemed to be accepted by you.

19. Cancellation (If applicable)

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

20. Free look period (if applicable)

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 -

- 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
- 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
- Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

21. Renewal of Policy (if applicable)

The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person.

- The Company shall give notice for renewal atleast 30 days prior to expiry of the policy
- Renewal of a health insurance policy shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy.
- Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

22. 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.

23. Migration (If applicable)

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for Migration of the policy atleast 30 days before the policy renewal date as per the IRDA Guidelines on Migration. If such person is presently covered and has been continuously covered without any lapse under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDA Guidelines on Migration.

24. Portability (If applicable)

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

25. Multiple Policies

- 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.

2. Benefit based Policies:

On occurrence of the insured event, the policyholders can claim from all Insurers under all policies.

26. Notices

Every notice and communication to the Company required by this Policy shall be in writing and be addressed to the registered office of the Company. In case the Policy is sold via voice log the notice to the Company may be placed via same mode.

27. Moratorium Period (If Applicable)

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

Note: The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.

28. Withdrawal of Product

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.

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

29. Section 41- Prohibition of rebate Insurance Act 1938

- i. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy, accept any rebate except such rebate as may be allowed in accordance with the prospectuses or tables of the Insurer
- ii. Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to Ten Lakh rupees.

30. Grievance redressal procedure

In case of any grievance, the Insured Person may contact the Company through

Website: www.libertyinsurance.in

Toll free:1800166584

Email: care@libertyinsurance.in

Courier: Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013

Senior Citizens can email us at: seniorcitizen@libertyinsurance.in

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

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

For grievance redressal mechanism and details of grievance office of the Company, kindly refer the link - <https://www.libertyinsurance.in/customer-support/grievance-redressal.html>

If Insured Person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2021.

For the latest details of Ombudsman offices, please visit the Insurance Ombudsman website at the following link: <https://www.cioins.co.in/Ombudsman>

Grievance may also be lodged at IRDAI Bima Bharosa Grievance Redressal Portal - <https://bimabharosa.irdai.gov.in/>

31. Complete Discharge

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

32. Claim Procedure

It is a condition precedent to the Company's liability that upon the discovery or happening of any loss that may give rise to a claim under this Policy, the Insured/Insured Person/s shall undertake the following:

The claim has to be intimated to any of the Company's offices or through agents in writing.

The following information should be furnished by the Insured/Insured Person/s while intimating a claim:

Insured Person's/Nominee's contact numbers
Policy Number
Location, Date and Time of Accident
Nature and cause of loss
Whether Police authorities has been informed

The claim documents to be dispatched at below address:

Liberty General Insurance Limited,
The Capitol, 2nd and 3rd Floor,
New D.P.Road, Near Ashoka Hotel,
Vishal Nagar, Pimple Nilakh,
Pune- 411027, Maharashtra.

Alternatively, claim documents can also be sent to your nearest branch.

33. Claim Settlement (provision for Penal Interest)

- (a) The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
- (b) In the case of delay in the payment of a claim, the Company shall be liable to pay interest 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.

In the event of a claim arising out of an Insured Event covered under Critical Illness Section, the Insured shall arrange for submission of the following documents to the Company:

1. Certificate from the attending Doctor of the Insured Person confirming, inter alia,
 - i. name of the Insured Person/s;
 - ii. name, date of occurrence and medical details of the Insured Event
 - iii. confirmation that the Insured Event does not relate to any Pre-Existing Illness or any Illness or Injury which existed within the first 90 days of commencement of Period of Insurance.
2. Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
3. Duly completed claim forms;
4. Photocopy of Discharge Certificate/ Card from the hospital/ Doctor;
5. Photocopy of investigation test reports, indoor case papers;
6. Additional documents will be called for when the above listed documents do not properly corroborate admissibility of the claim under respective benefits as per the Policy terms. .

In the event of a claim arising out of an Accidental injury covered under Personal Accident Section the following documents are required:

1. Duly completed claim form;
2. Doctor's Report;

3. First Information Report , Investigation Report and Final Police report, wherever necessary;
4. Death certificate, wherever applicable;
5. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury etc.;
6. Disability certificate from a Doctor or hospital confirming the extent and nature of disability;
7. Post mortem report, if the same was conducted;
8. Bills and receipt towards expenses relevant to funeral ceremony
9. Certificate, from the Insured / Nominee (in case of death) stating the amortization schedule, the EMI Amount, Principal Outstanding, etc.
10. Proof of travel in listed public carrier where the Insured Person has Option B coverage
11. Additional documents will be called for when the above listed documents do not properly corroborate admissibility of the claim under respective benefits as per the Policy terms. .

In the event of a claim under ‘Involuntary loss of job’ section, the following documents are required:

1. Duly completed claim form;
2. Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
3. Certificate from the employer of the Insured Person/s confirming the termination, dismissal temporary suspension or retrenchment from employment of the Insured Person/s furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured Person/s with the reasons for the same. In case of temporary suspension the period of suspension should also be mentioned in such certificate.
4. Additional documents will be called for when the above listed documents do not properly corroborate admissibility of the claim under respective benefits as per the Policy terms. 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.
5. We are entitled to verify medical records of the case retained by the Hospital as and when required for verification of claim. If required, the Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense. If required, the Insured person must agree to be examined by a medical practitioner of our choice at Our expenses.
6. We shall make the payment of claim that has been admitted as payable by Us under 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. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Interest Regulation), 2017. 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 under IRDA (Protection of Policyholders Interest Regulation), 2017 , 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’ shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

Premium Payable: Premium for this Policy depends on the cover option selected, age, policy term, Sum Insured, Loan Period, salaried employment status, waiver of survival period. The same is as per enclosed rate chart.

Disclaimer:

For all terms and conditions, the Proposer may contact any of our branches or get in touch with our agent / intermediary.

This document provides key information about your policy. You are also advised to go through your policy document.