

PROSPECTUS

INTRODUCTION

This product is offered to all borrowers of banks or financial institutions which have a tie-up with Liberty Videocon GIC to market this product.

KEY FEATURES

- 1. Sum Insured
 - a. Fixed Sum Insured Basis.
 - b. Minimum Sum Insured INR 1,00,000
 - c. Maximum Sum Insured INR 15,00,00,000
 - d. Loan amount excluding the premium financed.
 - e. Total SI of all the applicants cannot exceed the Loan amount.
 - f. For any SI in excess of INR 3 crores, medical exams to be conducted.
 - g. The SI cannot be increased / reduced during the policy period.
- 2. Eligibility
 - a. Entry Age
 - i. Minimum Age of Entry 18 years
 - ii. Maximum Age of Entry-65 years
 - b. Nationality Indian
 - c. Policy can only be issued once the Loan has been disbursed by the Bank
 - d. The property should be located in India irrespective of where the applicants reside.
 - e. 'Involuntary Loss of Job' cover for Salaried applicant & for employment in India only.
- 3. Waiting Period 90 days from the inception of first policy
- 4. Discount on choosing Survival Period
- 5. Tenure 1, 2 and 3 years
- 6. Premium Payment
 - a. Premium for the entire policy period to be collected upfront
 - b. Premium to be calculated as per premium table Option selected, Age of the applicants, Sum Insured, Policy Period, Loan Period, salaried employment status & waiver of survival period
 - c. In case of more than one applicant, Age of the applicants as per their last birthday will be considered for premium computation
- 7. Coverage The proposer should be the first applicant. In case of joint applicants, all applicants, subject to their eligibility, need to be insured. The Sum Insured shall be as per the percentage of share of loan of each applicant, as per the documentary evidence.

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 at the sole discretion of the Company. This is 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.

BENEFITS

LIBHLIP21504V022021

- 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			~		~



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List of Critical Illness	Option A	Option B	Option C	Option D	Option E
Primary Pulmonary Arterial Hypertension			~		~
Pulmonary Artery Graft Surgery			~		✓
Muscular Dystrophy			✓		~
Systemic Lupus Erythematosis with Lupus Nephritis			✓		✓
Pneumonectomy			~		✓
Medullary Cystic Disease			✓		✓
End Stage Liver Disease				~	1
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/Nominee.

Specific Exclusion applicable for Critical Illness Section:

a. 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 48 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 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
- b. If the Insured does not submit a medical certificate from the Doctor evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical / surgical procedure in relation to the claim of the particular Insured Person.
- c. 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 in the first 90 days of the Policy Period.
- 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

Specific Condition applicable for Critical Illness Section

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The cover under this Policy, for the specific Insured Person, shall terminate in the event of claim in respect of that Insured Person 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.



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2. Personal Accident Options:

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	₹ 5000/-	₹ 5000/-

"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.

For the purposes of this Section, 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%	

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/Nominee.
- (ii) The Insured Person 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.

Specific Exclusion applicable for Personal Accident Section:

The Company shall not be liable under this Section for:

- (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.
- (ii) Payment of Compensation in respect of Insured Event which occurs whilst the Insured Person is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning, or whilst the Insured person 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 any Insured Person.
- (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 suffered or which was present before the commencement of the Policy Period.
- (vi) We shall not be deemed to provide cover and shall not 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 us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Specific Condition applicable for Personal Accident Section:

The cover under this Policy, for the specific Insured Person, shall terminate in the event of claim in respect of that Insured Person 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

LIBHLIP21504V02202

Loss of job with benefit amount equal to three (3) equated monthly installments (EMIs) payable corresponding to the loan insured. '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 above shall be intimated by the Insured to the Company within thirty (30) days from the date of termination from employment of the Insured Person or his dismissal, temporary suspension or retrenchment from employment as the case may be.

Specific Exclusion applicable for Involuntary Loss of Job Section:



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- 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 being attributed to any dishonesty or fraud or poor performance on the part of the Insured Person 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 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) Selfemployed 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 shall not be less 30 consecutive days ("Retrenchment Period").

2. The benefit under Section III is available for salaried employees and for employment in India Only

3. The cover as described under this Section, for specific Insured Person, shall terminate in the event one claim in respect of that Insured Person becoming admissible and accepted by the Company under this Section and the Company admitting liability against Section III for the Insured Person.

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.
- 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. Any consequential or indirect loss or expenses arising out of or related to any Insured Event.
- 8. Sterility and Infertility: Code- Excl17
 - Expenses related to sterility and infertility. This includes:
 - . 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
 - Reversal of sterilization
- 9. 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.
- 10. 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.
- 11. 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.
- 12. Any Claim of the Insured Person while driving any vehicle without a valid Driving License.

GENERAL TERMS & CONDITIONS

1. Cancellation Cancellation by Insurer

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The Company may cancel the Policy at any time on grounds of mis-representation, 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 mis-representation, non-disclosure of material facts or fraud.

Cancellation by Insured

The Insured may cancel this Policy by giving 15days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.



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Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

In respect of long term Policy (Policy issued for a period more than one year), or in the event of full prepayment of the Loan by the Insured Person/s, the Company shall from the date of receipt of notice/prepayment, cancel the Policy as per the rates mentioned below.

Policy Period (in Years)	2	3		
Return Premium Factors				
Years of cancellation	% Return of Premium			
1	50%	67%		
2	-	33%		
3	-	-		

In respect of Policy issued for a period of one year, or in the event of full prepayment of the Loan by the Insured Person, the Company shall from the date of receipt of notice/prepayment, cancel the Policy as per the rates mentioned below:

Cancellation date up to (X months) from Policy Period Start Date	Refund of Premium payable during 1 year of policy commencement
Up to 1 month	75.00%
Up to 3 months	50.00%
Up to 6 months	25.00%
Up to 12 months	0.00%

In event of part prepayment of the Loan, no refunds of premium shall be made under this Policy. No refunds of premium will be made under the Policy during the last year of the Policy Period.

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

2. Renewal of Policy:

- The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.
- i. The Company endeavour to give notice for renewal. However, the Company is not under obligation to give any notice of renewal.
- ii. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- iv. 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.
- v. No loading shall apply on renewals based on individual claims experience.

3. Migration:

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for Migration of the policy 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.

For Detailed Guidelines on Migration, kindly refer the link https://www.libertyinsurance.in/

4. Portability:

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 45 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 benefit in waiting periods as per IRDA guidelines on portability. For Detailed Guidelines on Portability, kindly refer the link https://www.libertyinsurance.in/

5. Free Look Period:

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy.

The insured shall be allowed a period of fifteen days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.

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, 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;

6. 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 benefits such as waiver of waiting period As per IRDAI guidelines, provided the policy has been maintained without break.

7. Claim Procedure:

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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 shall undertake the following:

The claim has to be intimated to Company's Policy issuing office or any other office of the Company at the nearest regional offices or through agents in writing.



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

- Insured Person's contact numbers
- 2 Policy Number
- 3. Location, Date and Time of Accident
- 4. Nature and cause of loss 5 Whether Police authorities has been informed

Claim Settlement (provision for Penal Interest)

- 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.
- 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.
- iii. 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.
- iv. 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.

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

- Certificate from the attending Doctor of the Insured Person confirming, inter alia,
- a. name of the Insured Person;

b. name, date of occurrence and medical details of the Insured Event confirmation that the Insured Event does not relate to any Pre-Existing Illness or any Illness or Injury which existed within the first 90 days of commencement of

- c.
- Period of Insurance. Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMIAmounts, Principal Outstanding, etc.
- 3. Duly completed claim forms;
- 4 Original Discharge Certificate/ Card from the hospital/ Doctor;
- 5 Original 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:

- Duly completed claim form; 1
- 2 Doctor's Report; 3.
- First Information 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.;
- Disability certificate from a Doctor or hospital confirming the extent and nature of disability; Post mortem report, if the same was conducted; 6.
- 7
- Certificate, from the Insured / Nominee (in case of death) stating the amortization schedule, the EMI Amount, Principal Outstanding, etc. 8.
- Proof of travel in listed public carrier where the Insured Person has Option B coverage
- 10 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:

Duly completed claim form;

- Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc. 2
- Certificate from the employer of the Insured Person confirming the termination, dismissal temporary suspension or retrenchment from employment of the Insured 3. Person furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured Person with the reasons for the same. In case of temporary suspension the period of suspension should also be mentioned in such certificate.
- Additional documents will be called for when the above listed documents do not properly corroborate admissibility of the claim under respective benefits as per 4 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.
 - The Insured Person must give Us at his expense, all the information We ask for about the claim and he must help Us to take legal action against anyone if required.
 - 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. 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 Regulation), 2002. 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 Regulation), 2002, 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.
 - In an event claim event falls within two Policy Period then We shall settle claim by taking into consideration the available Sum Insured and applicable deductible in the two Policy Periods. Such eligible claim amount to be payable to the Insured shall be reduced to the extent of premium to be received for the renewal /due date of the premium of health insurance policy, if not received earlier.

Loading & Discounts on change in coverage:

- Inclusion of 30 days survival period under Critical Illness cover 5% Discount is applicable where the survival period of 30 days is opted for critical illness coverage. 1.
- Deletion of 'Involuntary Loss of Job' cover 10% Discount is applicable where 'Involuntary Loss of Job' cover is not opted. 2.
- Selection of Option B under Personal Accident (Section II) 4% Loading is applicable where option B is opted under Personal Accident (Section II). 3.

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.

General Note:

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

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